

Psychological features of children and adolescents with chronic kidney disease



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THE LINK BETWEEN MEDICAL AND SOCIAL FACTORS

Clinical

- development delay;
- decreasing immunity;
- neurological symptoms;
- cardiological symptoms;
- pain syndrome.

Social

- poor social contacts
- chronic exhaustion;
- restricted communication with their peers;
- emotional problems;
- less motivation for every day activity;
- lack of the short and long term plans.

THE CHARACTER OF THE COURSE OF THE DISEASE
AND THE QUALITY OF LIFE

THE LINK BETWEEN THE QUALITY OF LIFE AND THE CHARACTER OF THE COURSE OF THE DISEASE

Clinical features

Physical condition	slight	moderate	serious
GFR, ml/min/1,73	60<GFR<90	30<GFR<59	GFR<30
The time of the manifestation (age)	adolescence	preschool and primary school age	early childhood

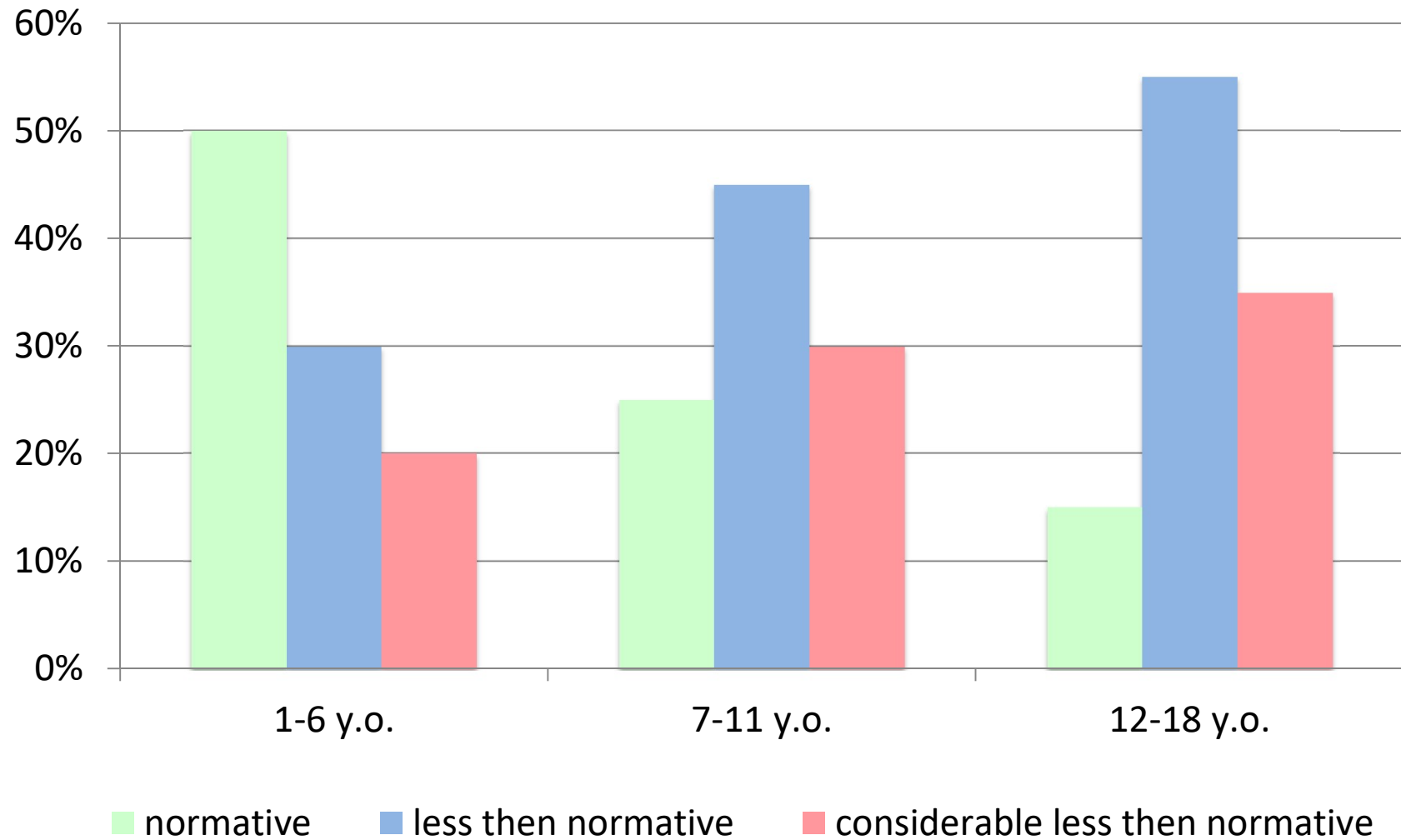
Quality of life

Quality of life (SF-36, max = 100)	above the average	average	considerable below average
	74≈	53↓	24↓↓↓
Physical Functioning (PF, control = 87)	85≈	45↓	25↓↓↓
Social Functioning (SF, control = 92)	87≈	57↓	30↓↓↓

THE LINK BETWEEN THE QUALITY OF LIFE AND THE PERSONALITY DEVELOPMENT

Quality of life	above the average	average	considerable below average
Personality development	near normative	less then normative	considerably less then normative
Psychological state	positive	unstable	unfavorable
Self -Image	realistic	conflicting	infantile
Social adoptability	sufficient	moderate	low

THE AGE AND THE PERSONALITY DEVELOPMENT



PSYCHOLOGICAL AND PEDAGOGICAL SUPPORT

Personality development	Aims	Forms, duration
near normative	<ul style="list-style-type: none"> - help to overcome situational age-related difficulties - to develop compliance - to create an adaptive pedagogical recommendation for school education 	individual/ group training, 45 min., about 10 visits a year
less than normative	<ul style="list-style-type: none"> - adaptation to a new social environment and prevention of distress - to create a developmental environment in a hospital - to develop self-image and communicative skills - to create a pedagogical recommendation for home schooled education 	individual/ group training, 45 min., about 60 visits a year
considerably less than normative	<ul style="list-style-type: none"> - to create the most comfortable emotional conditions for the child -focusing on «here and now» plans, - involving children in different types of activities (especially productive) - to prevent the steady decline in mood 	individual, 5-15 min., about 100 visits a year

CONCLUSIONS

- ✓ The psychological and pedagogical assistance to the child is necessary at all stages of treatment and should begin from the moment of detection of the disease.
- ✓ The content of assistance is determined by the severity of the physical condition and the characteristics of the personality development.
- ✓ For adolescents with mild to moderate disease, who are on home schooling, the optimal form of work is group, and for children with severe disease – individual.

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