

# Insights in Internal Medicine

Review Report

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**Article Title:** Quality of Life among Patients with End-stage Renal Disease on Hemodialysis in a Patient-Centered Medical Home Intervention

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## Review Report

This is a cross sectional study using baseline data that were collected in a study that was designed as a non-randomized quasi experimental intervention trial of implementation of a Patient Centered Home for Kidney disease (PCMHS -KD) to compare the effectiveness of this model of care in two urban hospitals in Chicago. The objective of the cross sectional study is to describe baseline quality of life in end stage renal disease patients and to study associations between this baseline quality of life and other patient reported outcomes evaluated also at baseline namely knowledge of chronic hemodialysis, depression, health literacy, medical satisfaction with dialysis, medication adherence and compliance with dietary and fluid restrictions necessary for ESRD patients.

Although the article is well written the following issues can be raised:

1. It is not known whether all the study subjects obtained from the 2 hemodialysis units were offered PCMH-DK or only one unit offered PCMH-KD and the second normal care? If so how many patients were recruited into the study from each of the two units? What were their ethnic origins?
2. The fact that these patients were enrolled from 2 dialysis units with different backgrounds i.e.an academic medical –centre affiliated and a private for profit unit and grouping them together would impact the quality of life score obtained because patients going for care in a private for profit clinic will not be presenting the same quality of life as those attending an academic medical-centre affiliated unit.
3. Tables 1 and 2 mentioned in the text are lacking.
4. The first objective of this study was to assess the baseline quality of life in end stage renal disease patients. This objective has not been addressed in the manuscript for it is not known from the article what the quality of life of these patients at baseline was. The objective of the study was not principally meant to look at differences in quality of life scores of the patients with respect to demographic and clinical factors.
5. The second objective of this study is not equally addressed. It was supposed to identify associations

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between quality of life and patient reported outcomes. Quality of life was supposed to be measured by the Kidney disease quality of life-36 (KDQOL-36). This instrument has 5 subscales which include mental component summary (MCS), physical component summary (PCS), burden of kidney disease (Burden), effects of kidney disease (Effects) and symptoms and problems of kidney disease (Symptoms). The KDQOL-36 was therefore supposed to be an aggregate measure derived from the different scales used to measure its different components. It is this aggregate score that was then supposed to be used to look for associations between it and the self-reported outcomes. This is not what the authors have reported on Table 3. Using the mean KDQOL subscale scores across categories of the variables measured by these subscales cannot be equivalent to the quality of life in end stage renal disease patients as defined by the authors.

6. Table 3 presenting the association between KDQOL subscale scores and patient reported outcomes is very difficult to understand.
7. The conclusion does not seem to answer the questions posed by the objectives of this study i.e. what is the quality of life in end stage renal disease and what are the main associations of the quality of life in these patients to their reported outcomes.

I have read this submission. I believe that I have an appropriate level of expertise to confirm that it is of an acceptable scientific standard, however I have significant reservations, as outlined above.