

Psychological wellbeing of children with chronic kidney disease

Charlotte Van Herzele^{1,2}, Elke De Bruyne², Evelien Snauwaert¹, Els Holvoet³, Ann Raes¹, Wim Van Biesen³, Liesbet Goubert⁴, Eline Van Hoecke², Sunny Eloot³, and Johan Vande Walle¹

¹ Department of Pediatric Nephrology, Ghent University Hospital, Belgium

² Department of Pediatric Psychology, Ghent University Hospital, Belgium

³ Department of Nephrology, Ghent University Hospital, Belgium

⁴ Department of Experimental-Clinical and Health Psychology, Ghent University, Belgium

Objectives

Chronic kidney disease (CKD) influences the psychological wellbeing of children. The aim of this study was to explore quality of life (QoL), psychological problems, attention and executive functioning in this patient group.

Methods

Thirty-six parents completed questionnaires regarding the psychological wellbeing of their child with CKD (0-18 years), 26 children were also evaluated by their teacher or caregiver of the daycare center. Twenty-four children with CKD and older than 8 years (age 13 ± 3 ; 17 boys) completed questionnaires to evaluate their own psychological wellbeing. This multi-informant assessment explores QoL (PedsQL™ 4.0 Generic Core), psychological problems [Child Behavior Checklist (CBCL) / Teacher Report Form (TRF) / Youth Self Report (YSR)], attention [Disruptive Behavior Disorder Rating Scale (DBDRS)], and executive functioning (Behavior Rating Inventory of Executive Function (BRIEF)).

Results

Parents and patients both reported a lower quality of life (69 ± 19 and 71 ± 14 , respectively) compared to control parents and healthy children (88 ± 11 and 83 ± 11 , respectively). One-Sample T Tests indicate that these differences between study and control groups are significant both in the parents ($t = -4.87$; $p < 0.001$) as in the children ($t = -4.29$; $P < 0.001$).

Psychological problems of the patients are presented as internalizing and/or externalizing problems. Overall, 15/36 parents scored their child in the (sub)clinical range of internalizing problems compared to only 6/20 children and 7/26 teachers. Externalizing problems in the children seems to be less present: 7/36 parents, 1/20 child and 6/26 teachers generated scores in the (sub)clinical range.

(Sub)clinical scores for attentional functioning of children were found in 2/19 parents and 1/18 teachers. The executive functioning of children was considered as (sub)clinical by 3/26 parents and 3/20 teachers.

Conclusions

The quality of life in children with CKD is impaired. Almost half of the parents are concerned regarding possible internalizing problems of their child. A multidisciplinary family-based therapy is therefore recommended.

