Functional Status, Well-Being, and Chronic Kidney Disease

This article is the tenth of a series about chronic kidney disease and its management based on the new National Kidney Foundation guidelines. If you missed previous articles in this series, please log onto the IHS website. Archived issues of The Provider *are found at the Clinical Support Center's web page.*

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As noted in previous articles in this series about chronic kidney disease, the number and severity of complications increases as the glomerular filtration rate (GFR) decreases below 60 mL/min/1.73 m^2. As the GFR declines, physical, mental, social, and role dysfunctions are seen. Poorer general health, negative health perceptions, reduced vitality and exercise capacity, depression, and increased work limitations contribute to the sense of loss of control. Quality of life, no matter how you define it, can be impacted by chronic kidney disease.

Patients with a GFR < 60 mL/min/1.73 m^2 should be assessed for impairment in functional status and well-being to establish a baseline, monitor changes, and evaluate the effectiveness of interventions. Various tools are available for assessing functional status and well-being. The Dartmouth COOP charts, the Duke Health Profile/Duke Severity of Illness (DUKE/DUSOI), the Medical Outcomes Study 36-Item Short Form (SF-36), or the Kidney Disease Quality of Life (KDQOL) are among the tools that can be used.

For example, the Dartmouth COOP uses stick figures and faces to ask about changes during the past four weeks in physical fitness, feelings, daily activities, social activities, change in health, overall health, social support, and quality of life.

The SF-36 uses various written scales to assess health (current, and a year ago), how health has affected the activities of a typical day, how activities have changed in the past four weeks, emotional problems, bodily pain; pain interfering with normal work, feelings, social activities, and health perceptions.

An easy way to screen for functional changes is to ask "Do you need help with activities of daily living (bathing, dressing, toileting, transfer, continence. and feeding)?". If so, further assessment may be warranted.

A GFR of 60 is the point at which further assessment is needed for the many possible complications. Check for anemia and treat as indicated. Reduced fatigue and increased energy can significantly improve the quality of life. Refer to a dietitian for nutritional assessment and to prevent malnutrition. Nutritional counseling can improve or help maintain nutritional status and delay the need for dialysis. Review laboratory markers for metabolic bone disease (calcium, phosphorus, iPTH, Vitamin D, as needed) and help prevent fractures, reduce calcification of soft tissue, and itching. Evaluate control of diabetes and any associated neuropathy. All chronic kidney disease patients should be considered high risk for cardiovascular disease and should be evaluated for this.

Chronic kidney disease cannot be cured. Maximizing the quality of life is an essential health care goal for these patients. Once the GFR falls to 60 or below, be aware that functional status and well-being can be negatively impacted. □