AB 5. Sleep quality, quality of life, and sleep disorders in patients with end-stage renal disease undergoing long-term haemodialysis

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Background: Sleep disturbances are commonly reported by patients with end-stage renal disease undergoing dialysis. The aim of this study was to assess sleep quality and quality of life and to examine the prevalence of sleep disorders in a group of uremic patients on maintenance dialysis.

Patients and methods: Enrolled were 92 patients on maintenance dialysis, to whom 5 different questionnaires were distributed, examining sleep characteristics and quality of life [Athens Insomnia Scale (AIS), Epworth Sleepiness Scale (ESS), Pittsburg Sleep Quality Index (PSQI), IRLS-Study group questionnaire, WHO-5 Well Being Index].

Results: Low sleep quality was reported by 42 patients (45.7%), and insomnia by 28.3% (n=26). Additionally, Restless Legs Syndrome was reported by 42.4% (n=39). On the contrary, only one patient had an ESS score, indicative of excessive daytime sleepiness. Finally, 32 patients (34.8%) had a score indicative of low quality of life in WHO-5 questionnaire.

Conclusions: A significant presence of sleep disorders among haemodialysis patients was recorded. Still, further studies using polysomnographic records are necessary to confirm these results.


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AB 6. Cost - effectiveness of nasal continuous positive airways treatment versus the absence of treatment, in patients with obstructive sleep apnea syndrome

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Background: Obstructive sleep apnoea syndrome (OSAS) is common in adult population and is associated with increased morbidity and mortality. Both diagnosis, based on polysomnography, and treatment, with nasal continuous positive airway pressure (nCPAP), carry a potentially high cost.

Patients and methods: The present study analyses the long-term cost-effectiveness of nasal continuous positive airway pressure (nCPAP) treatment versus the absence of treatment, as it relates to the effect of treatment on the incidence of cardiovascular disease (CHD). A Markov model was used to follow the progression of patients with OSAS based on published evidence. Data on treatment costs were collected from public hospitals in Greece. Within each cycle of the model, each patient can remain free of CHD, can develop CHD, can die of CHD related death, or can die of other causes. The model begins at the age of 55th years and lasts for 45 years.

Results: The findings of this study show that the treatment of OSAS with nCPAP versus the absence of treatment, results in cost - saving due to the reduction in the cost of treatment for CHD when the analysis was restricted to the male population and increases the life - expectancy in both males and females.

Conclusions: According to these results, early diagnosis of OSAS is mandatory for patients as it increases life expectancy and decreases the long-term cost of their therapy.


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