CHAPTER I

INTRODUCTION

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"The secret of health for both mind and body is
not to mourn for the past,
worry about the future or anticipate troubles
but to live in the present moment wisely and earnestly".

Buddha

Chronic diseases are the major health challenges of our times and the largest cause of death in the world. For the past few decades, every year, the leading chronic diseases such as cardiovascular disease, cancer, chronic respiratory disease, chronic kidney disease and diabetes cause around 29 million deaths worldwide. Chronic illness is a physical, mental or emotional condition that endures over time.

Chronic illnesses have far-reaching effects that extend beyond simple physical pain, incapacitating a person and cause dependency, incurring significant medical costs, feeling stigmatized due to their illness and causing severe depression due to pain, social ostracization and isolation.

Chronic illness has a profound impact on one's life and creates a lot of grief in response to the losses it imposes on one's life. One is likely to endure multiple losses that may include the loss of control and personal power, loss of identity, which is an important contributor to self-esteem, as well as loss of independence, loss of identity, loss of financial status and loss of one's customary lifestyle.

Changing roles in family, work and social situations that result from a person's illness also can create additional adjustment problems for everyone involved and relationships may fall apart and leave one with another loss. It is no wonder that many people facing these multiple losses and the grief that naturally ensues find themselves experiencing high levels of anger, fear, helplessness, hopelessness,

resentment, depression and damaged self-esteem. At a time when one most needs compassion, love, understanding, sympathy and support, one may be met with criticism, disbelief and anger. Coping with all these issues can be very overwhelming.

A major task for health services is the management of chronic illness. It requires a new and a different approach that puts the patient at the heart of any attempt to help one get back to well-being and empowerment. The key to prevention is in understanding how people's behaviour can be changed. Finding the levers to persuade people to eat more healthily and undertake regular physical activity is central, as is explaining and promoting methods of coping with life's stresses and strains (Perkins, 2007).

To enable patients play an active role in their care, health services must supplement medical care with educational and cognitive behavioural interventions. Chronic disease treatment programmes have tended to underestimate the need for this aspect of care and consequently, many treatment programmes have been psychologically naive and as a result, less effective than they could have been. The psychological effects of chronic disease such as stress, depression and anxiety have to be dealt by mental health professionals. In no area of healthcare are the skills of psychologists needed more than in the area of chronic disease. Psychological issues cannot be ignored in planning care for chronic illness (Mills, 2006).

KIDNEY FAILURE

Kidney failure occurs when the kidneys partly or completely lose their ability to carry out normal functions. Acute kidney failure develops in response to a disorder that directly affects the kidney, its blood supply or urine flow from it. Acute kidney failure usually does not cause permanent damage to the kidneys. With appropriate

treatment of the underlying condition, it is often reversible, with complete recovery. Mild kidney disease is often called 'renal insufficiency'. In some cases, it may progress to chronic kidney disease.

In chronic kidney disease, one suffers from gradual and usually permanent loss of kidney function over time. This happens gradually over time, usually months to years. The final stage of chronic kidney failure is also referred to as 'end-stage renal disease' or 'renal failure', wherein there is total or near-total loss of kidney function and patients need dialysis or transplantation to stay alive (Kathuria, 2007).

Kidney diseases, which usually involve both kidneys, are categorized as hereditary, congenital or acquired. Polycystic kidney disease (PKD) is the most common inherited kidney diseases disorder. It is marked by the formation of fluid-filled cysts in the kidney tubules. Others include Alport's syndrome, hereditary nephritis, primary hyperoxaluria and cystinuria. Congenital kidney diseases typically involve a malformation of the genitourinary tract. Malformations could be present at birth or the muscles of the bladder fail to contract as they should, due to some abnormality in the muscles or their nerve supply. Acquired kidney disorders are due to blockages, drugs, toxins, diabetes and high blood pressure (Health Central Network, 2007).

INCIDENCE

The increasing prevalence of Chronic Kidney Diseases (CKD) has now been recognised as a major public health problem globally and for the first time ever, World Kidney Day is being observed on 9 March to create awareness among the public about the need for early detection and control of risk factors for kidney diseases. The prevalence of CKD in India is 5 to 10 per one lakh of population. Once kidney impairment sets in, it progresses to End Stage Renal Disease (ESRD) and the

patient can only be saved through some form of Renal Replacement Therapy (RRT) like dialysis or kidney transplant. Of the one lakh ESRD patients every year, only 9,000 are put on dialysis. Out of this, 60% drop out and 20% die due to inadequate dialysis. The prevalence of patients on RRT in India is only 15 per million population, while it should have been at least 200 per million population. Given the heavy and recurrent costs of RRT, only 1 or 2% of patients in the country can afford this treatment and India has very limited RRT facilities for a growing population of ESRD patients (Maya, 2006).

TESTS FOR KIDNEY FAILURE

The National Kidney Foundation recommends three simple tests to screen for kidney disease: a blood pressure measurement, a spot check for protein or albumin in the urine (proteinuria) and a calculation of glomerular filtration rate (GFR) based on a serum creatinine measurement. A more sensitive test for protein or albumin in the urine involves laboratory measurement and calculation of the protein-to-creatinine or albumin-to-creatinine ratio. This test should be used to detect kidney disease in people at high risk, especially those with diabetes. If the first laboratory test shows high levels of protein, another test should be done 1 to 2 weeks later. If the second test also shows high levels of protein, it indicates persistent proteinuria and should have additional tests to evaluate the kidney function.

Renal imaging methods include ultrasound, computed tomography (CT scan) and magnetic resonance imaging (MRI). These tools are most helpful in finding unusual growths or blockages to the flow of urine. Renal biopsy will help the doctor identify problems at the cellular level

(http://kidneydiseases.about.com/od/kidneys101/a/Overview0001.htm, 2007).

RISK FACTORS FOR KIDNEY FAILURE

Diabetes Mellitus: Both Type 1 and Type 2 diabetes can cause kidney failure. Because of the high prevalence of Type 2 diabetes, it is the leading cause of kidney failure.

High Blood Pressure: It is responsible for over two-thirds of the cases of kidney failure.

Family History: Kidney disease often runs in a family, especially when diabetes and high blood pressure problems are present. There are also a number of genetic diseases such as polycystic kidney disease that are caused by genetic defects.

Age: The risk of getting kidney disease increases with age. The elderly is one of the fastest growing demographic groups starting dialysis today.

Race: High blood pressure and kidney disease are particularly prominent among African Americans. There is also a higher rate of kidney disease among Hispanics, Asians, Pacific Islanders and American Indians.

Obesity: Obesity is associated with other conditions known to cause kidney disease, such as high blood pressure, diabetes and metabolic syndrome. By itself, it is still likely to be a risk factor for kidney failure and kidney stones.

Medications: Many drugs can cause kidney disease, particularly acute kidney failure, but the most widely used ones are non-steroidal anti-inflammatory drugs and antibiotics. Other important causes include chemotherapy and lithium

(http://kidneydiseases.about.com/od/riskfactors/a/Article0003.htm, 2007).

SYMPTOMS OF KIDNEY FAILURE

Initial symptoms may include unintentional weight loss, nausea, vomitting, general ill feeling, fatigue, headache, frequent hiccups and generalized itching. Later symptoms may include increased or decreased urine output, need to urinate at night, easy bruising or bleeding, blood in the vomit or stools, decreased alertness (drowsiness, somnolence, lethargy, confusion, delirium and comma), muscle twitching or cramps, seizures, uremic frosts (deposits of white crystals in and on the skin) and decreased sensation in the hands, feet or other areas. Other symptoms include excessive night time urination, excessive thirst, abnormally dark or pale skin, nail abnormalities, breath ordour, high blood pressure, loss of appetite and agitation (http://www.webhealthcentre.com/general/renal_disease_symptom.asp, 2007).

PHYSICAL AND PHYSIOLOGICAL EFFECTS OF KIDNEY DISEASE

Kidney disease may lead to potential physical effects on men's sexuality resulting in low sex drive or erectile dysfunction, commonly called 'impotence' (DaVita Inc., 2007); renal osteodystrophy, increasing the body's burden of fluoride and increasing an individual's susceptibility to fluoride poisoning, resulting in undiagnosed skeletal fluorosis (fluoridalert.org, 2007); anaemia (Health24, 2006); fluid and potassium overload, which causes a rise in blood pressure, which in turn, could lead to heart failure; insufficient dialysis can lead to pericarditis, an inflammation of the heart's outer layers; electrolyte disturbances due to dialysis can lead to irregular heart rhythm and blood pressure rises, if insufficient fluid was removed; uremia, that is, high levels of urea, which is toxic to the body and could lead to a dangerous inflammation of the outer layers of the heart, the pericardium and can affect all the major organs including the brain. It precedes uremic coma and causes

disorders of memory, thinking, speech, perception, emotions and other neurological manifestations; heart diseases are the leading cause of death in end-stage renal disease; hypertension is an important underlying cause of kidney failure; conversely, kidney failure can lead to hypertension (Coetzee, 2007).

PSYCHOLOGICAL EFFECTS OF KIDNEY FAILURE

STRESS

Chronic illness is perceived as a threat, which is fearful and uncertain. In the list of life stresses, chronic illness stands second, the first one being death of spouse, family member or friend (Changingminds.org, 2007). In medical terms, stress is the disruption of homeostasis through physical or psychological stimuli. Stressful stimuli can be mental, physiological, anatomical or physical reactions (http://en.wikipedia.org/wiki/Stress_(medicine), 2007).

Chronic illnesses can pose frustrations, conflicts and pressures. Stressors that involve central aspects of one's life or that persist for extended periods of time, as in the case of chronic illnesses, are more likely to result in severe distress and disruption of functioning (Gill et al, 2007). Chronic illness can also influence one's ability to function at work. Decreased work ability can lead to financial difficulties. As one's life changes, one may feel a loss of control and more anxious from the uncertainty of future (Clevelandclinic.org, 2000).

As for any chronic disease, people who are diagnosed with kidney failure are confronted with a range of emotions. The emotional stages that patients may go through are shock, grief and denial (http://www.kidneypatientguide.org.uk/site/stress.php, 2005). The illness can cause

anxiety, fear, feeling of frustration or anger about the illness, loss of control, isolation, stress and depression

(http://www.kidneypatientguide.org.uk/site/emotional.php, 2005).

When people are first diagnosed with kidney failure, they may feel that everything they have worked hard to have in their life is slipping away. They may fear that they will lose their independence or become a burden to those they love. Such feelings can be frightening and they may lead to some of the emotions like anger and depression (National Kidney Foundation, 2007).

SYMPTOMS OF STRESS

Stress affects the mind, body and behaviour in many ways. The effects are more so in a chronically ill kidney patient. The specific signs and symptoms of stress vary from patient to patient, but all have the potential to harm his/her health, emotional well-being, and relationships with others. The cognitive symptoms of stress in kidney patients are memory problems, difficulty making decisions, inability to concentrate, confusion, seeing only the negative, obsessions, poor judgment, loss of objectivity and desire to escape or run away. The emotional symptoms of stress in kidney patients are moodiness and hypersensitivity, restlessness and anxiety, depression, anger and resentment, irritability, sense of being overwhelmed, lack of confidence, apathy and the urge to laugh or cry at inappropriate times. The physical symptoms of stress in kidney patients are headaches, digestive problems, muscle tension and pain, sleep disturbances, fatigue, chest pain, irregular heartbeat, high blood pressure, weight gain or loss, shortness of breath, skin problems and decreased sex drive. The behavioural symptoms of stress in kidney patients are eating more or less, sleeping too much or too little, isolating oneself from others, neglecting one's

responsibilities, increasing alcohol and drug use, nervous habits (e.g. nail biting, pacing), teeth grinding or jaw clenching, overdoing activities such as exercising or shopping, losing one's temper and overreacting to unexpected problems (Gill et al, 2007).

EFFECTS OF STRESS

The effects of stress on patients with kidney disease are the same as in normal people. But the effects would be debilitating in the case of kidney patients. The short term effects of stress observed in kidney patients are palpitation, chest pain, cold clammy skin with gooseflesh, flushing and feeling of warmth, breathlessness, dry mouth with difficulty in speaking and swallowing, abdominal discomfort, aggravation of peptic ulcer, loose stools, increased blood glucose levels, headache, back ache and neck pain, depletion of energy stores, flare up of diseases like eczema, psoriasis, arthritis, difficulty in concentrating, memory disturbances, sleeplessness, decreased sexual drive, loss of appetite, anxiety, depression and outbursts of anger.

The long term effects of stress were found to be chronic head ache, mood swings, anxiety disorder, substance abuse, memory disturbances, heart attack due increased blood pressure, blood sugar and cholesterol, stroke due to similar reasons, weight loss, exacerbation of allergies including asthma, irritable bowel disease, ischemic bowel disease like Crohn's disease, decreased sexual drive and sleeplessness (Stressfocus, 2006).

The health problems that can be caused or exacerbated by long-term stress are heart attack, hypertension, stroke, cancer, diabetes, depression, obesity, eating disorders, substance, abuse, ulcers, irritable bowel movement, memory loss, auto immune diseases, insomnia, thyroid problems and infertility (Gill et al, 2007).

ANXIETY

Anxiety is a feeling of worry, uncertainty or fear. Anxiety may be caused by fear about what will happen in the future. This can be a specific 'worry' related to something in particular or a more general sense of 'being on edge' or 'not feeling safe'. Renal patients might worry about how the illness will affect one's relationships, ability to work, finances and quality of life. One may also be anxious about understanding the condition or managing the treatment (http://www.kidneypatientguide.org.uk/site/anxiety.php, 2005).

Treatment for chronic kidney disease sometimes compounds the anxiety. Whether one will undergo hemodialysis or peritoneal dialysis, each requires surgery to create an access. Choices need to be made if one would go to a clinic for dialysis or be treated at home. One may worry about the disruption to family life, especially if one opts for treatment at home (DaVita Inc., 2007).

FEAR

It is normal to feel a certain amount of fear before one begins the first dialysis treatment or before a kidney transplant. Fear of the unknown and death are quite understandable in the case of kidney patients. One might have learned about chronic kidney disease and its treatments through books, television or movies. These images can be frightening and they are not always based on fact. They often give people the false idea that kidney failure is a terminal illness where one has to spend the rest of the life in bed hooked up to a kidney machine or if one gets a transplant, it probably would not work. The reality is that kidney failure is not nearly so awful and transplantation is a routine operation with a high success rate. People with kidney failure can live a reasonably normal life, working, getting married and raising a family (National Kidney Foundation, 2007).

ANGER

Anger is a completely normal, usually healthy, human emotion. But when it gets out of control and turns destructive, it can lead to problems- problems at work, in personal relationships and in the overall quality of one's life and it can make one feel as though at the mercy of an unpredictable and powerful emotion (American Psychological Association, 2007).

The chronically ill person suffers severe upset, terror, anxiety and helplessness. Add to these, the sense of injustice, unfairness and senselessness of being struck down by a disease and the result may be a rage reaction of tremendous proportions. Often the target of this rage is the patient himself or herself. The ultimate, most dangerous, expression of this rage at self is suicide. The commonly experienced feelings of despair may result in contemplation of suicide.

It is almost impossible to be furious with fate; there is no external opponent. In order to provide some meaning for what has happened, many people irrationally conclude they have bought disease on themselves by being faulty or wicked in some way. It is difficult to keep clear that it is the disease that introduced the disruption into one's life. Another reason for suicidal thoughts is that illness breeds a sense of helplessness. The chronic disease cannot be wished away. The disabilities are there to struggle with every day and the threat of a major recurrence or increase in symptoms may be a constant anxiety tucked away not far from consciousness. With the feeling that the underlying problem cannot be solved and the belief that it is the patient's fault, many patients suffer intense unhappiness. Sadly, the patient's feeling of self-blame is greatly reinforced by society. Often families are unable to help because they are angry at the patient. The changes in their life style are directly attributed to the patient and not to the patient's illness. Even supposedly neutral medical personnel may be furious

with the patient for having a chronic condition they cannot cure. This anger directed at the patient from all sides is psychologically understandable but it is very destructive. The flirtation with suicide, the patient's worst hazard of the anger stage, is a statement of the extent of one's rage with oneself and with those one cares about.

Anger is a problem when it is expressed in destructive or self-destructive ways when the feelings of anger and frustration lead to rebellion against diet and fluid restrictions or towards friends, relatives and staff. When people are angry, they may tend to 'push away' the people who want to support them. Anger expressed in these ways is self-destructive because it puts one's health at risk and on an emotional level, leaves one feeling even more isolated. Energy is a tremendous problem for those with chronic illness. There is none to waste. Some of the most wasteful expenditures of energy are for resentment and anger. These emotions are not bad in themselves but they do wear one out. Taking one's anger out on other people or on oneself will only make matters worse (http://www.kidneypatientguide.org.uk/site/anger.php, 2005). Fear and anger are disruptive emotions engendered by a sense of loss of control (LeMaistre, 1999).

If one tries to hide anger, it will only come out in more destructive ways like arguments with loved ones, depression, headaches, stomach problems and not following one's prescribed treatment (National Kidney Foundation, 2007). Nobody 'deserves' kidney failure. One may have times when one feels resentful and angry. These are perfectly normal reactions. They may even be necessary before one can begin the process of acceptance and emotional healing. Facing one's anger directly is important. The doctor, social worker or an outside counsellor can help. It is important

to keep reminding oneself that while one cannot control the feelings, one can always control one's actions (National Kidney Foundation, 2007).

DEPRESSION

The Web definition of depression is that it is a mental state characterized by a pessimistic sense of inadequacy and a despondent lack of activity (Google, 2007).

Depression has been called 'a normal reaction to an abnormal situation'. As such, depression is a common complication of every chronic illness. People with chronic illnesses have a 25-33% chance of getting depressed (Stewart, 2007). When the body is challenged physically, it often affects the brain chemicals, which can lead to depression. Not to mention that, with a chronic illness a person is dealing with an avalanche of new experiences both physical and emotional and that can affect their emotional health (healthy-holistic-living.com, 2007).

Depression has been called the common cold of mental health because it is much more prevalent than people think. Anyone can suffer from depression—not just those with chronic kidney disease or who are on dialysis. The worst result of depression is that it robs a person of his/ her happiness over a period of weeks, months or even years. Depression is an illness that should be treated by a professional in the same way one would treat diabetes or high blood pressure (Heilman, 2007).

CAUSES OF DEPRESSION

Chronic illness and depression so often go together due to several reasons. First, depression is part of the way human beings grieve their losses. 'Reactive' depression is a normal response to the news that one has a chronic illness. The losses that result from chronic illness vary from person to person, but everyone grieves. Reactive depression is part of adjusting to the new lifestyle imposed by chronic illness

and it lasts only a few weeks or months. Usually no medical treatment is needed. Second, there may be physical causes for depression. Third, depression may be a side effect of drugs taken to treat the chronic illness. Fourth, social factors like poverty may increase the chances of depression. Finally, depression can sometimes result from a combination of physical, emotional and social factors (Stewart, 2007).

Living on dialysis is a perpetual challenge requiring a demanding treatment schedule, dietary restrictions and changes in function and daily routine. While it may be difficult to discern the symptoms of depression from those of uremia, it is important to consider the possibility of depression since appropriate treatment can significantly improve the quality of life of the person with end-stage renal disease (Medifocus.com, Inc., 2007).

SYMPTOMS OF DEPRESSION

Depression can mimic the symptoms of many other illnesses. Symptoms of depression such as fatigue, poor appetite, impaired concentration and insomnia are also common features of chronic medical conditions, adding to the difficulty of deciding whether they are due to depression or to the underlying illness. Only a qualified professional can make a diagnosis based on the description of the symptoms. For those with kidney disease or on dialysis, there could be physical contributors. For example, if a patient is feeling down because he/she is tired all the time, it may be due to anemia, which can be treated with medicines. By reviewing the symptoms and talking about what one is feeling with the doctor, he or she can determine if one is suffering from depression or if there is some aspect of kidney disease that should be treated (Heilman, 2007).

Common symptoms of depression include depressed mood or loss of interest in daily activities, persistent sadness that lasts more than two weeks, sense of hopelessness/helplessness, significant weight loss or weight gain, sleep disturbances (sleeping too much or not able to sleep), problems with concentration, pessimism, distorted thinking, apathy, feelings of worthlessness or guilt, fatigue or loss of energy, repeated thoughts of death or suicide, lack of interest in taking medications/staying on required healthcare regimen, missing doctor's appointments and exacerbation of chronic illness symptoms (Cleveland Clinic, 2007).

EFFECTS OF DEPRESSION

The prevalence of depression is thought to be 20-30% among dialysis patients. Depression is responsible for both behavioural and physiological processes that influences early mortality and therefore is considered a mortality risk factor in people with end-stage renal disease (Medifocus.com, Inc., 2007).

Depression can affect how the patients make decisions regarding the treatment. Since a patient on dialysis must be actively involved in the day-to-day treatment regarding fluid intake and diet, he/she must have a clear mind in order to make the best decisions. Depression can make them put off decisions or even purposely make unwise ones. The most dangerous feature of depression is that, if left untreated, it can lead someone to be suicidal (DaVita Inc., 2007).

ISOLATION

In time, the acute nature of the illness may abate. But total recovery does not occur and the illness persists. There is a dawning awareness of everyone's part that the situation has become a chronic one. There will be no full recovery. There is so much uncertainty about the future that the patient may not be able to sleep at night and may

seem restless and distracted during the day. The lack of an expectable future constitutes a major assault on one's self-image. The patient's anxiety often produces a stiffness or frozenness in dealings with others and oneself. There is a belief, usually partially justified, that no one can understand the devastation of the losses. Isolation most troubles patients who have been the most independent.

The family has often exhausted itself during the acute crisis stage. Family members may become aware that they are angry, fearful and disgusted about the sick member's situation. Both patient and family members retreat into themselves and their thoughts, now haunted by the knowledge that life may never be the same. Friends also tend to give out the idea of chronic illness is really terrifying to most people. After an initial burst of energy, some friends may find it too overwhelming a personal struggle to continue having contact with either patient or family. Some patients have been devastated by an apparent lack of concern shown by people for whom they care. This leads to difficulty in asking for help. The questions begin to surface during the isolation stage but actually they are part of everyday living for most chronically ill people (LeMaistre, 1999).

MANAGEMENT OF KIDNEY FAILURE

There is no cure for chronic kidney disease. The 4 goals of therapy are to slow the progression of disease, to treat underlying causes and contributing factors, to treat complications of disease and to replace lost kidney functions. Strategies for slowing progression and treating conditions underlying chronic kidney disease include the following:

Dialysis

In end-stage renal disease, kidney functions can be replaced only by dialysis or by kidney transplantation. There are two types of dialysis namely, hemodialysis and peritoneal dialysis. Most patients are candidates for both hemodialysis and peritoneal dialysis. There are little differences in outcomes between the two procedures. The physician may recommend one kind of dialysis over the other, based on the medical and surgical history. It is best to choose the modality of dialysis after understanding both procedures and matching them to one's life style, daily activities, schedule, distance from the dialysis unit, support system and personal preference. People undergoing dialysis have an overall 5-year survival rate of 32%.

Transplantation

Kidney transplantation offers the best outcomes and the best quality of life. Transplanted kidneys may come from living related donors, living unrelated donors or people who have died of other causes (cadaveric donors). Patients need to undergo extensive testing to ensure their suitability for transplantation. The more similar the donor is in these characteristics, the greater the chance of long-term success of the transplant. Transplants from a living related donor generally have the best results. Transplant surgery is a major procedure and generally requires 4-7 days in the hospital. All transplant recipients require lifelong immunosuppressant medications to prevent their bodies from rejecting the new kidney. Immunosuppressant medications require careful monitoring of blood levels and increase the risk of infection as well as some types of cancer.

Control of high blood pressure: This also slows progression of chronic kidney disease. High blood pressure can be treated with any of a large number of drugs.

Anemia: It can be treated with injections of a human hormone, erythropoietin

Dietary guidelines for kidney patients

Protein restriction: Decreasing protein intake may slow the progression of chronic kidney disease.

Salt (sodium) restriction: Limit to 4-6 grams a day to avoid fluid retention and help control high blood pressure.

Fluid intake: Excessive water intake does not help prevent kidney disease. The doctor may recommend restriction of water intake.

Potassium restriction: This is necessary in advanced kidney disease, because the kidneys are unable to remove potassium. High levels of potassium can cause abnormal heart rhythms.

Calcium: Adequate intake is necessary to maintain healthy bones and avoid problems with parathyroid function.

Phosphorus restriction: Decreasing phosphorus intake is recommended to protect bones.

Toxic medications: In chronic kidney disease, several medications including analgesics can be toxic to the kidneys and may have to be avoided or given in adjusted doses.

Follow-up

The health care provider will recommend a schedule of regular follow-up visits. At these visits, the underlying condition and the kidney status of the patient will be evaluated. The patient will have to undergo regular blood and urine tests and possibly imaging studies as part of this ongoing evaluation.

Prevention

Chronic kidney disease cannot be prevented in most situations. It is possible to protect the kidneys from damage or slow the progression of the disease, by controlling the underlying conditions. Kidney disease has usually progressed significantly by the time symptoms appear. If one is at high risk of developing chronic kidney disease, one should consult the health care provider and comply if recommended for screening tests. If there is a chronic condition such as diabetes, high blood pressure or high cholesterol, the treatment recommendations should be followed diligently. Regularly monitoring of these conditions and aggressive treatment are mandatory. Exposure to alcohol, drugs, chemicals and other toxic substances should be avoided as much as possible. Recipients of a kidney transplant from a living related donor have a 2-year survival rate greater than 90%. Recipient of a kidney from a donor who has died has a 2-year survival rate of 88%

(http://www.emedicinehealth.com/script/main/art.asp?articlekey=58887&pf=3&page=1, 2007).

POSITIVE THERAPY

Positive Therapy (Hemalatha Natesan, 2004) is a package, combining the Eastern techniques based on Yoga and Western techniques based on Cognitive Behaviour Therapy. Positive Therapy had its inception in 1978. After 20 years of successful implementation of the therapy, it has been made a full-fledged one, in 1998.

Assumption

Any behaviour problem is owing to the way an individual perceives himself/herself, the situation, the people around and his/her future. Any problem becomes a problem, only when it is perceived as a problem. Hence, the perception of a situation or a person as a problem is owing to one's own perception, rather than the actual situation or the person. A person with negative perception will also have negative thoughts. Negative thoughts lead to negative beliefs, which are more often irrational. These negative beliefs pave the way for negative emotions and in the long run, affect the person's mental health, as well as physical health. Positive Therapy aims at modifying negative thoughts, beliefs, emotions and behaviour by using a number of techniques. It is assumed that when negative thoughts are replaced by positive thoughts, the individual becomes more realistic and reasonable in his perception.

Focus

The focus of the therapy is in the present. It has been found that many individuals waste their time and energy brooding over the past or worrying about the future. To be happy or sad is in one's own hands. Some people choose to be dull, depressed and brood over all the time. Some people have a tendency to think about their aches, pains and bodily disorders and worry about them continuously. Some

people tend to worry a lot about the negative events that occurred in the past, such as, failures, harassment, financial problems, death of a close relative etc. Some people keep on worrying about problems, which they think will occur in the future.

In Positive Therapy, the individual is made to understand that worrying about the past or the future is unnecessary and unwanted. He/she is trained to live in the present and enjoy the present. Positive Therapy helps to replace debilitating negative thoughts with positive, self-enhancing thoughts. It is presumed that change in thoughts will automatically lead to change in behaviour. Positive Therapy helps in the development of positive personality traits such as courage, confidence, cheerfulness, optimism, etc. and trains people to face their problems with a smile. Thus Positive Therapy facilitates sound mental health, leading to better adjustment.

Problems treated by Positive Therapy

Stress, depression, anxiety, fear, anger, inferiority, pain, academic problems, adjustment problems, menstrual problems, pre-marital/marital problems and suicidal ideation are treated successfully by Positive Therapy.

Research on Positive Therapy

The author and other researchers have carried out a number of researches in different states of India namely Tamil Nadu, Kerala, Karnataka and Rajasthan and in Combodia, proving the efficacy of Positive Therapy in the management of stress, depression, anxiety, anger, insomnia, pain and in the enhancement of general well-being, self-concept, self-esteem, emotional intelligence and adjustment.

NEED FOR THE STUDY

It is estimated that there are around 20 lakh patients with end stage renal disease in India, with around 1,00,000 new cases being diagnosed each year. According to WHO, over 2.5 crore people in India are likely to develop serious kidney ailments in the next two decades (Deccan Herald, 2007). Health experts warn that the incidence of chronic kidney failure is poised to increase sharply as diabetes and hypertension, two of the major causes of kidney failure are rampant. The expensive nature of the treatment and the exploitative and illegal kidney racket are curses on the kidney patients. To make things worse, the disease brings with it, stress, depression and anxiety, which take a heavy toll on the psychological health of the patients. Thus, it becomes imperative that the patients and their families be given psychological counselling to help them cope with such debilitating conditions. It has been widely observed that the need for counselling is largely overlooked by the medical fraternity. This action research is an attempt to highlight the immense need for acknowledging psychological counselling, complimentary to medical treatment of patients with kidney failure.

Many researches have been conducted using Positive Therapy on various sample such as patients with cancer, CHD, hypertension, diabetes etc. as well as on nurses, students, teachers, IT professionals and so on, with various problems including stress, depression, anxiety, anger, insomnia, pain etc. It was found to be very effective in alleviating the problems and in enhancing positive thinking and positive traits such as self-esteem, self-efficacy, general well-being etc. Hence, this study is an attempt to help the selected kidney patients manage their stress and depression and enhance their well-being using Positive Therapy, so that they can lead better lives.