

RECOMMENDATIONS

- 1) Initiation of early screening programs in the tertiary care centers, for detection of any psychiatric disorders among children and adolescents on haemodialysis using self reporting scales. They should be screened at the initiation of dialysis therapy, within 3 to 6 months after therapy initiation, and then yearly.
- 2) Training of pediatric psychologists to use screening scales on regular basis during the follow up sessions, especially among school aged children and adolescents.
- 3) Updating new screening scales and modifying it to Arabic forms to suit our Egyptian children on haemodialysis and to ensure proper assessment.
- 4) Adequate management of any psychiatric disorders detected in those children either by cognitive behavioral therapy or by medications.
- 5) Encourage the child or adolescent to participate in activities that improve his self-esteem and sense of mastery (i.e., encourage a child or adolescent who likes to draw to take an art class).
- 6) Discuss the importance of a healthy lifestyle (i.e., participating in regular physical activity, eating healthy foods) in maintaining a sense of well-being. In particular, regular physical activity should be discussed as an important element in any comprehensive treatment plan for adolescents with depressive symptoms.
- 7) Encourage the child or adolescent to interact with peers in a supportive environment (i.e., during after-school activities, in clubs or sports, at play dates (for younger children), through faith-based activities).
- 8) Academic support of children with CKD at schools to improve their performance and, therefore, decrease their psychiatric co-morbidities.
- 9) Clinicians should educate and counsel the families of those patients about anxiety and depression. Also they should develop a treatment plan with patients and families and set specific treatment goals in key areas of functioning including home, peer, and school settings.

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المخلص العربي

حدوث الفشل الكلوي المزمن خلال مرحلة الطفولة له تأثير نفسي واجتماعي على الأطفال وأسرهم. الأطفال الذين يعانون من الفشل الكلوي المزمن يعانون من مرض ليس له علاج معروف ويتطلب التعديل اليومي لنمط الحياة لذلك غالبا ما يعانون من تأخر في النمو وتغير في صورة الجسم، وكثيرا ما يتغيرون عن المدرسة والأنشطة الأخرى، مما يؤثر على النمو النفسي لهؤلاء الأطفال.

وكان الهدف من الدراسة الحالية هو تقدير مدي انتشار القلق والاكتئاب بين الأطفال الذين يعانون من الفشل الكلوي المزمن و الذين يجرون غسيل كلوي ودراسة بعض عوامل الخطر التي قد تؤثر على انتشار القلق والاكتئاب بين هؤلاء الأطفال.

وقد تم إجراء هذه الدراسة على ٥٥ طفلا تتراوح أعمارهم بين (٧-١٨) سنة وليس لديهم أي ظروف طبية أو جراحية مزمنة أخرى؛ لاستبعاد القلق و الاكتئاب المصاحبين لأي مرض مزمن آخر.

و قد تم استخدام مقاييس الإبلاغ الذاتي بما في ذلك مقياس القلق الظاهر للأطفال (CMAS) واكتئاب الأطفال على نطاق المخزون (CDI) لتقييم أعراض القلق والاكتئاب بين هؤلاء الأطفال.

و قد أظهرت هذه الدراسة انه من بين ٥٥ طفلا، جميع الأطفال تم تشخيصها بالقلق من بينهم ١١ طفل (٢٠%) يعانون من قلق منخفض، و ٢٢ طفل (٤٠%) يعانون من قلق متوسط، ٢٢ طفل (٤٠%) يعانون من قلق مرتفع.

فيما يتعلق بالاكتئاب ، كان هناك ١٧ طفل (٣٠.٩%) يعانون من الاكتئاب المنخفض و ١٨ طفل (٣٢.٧%) يعانون من الاكتئاب المتوسط ، و ٥ أطفال (٩.١%) يعانون من الاكتئاب المرتفع.

و لقد وجدنا علاقة دالة إحصائية بين انتشار القلق ومدة الغسيل الكلوي ($p \text{ value} = 0.045$)، والوضع الاجتماعي والاقتصادي ($p \text{ value} = 0.047$)، فيما يتعلق بالاكتئاب، وجدنا علاقة دالة إحصائية بين انتشار الاكتئاب و العمر ($p \text{ value} = 0.04$)، نسبة الهيموجلوبين بالدم ($p \text{ value} = 0.02$)، ولكن لم نجد علاقة ذات دلالة إحصائية بين القلق أو الاكتئاب وعوامل خطر أخرى بما في ذلك؛ الجنس، مكان الإقامة، فقر الدم، حضور المدرسة، التكوين الأسري المتكامل، وجود مرض الكلي في احد أفراد العائلة، وجود صديق مقرب يثق فيه ، كفاءة الغسيل الكلوي و عدد جلسات غسيل الكلى/ الأسبوع .

و نستنتج أن هناك زيادة كبيرة في انتشار معدل القلق و الاكتئاب بين الأطفال الذين يعانون من فشل كلوي مزمن و يجرون غسيل كلوي بالمقارنة بدراسات أخرى في بلدان أجنبية وهنا تظهر أهمية المعايير الاجتماعية والاقتصادية في مصر وتأثيرها الكبير على نفسية تلك الأطفال.

وأيضا هناك علاقة ذات دلالة إحصائية بين القلق و مدة الغسيل الكلوي و (KtV)، الوضع الاجتماعي والاقتصادي. كما الصدد فيما يخص الاكتئاب، هناك علاقة ذات دلالة إحصائية بين العمر ومقدار الهيموجلوبين ، في حين لم يتم العثور على علاقة ذات دلالة إحصائية بين الاكتئاب والقلق وعوامل الخطر الأخرى مثل الجنس، مكان الإقامة، فقر الدم، حضور المدرسة، التكوين الأسري المتكامل، وجود مرض الكلي في احد أفراد العائلة، وجود صديق مقرب ، كفاءة الغسيل الكلوي و عدد جلسات غسيل الكلى / الأسبوع .

لذلك نوصي بالرصد المنتظم للقلق والاكتئاب بين الأطفال المصابين بالاعتلال الكلوي المزمن والذين يجرون غسيل كلوي باستخدام مقاييس الفحص الذاتي و تدريب الأطباء النفسيين للأطفال علي استخدام مقاييس الفحص الذاتي على أسس منظمة خلال جلسات المتابعة، وخاصة بين الأطفال والمراهقين في سن المدرسة كما يوصي انه يجب أيضا علي الأطباء النفسيين توعية أهل هؤلاء المرضى بمرض القلق و الاكتئاب و طريقة التعامل معهم. ويوصى أيضا بتحديث مقاييس الفحص الجديدة وتعديلها لأشكال عربية تتناسب مع الأطفال المصريين؛ لضمان التقييم السليم. في الوقت نفسه، نوصي بدراسة عدد أكبر من الأطفال المصابين بالاعتلال الكلوي المزمن و الذين يجرون غسيل كلوي في مصر. أخيرا يجب أن يكون هناك دعم أكاديمي لهؤلاء الأطفال في المدارس لتحسين أدائهم، وبالتالي التقليل من مشاكلهم النفسية.

دراسة اعتلالات التوتر والاكئاب في الاطفال المصابين بالفشل الكلوي المزمن
و الذين يجرون غسيل كلوى بالإسكندرية

رسالة علمية

مقدمة لكلية الطب – جامعة الإسكندرية
إيفاءً جزئياً لشروط الحصول على درجة

الماجستير فى طب الأطفال

مقدمة من

ايمان احمد فؤاد اسماعيل حلمي

بكالوريوس الطب والجراحة – جامعة الإسكندرية

كلية الطب
جامعة الإسكندرية
٢٠١٤

دراسة اعتلالات التوتر والاكنتاب في الاطفال المصابين بالفشل الكلوي المزمن و الذين يجرون غسيل كلوي بالإسكندرية

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موافقون

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لجنة المناقشة والحكم على الرسالة

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