It is time to consider complementary and integrative health approaches to improve hope in patients undergoing hemodialysis

Nader Aghakhani1, Zehra Gok Metin2, Masoumeh Akbari3*

1Patient Safety Research Center, Clinical Research Institute, Urmia University of Medical Sciences, Urmia, Iran
2Hacettepe University Faculty of Nursing, Internal Medicine Nursing Department, Ankara, Turkey
3Spiritual Health Research Center, Faculty of Paramedical, Surgical Technology Group, Qom University of Medical Sciences, Qom, Iran

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Dear Editor,

It has been reported that mortality rates among patients with chronic kidney disease (CKD) who undergoing hemodialysis are 20 times higher than compared with the general population. Chronic kidney disease brings several limitations in the quality of life, reduces functional capacity, causes various changes in daily living activities and triggers a higher incidence of psychopathology including anxiety, burnout and frustration. Depression prevalence is also higher in this population, particularly for those undergoing hemodialysis.

Various reports highlighted a higher hopelessness rate and suicide attempts. Therefore, patients with CKD and their family caregivers started to seek new strategies to increase hopefulness during the treatment (1).

Hopefulness as a powerful, multi-dimensional, therapeutic, emotional and dynamic factor plays an important role in patients’ compliance with the disease and treatment complications and activates the energy level they must meet their needs. Improvement of hopefulness may be a medical, economic, sociological and preventive strategy to adjust CKD’s consequences and cope with experiencing disabilities (2).

Considering all dimensions of life in patients undergoing hemodialysis, complementary and integrative health (CIH) approaches are important and maybe as an adjusting source for the hope. Integrative health is characterized by National Centre for Complementary and Integrative Medicine, “as a sort of different medical and health care settings, products and practices that are not commonly viewed as a component of conventional medicine”. CIH approaches are classified into the five groups as follows: (i) Alternative clinical frameworks (Needle therapy, Homeopathy, Ayurveda, Siddha and Unani), (ii) Mind-body interventions (profound mending/petition, contemplation, yoga, unwinding procedures, and spellbinding), (iii) Biologically based treatments (homegrown treatment dietary supplements), (iv) Manipulative and body-based techniques (knead treatment, exercise, chiropractic or osteopathy) and (v) energy therapies (energy recuperating, Reiki). CIH approaches may provide beneficial effects for patients undergoing hemodialysis by reducing symptom severity, increasing quality of life and personal satisfaction. CIH approaches including massage, reflexology, yoga, meditation, contemplation, care, strength preparing,

*Corresponding author: Masoumeh Akbari, Email: makbari@muq.ac.ir, m.akbari43@gmail.com
naturopathic medication, acupuncture and coping skills training may also be used to increase hopefulness among patients and help them to better cope with changing life occasions (3).

Health policymakers should know which types of CIH approaches are suitable, especially for common conditions for reimbursement issues to respond to patients’ advocacy groups. As non-pharmacological approaches improve patients’ satisfaction and health status, the increasing popularity of CIH is rooted in the effort to progress care and reduce suffering. The basis of using CIH approaches is that providing suitable treatment for patients, nurturing the mind and body capacity of patients to help them deal with the difficult disease and decreasing healthcare costs (4).

In conclusion, there is a growing trend in employing CIH approaches to manage symptoms of patients undergoing hemodialysis worldwide. Most of these approaches are non-invasive and practical in improving different aspects of quality of life, decreasing side effects and symptoms of conventional treatments and maybe effective to improve their sense of hope. Healthcare providers should be aware of the benefits of providing holistic, person-centered and evidence-based care while conducting CIH approaches. Therefore, patients undergoing hemodialysis may have more hope and feel better in life with the aid of proper use of CIH approaches.

**Authors’ contribution**

NA, ZGM, and MA were included in preparing the concept and design and the final draft of the manuscript. All authors have approved and confirmed the content of the manuscript.

**Conflicts of interest**

The authors declare that there is no conflict of interest.

**Ethical issues**

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**References**


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