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Chronic Kidney Failure : The Case of Dialysis Patient in the Municipality of La Paz, Tarlac

Nerishaine tababa esquivel

Registered medical technologist

Tarlac state university

CHAPTER 1

THE PROBLEM AND ITS BACKGROUND

Background of the Study

According the 2010 Global Burden of Disease study, chronic kidney disease was ranked 27th in the list of causes of total number of deaths worldwide in 1990, but rose to 18th in 2010. This degree of movement up the list was second only to that for HIV and AIDs. Over 2 million people worldwide currently receive treatment with dialysis or a kidney transplant to stay alive, yet this number may only represent 10% of people who actually need treatment to live. Of the 2 million people who receive treatment for kidney failure, the majority are treated in only five countries – the United States, Japan, Germany, Brazil, and Italy. These five countries represent only 12% of the world population. Only 20% are treated in about 100 developing countries that make up over 50% of the world population.

Many chronic renal failure patients suffer from chronic hypertension and comorbid conditions such as diabetes mellitus. For example, at least two thirds of all cases of end-stage renal disease (ESRD) are caused by diabetes mellitus or primary hypertensive renal disease. These two diseases cause diffuse atherosclerosis. The chronic renal failure state per se can result in several additional factors that predispose to atherosclerosis such as hyperhomocysteinemia and elevated levels of oxidized low-density lipoproteins. The prevalence of left ventricular hypertrophy, coronary artery disease, and congestive heart failure is much higher in patients with chronic kidney diseases (CKD) than in control populations. Cardiac disease is the single leading cause of death in patients receiving long-term dialysis, accounting for 44% of overall mortality. Thus, when dealing with a patient with CKD the prudent clinician must consider such patients particularly susceptible to "vascular" events such as myocardial infarction and stroke and be cognizant of other coexisting medical conditions.

Another issue that must be considered in caring for ICU patients with CKD is glycemic control. Recent studies demonstrating that maintenance of glycemic control with intensive insulin therapy may improve outcome in selected ICU patients has led to widespread use of insulin therapy in ICU patients. Importantly, one must recognize that patients with CKD, especially those with GFRs less than 30 mL/min, may be especially susceptible to hypoglycemia with insulin therapy. A significant percent of insulin is eliminated by the kidney, and patients with CKD may demonstrate impaired gluconeogenesis and glycogenolysis. Hypoglycemia may occur with renal replacement therapy. In a recent analysis of hypoglycemia occurring in an ICU with patients managed with intensive insulin therapy designed to give a target range of blood glucose of 80 to 110 mg/dL, continuous venous hemofiltration with bicarbonate-based buffer substitution fluid was also found to be independently associated with hypoglycemia with an odds ratio of 14. Thus, the presence of stage 3 or higher CKD and some conditions of renal replacement therapy demand careful monitoring to prevent potential hypoglycemia in ICU patients receiving insulin infusions. Dialysis is a way to clean your blood if your kidneys are no longer working properly. The kidneys act as filters for your body. They remove waste from the blood and get rid of it via your urine (wee). If your kidneys are not working properly, waste can build up in your blood. There are two main types of dialysis, known as hemodialysis and peritoneal dialysis. The most suitable type will depend on medical factors. But because the ways the different types are used in everyday life are so different, personal preferences play a major role in the decision too. So, it's a good idea to learn about the different types of dialysis and talk with your family and doctor to decide which one is the most suitable for you.

Thanks to dialysis, it’s possible to live with the disease for many years. How well it works will mainly depend on whether you have any other medical conditions and – if so – what kind, how well the dialysis is prepared, and how successfully you can handle the dialysis, medication and dietary recommendations, occur but that is rare. Blood clotting must be suppressed with medication during dialysis too. Anyone who decides not to have dialysis can continue treatment with medication and may live for another few weeks or months despite the kidney failure. Palliative care is then important towards the end of life. It can reduce pain and other symptoms, and aims to maintain quality of life as much as possible. That may involve things like being allowed to eat and drink a greater.

Philippines, its prevalence is 35.94%, which is much higher than estimated global rates. Aside from its contribution to mortality, the growing burden of CKD is also illustrated by its associated financial costs. Locally, 94% of end stage renal disease (ESRD) patients are its associated financial costs. Locally, 94% of end stage renal disease (ESRD) patients are its associated financial costs. Locally, 94% of end stage renal disease (ESRD) patients are undergoing center-based hemodialysis (HD).4% are on peritoneal dialysis (PD) and only 2% had kidney transplantation (KT). Despite KT being the gold standard treatment for ESRD, HD is still preferred by most Filipino patients due to transplant costs, low organ donations, lack of capable infrastructures, and long-term immunosuppression therapy. Hemodialysis allows for more independence and flexibility, though. You aren’t limited by the opening hours of the dialysis center, and it saves you the travel time to get there. But home hemodialysis isn’t possible without having training at a dialysis center and the support of one family member who has also been trained. There also needs to be enough space at home for the dialysis machine and the necessary equipment. It’s not clear whether there are differences in life expectancy between people who have in-center hemodialysis and those who have home hemodialysis. There is a lack of suitable research in this area. The procedure needs to be done some time before dialysis is started because it takes a while for the fistula to fully develop. An arteriovenous fistula is the best passageway for hemodialysis because it is associated with the fewest complications. It can also be distressing, though: Some people feel constantly reminded of their condition and their dependency on dialysis. Sometimes, that's enough of a reason to opt for peritoneal dialysis instead. This type of passageway is also the cause of the typical complications of hemodialysis: The new blood vessel may become inflamed, for example, or be blocked by a blood clot. If it's not possible to have an arteriovenous fistula, hemodialysis can also be done using a "neck line." This is where a catheter is inserted into a large vein in your neck that is close to the heart.

Hemodialysis usually does not lead to any complications. During the time that the person is connected to the dialysis machine, problems like a drop in blood pressure or seizures may variety of things, or whatever you feel like. Acute kidney failure can sometimes happen over a short period of time (days or weeks). It can be the result of a serious illness or accident. Dialysis is sometimes a short-term treatment. More commonly, kidney failure is the result of chronic kidney disease. This is where your kidney function gets worse over many years.

As a Medical technologist by profession, this study shows about on how to help dialysis patient in our community to lessen their financial needs, because chronic kidney disease patients need to undergo dialysis especially the end stage disease. Furthermore, Chronic kidney disease (CKD) is one of the leading causes of life lost in the municipality of Lapaz, Tarlac. Appropriate screening, diagnosis, and management by primary care clinicians are necessary to prevent adverse CKD-associated outcomes, including cardiovascular disease, end-stage kidney disease, and death. Municipality of Lapaz, Tarlac plans to implement mega RHU DIALYSIS CENTER for the dialysis patients in our municipality.

Statement of Problem

Chronic kidney failure is a serious health condition that significantly impacts the lives of individuals, families, and communities. In the municipality of La Paz, Tarlac, addressing this condition requires a deeper understanding of the patients' profiles, lived experiences, and the available government support systems. This study aims to narrate the cases of chronic kidney failure in La Paz to provide insights into the condition and to propose measures to improve patient care and health management.

Specifically, this study seeks to answer the following questions:

1. To determine the profile of chronic kidney disease patients in municipality of Lapaz, Tarlac in terms of:
    1.1 Age
    1.2 Gender
    1.3 Work Status
    1.4 Family history
2. To determine the incidence of chronic kidney disease in the Municipality of Lapaz, Tarlac.
3. To narrate the lived experiences of patients with chronic kidney failure
4. To identify government support programs for chronic kidney disease patients undergoing dialysis.
5. To propose measures to help patient with chronic kidney disease.
6. To determine the implications to health management.

Significance of the Study

This study is beneficial and significant to the resident of Lapaz, Tarlac who are suffering from chronic kidney disease by proposing interventions like the establishment of a dialysis center to reduce financial burdens and improve access to care.

The researcher would like to emphasize the practical and social impact of the research findings on the target population and other stakeholders which provides valuable insights and better understanding.

To the Department of Health, this research will serve as a basis of developing policies and guidelines in addressing public health concerns for the policymakers and health administrators to act upon, enabling them not only to create or enhance programs that address the needs of CKD patients effectively but also the improvements of assisting the patients with chronic kidney failure.

To the Local Government Unit of La Paz, the findings can help LGU create evidence-based policies tailored to address the growing prevalence of chronic kidney disease (CKD) in their locality. This includes policies to improve health services and infrastructure, such as the proposed mega RHU Dialysis Center in La

Paz, Tarlac. It also emphasizes the need for LGUs to initiate or enhance healthcare programs targeting CKD patients and supports the LGUs' role in fostering the overall well-being of their constituents.

To the Chronic Kidney Disease Patients, this will have a great help to CKD patients as it aims to improve access to health care and to address their specific needs, particularly their financial challenges because CKD patients often face high costs due to regular dialysis sessions, medications, and other related treatments that can significantly ease their financial burden.

To the Rural Health Units, this study will provide valuable data and insights that can assist RHUs in planning and facilitating the establishment of a dialysis center. This will enable RHUs to address the increasing demand for accessible and affordable dialysis services in their localities for them to facilitate the dialysis center for chronic kidney disease patient healthcare access and services.

To the Future Researchers: The study serves as a reference for others investigating similar topics, contributing to the expansion of literature and guiding subsequent research initiatives which will benefit the researcher in several ways, as it provides opportunities for professional growth, personal development, and meaningful contributions to the field of healthcare.

To the Students, this study is a venture to emphasize its potential to raise awareness about chronic kidney disease (CKD) among the younger generation. The study provides students with a deeper understanding of CKD, its causes, symptoms, and management strategies. This way, will help them make informed decisions about their health and encourage healthier lifestyle choices to prevent CKD.

To the citizens, the researcher included the citizens as beneficiaries in the significance of the study to emphasize how the research outcomes will positively impact their lives and overall well-being which highlights the need for better healthcare infrastructure, and promotes awareness and advocacy for better health services for collective responsibility and empowerment within the community.

Scope and delimitations:

The study will cover only patients of the Dialysis center with CKD particularly in the Municipality of Lapaz, Tarlac. The researcher identified 30 patients in the municipality using the RHU data. The respondents age ranges from 18 years old up to 80 years old female and male with chronic kidney disease in the year 2022-2023 only.

Review of Related Literature

This research study aims to understand the experiences of individuals undergoing dialysis. Relevant books, journals, and articles were reviewed and classified based on their origin, either foreign or local. The discussion of these sources suggests that the renal client's experience can be comprehensively understood as a response to renal illness and therapy within the healthcare context of renal replacement therapy. By gaining a better understanding of the experiences of hemodialysis patients, health professionals can more effectively support them in living as fully as possible.

Measuring Knowledge of Chronic Kidney Disease (CKD) Profile Among Community

Ellie Friedman (2015) based on Medicare (age >65 years) claims data for 2015 prevalent US population, CKD was noted to be about 10% in contrast to 1.5% of the younger employed population, suggesting that the elderly carried the overall burden of CKD. Indeed, the older one is, the higher the likelihood for CKD. The odds ratio (OR) of CKD for Medicare patients between ages 75 and 79 is 40% higher (OR: 1.4) than patients 65–74 years.

Chronic Kidney Disease (CKD) is described as a complex long-term illness that ultimately leads to End-Stage-Renal-Disease (ESRD) and occurs in every age group (Muhammad, Noble, Banks, Carson & Martin, 2012). Even though the advancement of technology has improved the treatment of individuals diagnosed with CKD/ESRD, the mortality rate of individuals receiving dialysis is approximately 20% to 25% annually with an increasing number of people dying because of withdrawal issues from dialysis (Davison, 2010). Since CKD is a disease that progresses in stages, it is important that individuals become aware of the functions of the kidneys as well as signs and symptoms related to kidney failure; otherwise, the increase of CKD will continue and ultimately lead to ESRD requiring lifetime treatment (Tout et al., 2013). Outcomes related to CKD/ESRD are a significant economic and healthcare burden globally; thus, there has been increasing interest in the development of methods for prevention to delay the onset of CKD as well as slow the process of developing ESRD and incidental death (Tout et al., 2013). According to the previous studies recorded by the United States Renal Data System (USRDS;2013), diabetes, atherosclerosis, sickle cell disease, hypertension, kidney stones, glomerulonephritis, HIV, polycystic kidney disease, and CKD are major problems worldwide. The USRDS (2013) also recognized ESRD as a complete and permanent kidney failure, that progresses into to death. The disease is irreversible and must be treated continuously until the end of life. Individuals diagnosed with ESRD experience a major life change including decreased quality of life (QoL). By increasing the awareness level of individuals who do not currently have a CKD diagnosis, concerning the signs and symptoms of the disease, there may be a decrease in the number of individuals being diagnosed in the future. Therefore, I created a general training tool to inform individuals who may not currently have CKD but could be at risk of CKD in the future, and then analyzed the efficacy of the tool with a knowledge check prior to and following the training.

Finnegan-John and Thomas (2012) stated that ESRD also affects an individual's self-image and self-esteem due to the insertion of the access line that is required to receive treatment, especially in some instances when the catheter can be seen by others. Chow et al. (2012) found that CKD is the 9th leading cause of death and is steadily increasing in the United States. Distribution of literature concerning CKD encouraged individuals to identify and create healthy lifestyles that included regular exercise and monitoring of dietary habits (Hoseini, Maleki, Moeini, & Shareifiard, 2014).

CKD has had such a major impact on society that it has become necessary to increase awareness of the disease. Therefore, this study's population was community college students who are 17 years of age and above as well as from various racial backgrounds. Because CKD is a stage progression disease which leads to ESRD, strategies and treatment plans should include an educational component that teaches early signs and symptoms of kidney failure thereby decreasing the stages of progression. The National Center for Chronic Disease Prevention and Health Promotion estimated that more than 20 million adults in the United States may be diagnosed with CKD while another 20 million individuals are at risk for contracting kidney disease (CDC, 2014). As the increase of renal failure diagnosis becomes more prevalent worldwide, committees are being developed in many countries to address this issue. Although literature existed concerning the challenges and treatments of CKD and ESRD for patients who are diagnosed and receiving treatment, there is a gap in the literature about public awareness or public education in regard to the onset of CKD (Couser & Riella, 2011; Tan, Hoffman & Rosas, 2010). Tan, Hoffman and Rosas (2010) stated that CKD is noted has having a high correlation with the development of cardiovascular disease, along with a high mortality rate, compared to any other chronic illness. Not only are cardiovascular problems a concern for CKD, the development of CKD may also lead to complications causing psychological problems and life-altering situations (Santos, 2013). Individuals 9 who are diagnosed with chronic diseases are affected socially. Davison & Jhangi, 2010 found that the changes these individuals experience included a loss of employment as well as a change of roles within the family. Individuals diagnosed with CKD, a life-long disease that ultimately progresses to ESRD, perceived the world differently.

Delano (2020) female have more CKD than male This is attributable mainly to increasing prevalence of traditional risk factors for CKD such as diabetes, hypertension and cardiovascular disease and African-Americans are also much more likely to have CKD than whites. Claims data give us the number of CKD people ascertained by medical personnel. Because CKD is largely a silent disease, many people will meet the technical criteria but not be observed in the clinic setting and therefore these claims data may underestimate CKD prevalence.

Epidemiology of Chronic Kidney disease: An update 2021

Interestingly, evidence has shown that CKD has such a profound effect on the on the nation because it is linked with several other chronic illnesses that may cause a rise in mortality. However, there is limited research on public awareness of kidney disease (Wright, Wallston, Elasy, Ikizler20 MOORE (2013) stated that once individual has been properly diagnosed with kidney failure there are two techniques available for treatment: hemodialysis (HD) and peritoneal dialysis (PD). HD is accomplished in a clinical setting for approximately 3 to 4 hours, and occurs at least 4 days of the week while peritoneal dialysis allows patients to treat themselves at home every day for approximately 4 hours a day or according to the physician's order. Each of these procedures creates severe a change in individual's lifestyle and may lead to depression. According to Walton (2011), previous research indicated that different cultures view illness based on their religious and political beliefs. Therefore, it is a necessary component to develop community partnerships to ignite a public awareness of this disease. Relationship building and cultural education become important for success to take place. With CKD cited as a major cause of morbidity and mortality in America, the implementation of the health belief model served as a framework to develop an educational intervention for community college students to address the severity of the disease (Hoseini et al., 2014). With this in mind, community college students who were not diagnosed with the disease, gained information when they attended an awareness workshop that discussed the signs, symptoms, and how to make informed decisions about being screened for the disease. In the workshop, the facilitator taught general kidney knowledge that included anatomy, physiology, etiology, and progression of the disease. Moreover, community college students who understand CKD and its progression into ESRD may be more likely to make lifestyle modifications and incorporate healthier behaviors compared to individuals who lack knowledge of the disease. Whaley-Connell (2012) has suggested that there is a low degree of awareness of kidney disease among individuals in society. With the significant increase in the population requiring treatment for CKD and ESRD, the research addressing strategies for prevention of this disease is lacking for the general population. Because evidence-based therapies are designed to improve the mortality and morbidity rate caused by CKD it becomes important to make as many citizens of society as early as possible aware about the disease (Tuot et al., 2011). Thus, implementation of educational material at the community college level will reach a wide age range as well as diverse population of students. This study assessed the knowledge level of community college students concerning CKD/ESRD and the risk factors that are associated with the disease. The dissertation provided a conceptual and operational definition of CKD/ESRD. CKD awareness was the outcome variable for this study. The pre-assessment and post-assessment measures were designed to assess the level of knowledge of the functions of the kidney, perceived susceptibility and perceived severity. Basic demographic information, such as age, race and educational level, was also included (see Avery, Leggett & Juncos, 2Thus, implementation of educational material at the community college level will reach a wide age range as well as diverse population of students. This study assessed the knowledge level of community college students concerning CKD/ESRD and the risk factors that are associated with the disease. The dissertation provided a conceptual and operational definition of CKD/ESRD. CKD awareness was the outcome variable for this study. The pre-assessment and post-assessment measures were designed to assess the level of knowledge of the functions of the kidney, perceived susceptibility and perceived severity. Basic demographic information, such as age, race and educational level, was also included (see Avery, Leggett & Juncos, 2015).

Self-Management Support Program for Chronic kidney failure

HD is prepared treatment for managing ESRD (Vadakedath & Kandi, 2017) it prolongs life and prolongs life expectancy in patients with ESRD (Hall et al., 2017). The increased dialysis use in ESRD is attributed to the scarcity of donor organs, contraindications secondary to transplantation, and the cost involved in the process (Shah et al., 2021). The success of HD with ESRD patients mainly depends on the patient's adherence to self-management practice in disease. Inadequate commitment to self-management practices results in increased hospitalization, morbidity, and mortality among ESRD patents. (Rahanan Etal 2020). Donald et al. (2018), the most common self-management practices that patients with ESRD on HD use include dietary management and adherence to treatment plans. Health literacy is essential in facilitating the effective management of ESRD in patients on HD (Schrrauben et al,2020) changes in changes in northeast, an average of 20 patients with ESRD on HD are readmitted weekly because of complications secondary to poor compliance with taking medications. dietary and fluid restrictions, and poor adherence to dialysis schedule. The significant increase in the number of ESRD patients on dialysis. Poor adherence to self-management practices worsens the health outcomes of ESRD patients due to complications such as an increase in metabolic, cardiovascular, and hematologic complications (Schrauben et al., 2020). Accordingly, when complications increase, health care costs for patients and mortality are increased. Poor self-management practices among CKD and ESRD patients on HD are attributed to several factors. The factors include the level of knowledge on self-management practices, low involvement of patients in self-care management, the existence of comorbid conditions the existence of comorbid condition.

Chronic Kidney Disease: Current Challenges and Future Perspectives

Chronic kidney disease (CKD) management demands significant healthcare resources. In 2009–2010, CKD cost the National Health Service (NHS) in England an estimated £1.45 billion, and in 2016, US Medicare's combined expenditure for CKD and end-stage kidney disease (ESKD) exceeded $114 billion (£86 billion). Although it is challenging to estimate the true cost of early CKD due to unreported cases, CKD progression is linked to increased healthcare costs. Honeycutt et al. (2013) combined NHANES laboratory data with Medicare expenditure data and found that CKD management costs increased with disease progression. Estimated annual medical costs per person were minimal at stage 1, $1700 at stage 2, $3500 at stage 3, and $12,700 at stage 4. Early CKD healthcare costs are often associated with comorbid diseases rather than kidney disease alone. For instance, patients with CKD stages 1 or 2 have higher hospitalization risks if they also have type 2 diabetes mellitus (T2DM) (9%), cardiovascular disease (more than twofold), or both (approximately fourfold) (Vilme et al., 2016).

ESKD constitutes the largest portion of CKD management costs. In 2009–2010, 50% of the overall CKD cost to NHS (England) was due to renal replacement therapy (RRT), which served only 2% of the CKD population. The other 50% covered primary care costs, such as hypertension treatment and tests, consultation costs, non-renal care attributable to CKD, and secondary care costs. Annual costs for myocardial infarctions and strokes associated with CKD were approximately £174 million (Medcalf et al., 2012).

More recent economic analyses highlight the burden of managing cardiovascular-related morbidity and mortality in CKD, particularly in relation to eGFR and albuminuria levels (Dickerson et al., 2021). Lower eGFR levels and increased albuminuria significantly elevate the risk of adverse clinical outcomes and economic costs. CKD progression correlates with increased management costs and bed days. Stage 5 CKD, compared to stage. The substantial economic burden of CKD progression and ESKD underscores the need for optimized CKD management and better treatment options to slow disease progression. Early detection and intervention could lead to significant healthcare savings. Guidelines from KDIGO and the National Institute for Health and Care Excellence (NICE) emphasize early CKD diagnosis to reduce cardiovascular risk, slow CKD progression, and decrease ESKD incidence. CKD treatment requires a multifaceted approach, including diet, exercise, and pharmacological interventions such as antihypertensive and antihyperglycemic drugs. Despite no major breakthroughs in this area for over two decades, lifestyle interventions like increased physical activity and dietary modifications have shown benefits in slowing CKD progression and improving outcomes (Aparicio, 2018)

Familial Aggregation of CKD and Heritability of Kidney Biomarkers in the General Population: The Lifelines Cohort Study

Jia Zhang (2013) among 155,911 participants with available eGFR data, the prevalence of CKD was 1.19% (1,862 cases per 155,911). The risk of CKD in those with an affected first-degree relative was 3 times higher than the risk in the total sample (RRR, 3.04 [95% CI, 2.26-4.09). In those with an affected spouse, risk of CKD was also higher (RRR, 1.56 [95% CI, 1.20-1.96]), indicative of shared environmental factors and/or assortative mating. Heritability estimates of eGFR, UAE, and UACR were 44%, 20%, and 18%, respectively. For serum urea, creatinine, and uric acid, estimates were 31%, 37%, and 48%, respectively, whereas estimates for serum electrolytes ranged from 22% to 28%.

Awareness, Education, and Prevention of Kidney Disease

For decades, chronic kidney disease (CKD) has affected a large portion of the older adult population. With the rise in the older adult population, the incidence and prevalence of CKD will subsequently increase as older adults are diagnosed with chronic medical conditions such as diabetes mellitus (DM) Type II, cardiovascular disease, and obesity (Go, A., McCulloch C., & Fan, D. 2004). This will have a direct influence on the need to ensure that this population has the knowledge regarding awareness, education, and prevention of CKD. CKD is a chronic and progressive illness, usually resulting from uncontrolled hypertension, DM Type II, and cardiovascular disease. Additional etiology includes the age-related physiological changes such as decreased function in the kidneys, heart, and liver. Furthermore, older adults can be at risk for CKD due to decreased awareness and a knowledge deficit regarding CKD.

Hemodialysis

Hemodialysis filters waste and excess water from the blood, helping control blood pressure and balance minerals such as potassium, sodium, and calcium. While it improves quality of life and longevity for kidney failure patients, it is not a cure. According to the National Institute of Diabetes and Digestive and Kidney Diseases, during hemodialysis, blood is filtered through a dialyzer, an "artificial kidney."

Epidemiology of Hemodialysis Outcomes

CKD is a global public health priority with high morbidity, mortality, and healthcare costs. In 2017, an estimated 850 million people were living with CKD. While mortality from other chronic diseases like cardiovascular disease and cancer has decreased, CKD is the third fastest-growing cause of death globally and is projected to become the fifth leading cause of years of life lost by 2040 (Garcia, 2004). As CKD progresses to kidney failure, morbidity, mortality, and healthcare costs escalate, necessitating kidney replacement therapy (KRT) to improve life expectancy (Azevedo et al., 2021).

In 2017, 3.9 million people worldwide were treated for kidney failure with KRT, predominantly hemodialysis (HD), which accounted for 69% of all KRT and 89% of all dialysis. The median use of HD varied widely between countries, from 0.3 per million population (pmp) in the Democratic Republic of Congo to 2,148 pmp in Japan (Levey et al., 2005). HD outcomes also varied globally, with high overall morbidity and mortality rates (Evans et al., 2021). Improving HD outcomes is challenging due to limited monitoring, variable outcome definitions, and gaps in care, including workforce shortages, access to medicines, and dialysis service delivery.

Chronic Disease in Thailand

Chronic kidney disease is a major health issue in Thailand, where the prevalence is high compared to other ASEAN countries (Tanakitjaru, 2015). In 2017, 75,000 Thai patients with end-stage renal disease (ESRD) received renal replacement therapy (RRT) through hemodialysis (HD) or continuous ambulatory peritoneal dialysis (CAPD) (Nephrology Society of Thailand, 2017). At Phraphutthabat Hospital, Saraburi, a secondary care hospital with a kidney unit, the number of ESRD patients receiving dialysis has increased over the years. By 2016, 104 ESRD patients were receiving RRT at the hospital.

ESRD patients experience various symptoms due to kidney degeneration, including dizziness, loss of appetite, weight loss, unconsciousness, and other severe health issues (Tanakitjaru et al., 2018). Two treatment options exist: renal transplantation, which is costly and requires advanced technology, and renal function maintenance through HD and CAPD. Phraphutthabat Hospital provides only the latter, with HD treatments covered for patients under the Government Officer or Social Security Schemes, while CAPD is more economical and less time-consuming.

Quality of life (QOL) for chronic renal patients is influenced by factors such as age, marital status, education, occupation, income, health coverage, and treatment duration. Previous studies have shown conflicting results on which dialysis method—HD or CAPD—provides better QOL. Understanding these factors can help improve QOL for HD and CAPD patients in the Phraphutthabat community, which supports healthcare initiatives through health-promoting hospitals and volunteers.

Chronic Kidney Disease treatment

Actually, there is no direct cure for CKD. Therefore, the early diagnosis, the treatment of the underlying cause, and/or the institution of secondary preventive measures are fundamental for CKD patients in order to relieve symptoms, to slow or prevent progression of the condition, and to reduce the risk of developing related problems. The treatment usually depends on the stage of CKD. In the early stages (1-3), the treatment mainly consists in changing the lifestyle and, in some case, taking medication to control the blood pressure and lower the blood cholesterol levels (KDIGO, 2013). Lifestyle changes include stopping smoking, having a healthy and balanced diet (low in fat and cholesterol), restricting salt or potassium intake, moderating the alcohol consumption, getting regular physical exercise, and losing weight in case of overweight/obesity (Heiwe et al., 2011; Ricardo et al., 2013; Robinson-Cohen et al., 2014). For the control of blood pressure, the most used drugs are angiotensin converting enzyme (ACE) inhibitors or angiotensin II receptor antagonists (ARBs) (KDOQI, 2012; Hsu et al., 2013; Turner et al., 2012). In more advanced stages (4-5), additional medications can be prescribed to control or prevent the symptoms of CKD. For example, erythropoiesis-stimulating agents (ESAs) can be prescribed to CKD.

Philippine Renal Disease Registry

Chronic diseases, previously common in the elderly, are now increasingly affecting younger generations in the Philippines. The Philippine Renal Disease Registry reported a rise in CKD cases from 18,603 in January 2015 to 32,077, reflecting a significant increase (Philippine Star, 2017). Notably, new cases of CKD have emerged in children as young as eight, primarily due to inherited diabetes. CKD also affects professionals aged 60-65. Despite efforts by the Department of Health (DOH) to raise awareness about kidney health, CKD cases continue to rise, with 70,000 patients undergoing dialysis, which equates to 20% of Filipinos having a chronic disease (Magtubo, 2017).

Mental Health of Hemodialysis Patients in the Philippines:

The Philippines has suffered from prolonged neglect, necessitating significant sociopolitical and structural reforms to safeguard the mental health and enhance the well-being of this vulnerable and marginalized group at this stage of their lives. Initially, both local and national governments in the Philippines must prioritize establishing a more resilient healthcare system (e.g., by boosting hospital capacity, ensuring safer hospital environments and adherence to COVID-19 protocols, and providing accessible and dependable facilities) capable of meeting the diverse needs of all Filipinos, including those undergoing hemodialysis. Augmenting the capacity of hospitals and dialysis centers is especially crucial to ensure uninterrupted, high-quality care, particularly for patients infected with COVID-19. Enhancing the healthcare package for hemodialysis patients through free or more affordable dialysis fees, thereby alleviating the burden of additional expenses like PPEs and hazard fees for attending medical staff, can significantly contribute to their well-being.

The mental health of hemodialysis patients in the country demands considerable attention, given their susceptibility to mental health issues and declining quality of life. While promising progress is being made in addressing mental health concerns in the country, such as the recent enactment of the Mental Health Act of 2018 (Republic Act 10036), aimed at improving the delivery of integrated mental health services to all Filipinos, further measures are imperative to address the mental health needs of vulnerable groups, including hemodialysis patients. Given the pandemic situation, provisions should include free and accessible virtual mental health services (e.g., online therapy sessions, psychiatric consultations, support groups, etc.) to address patients' psychological needs while ensuring their safety from COVID-19 exposure.

Furthermore, there is an urgent need to bolster the number of mental health professionals (e.g., psychologists and counselors) in the country, particularly those specializing in mental health care for chronically and terminally ill patients. For instance, existential psychotherapeutic approaches such as logotherapy and spiritual interventions have shown promise in fostering meaning-making processes among patients, leading to enhanced mental health and psychological well-being despite their health conditions. (Azevedo et al., 2021). Additionally, meaning-centered group psychotherapy can serve as an adjunctive intervention for chronically ill individuals, including hemodialysis patients. Recognizing that implementing provisions in the new law could take time and considering the economic constraints of the Philippines as a low-income country, establishing grassroots community-based mental health programs can provide free and accessible psychosocial support interventions for hemodialysis patients and all Filipinos.

A comprehensive review of the literature underscores the multifaceted challenges faced by individuals living with chronic kidney disease (CKD) and those undergoing hemodialysis. CKD management demands substantial healthcare resources and incurs high costs, especially as the disease progresses. Early detection and intervention are crucial to reduce these costs and improve patient outcomes. Hemodialysis, while not a cure, plays a vital role in managing kidney failure, but it is associated with high morbidity and mortality rates globally.

Understanding the experiences and challenges of CKD and hemodialysis patients can help healthcare professionals provide better support, ultimately improving their quality of life. The mental health of hemodialysis patients, particularly in countries like the Philippines, requires urgent attention and improved healthcare policies to ensure comprehensive care.

Ease ESKD incidence. CKD treatment requires a multifaceted approach, including diet, exercise, and pharmacological interventions such as antihypertensive and ant hyperglycemic drugs. Despite no major breakthroughs in this area for over two decades, lifestyle interventions like increased physical activity and dietary modifications have shown benefits in slowing CKD progression and improving outcomes (Aparicio, 2018.

Conceptual Framework:

This study focuses on understanding chronic kidney failure in the municipality of La Paz, Tarlac, by analyzing patient profiles, their lived experiences, and the effectiveness of government programs aimed at addressing the condition.

The research is guided by the conceptual framework that links the profiles and experiences of chronic kidney failure patients to the assessment of existing health policies and government interventions. It aims to provide actionable recommendations to improve healthcare services and policy formulation.

In this study, the conceptual framework serves as the foundation for this research, outlining the relationships between various elements of the study. The demographic and socio-economic characteristics of patients with chronic kidney failure, including age, gender, work status, and family history. The lived experiences of patients, including their medical histories, treatment journeys, and personal struggles. The evaluation of existing healthcare programs and policies designed to support chronic kidney failure patients.

This framework represents the demographic, socioeconomic, and health-related characteristics of patients suffering from chronic kidney failure. Understanding these profiles is crucial for identifying trends, risk factors, and the specific needs of patients in La Paz, Tarlac. Age helps to identify whether chronic kidney failure is prevalent among a particular age group (e.g., elderly, middle-aged, or younger individuals). Gender reveals gender-based trends or disparities, such as whether men or women are more affected by the disease. Work Status examines whether the disease affects employed or unemployed individuals and its impact on their livelihood. Family History investigates the genetic or hereditary link to chronic kidney failure, which may guide preventive strategies. This component sets the foundation for analyzing who is affected by the condition and how their demographics may influence their access to healthcare and treatment options.

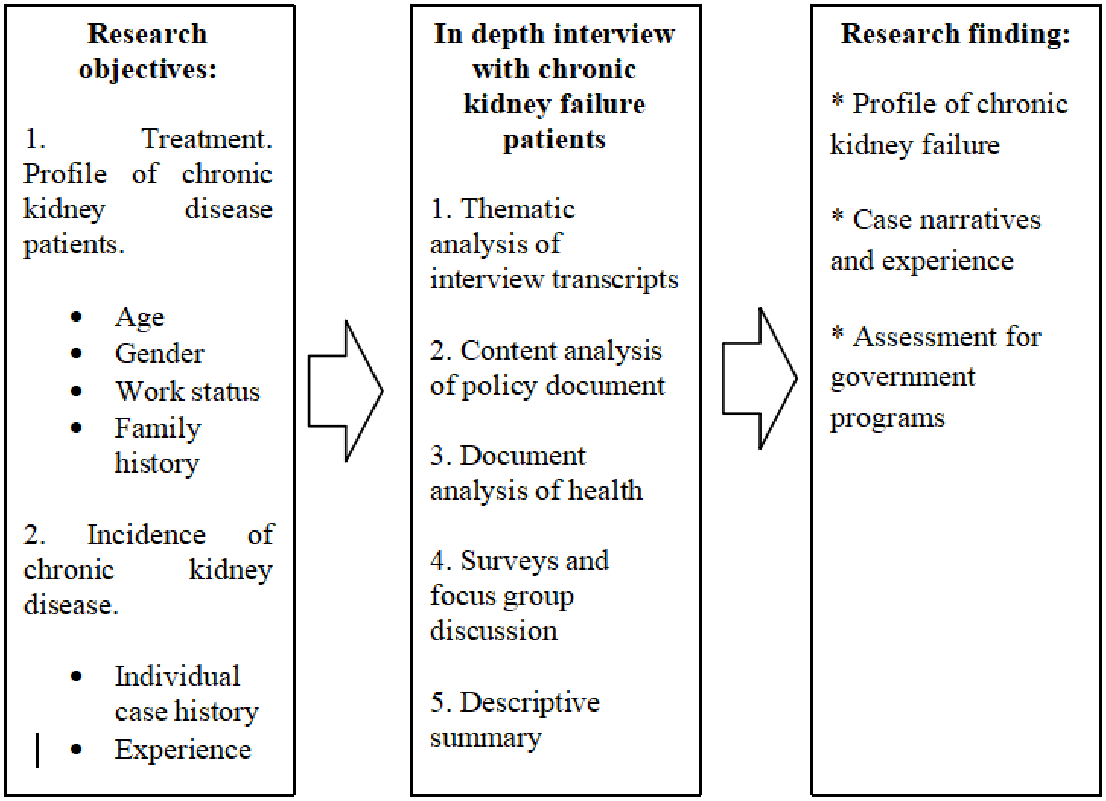
This framework captures the personal stories and lived experiences of chronic kidney failure patients. It focuses on their struggles, coping mechanisms, and the social, emotional, and financial challenges they face while managing the disease.Detailed accounts of each patient's journey, including the onset of the disease, diagnosis, treatment, and progression. Descriptions of patients' day-to-day lives, including how they manage symptoms, access healthcare, and maintain relationships. Highlights obstacles such as financial burdens, limited access to healthcare facilities, stigma, and emotional stress.

This component humanizes the study by providing qualitative insights into how chronic kidney failure affects individuals on a personal level, beyond statistics. It also identifies gaps in healthcare services from the patient’s perspective.

This conceptual framework also evaluates policies, programs, and interventions designed by the government to support individuals with chronic kidney failure. The focus is on determining whether these initiatives effectively meet the needs of patients and by ssessesing the extent to which these programs alleviate financial burdens, improve access to treatment, and enhance the quality of life.

The researcher identifies shortcomings in current programs and suggests improvements based on patient feedback to which component is critical for understanding the systemic support available to patients and how it can be optimized to address their needs comprehensively.

This framework likewise represents the primary method of data collection to understand the personal experiences and perspectives of patients. In-depth interviews are crucial for gathering rich, qualitative data. Open-ended questions to allow patients to share their stories in their own words. Focus on understanding patients' emotional and psychological states, their struggles with healthcare systems, and their coping mechanisms.



The Paradigm of the Study illustrates the interconnected nature of these elements, with the flow of information from patient profiles and experiences feeding into the assessment of government interventions.

Figure 1: Paradigm of the Study

Chapter 2

METHODOLOGY

This section of the study presents the methodology used in the investigation of the problem to achieve its purpose. This includes the research design, research locale, respondents of the study, sampling method,

Research Design

The research design for this study is a qualitative phenomenological study. It is qualitative research approach that builds on the assumption that the universal essence of anything ultimately depends on how its audience experiences it. Phenomenological researchers record and analyze the beliefs, feelings, and perceptions of the audience they're looking to study in relation to the thing being studied

Locale of the Study

The locale of this study is the municipality of La Paz, located in the province of Tarlac, Philippines. La Paz serves as the focal point of this research, which involves residents diagnosed with chronic kidney disease (CKD) across its 22 barangays. This municipality was selected to facilitate the collection of comprehensive data due to its diverse population and accessible healthcare facilities.

La Paz, Tarlac has a mix of rural and urban communities, with a demographic profile that includes residents of varying ages, occupations, and socioeconomic backgrounds. Its rural healthcare system plays a crucial role in the treatment and management of chronic kidney disease. The municipality is served by primary healthcare centers, clinics, and hospitals, which provide a range of medical services to the population.

The healthcare system in La Paz plays a crucial role in the treatment and management of CKD. The municipality is supported by primary healthcare centers, clinics, and hospitals, which offer a range of medical services to its residents. These facilities are vital to understanding the resources, capabilities, and integration of CKD services within the healthcare system. By assessing the existing framework, this study aims to evaluate how comprehensive and sustainable responses to CKD are implemented in the local context.

Currently, the local government of La Paz provides medicine and hospital allowances to support CKD patients. Additionally, the Rural Health Unit (RHU) of La Paz is planning to initiate dialysis sessions for residents suffering from chronic kidney failure. This development highlights the municipality's commitment to improving healthcare services for CKD patients and ensuring their access to essential treatments.

Through this study, the focus is on understanding how La Paz's healthcare system addresses the needs of CKD patients and exploring opportunities for enhancing its capacity to deliver effective, sustainable care.ting this will demonstrate the everyday life of chronic kidney disease patients.

Selection Criteria and Participants

The respondent of the study was composed of thirty (30) patients that have chronic kidney disease and undergoing dialysis. Respondents should be a bona fide resident of the Municipality of Lapaz, Tarlac. The researcher wants to evaluate their way of living, thus on conducUnderstanding the capacity, resources, and integration of CKD-related services within the local healthcare system is essential for evaluating its ability to deliver a comprehensive and sustainable response to the condition. Currently, the local government of La Paz provides medicine and hospital allowances to CKD patients. Furthermore, the Rural Health Unit of La Paz is planning to establish dialysis sessions to support residents suffering from chronic kidney failure.

Research Instrument

This study used the Interview type. It is a tool used by researchers to gather qualitative data through direct, structured or semi-structured conversations with participants. This type of interview is designed to elicit detailed, in-depth responses that provide insights into the participants' thoughts, experiences, perceptions, and attitudes regarding the research topic

Data Gathering

The researcher made letters to ask for permission to be able to conduct the study. In order to test the validity and reliability of the instrument, a dry run was done before the actual gathering of data. It lasted for 30 minutes involving 30 respondents only. They chose based on criteria of the study. On the day of the actual gathering of data, the researchers asked the assistance of the barangay official and the rural health centers to help facilitate the data gathering. Then the respondents were oriented as to how they are going to answer the questions and interviewer. After they answered, the researchers collected the responses and instruments used for the next step which is data analysis.

Ethical Consideration:

The researcher has ensured that responses and participants have been adequately briefed and are aware of the study's objectives. Respondents can choose whether to expose their names and personal information. Along with assurances from the researcher regarding the safety and well-being of their respondents while collecting data. Furthermore, the information acquired has been managed with the utmost consent and confidentiality, and it will only be used for academic purposes. As stated in Section 8 of the Data Privacy Act of 2012, which emphasizes the importance of maintaining the confidentiality of personal information that always comes into its knowledge and possession, it is necessary to take intentional steps to protect that information

Chapter 3

PRESENDATION, ANALYSIS AND INTERPRETATION OF DATA

This chapter includes the presentation, analysis, and interpretation of data that have been gathered from the questionnaires distributed to the respondents. This chapter also contains the presentation of data in tabular form along with their corresponding interpretations.

1. Demographic Profile of the Respondents

This study examined the profile of Chronic Kidney Failure cases in Lapaz, Tarlac, focusing on age distribution, gender-related patterns, work status, and family history based on clinical criteria. Data from a sample of 30 respondents were analyzed to determine which age groups were most affected, explore gender disparities in Chronic kidney failure incidence, and provide insights to the Chronic Kidney Failure in the community.

1.1 Age of the Chronic kidney failure patients

Chronic kidney disease (CKD) is common among the elderly. However, little is known about how the clinical implications of CKD vary with age. We examined the age-specific incidence of death, treated end-stage renal disease (ESRD), and change in estimated glomerular filtration rate (eGFR) among 209,622 US veterans with CKD stages 3 to 5 followed for a mean of 3.2 years. Patients aged 75 years or older at baseline comprised 47% of the overall cohort and accounted for 28% of the 9227 cases of ESRD that occurred during follow-up. Among patients of all ages, rates of both death and ESRD were inversely related to eGFR at baseline. However, among those with comparable levels of eGFR, older patients had higher rates of death and lower rates of ESRD than younger patients.

The table shows the age of Chronic kidney disease in municipality of Lapaz, Tarlac.

Table 1
Age and Sex

Demographic Profile	Category	Frequency	Percentage
Age	15 to 19	15	50
	20 to 29	9	30
	30 to 39	1	3.33
	40 to 60	5	16.67

Total		**30**	**100.00**
Sex	Male	7	23
	Female	23	77
Total		**30**	**100.00**

The analysis revealed a diverse distribution of CKD cases across different age groups. The most significant proportion of CKD patients was found in the age ranges of 15 to 19 (50%) and 20 to 29 (9%). The mean age is 25.66 or 26 years old.This demographic pattern suggests a concentration of CKD cases among Young Adults in Lapaz Tarlac.

According to Ellie Friedman (2015) based on Medicare (age >65 years) claims data for 2015 prevalent US population, CKD was noted to be about 10% in contrast to 1.5% of the younger employed population, suggesting that the elderly carried the overall burden of CKD. Indeed, the older one is, the higher the likelihood for CKD. The odds ratio (OR) of CKD for Medicare patients between ages 75 and 79.

Chronic diseases, previously common in the elderly, are now increasingly affecting younger generations in the Philippines. The Philippine Renal Disease Registry reported a rise in CKD cases from 18,603 in January 2015 to 32,077, reflecting a significant increase (Philippine Star, 2017). Notably, new cases of CKD have emerged in children as young as eight, primarily due to inherited diabetes. CKD also affects professionals aged 60-65. Despite efforts by the Department of Health (DOH) to raise awareness about kidney health, CKD cases continue to rise, with 70,000 patients undergoing dialysis, which equates to 20% of Filipinos having a chronic disease (Magtubo, 2017).

1.2 Sex of the Chronic kidney failure patient

Recognizing the need to address these controversies and the gaps related to the understanding of sex and gender differences in renal diseases, the National Institute of Diabetes and Digestive and Kidney Diseases (NIDDK) convened a workshop entitled “Sex and the Kidneys” in July 2017 at the NIH in Bethesda, MD, USA. The workshop gathered experts from the fields of nephrology, endocrinology, imaging and sex differences in renal and other diseases (including cardiovascular disorders, diabetes, obesity and hypertension) to discuss the current state of the science and identify opportunities for future research. In this Perspectives article, we highlight the opportunities for clinical, basic and translational research into sex differences in renal disease as well as the potential tools and resources for conducting this research that were identified during the workshop.

Regarding gender distribution, 77.00% of CKD cases were female and 23.00% were male. This shows that Female predominance aligns with global CKD epidemiology trends, reflecting higher incidence rates than in Males.

In the study of Delano (2020) female have more CKD than male This is attributable mainly to increasing prevalence of traditional risk factors for CKD such as diabetes, hypertension and cardiovascular disease and African-Americans are also much more likely to have CKD than whites. Claims data give us the number of CKD people ascertained by medical personnel. Because CKD is largely a silent disease, many people will meet the technical criteria but not be observed in the clinic setting and therefore these claims data may underestimate CKD prevalence.

Table 2. Work status of the respondents

Kidney failure with a need for renal replacement therapy affects approximately 0.1% of the global population. According to National Kidney Foundation statistics, more than 2 million people worldwide receive chronic dialysis treatment or are living with a functioning kidney transplant [1, 2]. Kidney failure reduces quality of life, increases psychosocial problems and has profound implications for the maintenance of normal employment [3, 4]. To a large extent, this is a consequence of disease-related comorbidity and uremia-related symptoms, but it is also due to time-consuming treatments with hemodialysis or peritoneal dialysis. Therefore, kidney failure entails not only high costs because of the treatment itself but also results in lost productivity due to a reduced labour force. A Canadian study stated that kidney diseases cost more than 217 billion Canadian dollars annually in health care services alone [5]. In addition to this comes loss of labour force.

Table 2

Working status of the respondents.

Demographic Profile	Category	Frequency	Percentage
Work Status	Working	12	40
	Non-Working	18	60
	Total	30	100.00

Table 2 indicates the working status of the respondents. The study showed that eighteen (18) of the respondents are non-working while twelve (12) of them are still working.

In the study of mental health concerns in the country, such as the recent enactment of the Mental Health Act of 2018 (Republic Act 10036), aimed at improving the delivery of integrated mental health services to all Filipinos, further measures are imperative to address the mental health needs of vulnerable groups, including hemodialysis patients. Given the pandemic situation, provisions should include free and accessible virtual mental health services (e.g., online therapy sessions, psychiatric consultations, support groups, etc.) to address patients' psychological needs while ensuring their safety from COVID-19 exposure.

Furthermore, there is an urgent need to bolster the number of mental health professionals (e.g., psychologists and counselors) in the country, particularly those specializing in mental health care for chronically and terminally ill patients. For instance, existential psychotherapeutic approaches such as logotherapy and spiritual interventions have shown promise in fostering meaning-making processes among patients, leading to enhanced mental health and psychological well-being despite their health conditions. (Azevedo et al., 2021). Additionally, meaning-centered group psychotherapy can serve as an adjunctive intervention for chronically ill individuals, including hemodialysis patients. Recognizing that implementing provisions in the new law could take time and considering the economic constraints of the Philippines as a low-income country, establishing grassroots community-based mental health programs can provide free and accessible psychosocial support interventions for hemodialysis patients and all Filipinos.

1.3 Family History

Family history is a strong risk factor for many common chronic diseases and summarizes shared environmental and genetic risk, but how this increased risk is mediated is unknown. We developed a "family history-wide association study" (FamWAS) to systematically and comprehensively test clinical and environmental quantitative traits (CEQTs) for their association with family history of disease. We implemented our method on 457 CEQTs for association with family history of diabetes, asthma, and coronary heart disease (CHD) in 42,940 adults spanning 8 waves of the 1999-2014 US National Health and Nutrition Examination Survey. We conducted pooled analyses of the 8 survey waves and analyzed trait associations using survey-weighted logistic regression. We identified 172 (37.6% of total), 32 (7.0%), and 78 (17.1%) CEQTs associated with family history of diabetes, asthma, and CHD, respectively, in subcohorts of individuals without the respective disease. Twenty associated CEQTs were shared across family history of diabetes, asthma, and CHD, far more than expected by chance. FamWAS can examine traits not previously studied in association with family history and uncover trait overlap, highlighting a putative shared mechanism by which family history influences disease risk.

Table 3 shows family history of the Chronic Kidney disease patient

Table 3:
Family History

With CKD family history	Number of Respondents	Percentage
YES	28	93%
NO	2	7%

The table showed that 93% has a CKD family history while 7% have no family history.

According to Jia Zhang (2013) among 155,911 participants with available eGFR data, the prevalence of CKD was 1.19% (1,862 cases per 155,911). The risk of CKD in those with an affected first-degree relative was 3 times higher than the risk in the total sample (RRR, 3.04 [95% CI, 2.26-4.09). In those with an affected spouse, risk of CKD was also higher (RRR, 1.56 [95% CI, 1.20-1.96]), indicative of shared environmental factors and/or assortative mating. Heritability estimates of eGFR, UAE, and UACR were 44%, 20%, and 18%, respectively. For serum urea, creatinine, and uric acid, estimates were 31%, 37%, and 48%, respectively, whereas estimates for serum electrolytes ranged from 22% to 28%.

2.Incidence of Chronic kidney patient

Chronic kidney disease is now the 7th cause of mortality in the Philippines affecting approximately 120 persons per million populations per year and these statistics keep on growing with each year. With approximately 5,000 patients already on late stage of the disease requiring renal replacement therapy such as hemodialysis andperitoneal dialysis, these poses a great burden to the public health. Knowledge and awareness is crucial to improve the outcome as well as abate the increasing mortality rates among CKD patients. However, objective kidney disease and awareness among CKD patients is not practically measured.

This table indicate the incidence of Chronic kidney patient based on Department of health data from year 2021-2024 in the municipality of Lapaz , Tarlac.

Year	Frequency	Percentage
2021	26-30	17.22
2022	30-35	19.87
2023	35-45	29.8
2024	45-50	33.11
Total	**151**	**100%**
Mean cases of Ckd	**42.74or43**	

Based on the Data gathered from Department of health cases on Chronic kidney failure, The highest number of cases is reported on year 2024 total of 45-50cases or 33.11%, The mean of the cases is 42.74 or 43. There is sudden increase of cases each year from 2021 up to year 2024 ,this is a proof that the incidence of Chronic kidney disease in municipality of Lapaz , Tarlac is notably in high rate.

In 2017, 3.9 million people worldwide were treated for kidney failure with KRT, predominantly hemodialysis (HD), which accounted for 69% of all KRT and 89% of all dialysis. The median use of HD varied widely between countries, from 0.3 per million population (pmp) in the Democratic Republic of Congo to 2,148 pmp in Japan (Levey et al., 2005). HD outcomes also varied globally, with high overall morbidity and mortality rates (Evans et al., 2021). Improving HD outcomes is challenging due to limited monitoring, variable outcome definitions, and gaps in care, including workforce shortages, access to medicines, and dialysis service delivery.

2. Lived Experience

The researcher conducted interviews with thirty (30) Chronic kidney failure patients in the Municipality of Lapaz, Tarlac to learn more about their life experiences. To assure the confidentiality and privacy of the participants a fictitious name was assigned for each of the case.

Case 1 – A young male CKD patient without family history of CKD

I was just 19 years old and in college when I started noticing unusual changes in my body. For about six months, I had been dealing with constant fatigue that made it hard to focus on my studies, swelling in my legs that made walking uncomfortable, and a troubling decrease in my urine output. Occasionally, I even noticed blood in my urine, which alarmed me, but I didn’t act on it right away.

I had been diagnosed with high blood pressure at 20, and I admit I didn’t manage it well. My family had a history of diabetes and hypertension, but no one had experienced kidney problems before. My lifestyle didn’t help either I ate a lot of processed foods, drank alcohol moderately, and didn’t make time for regular exercise.

Eventually, I couldn’t ignore the symptoms any longer. When I went to see a doctor, my blood pressure was dangerously high at 160/100 mmHg. The swelling in my legs turned out to be pitting edema, and blood tests painted an even more alarming picture: my serum creatinine was elevated at 2.1 mg/dL, my BUN level was 40 mg/dL, and I had mild hyperkalemia. My kidney function, measured by my eGFR, was down to 40 mL/min/1.73m² Stage 3 chronic kidney disease. Urine tests showed proteinuria and microscopic hematuria, and a renal ultrasound revealed that my kidneys were slightly smaller and had increased echogenicity, signs of chronic kidney damage.

Hearing the diagnosis hit me hard. I had Stage 3 CKD, likely caused by my poorly controlled hypertension and possibly chronic glomerulonephritis. The doctor immediately laid out a treatment plan. I was prescribed Lisinopril, an ACE inhibitor, to control my blood pressure and reduce protein in my urine, and Furosemide, a diuretic, to help with the swelling. I also needed iron supplements for mild anemia and a potassium binder to address my elevated potassium levels.

On top of the medications, I had to make major lifestyle changes. I was advised to follow a low-sodium, low-potassium diet, gradually increase physical activity, and cut down on alcohol. The doctors emphasized the importance of sticking to my treatment plan, monitoring my blood pressure regularly, and being vigilant about any signs that my kidney function was worsening.

I started attending monthly follow-ups to track my progress and was referred to a nephrologist for more specialized care. The doctors were clear about the stakes: strict adherence to the plan was crucial to slowing the progression of my CKD and avoiding complications like cardiovascular disease, dialysis, or even a kidney transplant down the line. This diagnosis turned my world upside down. At such a young age, I never imagined I would be facing a chronic illness that required so much discipline and lifestyle overhaul. But now, I'm determined to do whatever it takes to manage my condition and live as fully as I can.

Case 2 – A Housewife with family history of CKD

As a 50-year-old wife and mother of two, I've always focused on taking care of my family, often putting my own health on the back burner. But over the past few months, I started feeling unusually fatigued, struggling with frequent headaches, and noticing mild swelling in my ankles. At first, I dismissed these symptoms as just part of the stress of juggling family responsibilities and daily life, but deep down, I knew something was wrong.

My family has a history of chronic kidney disease (CKD)—my mother and two uncles developed it in their 50s. I've had high blood pressure since my early 40s, but I wasn't consistent with my medications. My diet hasn't been the healthiest either, with a lot of sodium and processed foods, and I haven't been as physically active as I should be. The combination of stress and an unhealthy lifestyle seemed to be catching up with me.

When I finally went to see a doctor, my blood pressure was high at 150/95 mmHg. A physical examination confirmed the swelling in my ankles, and blood tests revealed my serum creatinine was at 1.8 mg/dL, with my eGFR down to 55 mL/min/1.73m². This meant I was in Stage 2 CKD. My urine tests showed microalbuminuria, though thankfully, there wasn't any significant proteinuria or blood in my urine. A renal ultrasound showed my kidneys were still normal in size but had increased echogenicity, which is a sign of early kidney damage.

Hearing the diagnosis of Stage 2 CKD was sobering. It was clear that my uncontrolled hypertension and lifestyle habits had contributed to this. My doctor immediately laid out a treatment plan. I was prescribed Lisinopril, an ACE inhibitor, and Hydrochlorothiazide, a thiazide diuretic, to help manage my blood pressure. I also needed to make significant changes to my diet cutting back on sodium and following a kidney-friendly meal plan. In addition, I was encouraged to gradually increase my physical activity to at least 150 minutes of moderate exercise each week and find ways to manage my stress, whether through relaxation techniques or counseling. I was referred to a dietitian for personalized advice and to a nephrologist for specialized care.

The doctor stressed the importance of sticking to this plan, attending regular follow-ups to monitor my kidney function and blood pressure, and staying consistent with my medications. They explained that, given my family history and current condition, careful management is crucial to prevent my CKD from progressing to more advanced stages.

This diagnosis has been a wake-up call. I now understand that my health has to take priority not just for myself but for my family, who depend on me. With the right care and lifestyle changes, I'm determined to take control of my health and give myself the best chance at preventing further damage to my kidneys.

Case 3 – A female CKD patient with diabetes and family history of CKD

As a 20-year-old woman living with type 1 diabetes, life has never been easy, especially coming from a low-income family. Managing my condition has always been a struggle. I was diagnosed with diabetes when I was just a child, and over the years, my blood sugar levels haven't always been under control. Financial hardships made it difficult for me to access insulin consistently or attend regular medical check-ups.

Lately, I've been feeling more fatigued than usual. My ankles have started swelling, and I often get headaches that make it hard to focus on anything. My family's history of chronic kidney disease (CKD) has always been a concern my mother was diagnosed in her 40s, and my grandmother passed away from kidney failure. Deep down, I feared I might be following the same path.

When I finally went to the clinic, the news confirmed my worst fears. My blood pressure was high at 145/95 mmHg, and the swelling in my lower legs turned out to be pitting edema. Blood tests revealed my serum creatinine level was 2.5 mg/dL, and my eGFR was down to 35 mL/min/1.73m^2, which meant I had Stage 3 CKD. My HbA1c was 8.8%, a clear sign that my diabetes was poorly controlled. Urine tests showed significant proteinuria and microalbuminuria, both indicators of diabetic nephropathy. A renal ultrasound revealed my kidneys were already showing signs of damage which they were slightly shrunken with increased echogenicity.

Hearing this diagnosis at such a young age felt overwhelming. The doctor explained that my CKD was likely caused by years of poorly controlled diabetes and high blood.

Case 4 – A young female patient with CKD family history

As an 18-year-old, life has been an uphill battle for me. Living with chronic kidney disease (CKD) has been physically and emotionally draining, especially with a strong family history of the illness haunting me. My father passed away from end-stage renal disease, and that loss has weighed heavily on me. It's hard not to feel like I'm walking the same path he did.

Over the past year, my health has gotten worse. I've been feeling increasingly fatigued, struggling to focus on my studies or anything else, and I noticed swelling in my lower legs that wouldn't go away. But it's not just the physical symptoms. Emotionally, I've been in a dark place. Anxiety, hopelessness, and this constant feeling of sadness have been with me every day. Things I used to enjoy no longer interest me, and I've withdrawn from friends and family.

When I went for a medical check-up, I learned my blood pressure was slightly elevated at 140/90 mmHg but was being managed with medication. However, my lab results confirmed my fears. My serum creatinine level was 2.2 mg/dL, and my eGFR was down to 38 mL/min/1.73m², Stage 3 CKD. The urine tests showed mild proteinuria, which aligned with my diagnosis. On top of that, the doctor told me I was showing signs of major depressive disorder.

Hearing all of this felt overwhelming, but it also helped explain why I've been feeling so lost. The doctors told me my depression was likely triggered by my family history and the chronic nature of my illness. They decided to continue my current CKD medications, including an ACE inhibitor to manage my blood pressure and protect my kidneys. But they also recognized the importance of addressing my mental health. I was referred to a mental health professional for counseling, and I started a low-dose antidepressant to help with my mood.

They encouraged me to stay active, follow a kidney-friendly diet, and join a support group for young people dealing with chronic illnesses like mine. They told me that my prognosis would depend on treating not just my CKD but also my depression. I know the road ahead will be challenging, but I'm beginning to understand that I'm not alone in this fight. With the right support and care, I hope to stabilize my condition and find a better quality

Case 5 – Early detected CKD patient

At just 18 years old, I never expected to be diagnosed with chronic kidney disease (CKD). It all started with a routine health check-up, which, thanks to my doctors' vigilance and my family's history with kidney issues, led to the discovery. My mother was diagnosed with CKD in her 30s, and my grandfather passed away from kidney failure. My doctors have been keeping a close eye on my kidney health ever since I was young, given our family's history.

Despite being generally healthy and active, I began experiencing mild symptoms over the past few months. I felt more fatigued than usual, and I noticed some swelling in my ankles. These symptoms were subtle, but they prompted me to seek medical advice. During my check-up, my blood pressure was slightly elevated at 130/85 mmHg, though it was still within a manageable range. Blood tests showed my serum creatinine level was 1.4 mg/dL, and my estimated glomerular filtration rate (eGFR) was 70 mL/min/1.73m², which pointed to Stage 1 CKD. Urine tests revealed microalbuminuria, a sign of early kidney damage, but no significant proteinuria. A renal ultrasound showed that my kidneys were normal in size, with no structural abnormalities, which is typical for early-stage CKD.

Given my young age and the fact that the CKD was detected early, my doctors were focused on preventive measures. They recommended a low-sodium diet, regular exercise, and maintaining a healthy weight to protect my kidney function. Even though my blood pressure was only mildly elevated, I was started on a low-dose ACE inhibitor to help preserve my kidneys over time. The goal was to prevent the CKD from progressing.

I was also educated on the genetic risk of CKD, considering my family's history, and the importance of regular monitoring. I'm scheduled for follow-up visits every six months to check my kidney function and blood pressure. During these visits, my healthcare team will assess whether any adjustments to my treatment plan are necessary.

While hearing about CKD at my age was a shock, I'm grateful that it was caught early. I've learned how important it is to manage my health now to avoid severe complications later. With the right lifestyle changes and regular check-ups, my prognosis is positive, and I'm optimistic about staying healthy and managing my condition in the years to come.

Case 6 – A young CKD patient with family history

I’m 18 years old, and I was diagnosed with early-stage chronic kidney disease (CKD) after a routine health screening. My family has a strong history of CKD both my father and grandmother were diagnosed in their 40s, so we’ve always been particularly cautious about my kidney health. Up until recently, I didn’t have any major health issues. But I started noticing mild symptoms occasional fatigue and slight swelling in my ankles which led me to seek medical evaluation.

During the checkup, my blood pressure was 125/80 mmHg, which is within the normal range but a bit higher than usual. My blood tests showed a serum creatinine level of 1.2 mg/dL, and my estimated glomerular filtration rate (eGFR) was 85 mL/min/1.73m², pointing to early Stage 1 CKD. The urine test revealed microalbuminuria, a sign that my kidneys were under stress, though there wasn’t significant proteinuria. A renal ultrasound showed no structural issues with my kidneys, which was a relief.

Because my condition was caught early, my treatment plan focuses on lifestyle changes to protect my kidneys and prevent further damage. I’ve been advised to follow a kidney-friendly diet that’s low in sodium and high in fruits and vegetables, and to stay active with regular exercise. Even though my blood pressure is normal, I’m being closely monitored to ensure it stays that way. I was also educated about the importance of regular check-ups to keep track of my kidney function and to be vigilant for any new symptoms.

The prognosis is positive since my CKD was detected early. With the right care, lifestyle adjustments, and consistent monitoring, I’m hopeful I can manage my condition and reduce the risk of it progressing to more severe stages.

Case 7 – A young student with CKD family history

I’m an 18-year-old college student, and I was recently diagnosed with Stage 2 chronic kidney disease (CKD) during a routine medical check-up. My family has a strong history of kidney disease; my mother was diagnosed with CKD in her 40s, and my grandfather passed away due to complications from kidney failure. Although I’ve always been active and generally healthy, I started noticing persistent fatigue and occasional swelling in my ankles, which led me to seek medical attention.

During my check-up, my blood pressure was slightly elevated at 135/85 mmHg. My lab results showed a serum creatinine level of 1.6 mg/dL, and my estimated glomerular filtration rate (eGFR) was 60 mL/min/1.73m², which confirmed the Stage 2 CKD diagnosis. The urine test revealed microalbuminuria, a sign of early kidney damage, but there wasn't significant proteinuria. The renal ultrasound showed normal kidney size and structure.

Given my family history and the early stage of my CKD, my healthcare providers emphasized preventive measures to slow the progression of the disease. My treatment plan includes a low-sodium diet, increased hydration, and regular exercise to maintain a healthy weight. Although my blood pressure is only mildly elevated, I was started on a low-dose ACE inhibitor to protect my kidneys from further damage. I was also advised on the importance of adhering to these lifestyle changes, and I have regular follow-up appointments to monitor my kidney function and blood pressure.

With early intervention and a proactive approach, I'm optimistic about my prognosis. If I stick to my treatment plan and make the necessary lifestyle changes, I have a good chance of managing my CKD and preventing it from progressing to more advanced stages. Regular monitoring and support from my healthcare team will be essential to maintain my kidney health while balancing my studies and personal life.

Case 8 – Young CKD patient undergoing dialysis

I'm a 21-year-old woman who has been diagnosed with chronic kidney disease (CKD) since my late teens. Unfortunately, my condition worsened over time, and I've now reached end-stage renal disease (ESRD), which means I require regular dialysis. This progression was influenced by my strong family history of kidney disease, suggesting a possible genetic predisposition.

Despite my young age, I've already had to face the physical and emotional challenges that come with CKD, such as fatigue, dietary restrictions, and the impact it's had on my social life and education. I now undergo dialysis several times a week, and I take medications to help manage the symptoms and prevent further complications. My healthcare team is also evaluating me for a potential kidney transplant, given my age and the long-term outlook of continuing dialysis.

Case 9 – A young CKD patient afraid of Dialysis

I'm an 18-year-old woman, and I was recently diagnosed with chronic kidney disease (CKD). My condition is progressing, and my doctors have informed me that I may soon need dialysis, which has caused me a great deal of fear. I know that dialysis is an invasive treatment, and the lifestyle changes it requires are overwhelming to think about. My fear is compounded by my family history of kidney disease, as I've witnessed firsthand the challenges and emotional toll dialysis has had on my relatives. The thought of following in their footsteps heightens my anxiety.

I was diagnosed with CKD during my teenage years, and although I've been taking medication and making lifestyle changes to manage the disease, my kidney function has continued to decline. Right now, my medical team is working closely with me, providing counseling and education to help me understand what dialysis involves. They want to address my fears and help me prepare in case it becomes necessary. At the same time, they are monitoring my condition carefully and exploring other options, such as a kidney transplant, to give me the best chance for a better outcome while also supporting my emotional well-being.

I'm trying to stay hopeful and open to the possibility of treatment, but it's difficult. Having a support system and learning more about my options has helped me feel a little more at ease, even though the path ahead still feels uncertain.

Case 10 – Young CKD patient living normally

I'm a 19-year-old woman diagnosed with chronic kidney disease (CKD) in my mid-teens. My CKD progressed to the point where regular dialysis became necessary to sustain my kidney function. Despite the challenges of dialysis, which I undergo twice a week, I've managed to continue pursuing my studies and maintain a relatively normal life. Balancing my treatment schedule with academic responsibilities has been tough at times, but with the support of my medical team, family, and educators, I’ve been able to keep up with my education without significant interruptions.

I deal with the fatigue and time constraints caused by dialysis sessions, but I’ve developed a routine that allows me to manage my health while still pursuing my goals. Having a positive outlook and a disciplined approach to managing my CKD has been crucial. It’s not always easy, but I’m determined to continue my education and live my life as normally as possible.

My case demonstrates that it’s possible to maintain a sense of normalcy and even achieve personal goals despite living with a chronic illness like CKD, as long as there is a strong support system and a commitment to managing both health and education.

Case 11 – Working CKD patient

I’m 25 years old, and I've been managing chronic kidney disease (CKD) while working a full-time job. I was diagnosed in my early twenties, and my condition is influenced by a strong family history of kidney disease, suggesting a genetic predisposition. Over time, as my CKD progressed, I needed regular dialysis to support my kidney function.

Despite the challenges that come with dialysis, which I undergo several times a week, I’ve managed to maintain a normal work life. My job is incredibly important to me and it gives me a sense of purpose and stability. I’ve created a careful schedule that allows me to fulfill my professional responsibilities while also making time for my dialysis sessions.

The road hasn't been easy, especially with the fatigue I often feel and the constant need to manage my time carefully. However, my determination, along with the support I receive from my understanding colleagues and my work environment, enables me to continue working effectively.

Having family history of CKD has made me particularly vigilant about my health. I follow my treatment plan strictly, including adhering to dietary restrictions and making sure I go for regular medical check-ups. This proactive approach, along with the strong support network I have at work and at home, has allowed me to manage both my career and health. My experience shows that with the right support and a determined mindset, young adults with CKD can live active and productive lives, even while undergoing intensive treatments like dialysis.

Case 12 – Young CKD patient stopped studying

I am a 19-year-old woman living with chronic kidney disease (CKD), and I recently had to pause my studies because my condition has progressed to stage 2 CKD, requiring dialysis. My diagnosis was influenced by a strong family history of kidney disease, which made me prone to an early onset and rapid progression of CKD.

At first, I managed to continue my education while dealing with the illness. However, as my kidney function declined, the physical and emotional toll became overwhelming. The need for regular dialysis added to these challenges, making it hard to balance my academic responsibilities with the demands of my treatment.

The transition to dialysis has been particularly difficult for me. The frequent treatments leave me feeling fatigued and disrupt my daily routine, requiring significant changes to my lifestyle. On top of this, the psychological burden of living with CKD has made it even harder to focus on my studies. These factors eventually led me to make the tough decision to temporarily stop pursuing my education.

Right now, my priority is my health. I am strictly following my treatment plan and drawing strength from the support of my family, who understand what I'm going through because of their own experiences with CKD.

My story is a reflection of how deeply CKD can impact the life of a young person, especially when there is a familial predisposition to the disease. It also highlights how important it is to have comprehensive support systems in place to help people like me manage our health while still pursuing our goals and dreams.

Case 13 – Young patient with progressing CKD

I am 18 years old, and I was initially diagnosed with stage 1 chronic kidney disease (CKD) during my late teenage years. Unfortunately, my condition has gradually worsened, and I am now in stage 2 CKD, as evidenced by a decline in my kidney function. My family history has a significant influence on my diagnosis, as multiple relatives have had kidney issues, indicating a genetic predisposition that likely contributed to my early onset and progression of CKD.

Even though I'm still in the early stages, I am facing several challenges. The fatigue has become overwhelming at times, and I've learned that managing my health is crucial to slowing the disease's progression. My treatment plan includes lifestyle modifications, medication, and regular monitoring of my kidney function.

Throughout this journey, my family has been an essential support system, offering both emotional encouragement and practical help as I navigate my condition. Their support has been invaluable.

This experience has made me realize how important early diagnosis and proactive management are for young individuals with CKD. It's clear that continuous education and support for both myself and my family are key to effectively managing CKD and potentially delaying further progression of the disease.

Case 14 – Young Working CKD patient

I am 18 years old and have chronic kidney disease (CKD), which has advanced to the point where dialysis is now necessary to manage my kidney function. I was diagnosed at a young age, and my family history reveals that multiple relatives have had CKD, suggesting a hereditary predisposition that has likely played a role in the early onset and progression of my condition.

Despite the challenges posed by dialysis, which I undergo several times a week, I have successfully integrated my treatments into my daily routine. I continue to work, which provides me with a sense of normalcy and purpose. To manage both my health and my job, I've worked with my employer to create a flexible schedule that accommodates my medical needs.

Balancing the physical and emotional demands of managing CKD and undergoing dialysis is not easy, but I have developed strategies that allow me to meet my health requirements while fulfilling my professional responsibilities. My family and my workplace have been incredible sources of support, helping me to stay on track with my treatment and maintaining my job.

My experience highlights how hereditary factors can influence the development and progression of CKD, but it also shows that young adults with this condition can still lead productive and fulfilling lives. With a strong support system from my family and employer, I am able to manage my health and career effectively, demonstrating the resilience required to live with chronic illness.

Case 15 – College student with CKD

I'm 18 years old and have chronic kidney disease (CKD), which has progressed to the point where dialysis is necessary to manage my kidney function. I was diagnosed at a young age, and my family history reveals that several relatives have had kidney disease, indicating a genetic predisposition to this condition.

The progression of my CKD means I now undergo dialysis multiple times a week, which adds a layer of complexity to my daily life. The treatments, combined with the fatigue and dietary restrictions that come with CKD, require careful time management to ensure I can balance my health needs with my academic responsibilities. Despite the challenges, I remain committed to my studies. I'm determined to succeed, and I've developed strategies to manage my health while keeping up with schoolwork.

My family has been a crucial source of emotional and practical support, helping me navigate the demands of both my health and my education. Additionally, my educational institution has been understanding and provided accommodations to help me stay engaged with my studies.

My situation highlights how hereditary CKD can impact young adults but also shows that with the right support and strategies, it's possible to manage both a chronic illness and academic responsibilities. With determination and the support of my family and school, I'm able to pursue my education despite the challenges of CKD.

Case 16 – College student with CKD family history

I'm 19 years old and a college student, and I've been managing stage 1 chronic kidney disease (CKD) while continuing my studies. I was diagnosed with CKD when I was in my late teenage years, and while my kidney function is still relatively well-preserved, the diagnosis was especially concerning due to my family history of kidney disease. Many of my relatives have had kidney problems, which suggests that I may have a genetic predisposition to CKD.

At this early stage, my treatment plan mainly involves regular monitoring, making lifestyle changes, and sticking to a kidney-friendly diet to slow the progression of the disease. It can be challenging, especially with the dietary restrictions and having to stay on top of my check-ups. But despite these challenges, I remain focused on my education and try to stay engaged in my college activities.

Having a family history of kidney disease has made me more aware of the potential for the disease to progress. Because of this, I'm proactive in following my healthcare provider's advice and trying my best to stay on top of my health. My family's support has been crucial in helping me navigate both my health and my studies. They're there for me emotionally and practically, making it easier to balance everything.

Living with CKD while pursuing a college education can be difficult, but I've learned how important it is to catch the disease early and monitor it closely. With my family's support and by staying committed to my health, I'm doing my best to manage my condition while staying focused on my studies.

Case 17 – Young CKD patient afraid of dialysis

I'm 18 years old, and I have stage 1 chronic kidney disease (CKD). While my kidney function is still in the early stages, I'm feeling significant anxiety about what might lie ahead, especially the possibility of needing dialysis. My concerns are mainly driven by the cost of treatment, which feels overwhelming when I think about how expensive it could get.

I've always known about my family's history with kidney disease, and now, facing CKD myself, I'm more aware of how it could progress. It's a scary thought, especially when I consider that my condition might require more advanced treatments like dialysis in the future. The financial burden of dialysis is a constant worry. I know it's a serious commitment that can be hard to manage, and the thought of how it could affect me and my family is always on my mind.

Right now, I'm managing my condition through lifestyle changes and regular monitoring. While I'm doing my best to take care of myself and follow my doctor's advice, the fear of future treatments and the associated costs feels very real. With my family's history of CKD, I'm constantly thinking about what might come next, and it's hard not to worry about what the future holds.

Case 18 – Senior Citizen with stage 1 CKD

I am a 60-year-old man with stage 1 chronic kidney disease (CKD), and as I approach retirement, I find myself reflecting on how my health needs will evolve. Thankfully, my kidney function is still relatively preserved, and my doctor has recommended regular monitoring, lifestyle modifications, and managing other underlying conditions to help prevent any progression of CKD.

Retirement is a major life transition, one that will take me from full-time work to a period of more leisure. While it's a big change, I see it as an opportunity to focus more on my health. I now have more time to implement and maintain the lifestyle changes necessary for managing my CKD. I make sure to stick to a kidney-friendly diet, stay physically active, and keep a close eye on my blood pressure and blood sugar levels.

As I plan for retirement, I also have to think about the financial and healthcare implications of my condition. I know that the next few years will bring new challenges, so I'm preparing myself to manage my healthcare needs by understanding the resources and support I'll need. My approach to CKD has always been proactive, and I intend to continue working with my doctors to ensure I'm doing everything I can to stay healthy.

The combination of managing my CKD and preparing for retirement has taught me the importance of balancing health with life changes. Planning for the future, including healthcare, is key, and I'm taking the necessary steps to ensure I'm ready for whatever comes next.

Case 19 – Young mother with CKD

I am an 18-year-old mother living with stage 2 chronic kidney disease (CKD), and my journey has been a balancing act between caring for my young child and managing my health. My condition has progressed to stage 2, which means my kidney function has moderately declined. It's a lot to handle, but I am fully committed to being the best mother I can be.

Managing CKD is no small task. I follow a treatment plan that includes regular monitoring, medications, and lifestyle adjustments to help slow down the disease and manage symptoms. I also have to deal with the fatigue and dietary restrictions that come with CKD, which makes my daily life even more challenging. Balancing my health needs with the demands of motherhood can be overwhelming at times, but it's important for me to stay on top of my health so I can continue to care for my child.

Having emotional and practical support is essential in my journey. My family, friends, and healthcare providers have been a great help, offering both encouragement and hands-on assistance. My child's well-being is my priority, which drives me to stay proactive about my health. I know that with the right support system, I can manage my CKD and continue to be there for my family.

My experience as a young mother with CKD highlights the unique challenges that young parents face. It's not just about managing health; it's about having the right resources and support to handle both your own well-being and your responsibilities as a caregiver. Tailored healthcare and social support are crucial for young mothers like me who are trying to balance it all.

Case 20 – Working CKD patient

I am a 25-year-old with chronic kidney disease (CKD), and I've been working full-time while managing my condition. Initially diagnosed with stage 1 CKD, my condition was manageable with lifestyle modifications and regular monitoring. However, as time went on, the demands and stresses of my job, including long hours and a mostly sedentary lifestyle, likely contributed to the progression of my CKD to stage 2.

At stage 2, my kidney function has declined further, and I now need a more rigorous management plan. This includes additional medical treatments, stricter dietary controls, and closer monitoring of my kidney function. The transition from stage 1 to stage 2 has been tough, as it requires a lot more effort to manage my health while continuing to work full-time.

Balancing the demands of my job with the need for regular medical appointments and lifestyle adjustments has been challenging. I have to be proactive about managing symptoms like fatigue and high blood pressure, and I know that if I don't stay on top of my health, my condition could worsen. My experience has shown me just how much work-related stress and lifestyle factors can impact the progression of CKD.

Given the challenges I face, I've realized the importance of workplace accommodations and support systems. Flexible work hours, ergonomic adjustments, and access to health resources could make a big difference in helping me maintain my health while still fulfilling my professional responsibilities. It's crucial to have strategies in place to manage my condition, and workplace support plays a critical role in managing my CKD effectively.

Case 21 – Working CKD patient Stage 3

I am a 32-year-old woman living with stage 3 chronic kidney disease (CKD). I was diagnosed just a year ago, and since then, my condition has progressed significantly, leading to a decline in my kidney function. At this stage, managing my health requires a more intensive approach, including medications, lifestyle changes, and regular monitoring to prevent further deterioration and handle any complications.

Balancing my job with CKD has become increasingly challenging. The symptoms of stage 3 CKD, such as increased fatigue, fluid retention, and the need to follow a strict diet, can affect both my performance at work and my quality of life. It’s tough to stay focused and productive when I’m often tired or dealing with physical discomfort. I also need to take frequent breaks for medical appointments and treatments, which can create stress in my demanding work environment.

Despite these challenges, I am determined to keep pushing forward in my career. I want to continue doing my best at work, but I know that maintaining my health is just as important. Having my employer’s support is essential in this journey. Flexible working hours, adjustments to my workspace, and access to health resources would make a significant difference in managing my CKD while still meeting my professional obligations.

My situation underscores the profound impact that stage 3 CKD can have on a person’s work life. It has become clear to me that having a supportive work environment is crucial for effectively managing a chronic condition while staying productive in the workplace. The balance between health and work needs careful consideration, and both aspects should be managed in a way that supports my overall well-being.

Case 22 – Middle age working CKD patient

I am a 56-year-old woman managing chronic kidney disease (CKD), which has progressed to the point where dialysis is necessary to maintain my kidney function. I undergo weekly dialysis treatments, which are essential to my health but also come with physical and emotional challenges. The process can be draining and time-consuming, taking several hours each session, and it leaves me feeling fatigued. Despite these challenges, I remain committed to my job and strive to maintain a balance between my work and health.

The demands of balancing work and weekly dialysis are significant, and it requires careful time management. Dialysis sessions affect my work schedule and daily life, but I’ve learned to integrate them into my routine as best as I can. My family history of kidney disease, which suggests a hereditary predisposition, has made me more aware of the importance of proactive management. This awareness has led me to work closely with my healthcare team to create a treatment plan that includes not only dialysis but also medications, dietary adjustments, and regular health check-ups.

The support I receive from my family is crucial in helping me manage both my health and work responsibilities. They offer emotional and practical assistance, ensuring I have the strength to continue working while managing my condition.

My experience highlights the intersection of chronic illness management with professional life, especially when dialysis is involved. It underscores the importance of having a comprehensive support system and workplace accommodations. These are vital for individuals with CKD to maintain their employment and quality of life while undergoing intensive treatments like dialysis.

Case 23 – CKD patient with late Diagnosis

I am a 52-year-old woman who has been diagnosed with chronic kidney disease (CKD), but unfortunately, the diagnosis came late in the progression of my condition. This has significantly affected my kidney function and overall health. Compounding my situation is a strong family history of kidney disease, which likely contributed to my delayed awareness of the condition. By the time my CKD was diagnosed, the demands of managing my health became too overwhelming, and I ultimately had to stop working.

As my kidney function declined, I required intensive treatment, lifestyle changes, medications, and regular medical appointments. Physical symptoms such as fatigue and fluid retention made it increasingly difficult to continue working. My late diagnosis has reinforced the importance of early detection and proactive management, particularly for individuals like me, who have a family history of kidney disease and may be at a higher risk.

With the decision to stop working, my focus has shifted entirely to managing my health. I'm also exploring support systems, including social services and financial assistance, to help me adjust to my new circumstances. This experience has highlighted the need for comprehensive healthcare and support for those of us facing late-stage diagnoses and chronic conditions.

Case 24 – Late-Stage CKD patient

I am a 50-year-old woman with late-stage chronic kidney disease (CKD), and I face significant challenges while caring for my two children. My CKD has advanced to a stage where it requires intensive management, including frequent dialysis treatments, medications, and strict lifestyle changes. These demands have drastically impacted my daily life and financial stability.

At this stage, my CKD has brought on severe symptoms such as fatigue, fluid retention, and other complications, making it even harder for me to manage my responsibilities. The physical and emotional toll of my condition, combined with the financial burden of medical expenses, has made it increasingly difficult to provide for my family.

Being a mother adds another layer of complexity. I do my best to maintain a sense of normalcy for my children, despite the difficulties my health presents. Balancing my medical needs with my parenting responsibilities is incredibly tough, and I rely heavily on support from family, friends, and community resources.

Given the financial challenges I face, access to affordable healthcare and support services is absolutely essential. Financial assistance programs and social services are a lifeline, helping me manage medical costs and provide for my children. My experience highlights the urgent need for comprehensive support systems for individuals like me, especially those dealing with advanced CKD, financial hardship, and caregiving responsibilities.

Case 24 – CKD patient stopped working because of disease

I am in my twenties and have recently had to stop working due to the progression of my stage 3 chronic kidney disease (CKD), which was diagnosed when I was in my late teens. Over time, my condition has worsened, leading to a significant decline in my kidney function. Having a family history of kidney disease suggests that there may be a hereditary factor contributing to the early onset and faster progression of my CKD.

Managing my condition has become overwhelming. The demands of frequent medical appointments, medications, and lifestyle adjustments have made it increasingly difficult to maintain my job. I often feel fatigued, struggle with fluid retention, and must follow strict dietary restrictions, which have all added to the complexity of my daily life and made it harder for me to continue working.

My family's history with kidney disease has shown me how important genetic factors are in the progression of CKD. This has made me realize how crucial early intervention and constant management are, especially when there is a hereditary risk involved.

I've faced many challenges as a young adult with a chronic illness, and it's been hard to shift my focus from work to managing my health. Now, I am relying on support systems like financial assistance, social services, and emotional help to cope with both my condition and the practical realities of no longer working.

Looking back, I can see how important it is to have a comprehensive approach to managing CKD one that combines medical care, lifestyle changes, and proper financial planning. I am doing my best to adjust to this new reality, but it hasn't been easy. My health comes first now, and I am learning to navigate the balance between managing my condition and taking care of myself.

Case 25 – Late-stage CKD patient

I am at an advanced stage of chronic kidney disease (CKD), and the complications related to my dialysis treatments have significantly impacted my life. Dialysis has become crucial for maintaining my kidney function, but it has brought its own set of challenges. I've experienced infections, cardiovascular issues, and access problems, all of which have worsened my quality of life.

Given my family's history of kidney disease, there's a genetic component that likely contributed to the severity and progression of my condition. This hereditary factor has made managing my CKD more complicated. My body faces not only the direct effects of CKD, but also the added stress of frequent dialysis treatments, which continue to take a toll on my physical and emotional well-being.

The complications that arise from dialysis, paired with the advanced stage of my CKD, require constant monitoring and adjustments to my treatment plan. I know that my family history adds an extra layer of complexity to my situation, which makes it crucial for my care to be customized and tailored to my specific needs.

This experience has underscored the importance of having a comprehensive management plan. Dialysis is essential, but addressing and preventing complications is just as vital. I rely heavily on support from my healthcare providers, family, and my broader support network to help me navigate these difficulties and maintain the best possible quality of life moving forward.

Case 26 – Early diagnosis CKD with financial problem

I was recently diagnosed with early-stage chronic kidney disease (CKD), and it has been a tough journey, made even more difficult by financial challenges. At this stage, regular monitoring and lifestyle changes are essential to slow down the progression of the disease, but these treatments are costly. The financial strain is overwhelming, especially given my current economic situation.

The fact that kidney disease runs in my family adds another layer of worry. Knowing that my condition may be hereditary makes it even more crucial for me to stay on top of my health, but it also heightens my emotional stress, as I fear the potential complications down the line. This genetic predisposition makes managing CKD more pressing, as I know my risk of worsening health is higher.

Unfortunately, my financial problems complicate everything. The cost of medications, dietary changes, and regular doctor's appointments is a significant burden, and it feels like I'm stuck in a cycle where my health needs are constantly at odds with my financial limitations. Without adequate resources, I struggle to access the treatments and support I need, which makes it harder to stick to a treatment plan and manage my CKD effectively.

To get through this, I've had to seek out financial assistance programs, community resources, and support services to help lighten the financial load. I've also considered working with a social worker or financial counselor to find ways to manage my healthcare expenses, explore insurance options, and look for government aid. This experience has really shown me how crucial it is to have a comprehensive support system in place one that tackles both the medical and financial aspects of managing CKD, especially when there's a family history of the disease.

Case 27 – CKD patient relied on Herbal Medicine

When I was first diagnosed with chronic kidney disease (CKD), I turned to herbal medicine as my primary approach to managing my condition. Given my family's history of CKD, I was aware that I might be predisposed to it, which made me seek alternative treatments rather than relying solely on conventional medicine. I had concerns about the side effects of prescription drugs and was drawn to the idea of natural remedies, hoping they could provide a safer, more holistic solution.

Herbal medicine often promises natural benefits, which seemed appealing at the time. However, after some research and discussions with my healthcare providers, I learned that certain herbal treatments could potentially interfere with conventional medications or even harm my kidneys. Many of these remedies lack the rigorous scientific backing that would ensure their safety and effectiveness, especially in managing a serious condition like CKD.

Eventually, I realized that a more comprehensive approach to my treatment was necessary. I integrated conventional medical treatments into my plan, which included prescribed medications and regular monitoring of my kidney function. This transition has been essential in ensuring that my CKD is being managed properly and to prevent further damage. Regular consultations with my nephrologist and other healthcare providers have become an important part of my routine.

Looking back, I see how important it is to balance alternative treatments like herbal medicine with conventional care. It’s also crucial to have open and honest communication with healthcare professionals to ensure that I’m receiving the safest, most effective treatment for my condition. This experience has taught me that while alternative medicine can have its place, evidence-based care is key to managing chronic conditions like CKD.

Case 28 – CKD patient in denial

When I was diagnosed with chronic kidney disease (CKD), I found it difficult to accept the reality of my condition. The thought of dealing with CKD and its long-term consequences felt overwhelming, and I found myself in denial. I couldn’t accept that I had this disease, and the idea of managing it for the rest of my life scared me. It wasn’t just the physical toll it was taking on my body; the emotional burden was just as heavy. I started feeling depressed, as the disease seemed to consume my thoughts and my future.

Depression set in because of the lifestyle changes I had to make, the endless medical appointments, and the fear of how this disease would impact my life. I struggled to get motivated to follow treatment plans, take medications, or make the necessary changes to my diet and routine. The denial became a way for me to cope—if I didn’t acknowledge it, maybe it wouldn’t feel as real. But in doing so, I was only delaying the help I needed.

I didn’t want to face the reality of my condition, and that denial made it harder to manage my CKD effectively. I started skipping doctor’s appointments and not taking my medications as prescribed. This only made things worse, but I couldn’t seem to break out of that cycle.

It wasn’t until I sought professional help that I realized how important it was to address both my physical health and my mental health. I began therapy to help manage my depression and work through the denial. My healthcare team also played a huge role in supporting me—providing encouragement, checking in on my progress, and reminding me that managing CKD is not just about treating the disease, but about taking care of my mental well-being too. Now, I understand that managing CKD isn't just about medications or dialysis; it's about accepting the disease and integrating it into my life in a way that I can live with. The psychological support I received has been essential in helping me shift my mindset and take control of my health. Through therapy, I've been able to address my fears and feelings of denial, and I'm learning to live with CKD in a healthier way. This experience has taught me that chronic illness requires a holistic approach, one that addresses both the body and the mind.

Case 29- Religious CKD patient

When I was diagnosed with stage 2 chronic kidney disease (CKD), I was initially overwhelmed by the news. The idea of having a moderate decline in kidney function was difficult to digest, but I quickly realized that I had to find a way to manage this condition with strength and grace. For me, my religious faith has been the cornerstone of how I cope with this chronic illness.

My faith provides me with comfort, a sense of purpose, and the hope that I need to stay positive in the face of adversity. It's not always easy, but I draw strength from my beliefs and my connection to my community. Being part of a religious group has been incredibly helpful, as it gives me a network of support from friends and family who truly understand what I'm going through. They've helped with practical matters, like driving me to medical appointments, and also provided emotional support when I've felt low.

I approach my condition with a positive attitude, focusing on the things I can control. I attend all my medical appointments, strictly follow my doctor's advice on dietary changes, and stay active in taking care of my health. I've learned that a proactive approach makes a huge difference in managing CKD, and my faith motivates me to keep up with these changes.

Having this positive outlook on my health has been transformative. It helps me to see CKD not as an insurmountable obstacle but as something I can manage with the right mindset and support. I believe that my faith has not only helped me stay optimistic, but it has also improved my overall quality of life. This experience has taught me the importance of addressing both the physical and emotional aspects of chronic conditions like CKD. By maintaining a positive attitude and relying on my faith, I'm better equipped to face the challenges that come with managing this disease.

Case 30 – CKD patient with complications

When I was diagnosed with stage 2 chronic kidney disease (CKD), I was initially overwhelmed by the news. The idea of having a moderate decline in kidney function was difficult to digest, but I quickly realized that I had to find a way to manage this condition with strength and grace. For me, my religious faith has been the cornerstone of how I cope with this chronic illness.

My faith provides me with comfort, a sense of purpose, and the hope that I need to stay positive in the face of adversity. It's not always easy, but I draw strength from my beliefs and my connection to my community. Being part of a religious group has been incredibly helpful, as it gives me a network of support from friends and family who truly understand what I'm going through. They've helped with practical matters, like driving me to medical appointments, and also provided emotional support when I've felt low.

I approach my condition with a positive attitude, focusing on the things I can control. I attend all my medical appointments, strictly follow my doctor's advice on dietary changes, and stay active in taking care of my health. I've learned that a proactive approach makes a huge difference in managing CKD, and my faith motivates me to keep up with these changes.

Having this positive outlook on my health has been transformative. It helps me to see CKD not as an insurmountable obstacle but as something I can manage with the right mindset and support. I believe that my faith has not only helped me stay optimistic, but it has also improved my overall quality of life. This experience has taught me the importance of addressing both the physical and emotional aspects of chronic conditions like

CKD. By maintaining a positive attitude and relying on my faith, I'm better equipped to face the challenges that come with managing this disease.

Synthesis

The various chronic kidney disease (CKD) cases reveal the complex interplay between medical management, personal circumstances, and psychological factors. Patients with CKD face a range of challenges depending on their stage of the disease and individual situations. For example, young adults with early-stage CKD, influenced by a family history of the disease, often grapple with financial constraints that hinder their ability to afford medications and adhere to treatment plans. This financial strain can lead to disease progression and complicate their overall health management. In contrast, an 18-year-old student with stage 2 CKD must balance academic responsibilities with the demands of her condition, requiring educational accommodations and strong family support to manage her health effectively. Similarly, a 32-year-old working professional with stage 3 CKD navigates the impact of advanced disease on her work life, emphasizing the need for workplace accommodations and flexible work arrangements to maintain her professional duties while managing her health. For those in more advanced stages, such as a 56-year-old female undergoing weekly dialysis with a family history of CKD, the combination of intensive treatment and hereditary factors creates significant physical and emotional challenges. Access to comprehensive care and family support is critical in managing these demands. Financial problems also play a crucial role, as seen in a late-stage CKD patient whose inability to afford medications exacerbates complications and worsens their condition, underscoring the need for financial assistance and community resources.

Additionally, the initial reliance on herbal medicine by a young female with CKD highlights the importance of integrating conventional treatments with alternative approaches, ensuring evidence-based care. Psychological factors such as depression and denial further complicate disease management, as seen in cases where mental health issues impede adherence to treatment and effective self-care. In contrast, a patient with stage 2 CKD who maintains a positive attitude and strong religious faith demonstrates how emotional and spiritual resilience can positively impact health management, though ongoing medical care remains essential.

Overall, these cases illustrate the diverse and multifaceted nature of CKD management, emphasizing the importance of addressing both medical needs and the broader personal, financial, and psychological challenges faced by patients

Fig 3. Word Cloud of CKD patients

Adapting to a chronic illness affects individuals mentally, physically, and socially. Therefore, it is important for the medical team working with the individual to be aware of the patient's subjectivity to his/her diagnosis in order to provide the necessary care for a positive outcome. It was also found out that 3 out 10 CKD patient died in the year 2023 because of refusal for dialysis. This could be attributed to financial difficulties and fear of the treatment. Kidney failure is one of the most alarming case in the Municipality of Lapaz, Tarlac, some of them experiencing lack of budget upon their treatment. The findings of this study show the importance of implementing dialysis center upon chronic kidney failure patients. The purpose of the study was to explore the knowledge on Chronic Kidney failure (CKD) as it relates on how to lessen and how it may help the cases in the municipality of La Paz. Since CKD is a life-threatening prolonged disease that ultimately leads to death, which requires a major adjustment in an individual's lifestyle in order to survive. Furthermore, individuals should also consider stressors that are associated with CKD, such as financial hardships that may occur due to loss of income, the changes in, the changes in social relationships with others due to traveling a distance, hospital admissions on a regular basis, the increase of depending on the dialysis machine for living, fear of dying or being totally disabled, diet and fluid restrictions that are directly related to the patient developing pulmonary edema, and physical fatigue that accompanies treatment of CKD.

4.Government Support Programs for CKD patient

Program	Objective	Strategies	Represented agency	Expected outcome
1.Founding national kidney transplant	To provide medical service like kidney transplant	Service on Chronic kidney disease patient including finding kidney donor	National kidney foundation	To deliver three fold mission of services.
2.Chronic kidney disease prevention and control program	To provide support method to Ckd patients.	Prevention and control, including lifestyle-related illness prevention, early detection and evaluation facilitation, and appropriate disease management for CKD patients.	Department of health	To provide accessible and affordable healthcare programs.
3.Philhealth konsulta package	guidelines to guarantee the suitability and efficacy of consultations with PhilHealth.	PD FIRST" Z benefits: The Z benefits for End-stage renal disease requiring	Philhealth	Specialized advantages for those with advanced kidney disease (CKD) who need peritoneal dialysis.

1. Founding the National Kidney and Transplant Institute

It is a tertiary medical specialty center formerly known as the National Kidney Foundation of the Philippines (NKFP) created on January 16, 1981 by virtue of Presidential Decree 1832 signed by then President

Ferdinand E. Marcos. It was created with a three-fold mission of Service, Training and Research primarily for the benefit of the Filipino people afflicted with kidney and allied diseases and in pursuance of the policy of the State to secure the well-being of the people by providing them with the specialized health and medical services.

2. Chronic-Kidney Disease Prevention and Control Program

The goal of this program is to support methods for CKD prevention and control, including lifestyle-related illness prevention, early detection and evaluation facilitation, and appropriate disease management for CKD patients. The program's vision is to create a Philippines that is free from the avoidable burden of non-communicable diseases (NCDs) including CKD. The mission of the program is to provide accessible affordable and quality healthcare services to all individuals. The primary goal of the program is to reduce premature mortality caused by cardiovascular diseases diabetes mellitus chronic respiratory diseases chronic kidney diseases and cancer by 25% by the year 2025.

This was established due to Administrative Order No. 2021-0010 Implementing Guidelines on the Institutionalization of the Chronic Kidney Disease Prevention and Control under the DOH. The program also offers various types of services to address the needs of individuals with CKD. The PhilHealth Benefit Package includes guidelines for the PhilHealth Konsultasyong Sulit at Tama (PhilHealth Konsulta) Package which provides affordable healthcare consultations. The "PD FIRST" Z benefits offer coverage for individuals with end stage renal disease requiring peritoneal dialysis. The PhilHealth Dialysis Database (PDD) and PhilHealth Dialysis Package aim to ensure access to dialysis services for individuals with CKD.

*3.*PhilHealth Konsulta Package

The use of guidelines to guarantee the suitability and efficacy of consultations with PhilHealth. Offering thorough advice with the goal of avoiding and managing chronic kidney disease.

A. "PD FIRST" Z benefits: The Z benefits for End-stage renal disease requiring

Peritoneal Dialysis

- Specialized advantages for those with advanced kidney disease (CKD) who need peritoneal dialysis.
- Ensuring coverage of necessary medical interventions and support for the “PD FIRST” Z benefits.

B. PhilHealth Dialysis Database (PDD)

- Creation and upkeep of an extensive dialysis patient database.
- Make use of the PDD to keep an eye on and assess how well the dialysis services are working.

C. PhilHealth Dialysis Package

The establishment of a structured package that will pay for the expenses related to dialysis treatments.

Making sure dialysis services are affordable and accessible to people with CKD.

3. Proclamation No. 184 National Kidney Month

Pursuant to Presidential Proclamation no. 184, s. 1993 signed by former President Fidel V. Ramos on May 31, 1993, the month of June is designated as "National Kidney Month" (NKM). Every year the National Kidney and Transplant Institute (NKTI) takes the lead in opening NKM through various programs that promote the care and strengthening of our kidneys.

5.Measures to help patient with chronic kidney disease

Managing chronic kidney disease (CKD) involves a combination of lifestyle changes, medical treatment, and regular monitoring to slow the progression of the disease and manage symptoms. Here are some key measures:

Measure	Objective	Strategies	Represented agency	Expected outcome

1.Dietary modicification	To determine the appropriate amount of food intake by Ckd patients.	Eat healthy foods like fruits and vegetables.	Self-monitoring	It can prevent complications
2.Blood pressure management	Offer kidney protection.	Regular exercise, weight management	Self-monitoring	To better blood pressure
3.Blood sugar control	To avoid complications like diabetes.	Regular exercise, weight management and regular Laboratory test.	Self-monitoring	To ensure good medication and diet.
4.Medication management	To provide the exact treatment.	Regular monthly check up continuous medicine and dialysis	Dialysis center	To treat Ckd patients.
5.Regular monitoring	Monitor kidney function.	Laboratory test.	Rural health unit or Private hospital.	Monitor patient suffering from Ckd.
6.Lifestyle change	For better lifestyle.	Enough diet and exercise.	Self-management	To avoid any complications.

7.Fluid management	Increase fluid intake	Take right amount of fluid .	Self-monitoring	Ensure the healthy lifestyle .
8.Education and support	Help other people gain knowledge about Ckd, and to give government support.	1.Including Ckd disease on school health subjects 2.Medical and cash assistance.	Deped,Department of health	Maintain positive outcome on Ckd patients as well as to give knowledge on their disease.
9.Prepare future treatment	To provide the right treatment to Ckd patients.	Dialysis session or kidney transplant	Rural health Unit	Ensure continuous treatment .

1. Dietary Modifications

Reducing protein intake can lessen the kidneys' workload. Your healthcare provider can help determine the appropriate amount. Lowering salt intake helps control blood pressure and fluid retention. Managing potassium and phosphorus levels through diet can prevent complications. Foods high in these minerals may need to be limited.

2. Blood Pressure Management

Medications like ACE inhibitors or ARBs can help control blood pressure and may also offer kidney protection. Regular exercise, a low-sodium diet, and weight management can contribute to better blood pressure control.

3. Blood Sugar Control

For patients with diabetes, controlling blood sugar levels is crucial to prevent further kidney damage. This involves a combination of medication, diet, and lifestyle changes.

4. Medication Management

Some medications can worsen kidney function. Always consult with a healthcare provider before starting new medications. If phosphorus levels are high, phosphate binders may be prescribed.

5. **Regular Monitoring**

Regular blood tests to monitor kidney function, including creatinine and eGFR. Checking for protein in the urine, which can be a sign of worsening kidney function.

6. **Lifestyle Changes**

Smoking can accelerate kidney damage, so quitting is beneficial. Maintaining a healthy weight can help control blood pressure and reduce strain on the kidneys.

7. **Fluid Management**

Depending on kidney function, fluid intake may need to be adjusted to avoid fluid overload or dehydration.

8. **Education and Support**

Understanding CKD and its management can empower patients to take control of their health. Joining support groups can provide emotional support and practical advice.

9. **Prepare for Future Treatments**

In advanced stages, dialysis may be required. Early planning and education about dialysis options can be helpful. For some patients, a kidney transplant may be a viable option. Discussing this with a nephrologist can help with long-term planning.

Implications of the study

A study on chronic kidney disease (CKD) can have significant and multifaceted implications. First, it can enhance patient care by providing new insights into diagnosis, treatment, and management strategies, potentially leading to the development of more effective and individualized treatment plans. For instance, early detection methods or novel therapeutic approaches could emerge, improving patient outcomes. The research may also advance personalized medicine by elucidating genetic, environmental, and lifestyle factors, which can guide tailored interventions. Healthcare policy could be influenced by such studies, as they might underscore the need for increased funding for CKD research and support programs for affected individuals, particularly those grappling with financial hardships. Preventive strategies could be refined based on identified risk factors, helping to mitigate the incidence of CKD. Additionally, understanding the mental health impacts of CKD can lead to the creation of better psychosocial support systems for patients and their families, addressing issues such as depression or anxiety. Economic implications are also noteworthy, as the study might reveal the substantial financial burden of CKD on both patients and the healthcare system. This information could affect cost-effectiveness analyses and resource allocation. Furthermore, insights into the role of family history and the social impact of CKD can improve support mechanisms for families and caregivers, highlighting the need for comprehensive support networks. Overall, such research has the potential to drive significant improvements in patient care, healthcare policy, preventive measures, and support systems.

Chapter 4

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

This chapter contribute to the overall summary of the study followed by the summary of findings and their conclusion. The implication of the study and recommendations made regarding the study and live experiences of chronic kidney failure patients.

The implications of this study are far-reaching, influencing both health management and public administration. For health management, it provides a roadmap for improving service delivery, resource allocation, and patient-centered care for CKD patients. For public administration, it underscores the need for evidence-based policymaking, healthcare infrastructure development, and equitable access to medical services. Together, these insights can help improve the quality of life for CKD patients in La Paz and serve as a model for addressing similar healthcare challenges in other communities.

Summary of findings

1. Profile of age distribution of the respondents:

Study shows the age distribution of the research that covers chronic kidney disease in municipality of Lapaz, Tarlac age range from 18-year-old up to 60-year-old.

2. Gender

It was found out that almost female ranges high rate of dialysis than in male.

3. Work Status

Respondents are still working but are having financial difficulties, as indicated in this study, from the medications up to the cost on dialysis per session.

The cases of chronic kidney disease (CKD) patients highlight several key findings about the management and impact of the condition:

4. Financial Constraints

Financial difficulties significantly affect CKD management, often leading to non-adherence to medication and worsening of the disease. Patients struggling with financial issues may find it challenging to afford necessary treatments and medications, resulting in complications and disease progression.

5. Impact of Family History

A family history of CKD can predispose individuals to earlier and more severe forms of the disease. It also influences the management and emotional impact of the condition, as patients may experience additional stress and concerns about their genetic predisposition.

6. Psychological and Emotional Factors

Psychological challenges, including depression and denial, can hinder effective disease management. Mental health issues can impact a patient's ability to adhere to treatment plans and engage in self-care, making comprehensive psychological support an essential component of care.

7. Work and Educational Challenges

CKD can affect a patient's ability to maintain work or academic responsibilities, especially in more advanced stages. Balancing health management with professional or educational commitments requires supportive work environments, flexible arrangements, and accommodations.

8. Support Systems

A strong support system, including family, community, and religious or spiritual support, plays a crucial role in managing CKD. Positive attitudes and faith can enhance resilience, but patients also need practical support and comprehensive medical care to address the demands of the disease.

9. Integration of Treatments

Effective CKD management often involves integrating conventional medical treatments with alternative approaches, such as herbal medicine. Ensuring that alternative treatments do not interfere with evidence-based care is important for optimal management.

10. Healthcare and Community Resources

Access to financial assistance, community resources, and social services is critical for patients facing economic hardship. These resources help alleviate the burden of healthcare costs and support patients in managing their condition effectively.

Conclusion:

The findings of this study have significant implications for health management and public administration, particularly in the design and delivery of healthcare services, policy formulation, and governance aimed at addressing chronic kidney disease (CKD) in La Paz, Tarlac.

Based on the findings of the study the following conclusions were drawn.

1. In this study the highest range chronic kidney disease patient is at age of 18 up to 60 years old, and mostly of them are female. Most patient have a family history of chronic kidney diseases.
2. The people experiencing CKD have difficulty in financial aspect especially in dialysis sessions, thus it burdens on their cost of living.
3. Mostly of the patient experience depression and stress when it comes to dialysis treatment.
4. The reported mortality on chronic kidney disease on municipality of Lapaz as of 2023 ranges 3 out 0f 10 patients, one reason for this is refusal of taking dialysis.
5. Effective CKD management requires a comprehensive approach that integrates medical treatment with attention to financial, psychological, and social factors. Addressing these elements is essential for improving patient outcomes and ensuring that individuals receive the support they need to manage their condition effectively.

6. Financial constraints and social support significantly influence CKD management. Patients facing economic difficulties may struggle to access necessary treatments and medications, leading to disease progression. Conversely, strong family support, community resources, and financial assistance can mitigate these challenges and enhance disease management.
7. Psychological factors such as depression, denial, and stress play a crucial role in CKD management. Mental health support is vital for helping patients adhere to treatment plans, cope with their condition, and maintain a positive outlook.
8. Early diagnosis and proactive management are critical for slowing disease progression and preventing complications. Patients with a family history of CKD or those relying on alternative treatments must receive evidence-based care to ensure effective disease management.
9. CKD can impact a patient's ability to work or pursue education, highlighting the need for workplace accommodations and educational support. Balancing health management with professional and academic responsibilities requires flexibility and understanding from employers and educational institutions.
10. Support from religious, community, and healthcare networks plays a significant role in managing CKD. Emotional and spiritual support can enhance resilience and provide additional resources to cope with the challenges of the disease.

Recommendation:

Based on the conclusions the following recommendation are made by the researchers:

1. Barangay Rural health center of Lapaz Tarlac, may conduct seminars and related programs to raise the awareness of chronic kidney disease patients upon dialysis.
2. The Department of Health Local Government Units and Municipal Health Officers of Lapaz must strengthen their programs in disseminating information regarding the significance and role of dialysis center in Rural Health unit of Lapaz.

3. The Rural Health Unit of Lapaz may need to ensure the continuation of dialysis programs.
4. Develop and implement care models that integrate medical treatment with psychological support, financial counseling, and social services. This holistic approach ensures that all aspects of a patient's well-being are addressed.
5. Utilize multidisciplinary teams, including nephrologists, dietitians, social workers, and mental health professionals, to provide comprehensive care tailored to individual patient needs.
6. Increase access to financial assistance programs, including subsidies for medications, insurance coverage, and community resources, to alleviate the economic burden on patients.
7. Offer financial counseling and support to help patients navigate healthcare costs and explore options for managing expenses related to their CKD.
8. Provide access to mental health services, including counseling and therapy, to address issues such as depression, anxiety, and denial. Psychological support is crucial for improving adherence to treatment and overall well-being.
9. Implement stress management programs and coping strategies to help patients handle the emotional challenges of living with CKD.
10. Provide comprehensive education on CKD management, including the importance of medication adherence, dietary modifications, and the integration of conventional and alternative treatments.
11. Empower patients by involving them in decision-making about their care and providing tools and resources to help them manage their condition effectively.
12. Foster strong community and support networks, including religious and social groups, to provide emotional support and practical assistance for patients and their families.
13. Develop peer support programs that connect patients with others experiencing similar challenges, offering a platform for sharing experiences
14. Future researcher may conduct a related study about the importance of dialysis center on their municipality, so they can establish more conclusions about this matter to provide framework of reference

for action and interventions that the study could implement and help patient under chronic kidney disease.

15. Chronic kidney disease patient will benefit upon implementing dialysis on Rural Health unit.

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APPENDICES

Appendix A

Interview Guide

REPUBLIC OF THE PHILIPPINES
Tarlac State University
COLLEGE OF PUBLIC ADMINISTRATION AND GOVERNANCE
Graduate School Program
Romulo Blvd., San Vicente, Tarlac City

Ako po si Nerishaine T.Esquivel o mas kilala sa pangalang nerish., ay kasalukuyang nagaaral ng Masters of Public administration major in health management. Bahagi ng aking pagaaral ang pagsulat ng thesis upang makumpleto ang programang ito.Sa ngayon ay nagsasagawa ao ng pananaliksik tungkol sa kalagayan ng mga mamayan na my kidney failure sa bayan ng LaPaz Tarlac.upang makatulong sa pagpababuti ng serbisyong medical at malaman kung anu ang maaring gawin tulong ng gobyerno sainyo.

Naway bigyan niyo po ako ngpagkakataon na makapanayam kayo at mabbigay ng saloobin ukol sa paksang ito, asahan nyo po na maging konfidensyal ang impormasyon na ibibigay niyo at gagamitin lamang ito para sa psananaliksik.

Maraming salamat po!

Lagda ng Pagpayag:

Numero ng Kaso ng CKD:

Appendix B
Questionnaires

Bahagi I: Impormasyong demograpiko

1. Ilan napo ang inyong edad?
2. Ilan napo ang inyong edad?
3. Anu po ang inyong pinagkukunan ng pinagkakakitaan (Halimbawa meron trabaho oh Wala?)
4. Gaano po kayo katgal naninirahan sa bayan ng Lapaz?
5. Mayroon po ba kayong iba pamilya na kaparehas niyo na mayoon CKD**?**

Bahagi II: Pagkilala sa paggamot ng Chronic kidney Failure

1. Ano po ang inyong kaaalaman sa sakit na Chronic Kidney failure bago kayo magkaroon ng sakit na ito?
2. Sa anong paraan niyo napansin ang sintomas ng CKD?
3. Ano pong pagsusuring diagnostic ang ginawa para matukoy n my CKd ka?
4. Maari niyo po ba ikwento ang inyog mga karanasan sa inyong sakit?
5. Mga magkanu po at ilan beses sa isang buwan kayo ng dialysis

Bahagi III: Personal na karanasan sa Chronic kidney failure

1. Paano nakaapekto ang inyong karamdaman sa pangaraw araw na Gawain?
2. Ano ang pagbabago sa inyong nuhsy mula ng ng karoon ng kidney failure?
3. Paano nakakakaapekto ang chronic kidney failure sa iyong kalusugang pangkalahatan?

Bahagi IV: Programa ng pamahalaan sa kalusugan

1. May mga natatanggap ba kayong tulong sa gobyerno sa inyong kalaayan, kung gmeron sapat ba ito?
2. Paano niyo tignan ang pagpatupad ng Dialysis center sa inyong munisipalidad, Makakatulong ba ito?
3. Mayroon ba mga programa na hindi sapat na tinutugunan ng inyong munisipalidad?
4. May mga hinaing kaba ukol sa programa ng inyon munisipalidad para sa mga mayroon ganitong sakit? Kung meron anu anu ito?

Maraming salamat po sa inyong pagtugon saaking pananaliksik, pagpalain kayo ng Diyos!

Appendix C
Photo Documentation
Interview with the Chronic Kidney failure patient in LaPaz, Tarlac

Young working CKD patient

Patient stop working because of CKD

Patient relied on herbal medicine

Patient with complication

Early diagnosis of CKD

Early diagnosis of CKD

Appendix D

Curriculum Vitae

NERISHAINE TABABA - ESQUIVEL, RMT / Masters in Public Health Major in Health Management

Mayang, La Paz, Tarlac/ Binauganan, Tarlac City
Contact No: 09300406337
emdbe29@gmail.com

OBJECTIVE: To be able to work in an organization where I can use my analyzing skills and corresponding experience to help with patient analysis. Accurate, reliable, diligent and focused on the timely quality completion of laboratory procedures, able to work under pressure and time constraints with high volume environments.

I. PERSONAL INFORMATION:

Age	:	29 yrs. old
Gender	:	Female
Date of Birth	:	October 17, 1994
Place of Birth	:	Tarlac City
Religion	:	Catholic
Civil Status	:	Married
Nationality	:	Filipino
Blood Type	:	AB
Height	:	5’0
Weight	:	56kls.

II. EDUCATIONAL BACKGROUND:

TERTIARY

Wesleyan University- Philippines
Cabanatuan City, Nueva Ecija
Course: Bachelor of Science in Medical Technologist
(2013 – 2017)

SECONDARY

Great Eastern Institute
La Paz, Tarlac
(SY 2007 – 2011)

ELEMENTARY

Villa Bacolor Elementary School
Brgy. Villa Bacolor, Tarlac City
(SY 2004 – 2010)

- ***Graduated VALEDICTORIAN***

V. PROFESSIONAL MEMBERSHIP:

- Philippine Association of Medical Technologist, Metro Manila, Philippines
  2018 – present

VI. AWARDS RECEIVED:

- Registered Medical Technologist
  Passed the Philippine Licensure Examinations for Medical Technologist
  March 2018

- Consistent Honor Student with Academic Excellence and Extra-curricular Activities Awards
  During High School and Elementary years: Model Student

VII. TRAINING EXPERIENCE/ SEMINARS ATTENDED:

- 1st PAMET NE CPD Seminar
  Lead the Lab: A Leader's Guide on Leading, Managing & Understanding Early Career of Medical Technologists
  Wesleyan University - Philippines Cabanatuan City
  March 31, 2019

- Medical Technology Internship Program at Dr. Paulino J. Garcia Memorial Research and Medical Center
  Cabanatuan City, Nueva Ecija
  July 15, 2016 – January 14, 2017

- First North Luzon Philippine Society of Medical Technology/ Laboratory Science Student (PHILMEST) Congress (FNLPC) “Bringing Great Ideas into MT/MLS Leadership” held at University of La Salette, Santiago City, Isabella

February 14-15, 2014

- 5th Annual Medical Technology Student Congress MT SYRINGE: “MedTech Student Youth Reformist Initiating Greener Environment” held at Far Eastern University Auditorium, Manila
  January 19, 2013

- Drug Test Analyst
  February 2020

- Training On Hematology Sysmex
  July 2020

WORK EXPERIENCE:

- Saint Joseph Laboratory
  Medical Technology Staff
  (July 2020 – August 2020)

- Rural Health Unit Lapaz
  Job Order Medical Technologist
  (August 2020 – December 2020)

- Tarlac Medical Center Hospital
  Medical Technologist Staff
  (January 2021 – 2023)

- Saint Claire Diagnostic
  Medical Staff
  (2023 – present)

- Clinical Instructor/ Intern Coordinator
  CLDH – Educational Institution
  (2023 – present)
  Part Time

VIII. CORE COMPETENSIES AND STRENGTHS:

- Able to perform specimen processing, results reporting and policies compliance
- Able to perform a variety of technical laboratory procedures to ensure specimen quality used to aid in the diagnosis and treatment of disease.
- Able to accurately complete records and reports and other statistical information
- Able to maintain positive working relationship with the medical staff and hospital personnel
- Able to perform and interpret various testing procedures on patient specimens.
- Able to perform calibration and patient correlation to meet required standards

- Able to evaluate quality control within laboratory using standard laboratory test and measurement controls.
- Able to perform stat and routine testing on a variety of specimens quickly and accurately

IX. REFERENCES:

ANTONITA M. DE PANO, MD, DPBA, FPSA, FPSMS
Brgy.Tibag, Tarlac City
Tel. No. 09338179906

GRACE D. BACALZO
Medical Technology Coordinator
Wesleyan University – Philippines
Cabanatuan City, Nueva Ecija
0908-863-9321

I, the undersigned, hereby certify to the best of my knowledge and belief, these data correctly describe me, my qualifications and my experience.

NERISHAINE T. ESQUIVEL
Applicant