

REHABILITATION OPTIONS FOR KIDNEY-DISEASE PATIENTS



By Lori Hartwell

Since I have lived with kidney disease since I was 2, I have experienced various types of rehabilitation. In this article, I hope to inform those who have kidney disease and the professionals who care for them of certain options and factors that they might not have considered before. It is important to remember that different forms of therapy address different problems and that people with kidney disease often require therapy to improve their quality of life.

Over the past 45 years, I have relied on therapy to keep me moving and emotionally stable. Physical therapy has been essential because it leads to physical rehabilitation and allows me to continue working and to do the things I love to do, as well as the things I need to do. Both of my knees and my left hip have been replaced, making physical therapy imperative. I have also used physical therapy to build up my endurance after surgery. Physical therapy has also addressed the ankle mobility issues caused by swelling I sometimes have.

Heart disease is the leading cause of death for people with kidney disease. Luckily, my heart is in good condition despite four transplants and 13 years of dialysis. However, cardiac rehabilitation might be required to help certain patients improve their health and well-being. People with kidney disease should see a cardiologist regularly, and they should ask whether rehabilitation is an option for them.

The lungs do not get as much attention, but literature indicates that sleep apnea is an issue for people with kidney disease, and oxygen values can drop during dialysis because of low levels of bicarbonate. I recently had a number of operations in quick succession, including my fourth transplant, and the result was that I became deconditioned. I would build myself back up physically only to have to face surgery again. After the last one, I caught a pulmonary

virus and simply could not shake it. I would try to exercise and would quickly become short of breath. My inner critic told me that I was really out of shape. My doctor suggested that I see a pulmonologist, who discovered that my oxygen levels dropped sharply on exertion, so it really was not a good idea for me to exercise until the doctors figured out what was wrong. After scans and much discussion of treatment options, I was prescribed antiviral medication and oxygen. Then I finally began to get better. My pulmonologist also prescribed pulmonary therapy, which has greatly accelerated my recovery. I am learning how to breathe correctly in general and when I exercise what techniques to use when anxiety kicks in.

Now, I have had emotional difficulties just like everyone else. I try to remain upbeat, but I have experienced the emotional roller coaster that always accompanies kidney failure. I have worked with a therapist when my mental state was getting in the way of my quality of life. I have also taken antidepressants briefly to deal with situational depression. Patients may need to talk to a psychologist or psychiatrist to get the help they need to deal with the emotional toll that kidney disease exacts.

Medicare and most insurance companies pay for these types of therapies. Preventing future hospital stays is becoming the name of the game in the health care field. Seeing a therapist to deal with physical, cardiac, pulmonary, or emotional issues is much less expensive than hospitalization.

I am acutely aware of all the problems a person with chronic kidney disease (CKD) faces in trying to enter or re-enter the workforce, to keep a job, and to advance professionally. Patients have to be mentally and physically able to work; those who are getting in-center dialysis several hours a day, three times a week, might need help to keep working or to return to work. For

example, their treatment time might have to increase for them to feel better. Also, to make it easier for people to work and still get dialysis, it would help if facilities could offer treatment outside of normal working hours. Further, if patients feel awful after dialysis, other options should be explored. Many people feel better with home dialysis therapies or nocturnal dialysis instead of in-center hemodialysis. Finally, anemia must be controlled, or people will not have the energy to work.

The Department of Rehabilitation has a Ticket to Work Program that can help patients find jobs or get the training they need to go back to work. Some people on dialysis have other comorbidities that make it harder for them to hold down a 9-to-5 job and might need to be retrained to work at home. For their part, patients need to keep their skills up with an eye to returning to the workforce; in this economy, people have to be able to do the work when they are hired because firms find it too expensive to train new employees. Patients who do not already know how to navigate the Internet should be encouraged to learn; online computer classes can teach them the latest software. Volunteer opportunities can help them stay active and feel productive until their health improves enough for them to get a job and keep it.

Renal professionals should help patients take advantage of rehabilitation options so they can improve their health and quality of life. To reiterate, physical therapy is essential because it leads to physical rehabilitation. Cardiac or pulmonary therapy might be needed to address other comorbidities. Psychological or psychiatric therapy can contribute to emotional stability, which helps us remain active.

In my experience, rehabilitation is a journey that often features ups and downs. But, keep your hope alive! While rehabilitation does not occur overnight, a good rehabilitation program can help most people with CKD regain or improve their quality of life. Before you start, check with your doctor and social worker to determine the rehabilitation program that is best for you. Take your first "step" today! RBT

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