

ABSTRACT

Chronic renal failure (CRF) is a progressive disease with high morbidity and mortality. Its prevalence is increasing globally. Most patients are asymptomatic at the early stage of the disease. Therefore most patients are diagnosed at the late stage of the disease. Treatment at the late stage of the disease very expensive and available facilities are limited. Early diagnosis and standard follow up of CRF patients is essential to prevent progression of CRF patients into End Stage Renal Failure (ESRF).

This is a descriptive cross sectional study carried out in renal clinic General Hospital Anuradhapura (RC GHA) and renal clinic District Hospital Medawachchiya (RC DHM) in the Anuradhapura District during August – September 2005. Objective of the study was to study the utilization of follow-up care facilities by CRF patients with a view of identifying constraints and recommendations to improve utilization of renal clinic (RC) facilities.

Four hundred and thirty six diagnosed patients with CRF attending RC GHA and RC DHM were selected for the study. Pre-tested questionnaire was administered to patients by interviewers. Observation check list was used to assess the available facilities at RC DHM.

Among CRF patients attending RC GHA and RC DHM majority (28.2 %) were from Medawachchiya MOH area. Mean age of CRF patients attending RC was 55.36 years.

58.3 % of patients attending RC were males. 52.3 % of CRF patients travel more than 20 kilo meters to attend RC. Majority of CRF patients attending RC were farmers in low socio economic class. Patients attending RC DHM spent more time for traveling than patients attending RC GHA. Waiting time for doctors at RCDHM was higher than that of RC GHA. Waiting time at the dispensary by patients attending RC GHA is more than that of RC DHM. CRF patients of RC GHA spent more money for transport and laboratory investigations than patients attending RC DHM.

Available facilities at RC DHM is more than one can expect from a RC in a district hospital in a rural area. Lack of staff is a major factor affecting utilization of available facilities at RC DHM. Therefore patients have to spend more time in utilizing these facilities. Health administrators should take measures to minimize time and expenses incurred by patients in utilizing RCs. By improving the quantity and quality of care, utilization of RC can be improved. Indirectly it will increase efficiency of healthcare and quality of life of CRF patients attending RC in Anuradhapura district. Not only that, it may reduce the economical social burden of CRF. Otherwise they may not be able to afford growing numbers of CRF patients expected to utilize RC in future.