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Letter To The Editor Open Access

Gender-Specific Health Challenges in Female Patients on Maintenance Haemodialysis

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Dear Editor-in-Chief,

In individuals undergoing maintenance haemodialysis, chronic kidney disease (CKD) is a significant global health concern. Gender-specific health issues in women have received less attention, despite improvements in survival due to medical advancements. In this population, psychological anguish, bone disease, and reproductive dysfunction are major issues that have a substantial impact on quality of life.[1] According to recent data, women receiving long-term dialysis bear a significant burden of these problems, although regular clinical care continues to overlook them.

Reproductive function issues are typical in women with advanced chronic kidney disease. Anovulation, irregular menstruation, and decreased fertility might result from hormonal changes that impact the hypothalamic-pituitary-ovarian axis.[2] These concerns may have an impact on dialysis patients' pregnancy outcomes and are clinically significant, particularly for women of reproductive age.[3] Another important issue is bone health. Reduced bone mineral density and a higher risk of fracture are the results of problems in calcium, phosphate, and parathyroid hormone control caused by CKD-mineral and bone disorder (CKD-MBD).[4] These skeletal issues lead to a decrease in physical function and an increase in morbidity.

Patient outcomes are also significantly influenced by psychological well-being. Evidence suggests that depression has a significant impact on treatment adherence and quality of life in people with chronic kidney disease (CKD) and haemodialysis patients.[5] The psychological burden is further increased by the chronic nature of dialysis as well as social and lifestyle constraints.

Even though many illnesses overlap, routine care is frequently still disjointed. A more comprehensive strategy that incorporates mental health screening, bone disease monitoring, and reproductive health evaluation may aid in early identification of at-risk individuals and enhance long-term results.

In conclusion, reproductive dysfunction, poor bone health, and psychological disorders continue to be common and frequently overlooked problems among female patients despite tremendous advancements in haemodialysis therapy. These illnesses considerably lower the quality of life and constitute a severe epidemiological burden. Additionally, their coexistence

leads to worse clinical results and higher morbidity. In general, quality of life is still a crucial component of haemodialysis care for female patients. To lower complications and enhance patient-centred outcomes, it is critical to recognise these risk factors and comprehend their epidemiological patterns.

Conflicts of Interest: Nil

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