

# Psychometric properties of the Pittsburgh Sleep Quality Index in people receiving haemodialysis

**Ginger Chu (RN, MN, PhD)**

Nurse academic/ University of Newcastle

Clinician Academic/ John Hunter Hospital

New South Wales, Australia

# Assessing sleep is important in CKD

- Poor sleep affects **up to 70%** of people with kidney failure<sup>1</sup>
- **Poor sleep affects QoL**, people with CKD have poorer QoL compared to most common cancers<sup>2</sup>
- Poor sleep is the **leading cause of fatigue<sup>2</sup>**, the highest priority symptom for people with kidney failure<sup>3</sup>

## References:

1. Lyons, O.D. Sleep disorders in chronic kidney disease. *Nat Rev Nephrol* 20, 690–700 (2024). <https://doi.org/10.1038/s41581-024-00848-8>
2. Naylor KL et al. Mortality in Incident Maintenance Dialysis Patients Versus Incident Solid Organ Cancer Patients: A Population-Based Cohort. *Am J Kidney Dis.* 2019.
3. Gonzalez et al. Patient and Caregiver Priorities for Outcomes in CKD: A Multinational Nominal Group Technique Study. *Am J Kidney Dis.* 2020.

# Pittsburgh Sleep Quality Index (PSQI)

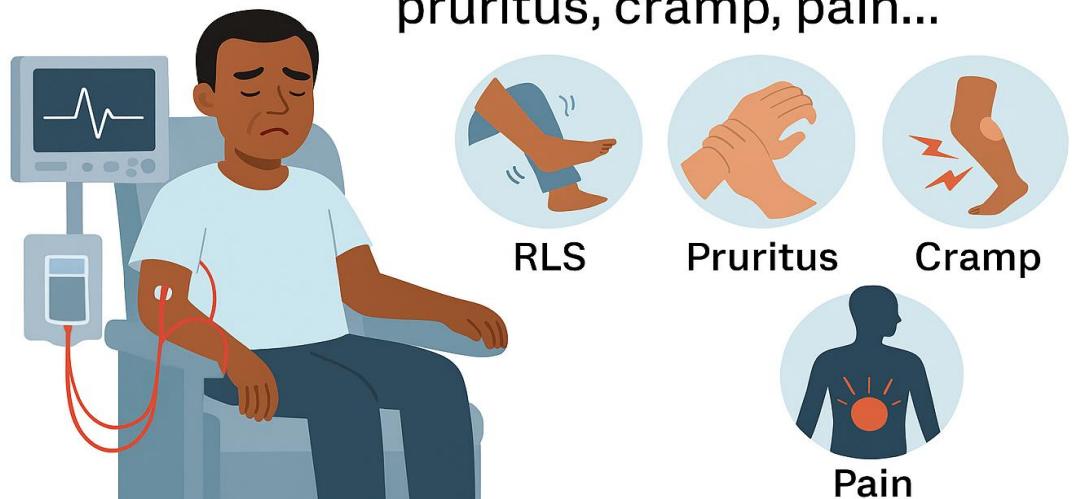
19-item

7 domains: Quality, Latency, Duration, Efficiency, Disturbances, Use of sleep medication, Daytime dysfunctions

scores: 0-21 (higher=poorer sleep)  
≥ 5 = poor sleep quality

## How do we measure sleep disturbances in haemodialysis patients?

Specific factors influence sleep: RLS, pruritus, cramp, pain...



# Aim

Evaluated the **validity and reliability** of the Pittsburgh Sleep Quality Index (PSQI) in a cohort of haemodialysis patients

# Methods

**Design:** Cross-sectional study

**Participants:** Adult ( $\geq 18$ ) CKD receiving haemodialysis

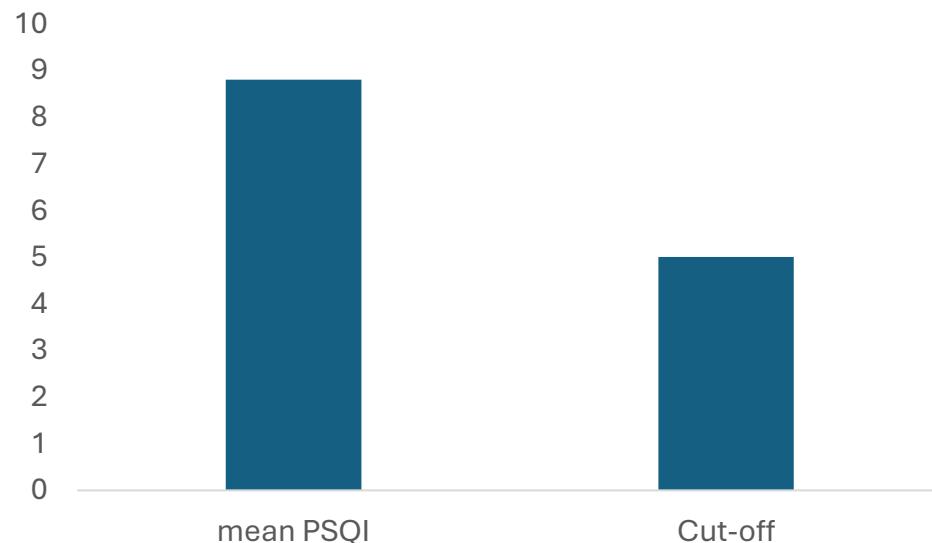
**Settings:** 4 health facilities across 3 states in Australia

Reliability	Validity
Cronbach's alpha	Exploratory Factor Analysis (EFA) Confirmatory Factor Analysis (CFA)



# Results

107 adults on haemodialysis (mean age 61, 72% male; 84% thrice/weekly)



# Results

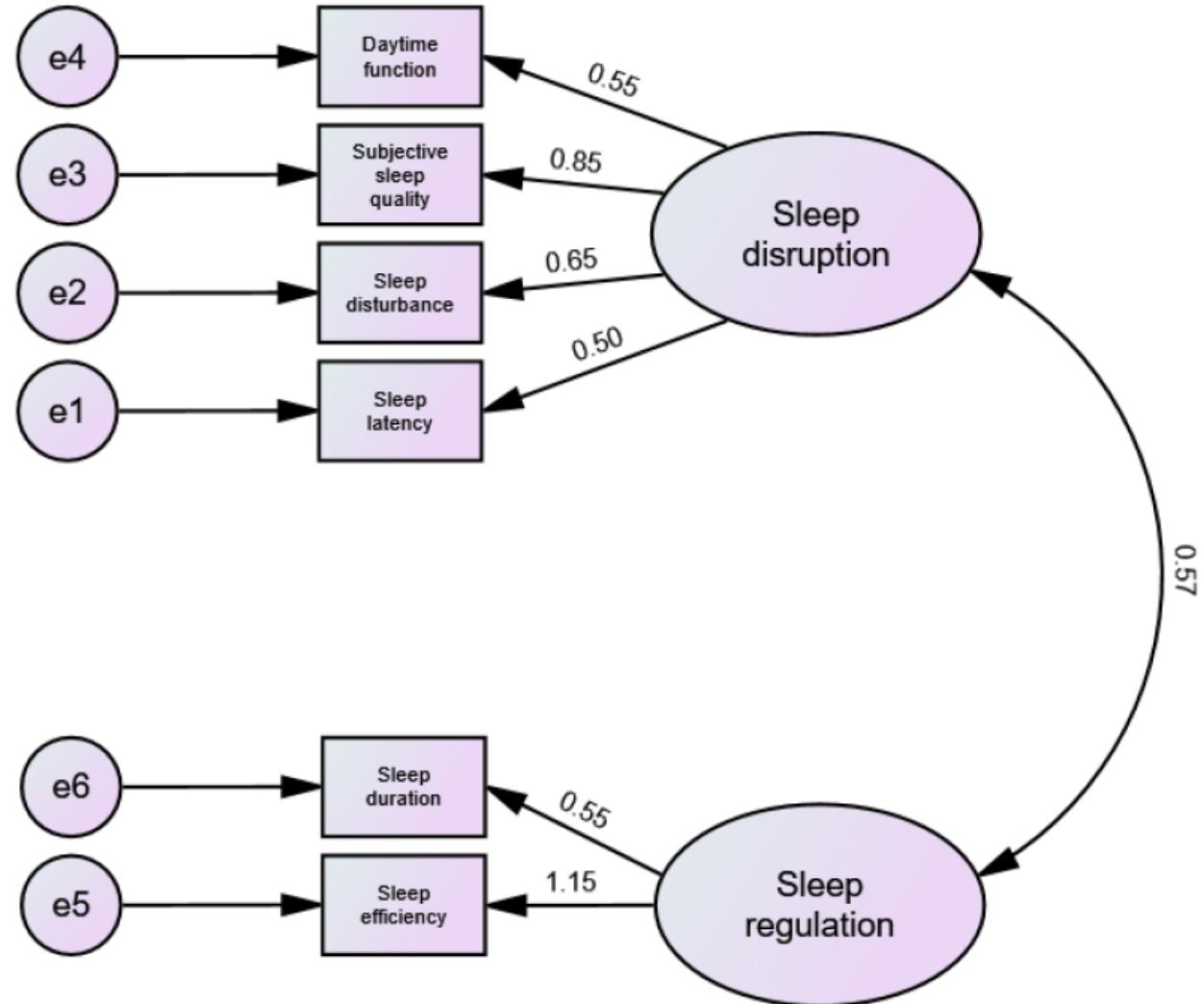
## Reliability

Cronbach's alpha: 0.72 = good internal consistency

## Validity

EFA (captured 72% of variance); 3-factors

CFA: 2-factors (best fit)



7 domains:

Quality

Latency

Duration

Efficiency

Disturbances

**Use of sleep medication**

Daytime dysfunctions

# Clinical implications

## Sleep disruption (F1)



## Sleep regulation (F2) Underlying cause of waking up-

vs



- Sleep hygiene
- CBT
- Anxiety

- Itch
- Pain
- Dialysis-associated factors

# Take-home messages

- PSQI is a suitable tool for screening sleep disturbances in people receiving HD
- Understanding the structure of the tool will improve targeted interventions
- Future studies to validate the test-retest reliability and the shorter version of PSQI (removing the medication component)
- Identifying ways to encourage patients to openly discuss sleep issues