



## INTRODUCTION

Nephrotic syndrome is an important chronic disease in children, characterized by heavy proteinuria, hypoalbuminemia ( serum albumin <2.5g/dL), hyperlipidemia (serum cholesterol> 200mg/dL) and edema. (*Indian Academy of pediatrics, 2008*). Approximately 90% of children with nephrotic syndrome have a type of primary disease called minimal change nephrotic syndrome(MCNS) that is steroid-responsive (*Ruth et al., 2005*).

Estimates on the annual incidence of nephrotic syndrome range from 2-7 per 100,000 children and prevalence from 12-16 per 100,000 in the united states (*Eddy and Symons, 2005*). There is epidemiological evidence of a higher incidence of nephrotic syndrome in children the condition is primary (idiopathic) in 95 percent cases. The usual age at onset of symptoms in patients with minimal change disease(MCD) is between 2-6 Yr; 30 percent of the adolescents also show MCD. Focal segmental glomerulosclerosis (FSGS) may occur throughout childhood though the median age is usually below 8 Yr. There is a male preponderance among young children at a ratio of 2:1 to females, although this gender disparity disappears by adolescence making the incidence in adolescents and adults equal among males and females (*Bagga and Srivastava, 2005*).

The glomerular diseases that causes nephrotic syndrome generally can be divided into primary and secondary etiologies. Primary nephrotic syndrome, also known as idiopathic nephrotic syndrome, is associated with glomerular disease intrinsic to the kidney and not related to systemic causes. A wide variety of glomerular lesions can be in these include, focal segmental glomerulosclerosis(FSGS), membranous nephropathy



and others, secondary nephrotic syndrome refer to an etiology extrinsic to the kidney. Secondary causes of nephrotic syndrome include systemic lupus erythematosus, diabetes mellitus, malignancy, drug exposure, human immunodeficiency virus(HIV), hepatitis B and C (*International Study of kidney Disease, 2010*).

Nephrotic syndrome can influence all systems of the body such as cardiovascular system (hypertension, hypovolaemia), respiratory system (pleural effusion and pulmonary edema that causes respiratory distress), gastrointestinal gut wall edema that cause anorexia, vomiting, diarrhea, abdominal pain and ascitis. That cause abdominal distention and renal oliguria, haematuria. In general nephrotic syndrome child may develop lowest growth rates due to malnutrition, electrolyte imbalance, proteinuria and can by swelling around the eyes, legs and abdominal wall (*Eschback, 2002 and Jackson, 2004*).

Quality of life (QOL) is the degree of well-being felt by an individual or group of people. QOL consists of two components. The first is a physical aspect which includes such things as health, diet as protection against pain and disease. The second component is psychological in nature. This aspect includes such things as stress, worry, pleasure and other positive or negative emotional states. The combination of attributes that leads one individual to be content is rarely the same for another individual. However, one can assume with some confidence the higher average level of diet, shelter, safety, as well as freedom and rights. (*Wikimedia foundation, 2008*).

Given the growing awareness of this chronic disease in the pediatric population, it is the responsibility of the clinical care provider to have a better understanding of how this disease affects the child's quality



of life and their ability to function. Result the pain and children suffering from with this chronic illness and there is often independence, hospitalization, time out of school, learning problem and considerable stress up on the family. All of which are aspects of QOL (*Lips and Vanschoor, 2005*).

Parents of children with nephrotic syndrome often need support to cope with this chronic disease. Thoroughly explain the child's disease and treatment regimen to parents. Parent anxiety in combination with hospitalization may interfere with the child's independence by allowing the child to choose or to select the daily activity schedule this gives child some sense of control. Encourage children to express their feelings .These children may have along term psychosocial adjustment since they have a chronic condition with concerns about potential relapse (*Ruth et al., 2004*).

Nurses have major role in teaching the child and family to report immediately any changes in sensation, warmth, comfort. Assessment of edema and the color and texture of skin are part of nursing care. Infection is a constant source of danger to edematous children and those receiving corticosteroid therapy. These children are particularly vulnerable to upper respiratory infection; therefore, they must be kept warm and dry, ctive, and protected from contact with infected individuals. Vital signs are monitored to detect any early sings of complications such as shock or an infective process, monitoring progress include urine examination for albumin, daily weight , assess the program of treatment or diurtic therapy, steroid therapy and immunzation to prevent hypovolaemic shock, hypertension, growth failure .Continuous support of child and family is one of the major nursing role (*Marilyn and Hockenvery, 2005*).



Significance of the problem was observed from the clinical experience that the mothers of children with nephrotic syndrome have lack of knowledge regarding the care of their children, so it important to conduct this study to reduce the dangerous complication of disease and assess mother's care and quality of life of their children with nephrotic syndrome .