**Introduction**

Chronic kidney Disease (CKD) is defined as kidney damage or Glomerular Filtration Rate (GFR) of less than 60ml/min/1.73m2 for three months or more. Kidney damage can be ascertained by the presence of albuminoidal, defined as an albumin/ cretonne ratio of more than 30mg/g in two or three spots of urine specimens. The GFR can be estimated from calibrated serum cretonne and estimating equations. Chronic kidney disease is often diagnosed as a result of screening of people who have risk for kidney problems, such as cardiovascular disease and anemia ***(Levery, 2011).***

Approximately half of the individuals who suffer from end stage renal disease are those with diabetes Mellitus; however other common causes are untreated hypertension, hereditary nephropathies and viral infections. Chronic renal failure may be present for10-20 years before developing into ESRD ***(Medical Enclopedia, 2013).*** Patients with chronically diminished renal function may have weight loss, nausea, vomiting, fatigue, headache, frequent hiccups, itching decreased or no urine output, easy bruising, decreased alertness, muscle twitching, seizures, nail abnormalities and decreased sensations in the extremities of the body ***(General Health encyclopedia, 2013).***

The number of patients with chronic renal failure is doubling every seven years. More than 60 thousand people around the world die due to renal diseases annually ***(Zamanzade et al., 2010)*** Most studies have pointed out that the most common symptoms of mental disturbances in dialysis patients is depression then stress. Each of the two main treatments is hem dialysis and renal transplantation has various and particular complications and can give rise to psychosocial problems ***(Zahedi et al., 2012).***

Depressive and anxiety disorders are 1.5-4 times more prevalent in medically ill patients than in the general population. Mood disorders can be regarded as the final common pathway developing from the interaction among multiple paths physiological, psychological, and socioeconomic stressors symptoms of clinical depression affect approximately 25% patients on hem dialysis and can be associated with low quality of life and increased mortality. The epidemiology of depressive disorders is less well studies in the renal transplant population however, depression is a risk factor for poor outcomes such as graft failure and death after renal transplantation ***(Zalai et al., 2012).***

The nurse plays a central role in care of hemodialysis patients and their families. The role of the nurse, as a member of the health care team, includes direct patient care, help in decision making, counseling to guide and help him to cope with stressors of his psychological changes, it also involves education of the patient and family as related to illness, treatment and complications ***(Morof and Larsen, 2010)*** Moreover, nursing care for hem dialysis patients includes such behaviors as active listening, comforting, knowing to patients as a person, respecting the patients, providing information for decision making, realizing the patient's knowledge, being perceptive of patients' needs and giving good physical and psychological support ***(Besarab and Bolton, 2011).***

***Psycho educational Program*** has been developed to explain illness and treatment to people with chronic renal failure, in order to enable them to cope more effectively with their illness. Psycho educational interventions are administrated in group and address the illness from a multidimensional viewpoint, including biological, psychological and social perspectives. Participants are usually provided with information, emotional support and management strategies. Most often the intervention includes didactic materials such as leaflets, flyers, presentation slides, posters, movies and so on. In terms of efficacy, psycho educational interventions seem to reduce the risk of relapse rate, hospital readmission and length of stay and promote medication compliance ***(Xia et al., 2011).***

**Significance of the study**

In Egypt Chronic kidney disease is a multifaceted problem having both physical and psychological connotations for the patient. A multi-disciplinary team effort is often needed in the management of such patients. Mental health professionals may need to collaborate with nephrologists for a holistic management of such patients ***(AlGwad and Mohamed, 2012).***

In Nsorth Africa, the incidence of renal disease appears to be much higher, but the prevalence is lower due to higher mortality and fewer available treatment options. the reported annual in cadence of ESRD ranges between 34 and 200 patients per million population (PMP) and respective Prevalence ranges from 30- 340 patients PMP . the principle causes of chronic kidney disease are interstitial nephritis ( 14-32%) , glomerulonephritis (11-24%) diabetes (5-200%) , and nephrosclerosis (5-31%) . trends in Egypt suggest an increasing prevalence of interstitial nephropathies and diabetes . 0ver all , glomerular disease appears to be more prevalent and more severe in Africa than in western countries ***(Volerding , 2011)*.**

Depression is the most common psychological complication which has serious impact on the quality of life of hemodialysis patients and their caregivers, affecting negatively their social, economic and psychological well – being. Depression is associated with important aspects of the clinical course, including mortality, increased number of hospital admissions, reduced compliance with drugs and reduced quality of life ***(Anees et al., 2014).***