

DEPRESSION SUPPORT GROUP FOR NEW PATIENTS STARTING DIALYSIS

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Introduction/Background

- Depression prevalence is high (>20%) among new patients diagnosed with end-stage renal disease (ESRD) (Watnick, Kirwin, Mahnensmith & Concato, 2003).
- Depression is associated with multiple negative patient outcomes such as reduced quality of life, hospitalization and mortality (Kimmel & Peterson, 2006).
- However, the literature regarding the treatment of depression within new patients with ESRD is limited.
- We designed a multi-modal intervention that sought to target depression among new patients and ease patients' transition into dialysis.
- The facilitator-led intervention targets patients' behaviours regarding the self-management of common dialysis-related physical symptoms; common psychosocial stressors as a result of ESRD; familial role changes; and moving beyond ESRD.

Methods

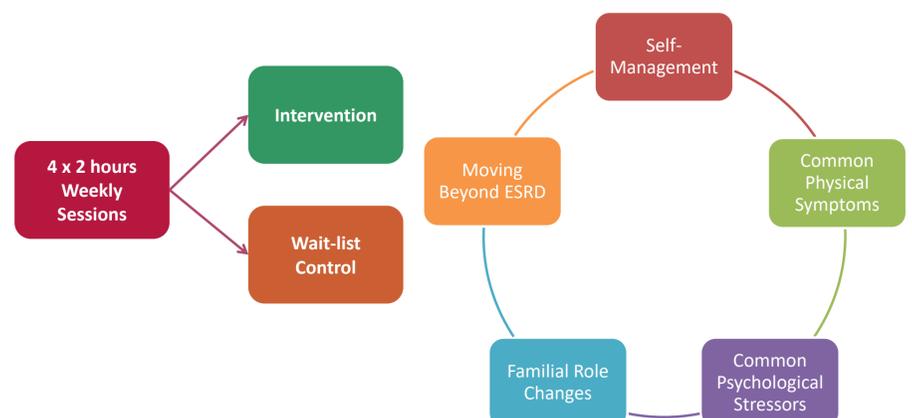
- New patients (<6 months dialysis) who were admitted to NKF were screened for depressive symptoms using the Patient Health Questionnaire (PHQ). Individuals who were identified as at moderate risk of depression and above would be invited to participate in the trial.
- A randomized, wait-list control trial would be conducted across 4 two-hour weekly sessions.
- Depression (Patient Health Questionnaire 9), quality of life (Kidney Disease Quality Of Life – Short Form) and illness intrusiveness (Illness Intrusiveness Rating Scale) would be measured at baseline and at the end of the intervention period.
- An ANOVA would be conducted to compare primary and secondary outcomes between the treatment and control group.

Results

- The primary outcome assessed in this study is depression scores across groups and/or change scores, post-intervention. Secondary outcomes assessed in this study include illness intrusiveness, burden of treatment and quality of life scores.
- Expected results: we expect an improvement in all outcomes measured. However, we expect significant improvement in illness intrusiveness and burden of treatment.

Conclusion/Future Directions

- The programme is currently under development and primarily seeks to lower the depression scores in new patients with elevated depression risk, while improving secondary outcomes such as illness intrusiveness, burden of treatment and quality of life.
- Future studies can determine the efficacy of a depression intervention upon important clinical outcomes usually associated with depression among ESRD patients such as mortality, treatment compliance and hospitalizations.
- Future studies can separate the intervention into smaller segments and test the efficacy of each intervention modality to identify active components.



Reference

- Kimmel, P. L., & Peterson, R. A. (2006). Depression in patients with end-stage renal disease treated with dialysis: has the time to treat arrived? *Clinical Journal of American Society of Nephrology*, 1(3), 349-352.
- Watnick, S., Kirwin, P., Mahnensmith, R., & Concato, J. (2003). The prevalence and treatment of depression among patients starting dialysis. *American Journal of Kidney Diseases*, 41(1), 105-110.