

Thanks to our Speaker!



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Depression: the overlooked complication of kidney disease

Daniel Cukor, PhD

Disclosures

No financial conflicts of interest

Today's talk

- What is depression?
 - Why does it matter?
- Why do people with CKD have higher rates?
- How come treatment is hard to find?
- Where can I find additional resources?

Poll Question 1

I think the most important psychological issue facing dialysis patients is

1. Stress
2. Depression
3. Sleep Difficulty
4. Anxiety

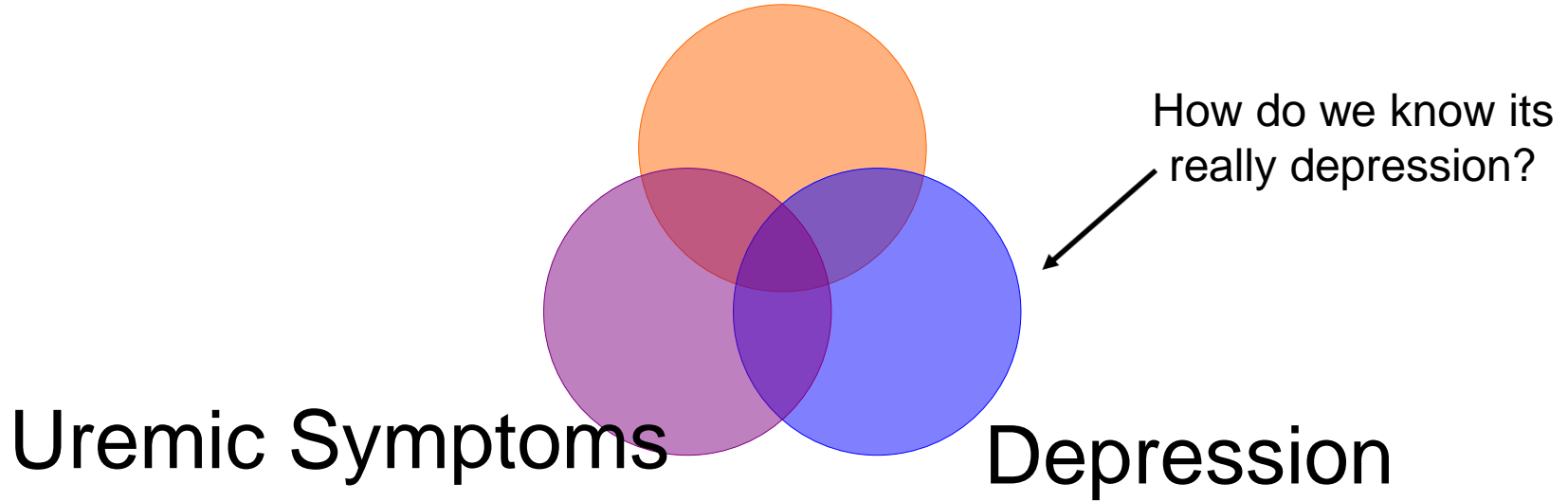
What is “Depression”?

“Depression is characterized by feelings of helplessness, hopelessness, inadequacy, and sadness. However these are symptoms of several disorders and can also occur in normal individuals” -

Wolman, B. B. (1973). *Dictionary of behavioral science*

Overlapping Symptoms

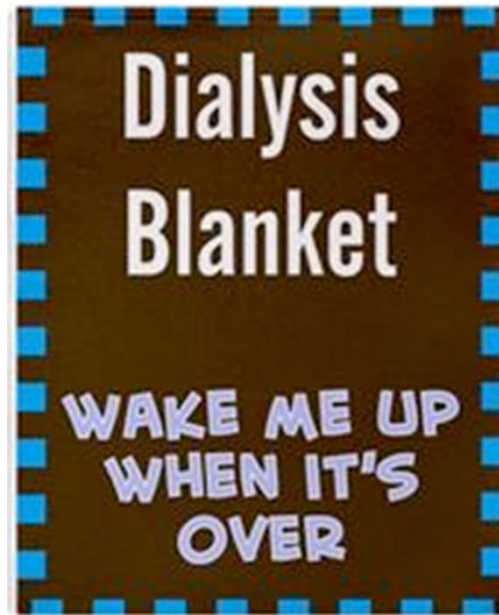
Medication Side Effects



Beck Depression Inventory items

- | | |
|------------------------------|---------------------------|
| 1. Sadness | 12. Social withdrawal |
| 2. Pessimism | 13. Indecisiveness |
| 3. Sense of failure | 14. Change in body image |
| 4. Dissatisfaction | 15. Psychomotor Slowness |
| 5. Guilt | 16. Insomnia |
| 6. Expectation of punishment | 17. Fatigability |
| 7. Dislike of self | 18. Loss of appetite |
| 8. Self Accusation | 19. Loss of Weight |
| 9. Suicidal ideation | 20. Somatic preoccupation |
| 10. Episodes of crying | 21. Low level of energy |
| 11. Irritability | |

Why does
Depression matter?



Impact of Depression in Dialysis

- Association of depressive symptoms and morbidity
- Increased mortality
- Higher peritonitis rates
- Increased hospitalization
- Lower QOL

Kimmel, KI, 2000

Troidle, AJKD 2003

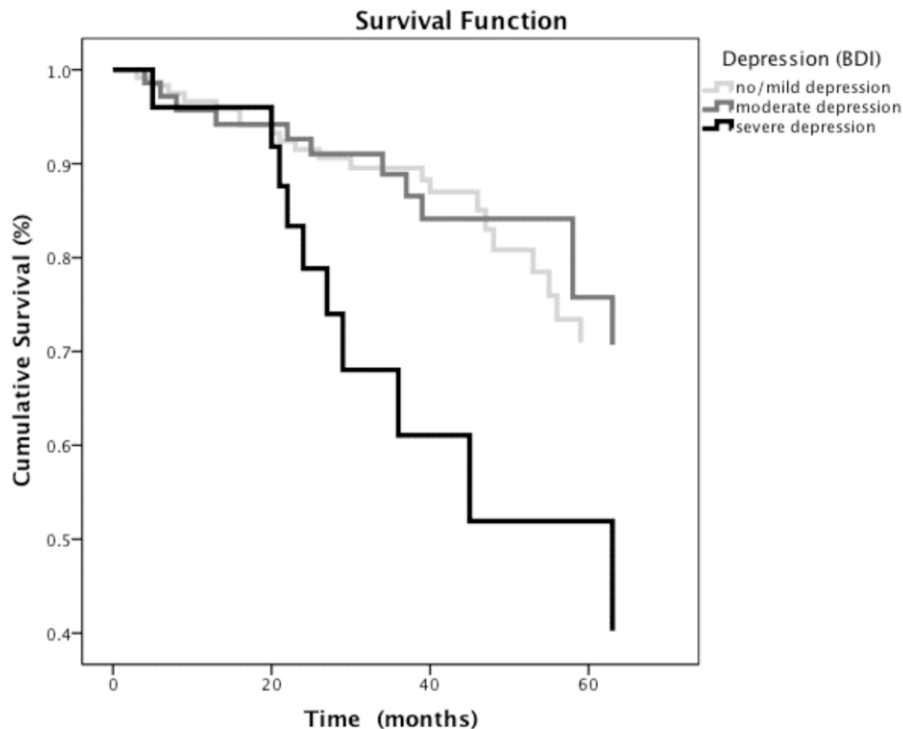
Lopes, KI, 2004

Hedayati, AJKD 2005

Farrokhi, AJKD 2014

“the presence of depressive symptoms significantly increased the risk of death by 51% (adjusted HR, 1.51; 95% CI, 1.35-1.69; I² = 40%;)”

Cox Regression Survival Function Across Depression Severity

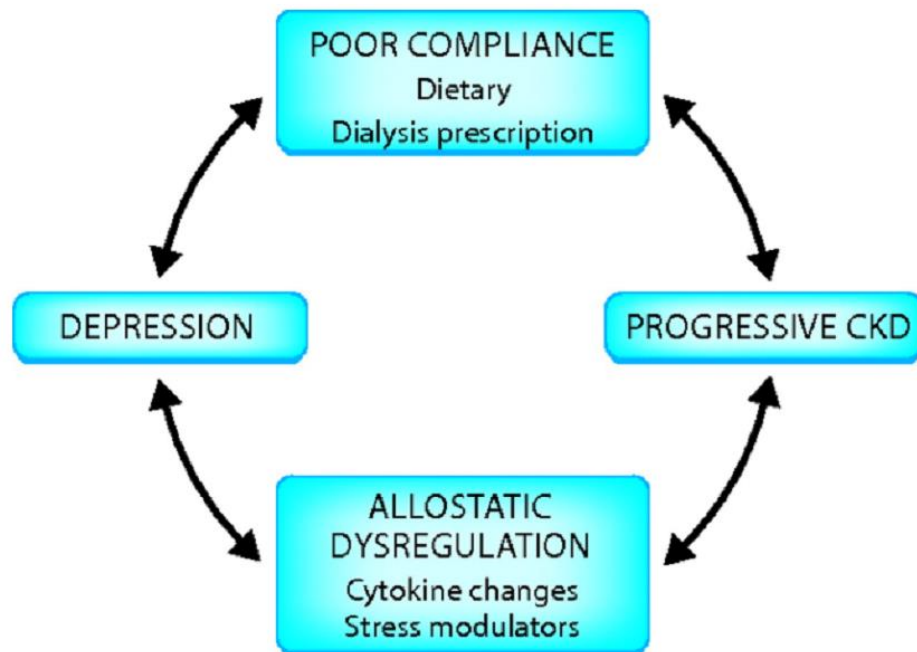


Parameter	Full Sample (n=130) Mean ± SD or %
Female	58%
Age (years)	57.6 ± 13.6
Afro/Caribbean American	84%
Born in the U.S.	48%
Currently Employed	17%
Dialysis Vintage (months)	54.8 ± 54.3
Diabetic	31%
≥ 2 hospitalizations in last year	39%
Urea Reduction Ratio	70.7 ± 10.5
Calcium Phosphate Product	49.5 ± 15.8
Serum Albumin g/dl	3.83 ± .86
Beck Depression Inventory	12.6 ± 10.2
Mild (<15)	55%
Moderate (15-24)	32%
Severe (>24)	13%

The Big Question

How does depression impact the course of their medical illness?

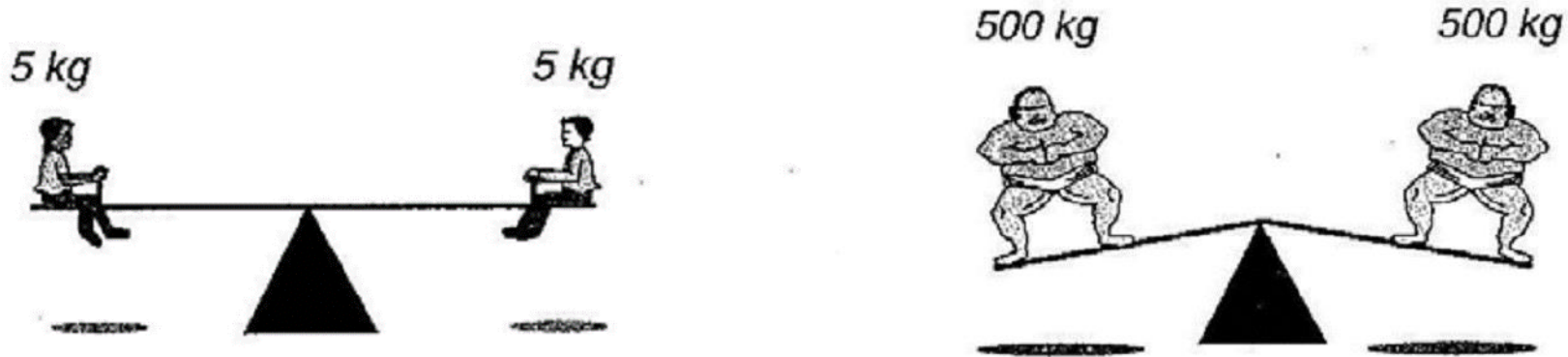
Figure 3. Potential mechanism of vicious cycle between depression and ESRD



Cukor, D. et al. J Am Soc Nephrol 2007;18:3042-3055

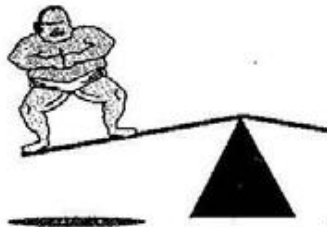
- **Homeostasis** – The balance needed for an organism to maintain optimum balance
- **Allostasis** – Variable systems that allow us to cope with environmental changes (e.g. – Heartbeat, breathing, the amount of glucose in blood and the amount of fat)
- **Allostatic Load** -Prolonged neurochemical imbalance has negative consequences (pathology in extreme cases) for normal neural function.
 - the cost to the brain and body of continual allostatic response.

Difference in effort required for maintaining allostasis



Source: McEwen B with EN Lasley.2002. *The End of Stress As We Know It.*
 Joseph Henry Press: Washington, D.C.

500 kg



STRESSORS

Illness effects

Family dynamics

Dietary constraints

Time restrictions

Functional limitations

Financial constraints

Changes in employment

Relationships with staff

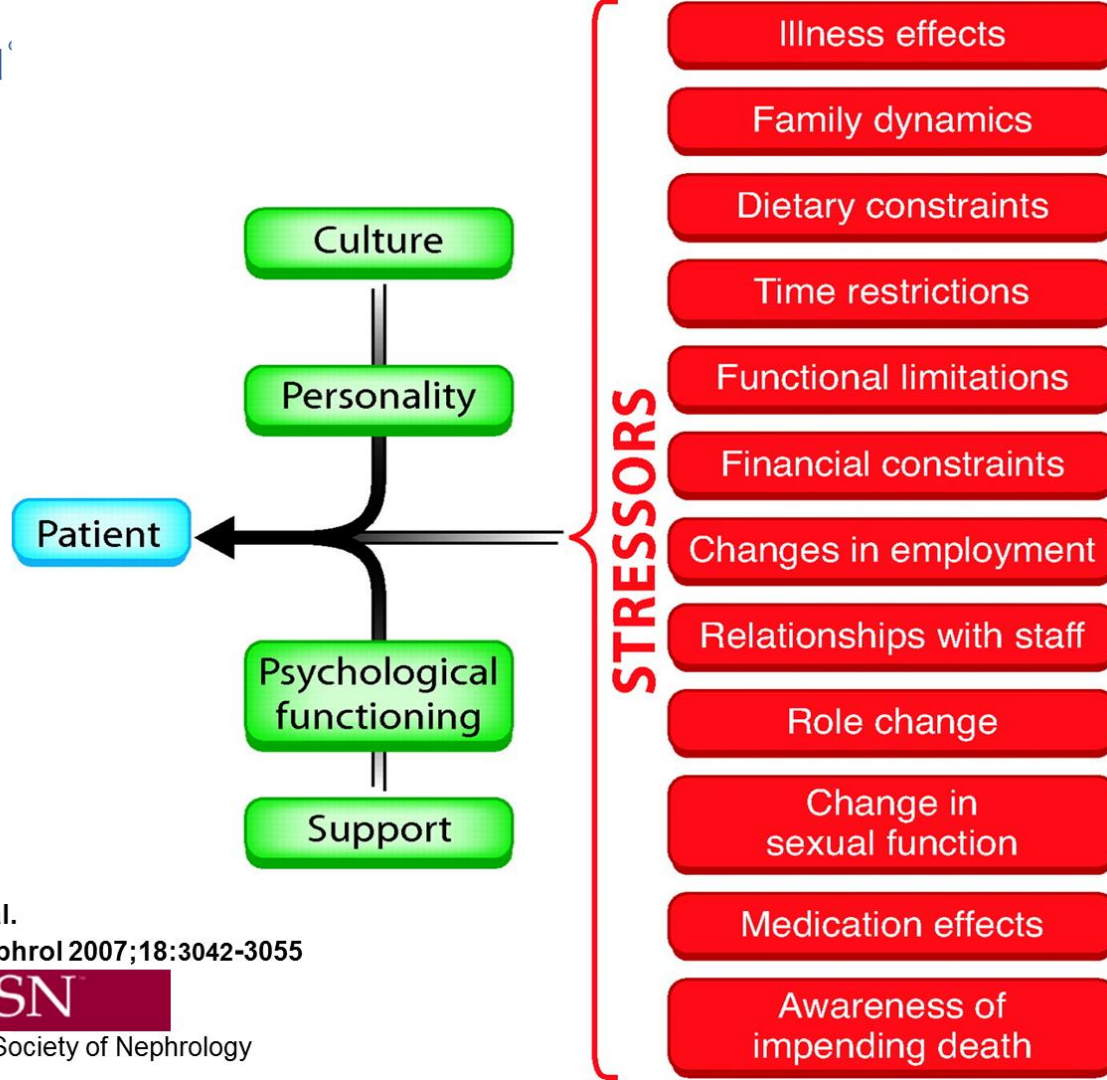
Role change

Change in sexual function

Medication effects

Awareness of impending death

Why are people with ESRD at higher risk?



Cukor, D. et al.

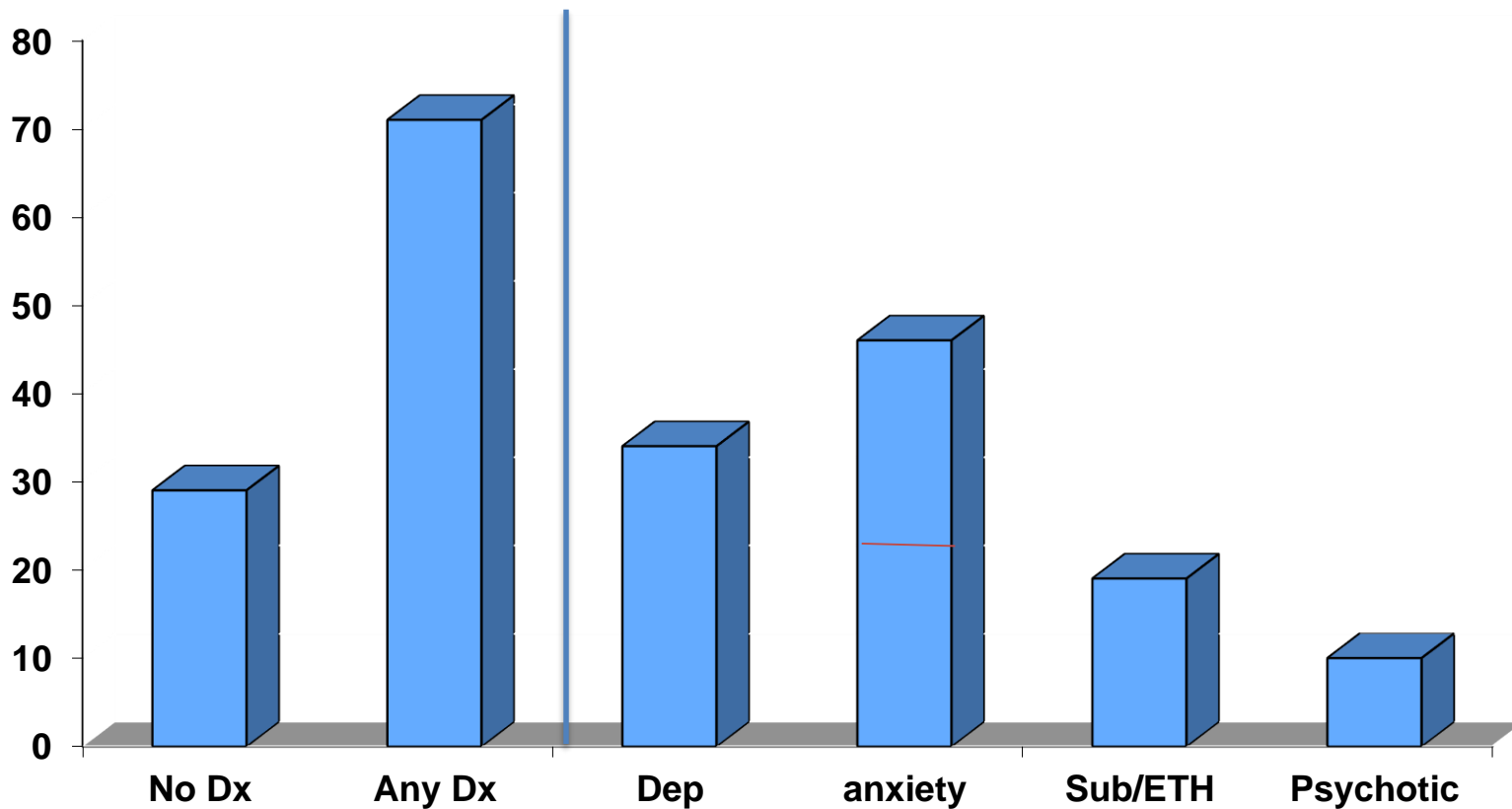
J Am Soc Nephrol 2007;18:3042-3055

JASN

2007 American Society of Nephrology

Percent of DSM Diagnoses

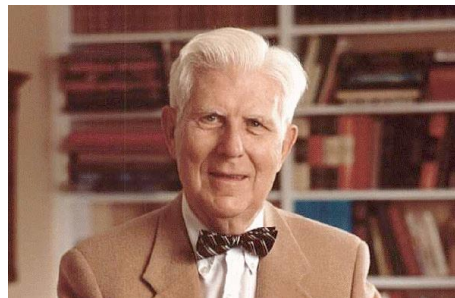
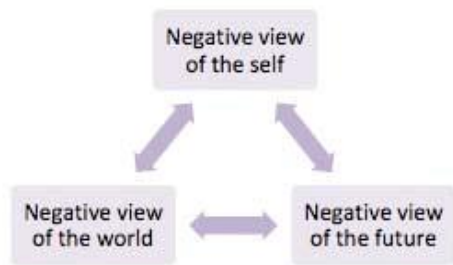
N=70



Depression (Theory 1)

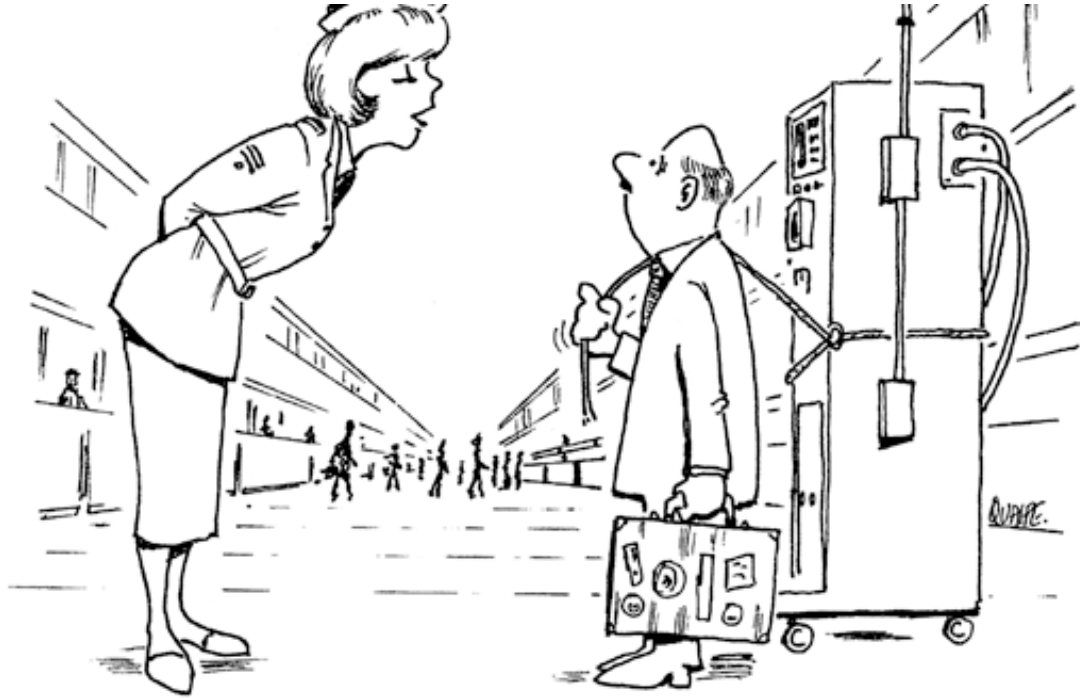
Beck's negative triad

- Believing bad things are internal, global and stable are hallmarks of depressive thinking
 - I was late to dialysis because I am lazy, I am always late for treatment, the care team will be mad at me, I'm not doing well on dialysis —
- vs
- I was late because my son was late to pick me up, I need to find a back-up plan for getting in on time. I know that if I try hard, I will be able to make it on time most days each month.



Aaron Beck, MD

DISCONNECTION & REJECTION



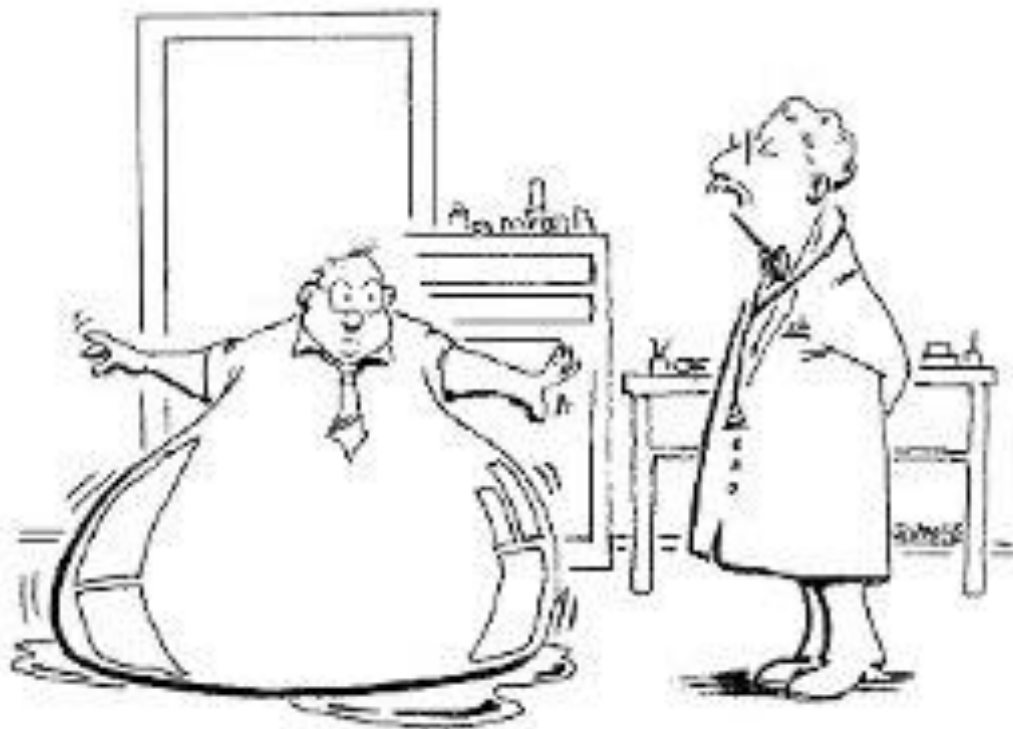
I understand it is your dialysis time, but sir, you may not bring that on the plane

IMPAIRED AUTONOMY



I don't care what day it is.
Four hours is four hours.

IMPAIRED LIMITS



And how was your fluid control this weekend, Mr. Johnson?

OVERVIGILANCE & INHIBITION

"Go ahead, dear, and make a wish."

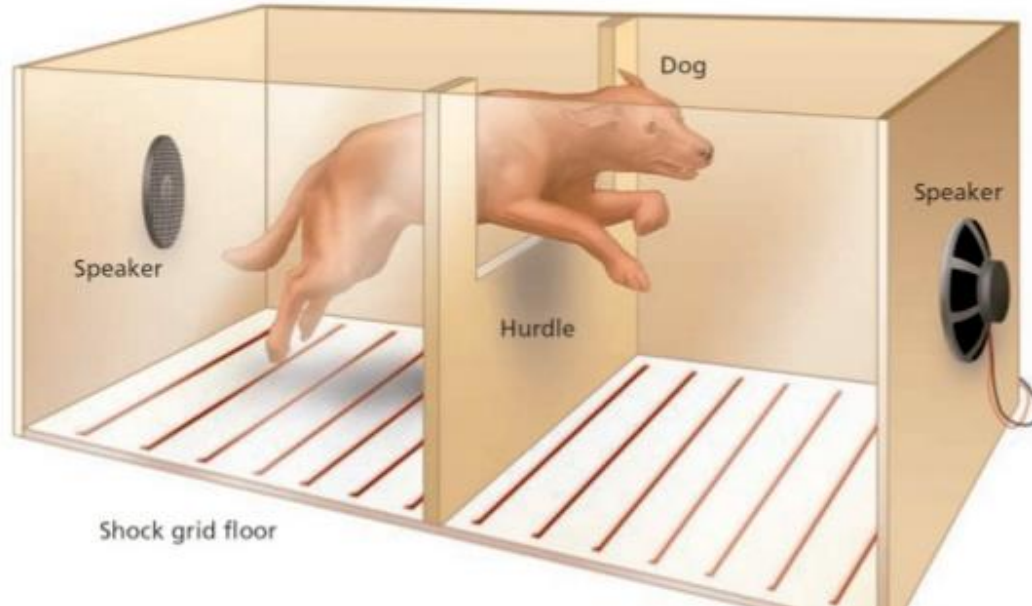


OTHER-DIRECTEDNESS



“Of course I will get your favorite ice cream with you, I’ll just have to lie to my renal dietitian on Monday.”

Depression (Theory 2)



Learned Helplessness – Martin Seligman, PhD

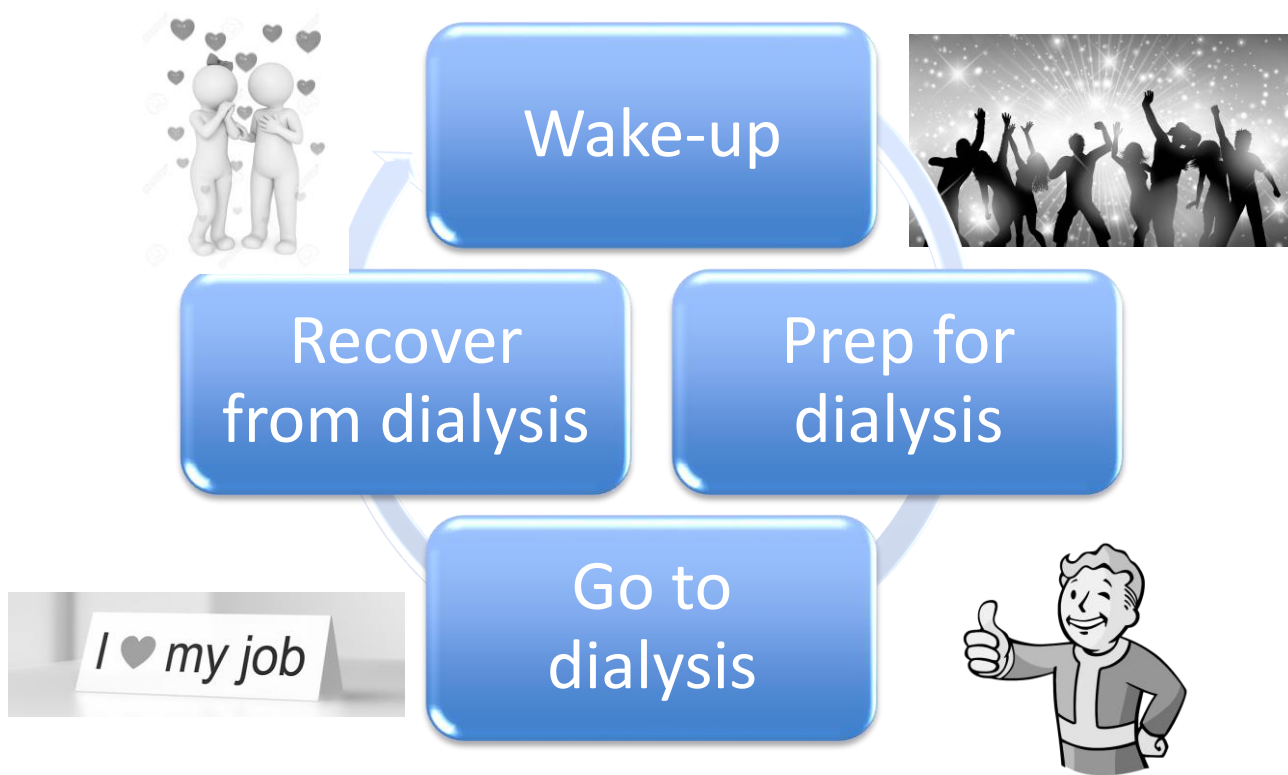


Learned Helplessness

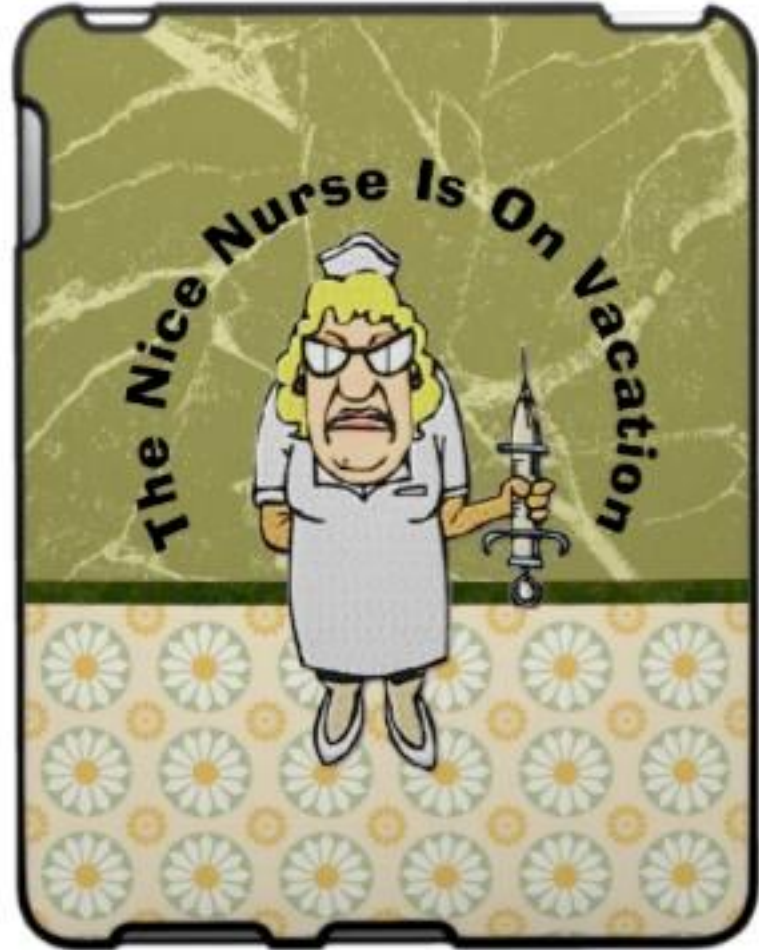
- *passive behavior produced by exposure to unavoidable aversive events*



Dialysis Schedule



Anxiety

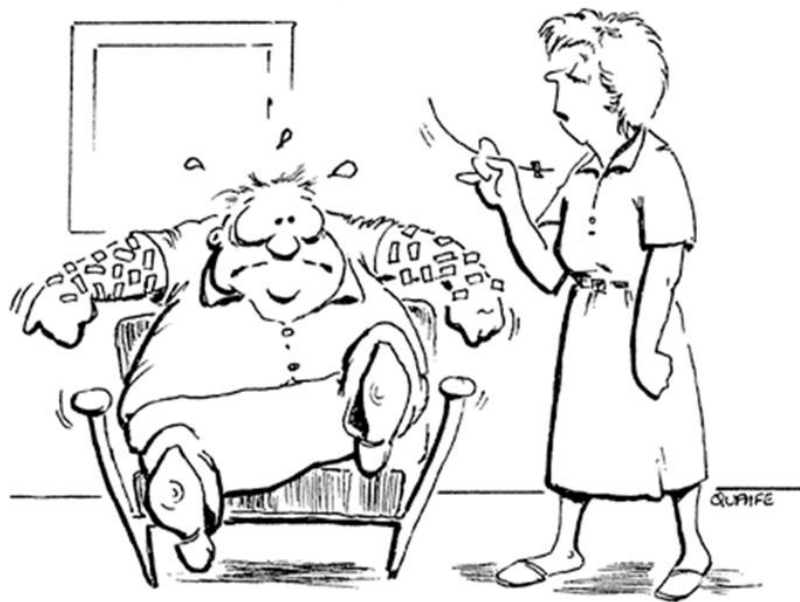


Sleep difficulty

HOW WELL I SLEEP



Pain



Don't worry, I'll find a good site soon.

Adherence



Social Support



or

Social Support



Sexuality



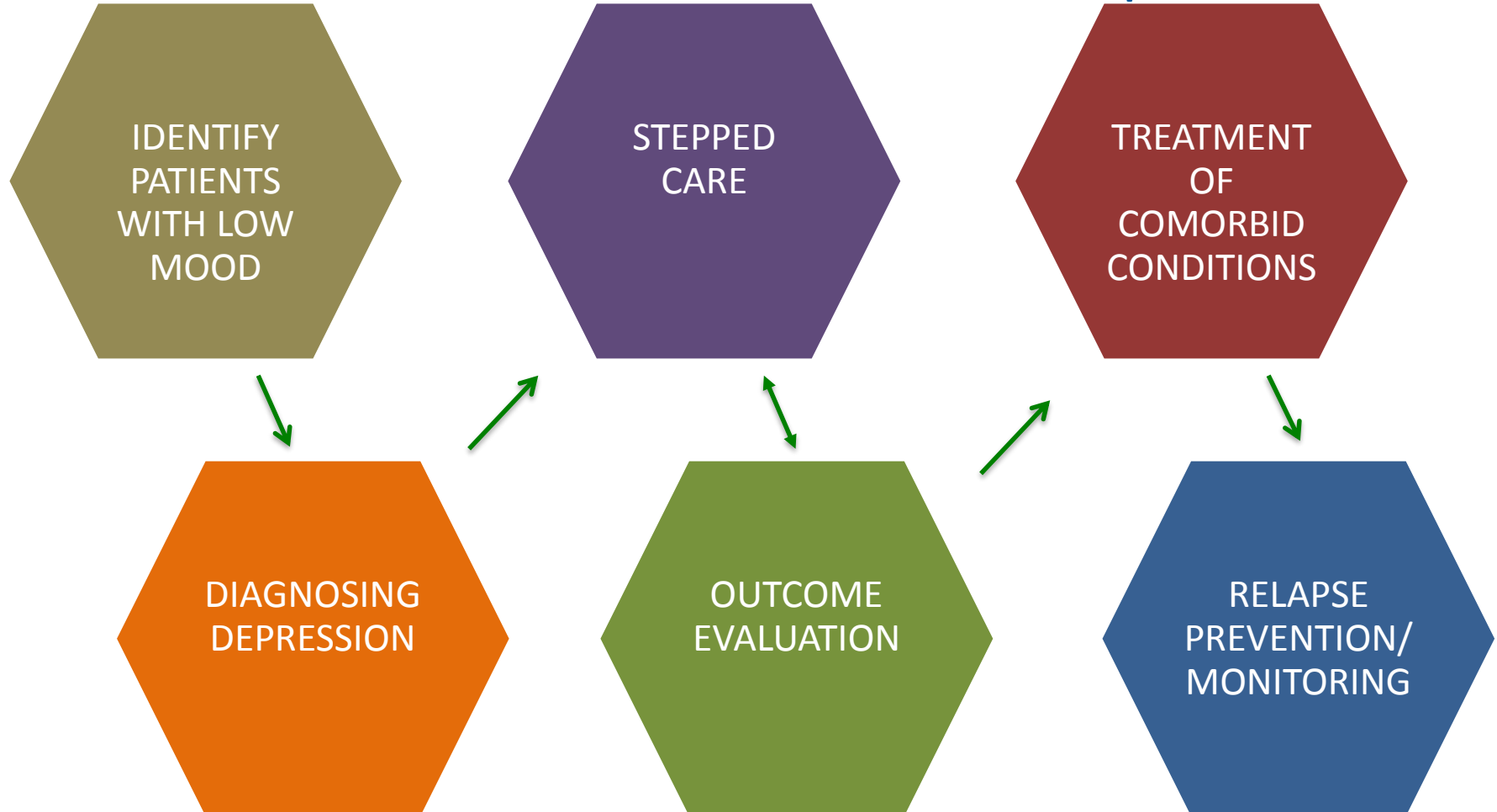
Poll Question 2

In regard to my mental health, my treatment team

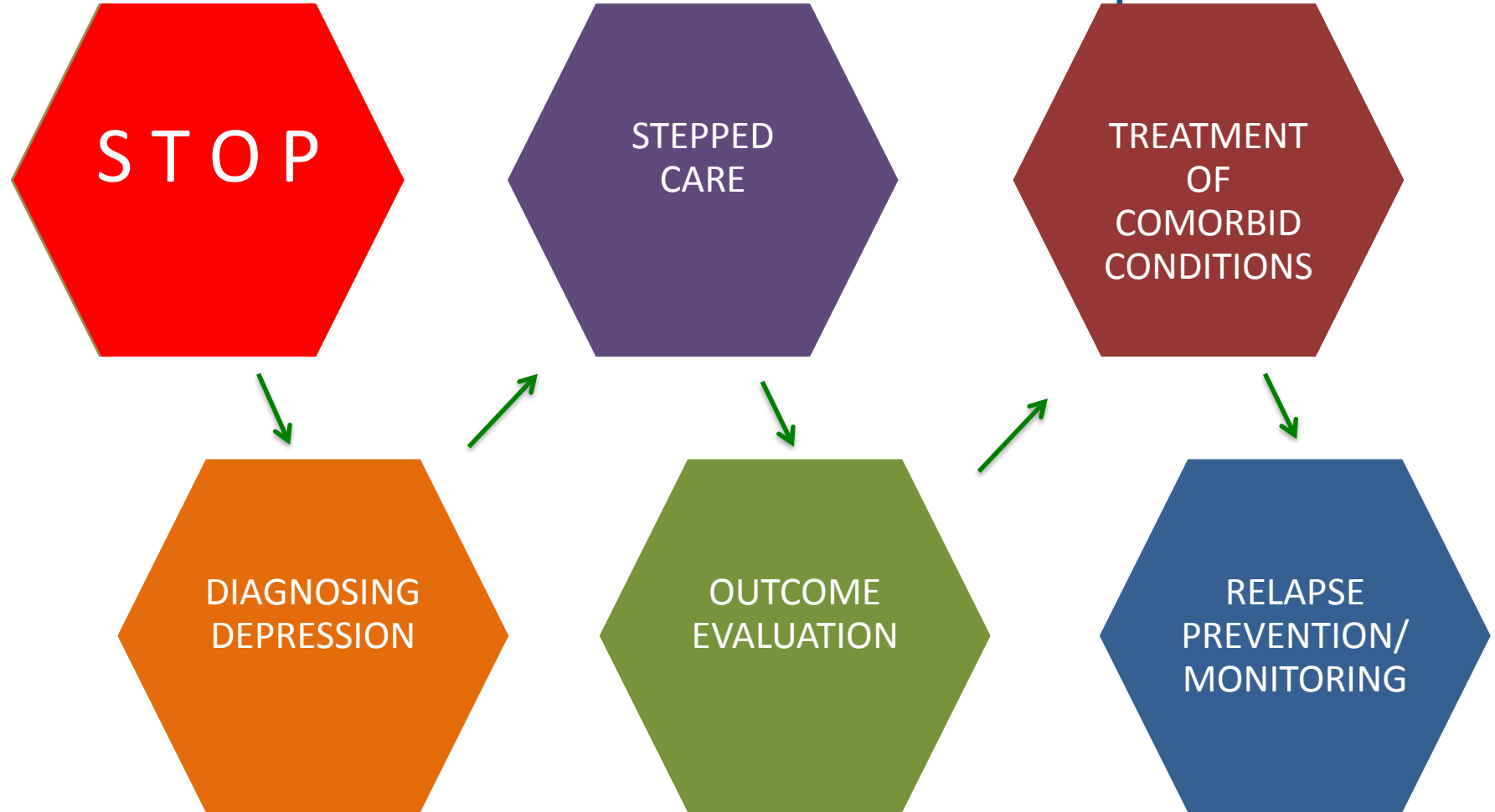
1. is excellent – All of my needs are being met
2. is adequate – My basic needs are being met
3. is poor – My needs are not being met

**How come it is hard to find
depression care?**

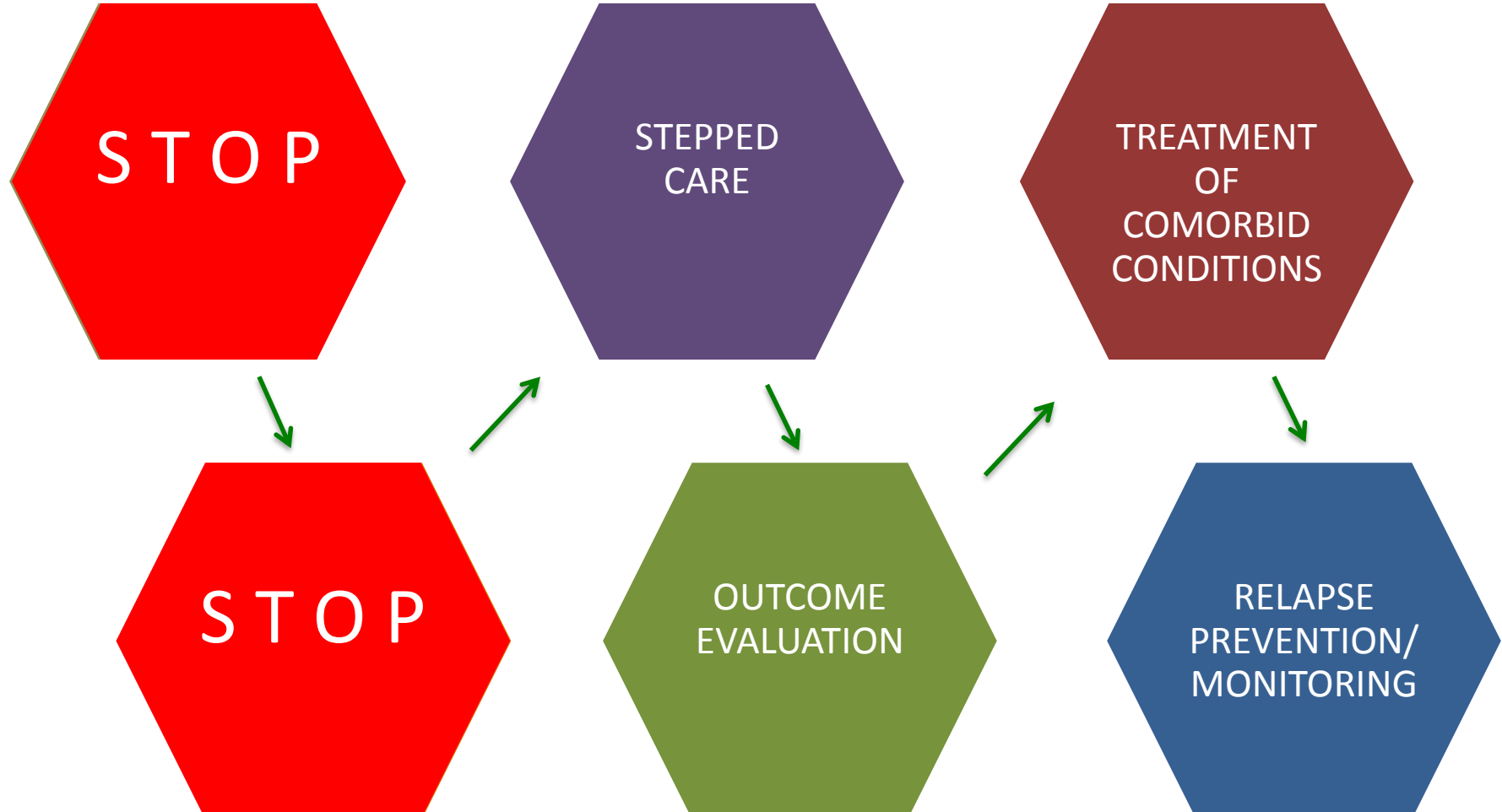
Comprehensive Approach to Identification and Treatment of Depression



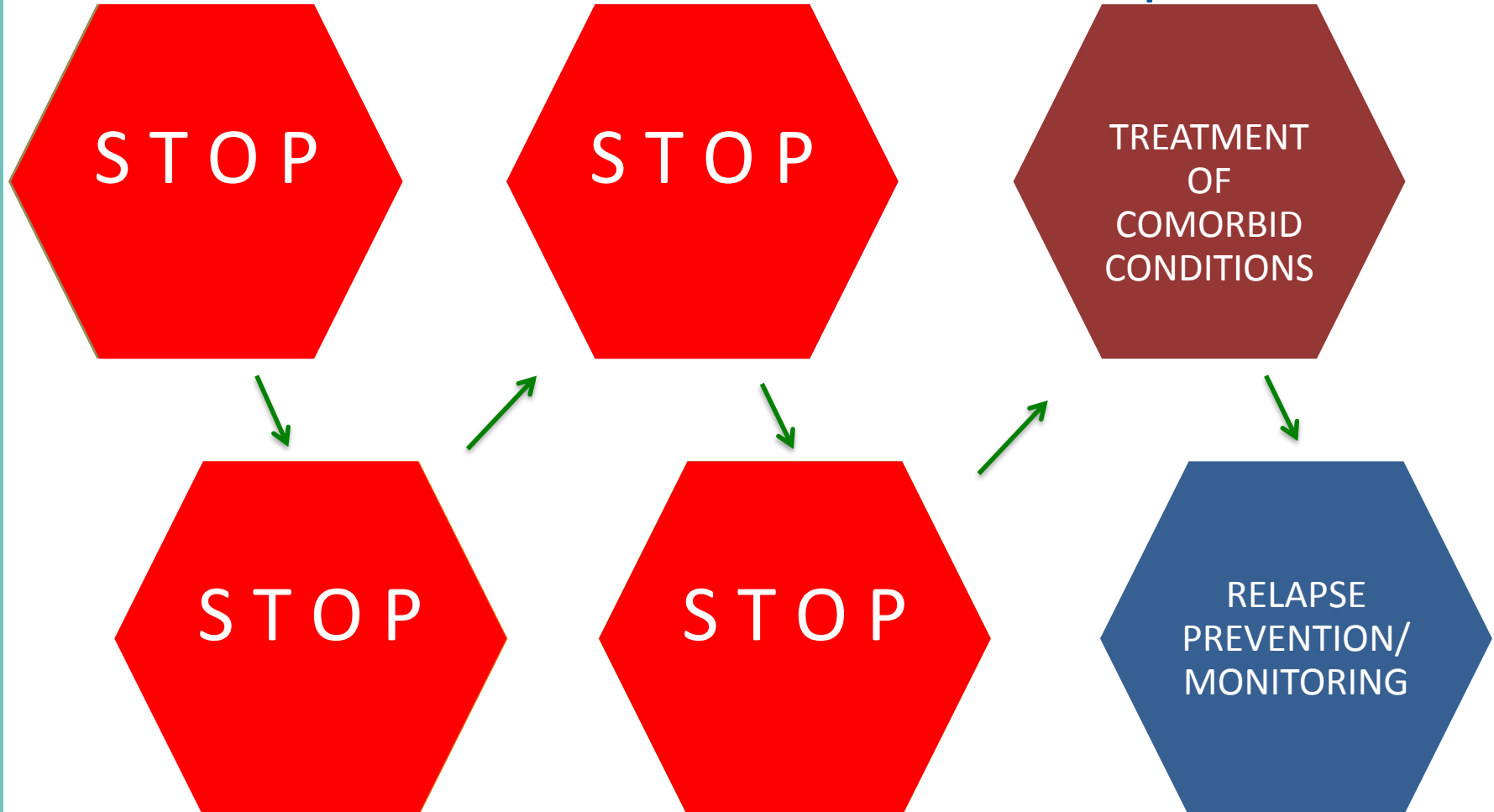
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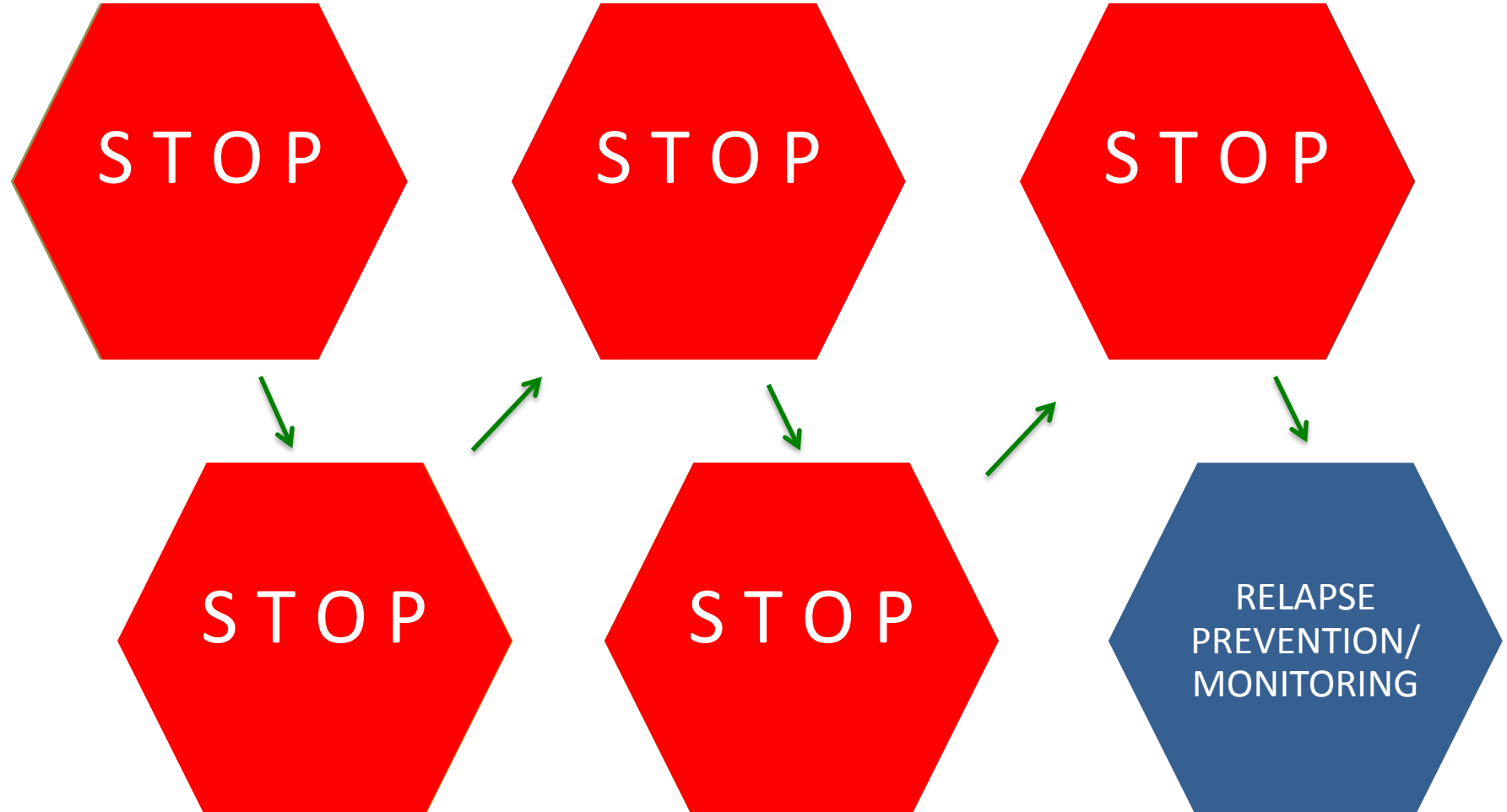
Comprehensive Approach to Identification and Treatment of Depression



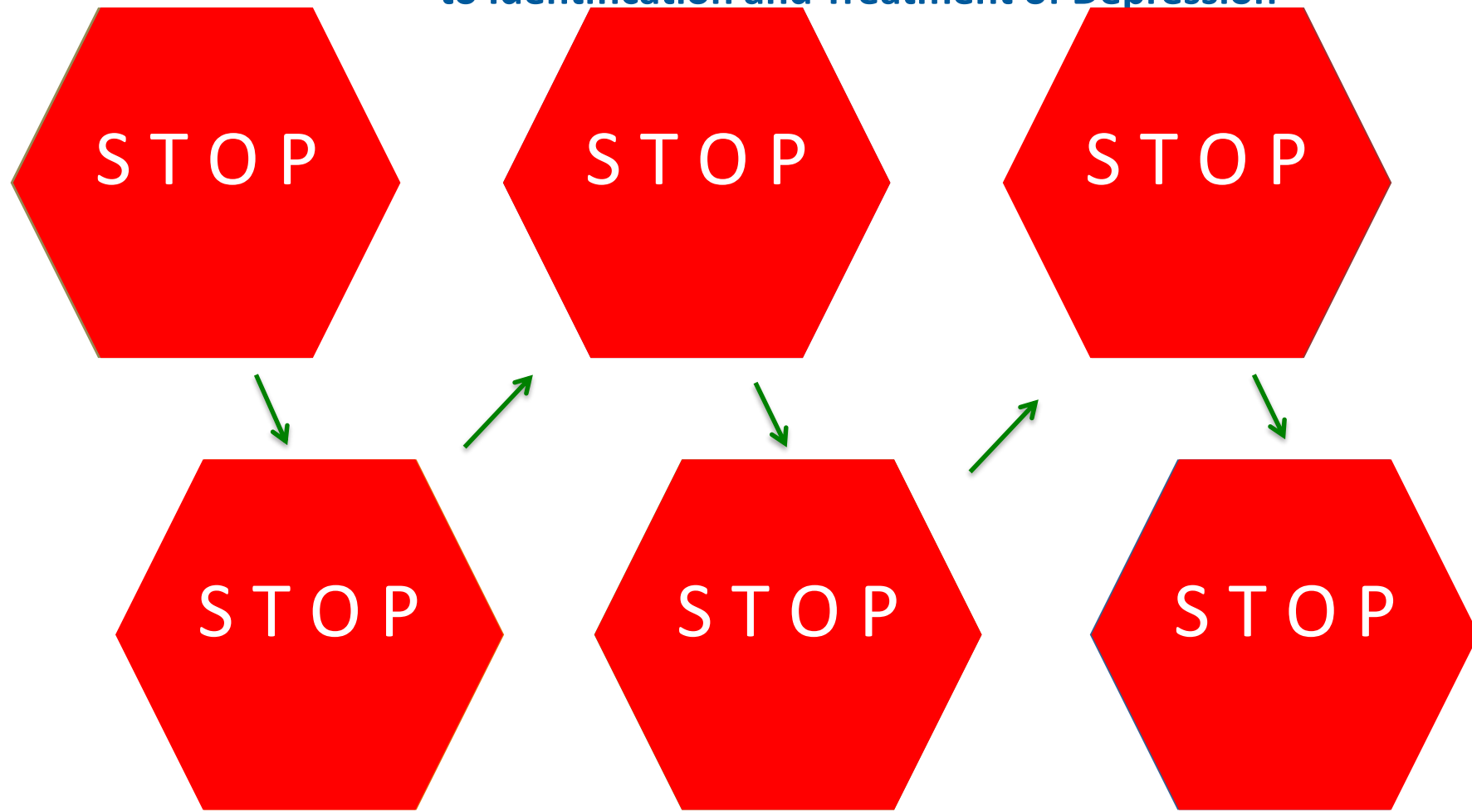
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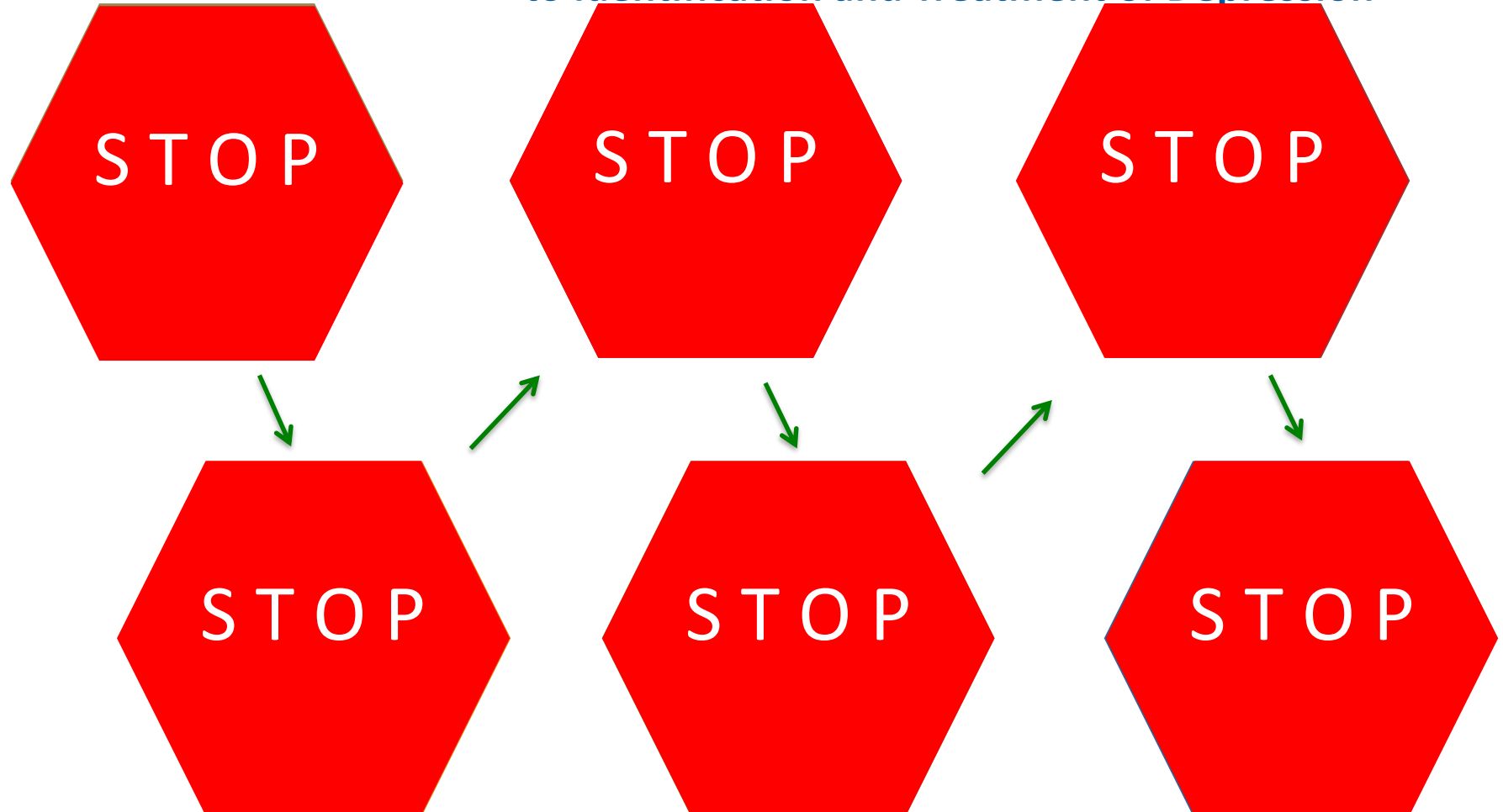
Comprehensive Approach to Identification and Treatment of Depression



Comprehensive Approach to Identification and Treatment of Depression



~~Non-Functional~~ **Comprehensive Approach**
to Identification and Treatment of Depression



Am I depressed?

The Patient Health Questionnaire-2 (PHQ-2)

Patient Name _____ Date of Visit _____

Over the past 2 weeks, how often have you been bothered by any of the following problems?

	Not At all	Several Days	More Than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

AM I GETTING THE MOST OUT OF LIFE
THAT MY PHYSICAL HEALTH WILL ALLOW?

WHAT KINDS OF HELP ARE OUT THERE?

DEPRESSION TREATMENT

1. SOCIAL WORKER

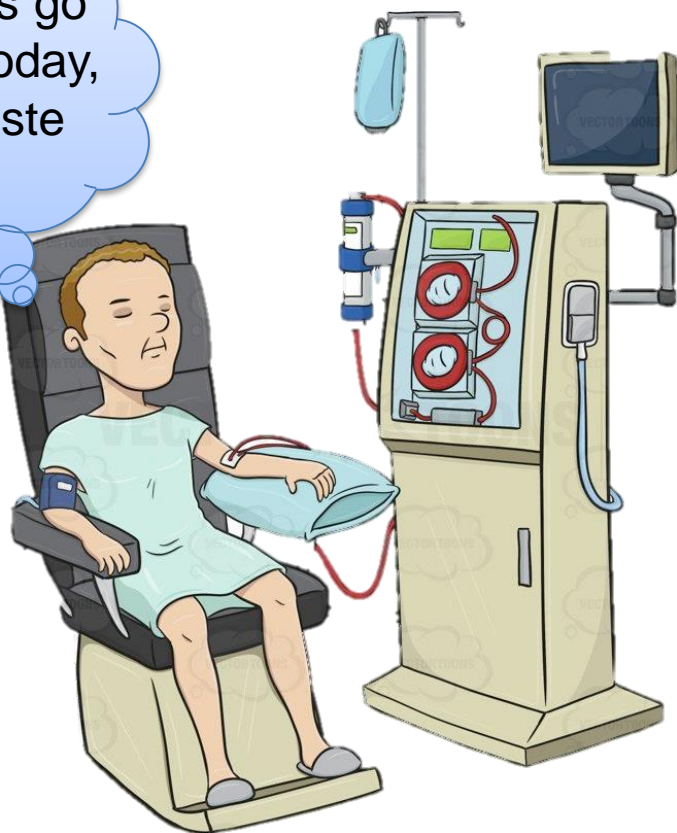
2. SELF -HELP

- SOCIAL NETWORK
- BOOKS
- RELIGION
- EXERCISE
- GROUPS (ONLINE AND IN PERSON)

3. PROFESSIONAL HELP

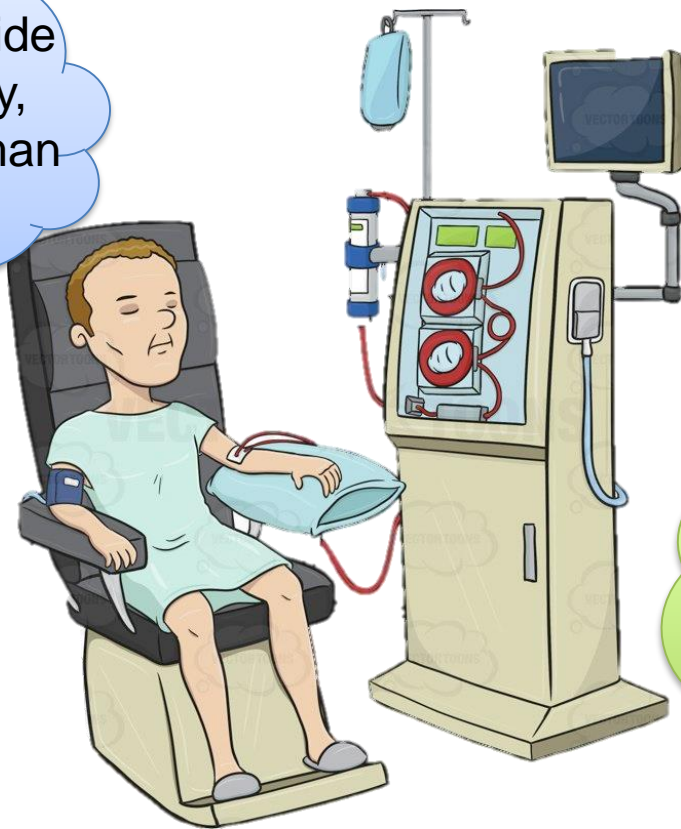
- MEDICATION
- (<http://finder.psychiatry.org/>)
- PSYCHOTHERAPY
- (<https://www.psychologytoday.com/us/therapists>)

All I did was go
to dialysis today,
what a waste



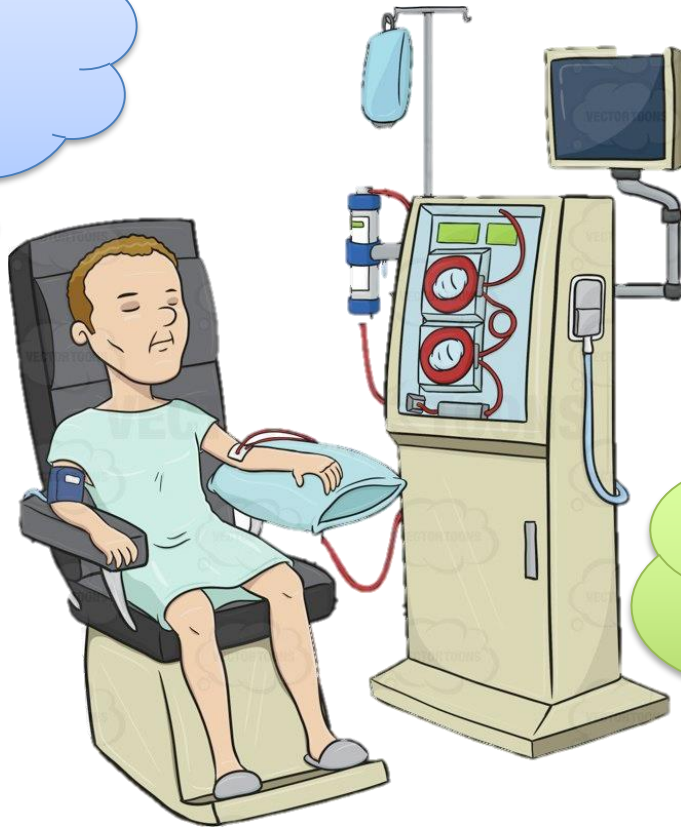
Why is going to
dialysis a “waste”
of a day?

If I can't provide
for my family,
what kind of man
am I?



That's a good
question, what
value would you
have as a man if
you weren't making
money?

None!
I'm now
completely
useless



Wow, I could see how
anybody who thought
they were useless,
would be feeling very
depressed

What are some of the other ways you do or could contribute to your family?

You may just need to adjust what you think being a “man” means...your family may like the new you.

But is that true?
Are you
‘useless’ if you
don’t make \$\$?

I guess I could help my wife more around the house.
I could reach out to the kids and see how they are doing.

Poll Question 3

If I needed to receive treatment for my depression, my preferred way of getting that treatment would be

1. Medication from a psychiatrist
2. Medication from my nephrologist
3. Counseling done chairside during dialysis
4. Counseling through telehealth (video chat)

Thank you!

Questions?

Next Month's Webinar



Carolyn Feibig, MS, RD, LD

Kidney Transplant Dietitian

The George Washington University Hospital

Phosphorus in the kidney disease diet

Friday, June 22nd, 2018 | 1-2 p.m. (EST)

- The relationship of phosphorus to kidney disease
- Managing phosphorus through diet
- The consequences of not managing phosphorus well

Visit [KidneyFund.org/webinars](https://www.kidneyfund.org/webinars) to register

Q&A

1. How do I approach this with my husband (who has ESRD) without making him feel self-conscious?

Very gently. I might say something along the lines of how demanding the illness is and how difficult it is to cope with all of its multiple demands. Then ask if he would like more help coping with the challenges. How would he like that help? From family, books, social worker or outside professional? No need to place a name or label on the situation.

2. How do you instill hope when you understand that their loss of hope is due to their illness? Do you have an activity that would help?

With empathy. Understanding what, in particular, is the source of the greatest struggle and focusing resources on that issue, may help alleviate the most challenging parts of coping with the illness burden.

3. How do you differentiate between fatigue related symptoms and depression?

It is a bit difficult. Fatigue related to dialysis is often predictable based on the time of the arrival of the symptom (for example, immediately after dialysis, etc.) Depression tends to have ups and downs, but they are not usually tied to clock times. It also may be an incorrect assumption that these two issues are distinct. For everyone, our level of energy is tied to our mood, its probably no different for dialysis patients

4. How do you help patients get around learned helplessness?

Try to create a sense of empowerment over their illness course and their daily life schedule. 2. Work enjoyable activities into your daily schedule (even if you are not in the mood to do them), few people regret putting in a bit of extra effort to have done something fun or meaningful.

5. Are there any studies that look at whether more control over one's circumstances has better outcomes for mood? Such as in the situation where there are elements of self-managed care in in-center dialysis or home dialysis?

I don't know of any particular studies in CKD or ESRD that teach people to become more empowered and then look at the consequences. There are studies in other illness groups that have done this and seen positive results. There is some data that shows people with increased beliefs about their control of their illness are coping better. You can look up 'locus of control' and 'illness belief' in ESRD to get a sense of the literature.

6. What is a good way to get a young patient engaged and accept help. He is quiet and does not verbalize that he has issues but his depression is obvious.

People will generally not accept help until they are ready, you can offer it and keep the lines of communication open, but until they are ready to acknowledge the problem and commit energy to try to address it, it is hard.

7. I am a coach/advocate educator now for KD. How do I incorporate talking about depression in my seminars so people are informed of this? I didn't know about this prior to today, and my mother passed last year. Now I think some of the things Dr. Cukor mentioned today are things that were going on with her prior to death, but I had no clue and I don't think she did either.

The more aware you are, the more informed your educational activities will be. Keep on doing what you are doing, taking webinars, reading, etc., learning what you can and share it with your patient communities. In my experience this is a topic that people are eager to talk about, in general, they just don't want to talk about their private problems. I would keep it general, talking about 'dialysis patients', not individual people.

8. How do you help a patient overcome the stigma of mental health so that they obtain services?

Have a conversation about what seeking help means to them. Often people have quite distorted thinking about "being crazy" if they need help. I always tell my patients it's the healthiest among us who can identify that they need some help, the rest of are walking around in denial!

9. The problem with chairside counseling as well as tele mental health is the privacy issue. How can patients achieve privacy and feel comfortable?

In my experience, the dialysis center can be private enough for a psychotherapy session, and certainly for a telehealth session with headphones. Privacy is a patient's right, but often the barriers to getting treatment elsewhere are so high, that many patients would greatly prefer the slight risk to their privacy to get care at the location of their choice. It is nice to have a back-up private location available at the dialysis center, if the patient prefers that for a particular discussion, etc.