



WELCOME TO HEARTLAND KIDNEY NETWORK WEBINAR SERIES

Depression and Mental Health Challenges: CKD Stage 5

TUESDAY, JUNE 15, 2010, 8:30AM-9:30AM CST
THIS WEBINAR WILL BEGIN MOMENTARILY

ALL LINES WILL BE ON MUTE DURING THE PRESENTATION AND WILL BE OPENED THEREAFTER FOR Q & A

Speaker:

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Executive Director

Face it Foundation



Yes or No:

We all suffer from
depression from time to
time?

The Answer Is...

No...

We all have bad days and experience the normal feelings of sadness, grief, anxiousness, and loneliness associated with life.

Depression is Different

“The mechanisms of complex disorders such as depression cannot be defined by simple etiological models. With burgeoning neurobiological information, it is evident that depression is a disorder of multiple neurobiological systems *involving molecular, cellular, neuroanatomical, neurochemical, neuroendocrinological, neurophysiological, and neuropsychological domains* mediated by multiple etiological factors *including genetic vulnerability, developmental insults, and psychosocial stressors*”

Risk Factors in Depression 2008 © Elsevier, inc. Edited by Keith Dobson and David Dozois

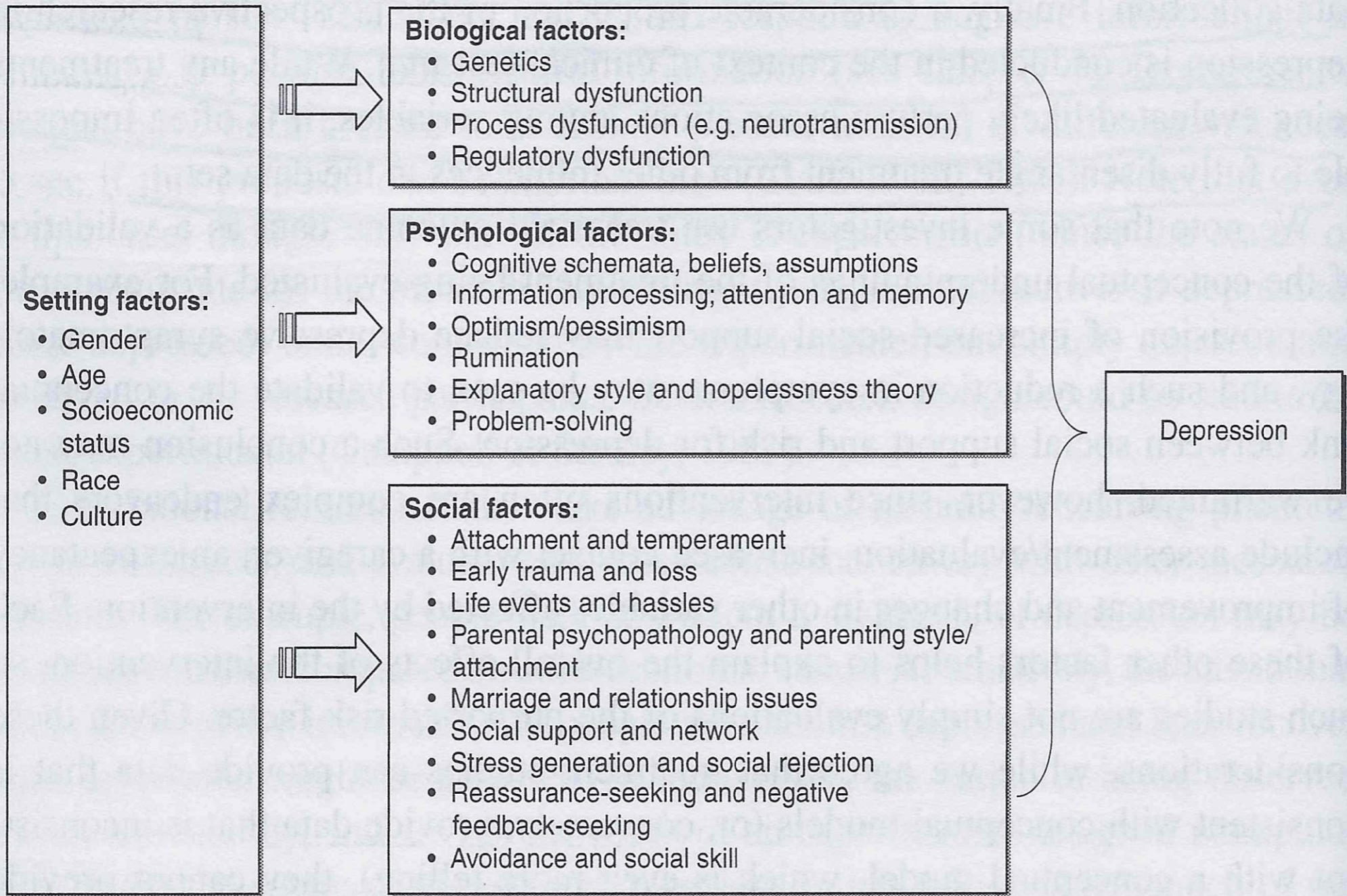


FIGURE 1.2 A conceptual framework of risk factors for depression.

The Experience of Depression

“Psychological symptoms of unipolar depressive disorders may also include anxiety, irritability, reduced concentration and motivation, feelings of hopelessness and helplessness, excessive guilt, thoughts of suicide, hypersensitivity to criticism, perfectionism, and indecisiveness.”

Tossani E, Cassano P, Fava M. Depression and Renal Disease.
Seminars in Dialysis 2005; 18(2) pp 73-81

Depression And ESRD

Looking Back

“We believe that dialysis patients’ depression and anxiety levels are closely tied to their physiological status”

Kutner, Fair, Kutner **(1985)** *Assessing Depression And Anxiety In Chronic Dialysis Patients*. Journal of Psychosomatic Research 29 (1) 23-31:

And Today...

“This (Depression) may be one of the last modifiable risk factors for poor outcomes we as nephrologists and mental health care workers can address.”

Kimmel P, Peterson R. *Clinical Journal Depression in Patients with End Stage Renal Disease Treated with Dialysis: Has the Time to Treat Arrived?* **American Society of Nephrology** 1:349-352, 2006

The Scope of the Problem?

“About 20-30% of dialysis patients present with depression”

Tossani, Cassano, Fava; Seminars in Dialysis,
Volume 18, No. 2 (March-April) 2005

Or...

“The incidence of depression in dialysis patients ranges from 10% to 66%. This wide variation is due to different criteria and methods used to diagnose depression.”

Anees M, Barki H, Masood M, Mumtaz A, Kausar T. Depression in hemodialysis patients. Pak J Med Sci 2008;24(4):560-5.

Most Important For You

“Our results suggest that almost half (44%) the patients with ESRD starting dialysis therapy were depressed”

Watnick, Kirwin, Mahnensmith, and Concato. *The Prevalence and Treatment of Depression Among Patients Starting Dialysis. AJKD 41(1), 2003: pp 105-110*

Distribution Of BDI Scores

(Watnick, et al.)

| BDI Score | Severity | N (%) |
|-----------|--------------------|-----------|
| 0-10 | None | 40 (33) |
| 11-14 | Borderline | 29 (24) |
| 15-21 | Mild | 38 (31) |
| >21 | Moderate to severe | 16 (13) |
| | Total | 123 (100) |

The Sound Of “Borderline” Depression- BDI Score 12

1. I feel sad much of the time
2. I feel more discouraged about my future than I used to be
3. I get very little pleasure from the things I used to enjoy
4. I cry more than I used to
5. I would like to kill myself

The Sound Of “Borderline” Depression- BDI Score 12

6. I have lost most of my interest in other people or other things
7. I don't consider myself as worthwhile and useful as I used to
8. I sleep somewhat more than usual
9. I can't concentrate as well as usual

It Could Read

“Our results suggest that *well over half (65%) of* the patients with ESRD starting dialysis therapy were *either* depressed, *suffering from subsyndromal depression or at profound risk of having a major depressive episode*”

Watnick, Kirwin, Mahnensmith, and Concato. *The Prevalence and Treatment of Depression Among Patients Starting Dialysis. AJKD 41(1), 2003: pp 105-110*

Lack of Recognition

Prevalence of Physician Diagnosis of Depression and CES-D ≥ 10 , by Country

| Country (N) | Prevalence (%) | | Ratio of CES-D ≥ 10 to depression by physician diagnosis |
|------------------|--------------------------------------|-----------------------------|---|
| | Physician-diagnosed depression (n/N) | CES-D score ≥ 10 (n/N) | |
| Australia/NZ | 17.4 (75/430) | 40.2 (173/430) | 2.3 |
| Belgium | 18.2 (81/445) | 42.3 (188/445) | 2.3 |
| Canada | 15.9 (68/428) | 42.8 (183/428) | 2.7 |
| France | 10.6 (44/416) | 43.5 (181/416) | 4.1 |
| Germany | 13.3 (66/495) | 47.3 (234/495) | 3.6 |
| Italy | 15.5 (85/547) | 62.3 (341/547) | 4.0 |
| Japan | 2.0 (29/1473) | 40.0 (589/1473) | 20.0 |
| Spain | 14.5 (82/555) | 42.2 (233/552) | 2.9 |
| Sweden | 19.8 (89/449) | 39.4 (177/449) | 2.0 |
| UK | 15.5 (70/452) | 40.9 (185/452) | 2.6 |
| US | 21.7 (282/1300) | 39.2 (519/1300) | 1.8 |
| All DOPPS | 13.9 (969/6,987) | 43.0 (3003/6,987) | 3.1 |

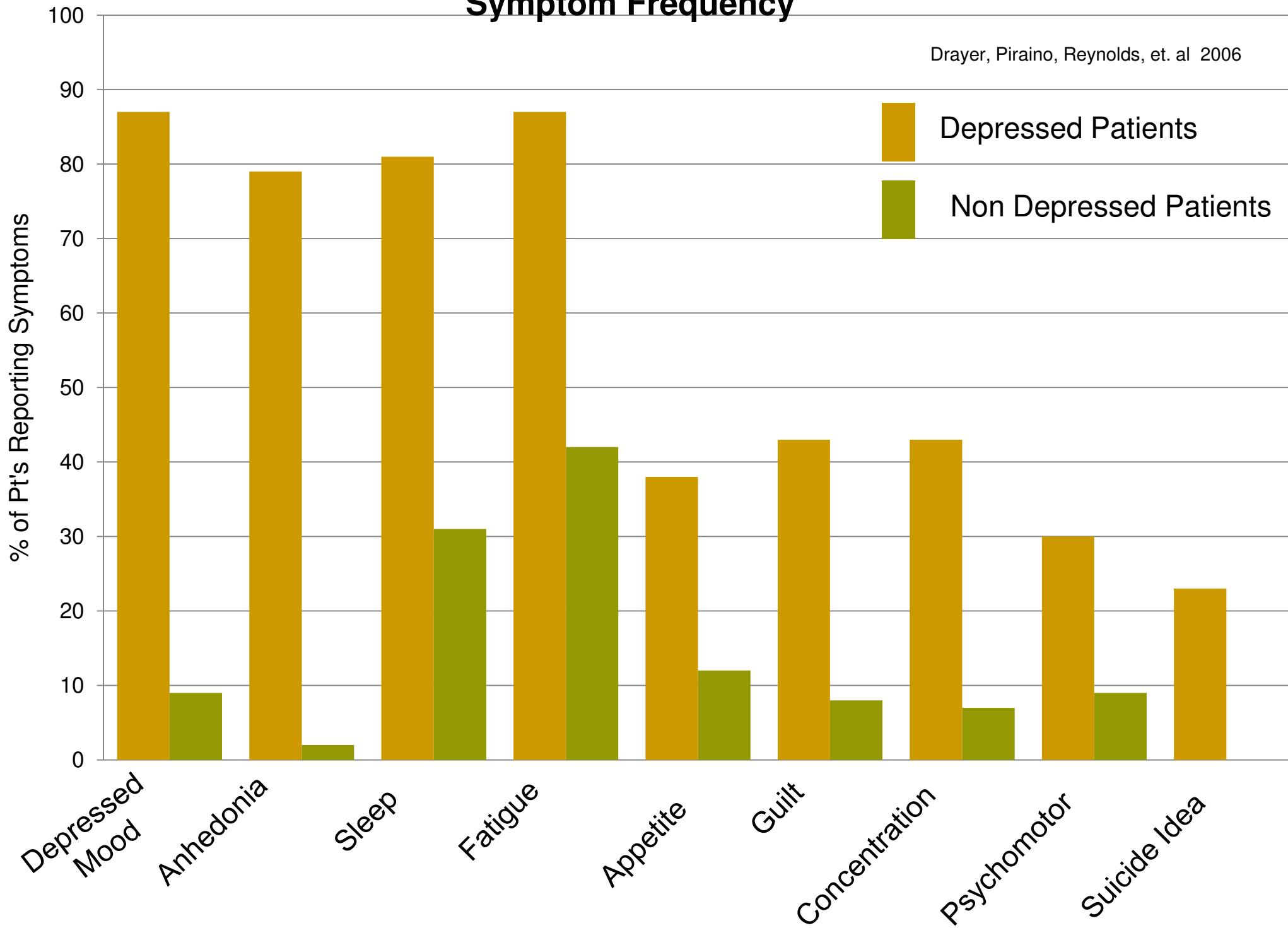
DOPPS II (2002-04): Prevalent cross-section of patients with information on depression diagnosis and who had completed a CES-D instrument. Mean country CES-D scores ranged from 8.4 to 11.7.

Lopes A et al, *KJ* 66:2047-2053, 2004



Symptom Frequency

Drayer, Piraino, Reynolds, et. al 2006



Depression and The ESRD Patient

Depression Impacts....

- Patient adherence

“We found an increased level of depressive affect correlated with both laboratory and behavioral markers of poor compliance. Decreased behavioral compliance with the dialysis prescription correlated with an increased level of depressive affect in prevalent HD patients”

Kimme P, Peterson, R. Depression in End-Stage Renal Disease Patients Treated With Hemodialysis: Tools, Correlates, Outcomes, and Needs. Seminars in Dialysis 2005; 18(2) pp 91-97.

Factors Associated with Nonadherence^a (4)

| Characteristic | Odds ratios (OR) by nonadherence measure | | | | |
|--------------------------------------|--|-------------------|-------------------|-------------------|-------------------|
| | Skip | Shorten | IDWG | PO ₄ | K |
| Smoker (yes vs. no) | 1.53 ^b | 1.14 | 1.43 ^b | 1.10 | 0.96 |
| Depressed (yes vs. no) | 1.62 ^b | 1.22 ^b | 0.96 | 0.99 | 0.98 |
| Married (yes vs. no) | 0.90 | 0.93 | 0.92 | 1.21 ^b | 1.03 |
| Prior kidney transplant (yes vs. no) | 0.79 | 0.82 | 0.86 | 0.91 | 1.08 |
| Time on ESRD in years (per year) | 1.02 | 1.05 ^b | 1.07 ^b | 0.99 | 1.03 ^b |

ESRD is end stage renal disease; IDWG is interdialytic weight gain

^aAdjusted for continent of residence, age, sex, race, ethnicity, time on ESRD, 15 comorbid conditions, employment status, living status, marital status, prior kidney TX, and Kt/V

^b $P < 0.05$

General Medical Care

“Compared with nondepressed patients, the odds are 3 times greater that depressed patients will be noncompliant with medical treatment recommendations.”

DiMatteo, Lepper, Crogan. Depression Is a Risk Factor for Noncompliance With Medical Treatment.
Archives of Internal Medicine . 2000 (160)

- Dietary
- Medication
- Appointments
- Health Behavior Regimen

Diabetic Self-Management

“A significant association was observed between major depression and poorer adherence to diet, exercise, and glucose self-monitoring regimens.”

“ Patients with major depression had a 2.3-fold increased odds of missing medication doses in the previous week compared with other subjects.”

Gonzalez, et. al Depression, Self-Care, and Medication Adherence in Type 2 Diabetes: Relationships across the full range of symptom severity . Diabetes Care 2007, 30(9)

Depression And Adherence

1. Adherence is statistically associated with positive expectations and beliefs in the benefits and efficacy of the treatment.

Individuals who are depressed have an appreciable degree of hopelessness, pessimism, and a belief that the future will always hold negative outcomes for them.

Depression And Adherence

2. A significant body of research has demonstrated that individuals who have the support of a family and a wider social network are more adherent.

Individuals who are depressed tend to isolate, withdraw, and alienate the very members of their support network who could help them better manage their disease and be more adherent.

Depression And Adherence

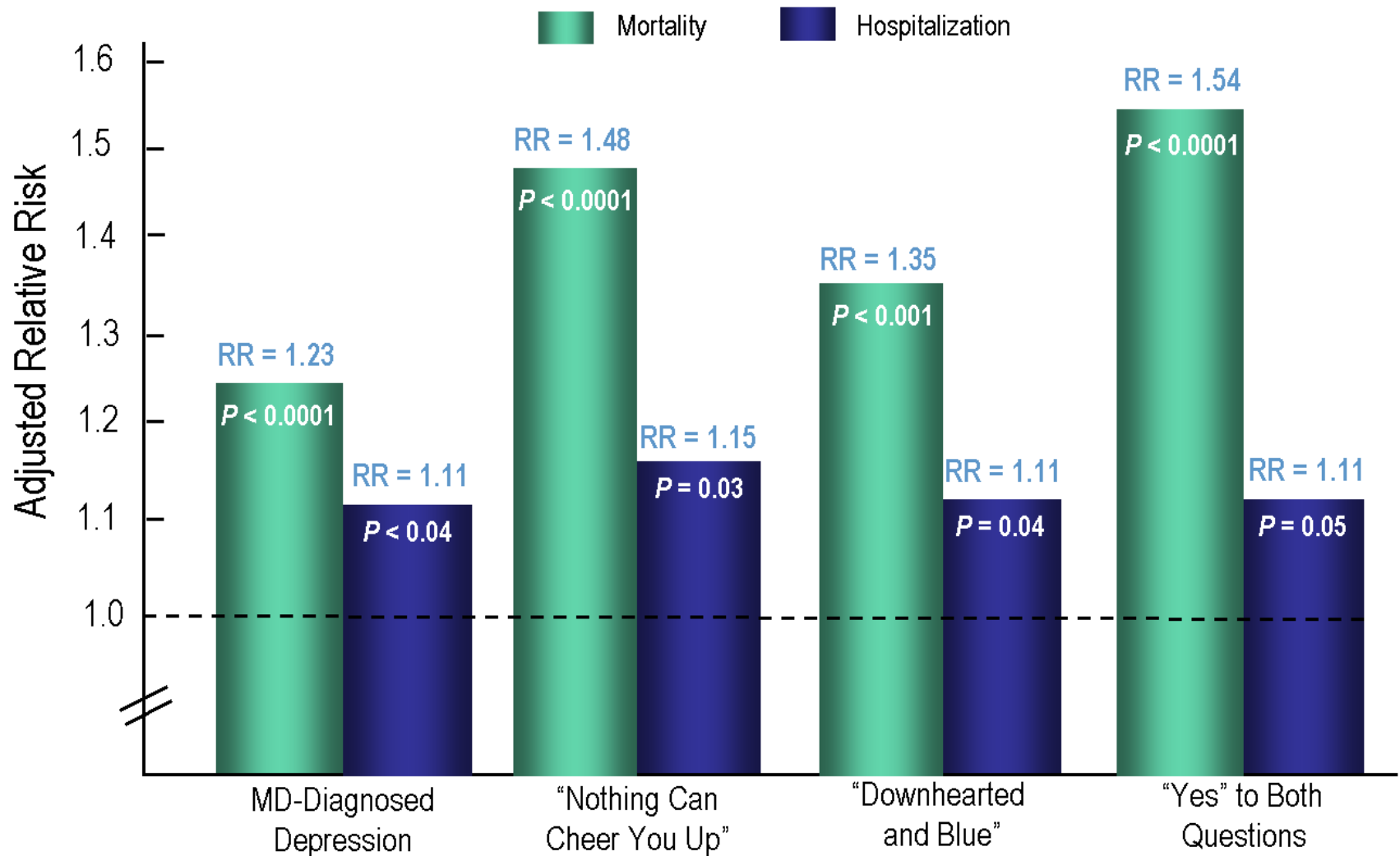
3. In order to be adherent an individual needs to be cognitively intact, able to reason through issues such as medication regimens, and to make definitive decisions.

Major depression in individuals with a chronic illness often have a significant decrease in their executive functioning, ability to make decisions, and a reduced ability to follow through.

Depression Impacts....

- Patient adherence
- Mortality and Morbidity

Depression Is Associated With an Increased Risk of Mortality and Hospitalization in Hemodialysis Patients



Note: Data are from the US (142 facilities) and Europe (101 facilities) and were restricted to 5,256 patients who had a medical questionnaire completed by the nurse coordinator and a questionnaire completed by the patient.

Lopes AA, et al. *Kidney Int.* 2002;62:199-207.

Depression Impacts

- Motivation
- Hope
- Cognition
- Purpose
- Mood
- Self worth
- Physical capabilities

Treatment Options For Depression In ESRD

Depression Is Frequently Not Treated

Antidepressant medication use (%), by indication of depression/symptoms and country

| Country | Antidepressant use (%) | |
|--------------|---|--|
| | Among those with physician-diagnosed depression (n/N) | Among those with CES-D score ≥ 10 (n/N) |
| Australia/NZ | 36.0 (27/75) | 16.9 (29/172) |
| Belgium | 37.0 (30/81) | 17.1 (32/187) |
| Canada | 44.1 (30/68) | 18.0 (33/183) |
| France | 40.9 (18/44) | 14.5 (26/179) |
| Germany | 18.2 (12/66) | 8.6 (20/234) |
| Italy | 8.2 (7/85) | 2.7 (9/333) |
| Japan | Unavailable | |
| Spain | 27.5 (22/80) | 12.0 (27/225) |
| Sweden | 52.8 (47/89) | 28.8 (51/177) |
| UK | 37.1 (26/70) | 18.4 (34/185) |
| US | 38.9 (105/270) | 28.9 (151/510) |
| All DOPPS | 34.9 (324/928) | 17.3 (412/2385) |

Two Options To Consider

- Psychotherapy or Counseling
- Antidepressants

Cognitive Therapy

- Effective on its own in mild and moderate depression
- Beneficial in treating patients who only have a partial response to therapy
- Often preferred by patients
- Critical component in treating major depression

Antidepressants

What's Happening

“All currently available antidepressants alter the function of either central nervous system serotonin or norepinephrine, or both. The mechanisms of action by which antidepressants precipitate mood changes are still obscure. Yet explaining antidepressant efficacy by initial effects on these neurotransmitters is naïve and likely to be incorrect.”

The Handbook of Depression; 2nd edition 2009

Ed-Gotlib and Hammen

Antidepressant Use in ESRD

“In patients with renal disease, depression is fairly common and antidepressants have proven to be effective in this population as well, although caution should be exercised in the use of these agents.”

Tossani, Cassano, Fava; Seminars in Dialysis,
Volume 18, No. 2 (March-April) 2005

Further Evidence

“Fifty percent of patients successfully completed 12 weeks of pharmacologic depression treatment. The mean BDI (Beck Depression Inventory) score of these patients at the start of treatment was 17.4 ± 6.6 (range 11-33). The mean BDI score at the completion of 12 weeks of treatment was 8.4 ± 3.0 (range 6-15).”

Wuerth D, Finklestein S, Finklestein F. The Identification and Treatment of Depression in Patients Maintained on Dialysis. *Seminars in Dialysis* 2005; 18(2) pp 142-146.

Medication Management

- Dosing adequacy
- Medication efficacy
- Adjustments/Monitoring
- Psychiatry consult

Antidepressants

- Must be taken as prescribed
- Are not uppers/stimulants
- Take time to work
- Shouldn't be stopped because you feel better

Antidepressants

- Shouldn't be stopped abruptly
- Discuss side-effects
- Goal is complete remission
- Are one part of the treatment picture

What About Side Effects

- Weight gain
- Fatigue
- Insomnia
- Blurred vision
- Dry mouth
- Constipation
- Dizziness
- Nausea
- Agitation

Sexual Dysfunction (ED, Decrease libido, inorgasmia, delayed ejaculation, decreased lubrication)

- 50% of all SSRI users report
- Tends NOT to diminish over time
- Often cited as primary reason for discontinuing

Educating The Patient

Remember These Issues

- Shame
- Guilt
- Sense of Worthlessness
- Loss of Hope
- Cognitive Distortions
- Stigma
- Embarrassment

Your Approach

1. Energy, Enthusiasm
2. Impart Hope/Optimism

“I have hope right now even if it is hard for you to feel hope.”

“Others have been in your position and they have recovered from this.”

Engaging Techniques

1. Attentive Listening

2. Probing questions

- Depressed patients have a tendency to mask or hide underlying depression issues.
- “Is there anything else you might like to discuss”

The MacArthur Initiative on Depression

Engaging Techniques

3. Open-ended questioning

- “Can you tell me why you are here today”
- “What do you know about depression”

4. Facilitation of responses

- Non-verbal affirmation
- “Tell me more about....”

The MacArthur Initiative on Depression

Engaging Techniques

5. Summarizing

- “Let me see if I have understood all that you have told me...”

4. Elicitation of client expectations

- “What would you like to see happen as a result of this visit?”
- “What do you think is going on?”

The MacArthur Initiative on Depression

Patient Education

- Common illness impacting 20 million Americans
- Complex interplay of environmental, biological, and neurochemical factors
- Treatable
- Not a personal weakness

Patient Education

1. Explain the disease/treatment process
 - Can be chronic
 - Symptoms can change
 - Symptoms can +/- day to day
 - Active treatment approach is important
 - Treatment outcomes

Why Won't People Get Treated?

- Don't know where to turn
- Lack of recognition of the problem
- Access to care issues
- Cultural Barriers
- Denial
- Embarrassment and Shame

What I Tell People

- Depression is treatable
- Medication is only one piece of the treatment
- Therapy is important
- You need to make lifestyle changes.
- You must take the medication as prescribed
- You need to monitor your mood closely
- You need to bring in support

We Need To

- Embrace the impact of depression
- Actively screen
- Actively treat
- Actively monitor
- Develop resource systems for professional assistance

Thank You

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Or

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