

RPSG & KDARs Collaborative



The RPSG

The Renal Patient Support Group

Renal & Psychology Related

Screening Strategies

Two potential strategies for screening anxiety in patients with CKD and ESRD are used:

1. A conservative approach, to screen patients with signs of anxiety (or related health). These signs include social isolation (withdrawal from family, friends, and social gathering), changes in mood or physical functioning, and/or increasing physical complaints (sleep disturbance, decreased self-care, including poorer compliance with medical follow-up and dialysis).
2. It is a more aggressive strategy, to screen all new CKD and ESRD patients periodically (every 6 months to 1 year) for anxiety implementing screening questionnaires.



Shirazian, S., Grant, C., D., Aina, O., et al. (2017). Depression in Chronic Kidney Disease and End-Stage Renal Disease: Similarities and Differences in Diagnosis, Epidemiology, and Management, *Kidney Int. Rep.*, 2, 94-107.

Screening

- Patients who screen positive for anxiety should be referred to a qualified professional to confirm the diagnosis with a clinical interview (Shirazian et al. 2017).
- Patients who require immediate referral to mental health professional or emergency psychiatric services include those with suicidal ideation, plan, or intent and those with anxiety complicated by psychosis or mania (Shirazian et al. 2017).



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Diagnosis

The gold standard to diagnose anxiety-related health is a clinical interview, surrounding the following:

- The Structured Clinical Interview for DSM Disorders;
- The Composite International Diagnostic Interview,
- The Mini-International Neuropsychiatric Interview
- Self-reported questionnaires: Patient Health Questionnaire (PHQ-9); Beck Depression Inventory (BDI); Centre for Epidemiologic Studies Depression Scale (CESD); Quick Inventory of Depressive Symptomatology Self-Report (QIDS-SR)



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Anxiety in CKD

- Anxiety is highly prevalent in patients with CKD and ESRD (Shirazian et al. 2017).
- The prevalence of anxiety is 3 to 4 times higher in patients with CKD and ESRD compared with the general population and 2 to 3 times higher compared to individuals with other chronic illnesses (Shirazian et al. 2017).



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Anxiety and Outcomes

- The majority of studies in patients with ESRD have reported an association between anxiety and poor psychosocial and medical outcomes (Shirazian et al. 2017).
- In addition to mortality, anxiety in patients with ESRD has been significantly associated with other adverse medical outcomes, including emergency department visits, hospitalisations, cumulative hospital days, cardiovascular events and withdrawal from RRT and suicide (Shirazian et al. 2017).
- Anxiety has been associated with poor psychosocial outcomes in patients with ESRD (Shirazian et al. 2017).
- Higher depressive symptoms are associated with lower quality of life (Shirazian et al. 2017).



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Mechanisms of Anxiety

- Challenges associated with RRT, such as traveling to the dialysis clinic 3 times a week, or performing daily home dialysis (Shirazian et al. 2017).
- Functional impairment, and physical symptoms caused by chronic illness, may also contribute to the development of anxiety (Shirazian et al. 2017).
- The psychological burden of having an illness that affects future morbidity and mortality may lead to anxiety (Shirazian et al. 2017).



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Healthcare

- In patients with chronic conditions, treatment with antidepressants or psychotherapy significantly improves depressive symptoms and psychosocial outcomes (Shirazian et al. 2017).
- Patients suffering from renal failure often present with unusual psychological problems where treatment methods vary on an individualised basis and drug therapy (de Souse 2008).
- Wide variety of anti-depressant drugs are available for the management of anxiety. Each of these may have different effects on renal failure, but most are safe in a large number of cases (de Souse 2008).



- Shirazian, S., Grant, C., D., Aina, O., et al. (2017) Depression in Chronic Kidney Disease and End-Stage Renal Disease: Similarities and Differences in Diagnosis, Epidemiology, and Management, *Kidney Int. Rep.*, 2, 94-107.
- De Souse, A. (2008) Psychiatric issues in renal failure and dialysis, *Indian J. Nephrol.*, 18(2), 47-50.

Anxiety and Panic Syndrome

Extreme anxiety and somatic symptoms such as breathlessness, palpitations, chest pain, sweating and fear of dying can occur in renal failure cases (de Souse 2008).

- The process of dialysis and a multitude of potential medical complications give the patient a lot worry (de Souse 2008).
- Pharmacological management is paramount in the management of anxiety and panic (de Souse 2008).
- Many patients with anxiety also tend to experience insomnia (de Souse 2008).



Coping

- Coping is a response mechanism used to regulate the effect of different types of life stressors on physiological responses (Subramanian et al. 2017).
- Evidence of coping strategies employed by individuals in dealing with chronic diseases could help explain differences in disease survival rates, and ability to adjust to the challenges experienced while living with chronic disease (Subramanian et al. 2017).
- Optimism may have a direct physiological effect on the neuroendocrine system and on immune responses, and indirect effect on health outcomes by promoting protective health behaviours, adaptive coping strategies, and enhancing positive mood (Subramanian et al. 2017).



Subramanian, L., Quinn, M., Zhao, J., et al. (2017). Coping with kidney disease – qualitative findings from the Empowering Patients on Choices for Renal Replacement Therapy (EPOCH-RRT) study, *BMC Nephrol.*, 18, 119.



Health-Related Quality of Life

- Health-Related Quality of Life (HRQOL) has been considered as a good indicator of physical and psychological well-being in chronic illness and also a strong predictor of morbidity and mortality (de Retana et al. 2013).
- The concept of quality of life covers psychological well-being, containing the cognitive component that refers to the overall state of satisfaction and the affective component (de Retana et al. 2013).



De Retana, B., R., Basabe-Baranano, N., Saracho-Rotaeché, S. (2013). Coping mechanisms as a predictor for quality of life in patients on dialysis: a longitudinal and multi-centre study, *Nefrología*, 33(3), 342-354.

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