

## CHAPTER THREE

### Do I Need Help?

A lot of us wonder how well we are coping. We wonder if we need help or if this is as good as it gets. We may not be ready to turn to a professional, but we would like to know whether or not there is something wrong.

#### VALUE OF SELF DIAGNOSTIC TOOLS

A Self Diagnostic Tool is a short, simple test that we can take in the privacy of our own homes. It can help us become more aware of ourselves and help us decide if treatment might be necessary and if a professional assessment is needed. **These tests are NOT a complete diagnosis.** They are simply tools to help us understand what we are feeling.

#### DANGERS OF SELF DIAGNOSTIC TOOLS

These tests are very simple and are only effective if we are completely honest with ourselves when we take them. It is important that we are not being defensive while we take them. We must have enough self-awareness that we can honestly answer the questions. Self-diagnosis will not work if we have a bad opinion of ourselves while we are taking the test. These are just tools to help us understand ourselves and are never meant to replace professional evaluations.

#### DEPRESSION -PHQ 9

This is an easy to use multiple choice self-report inventory that is used as a screening and diagnostic tool for depression. It is one of the most validated tools in mental health and can be a powerful tool to assist with diagnosing depression and anxiety.

**It is important to note that the questions about having little energy and having a poor appetite may not be appropriate for Dialysis Patients. We often have issues in these two areas because of our treatments and not because of depression and anxiety.**

## THE PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

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
3. Trouble falling asleep, staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself - or that you're a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or, the opposite being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

Column Totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

The scoring is quite simple:

- ✓ All you need to do is add up the columns of 1's, 2's, and 3's and then add them together for a total score.
- ✓ There is no data available specifically for patients with renal disease, but in general, if you scored over a 10, it is considered high and you should follow-up with your social worker, or get a professional assessment.

**\*\* It is also important to get professional help immediately if you score anything other a zero on question 9 regarding hurting yourself.**

## ANXIETY – GAD 7 QUESTIONNAIRE

This is a seven item self-reported questionnaire for the screening of general anxiety. Like the PHQ 9, some of the questions may be affected by the physical outcomes of dialysis. For example, many of us experience restless leg syndrome which is not the same thing as being restless.

<b>Over the last 2 weeks how often have you been bothered by the following problems? (Use “□” to indicate your answer)</b>	<b>Not At all</b>	<b>Several Days</b>	<b>More Than Half the Days</b>	<b>Nearly Every Day</b>
1. Feeling nervous or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

Column Totals    \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_ + \_\_\_\_\_

Add Totals Together \_\_\_\_\_

*The GAD-7 is scored the same way as the PHQ-9, just add the columns and then add the sub-totals for a total score. Again, there is no data specific to patient with renal disease, but over a 10 is considered elevated.*

## SLEEPINESS – EPWORTH SLEEPINESS SCALE

The Epworth Sleepiness Scale is widely used in the field of sleep medicine as a measure of a patient’s sleepiness. Scores range from “*it is unlikely that you are abnormally sleepy*” to “*You are excessively sleepy and should consider seeking medical attention.*”

**Remember, though, that dialysis patients are often very tired just after a dialysis treatment. Try to be aware of the difference between fatigue and sleepiness. Fatigue is a general tiredness of the body and mind and is a bit different than the feeling that one gets when they need to sleep. Your answers should be based on the “good” day of your treatment cycle.**

**Choose the most appropriate number for each situation:**

<b>0</b> = no chance of dozing <b>1</b> = slight chance of dozing or sleeping	<b>2</b> = moderate chance of dozing or sleeping <b>3</b> = high chance of dozing or sleeping
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<b>Situation</b>	<b>Chance of Dozing or Sleeping</b>
Sitting and reading	
Watching TV	
Sitting inactive in a public place	
As a passenger in a motor vehicle for an hour or more	
Lying down to rest in the afternoon when circumstances permits	
Sitting and talking to someone	
Sitting quietly after lunch without alcohol	
In a car while stopped for a few minutes in traffic	
<b>Total score (add scores up)</b> (This is your Epworth score)	

*If your Epworth score is over a 10, it may be an indication that you have excessive daytime tiredness, which may be related to the quality of your sleep. Further assessment can help determine the type of sleep disturbance and the recommended treatments.*

## SUBSTANCE ABUSE – CAGE AID

The Cage Aid is widely used as a screening test for problem drinking. The questionnaire takes less than one minute to administer and is meant to find those who drink excessively and need treatment. An answer of 'Yes' to any question below is indication that you may have a problem with substance use and should seek further evaluation.

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Patient Name: \_\_\_\_\_

Date: \_\_\_\_\_

When thinking about drug use, include illegal drug use and the use of prescription drug use other than prescribed.

Questions:	YES	NO
1. Have you ever felt that you ought to cut down on your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
2. Have people annoyed you by criticizing your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
3. Have you ever felt bad or guilty about your drinking or drug use?	<input type="checkbox"/>	<input type="checkbox"/>
4. Have you ever had a drink or used drugs first thing in the morning to steady your nerves or to get rid of a hangover?	<input type="checkbox"/>	<input type="checkbox"/>

*Again, these tests are only intended to help us decide if we have an issue that needs further help. They are not a final diagnosis. If they highlight an area of concern, though, then there are steps we can take to confront and resolve the issue.*