

INFORMATION FOR PROFESSIONALS

A Guide for Mental Health Providers Seeing a Patient with End Stage Renal Disease

WHAT IS END STAGE RENAL DISEASE (ESRD)?

If there is damage to the kidneys and there is a decreased ability to filter out toxins, this is called Chronic Kidney Disease (CKD). Millions of people in this country have the earlier stages of CKD. If kidney function drops to around 10%, this is referred to as End Stage Renal Disease (ESRD). Once the kidneys fail, patients need renal replacement therapy or they will not be able to live. The main causes for CKD in this country are diabetes and high blood pressure. Life expectancy is somewhat shortened for people with ESRD, but depending on the age at diagnosis, many people live for a long time while receiving renal replacement therapy.

HOW IS ESRD TREATED?

The ideal treatment for ESRD is a kidney transplant, but due to the shortage of donated kidneys the great majority of patients requiring renal replacement therapy are receiving hemodialysis. While other forms of dialysis are increasing in popularity the majority of the dialysis population in the USA is on in-center hemodialysis. Hemodialysis involves the artificial filtration of the blood through a machine. This process typically takes about 4 hours and is done 3 times a week in specialty hemodialysis centers.

WHAT ARE THE SPECIAL CHALLENGES A PATIENT MAY BE EXPERIENCING?

Clearly the dialysis treatment is quite demanding, often leaving the patient totally fatigued. Depression is very prevalent and anxiety is quite common as well. There is a restrictive diet and severe fluid restriction requirements for people on dialysis. The demands of the illness and its treatment are very high, and consequently compliance may be an issue. As with other demanding

chronic medical conditions there are often associated changes to social role, family dynamics and financial status. Patients with ESRD are at higher risk for sleep disturbance and may have pain associated with their condition. All of these challenges are placed on top of the usual demands of regular living. ESRD has a higher rate of comorbid depression than other chronic medical conditions.

WHAT TYPES OF MENTAL HEALTH TREATMENTS WORK?

There is limited data available specific to ESRD because psychiatric clinical trials usually exclude patients with ESRD. Unfortunately, data regarding the effectiveness and safety of psychotherapeutic agents in ESRD patients is also limited. A number of medications, such as tricyclic antidepressants, have resulted in adverse effects that need to be avoided. All psychotherapeutic medications should be started at low doses and increased carefully while being closely monitored. It is critically important to collaborate with the patient's nephrologist to tailor the appropriate therapy to address the needs of the patient.

SUGGESTIONS FOR WORKING WITH PEOPLE WHO HAVE COMORBID ESRD

Treatment burden is a major issue. Having additional outpatient appointments can be overwhelming for many dialysis patients, consider non-conventional modalities to supplement sessions in the event of exhaustion, dialysis schedule change or illness. Be mindful that the individual experience of ESRD is quite varied and that the additional burden imposed by the medical condition may be only peripherally related to the presenting mental health issue.