Perspectives: Treating Depression in Dialysis Patients

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THE NATIONAL FORUM OF ESRD NETWORKS

Today's Presenters

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The Patient Perspective

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Derek Forfang

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Depression in Dialysis: A Family in Crisis

The Research

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Principal Investigator,
The ASCEND Study

Disclosures

- Consultant, Lightline Medical
- Editor-in-Chief, *Clinical Journal of the American Society of Nephrology*
- Chair, Board of Trustees, Northwest Kidney Centers
- Chair, Approval Committee, Longitudinal Knowledge Assessment, American Board of Internal Medicine

Depression is Common with Dialysis Therapy

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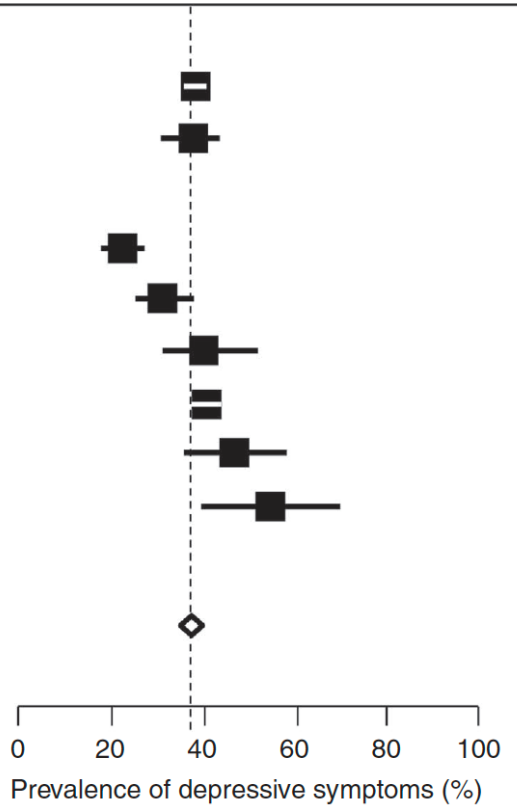
Study-level covariate	No. of cohorts	No. of participants	Prevalence of clinical depression Random effects (95% CI)	*P*-value for subgroup difference
Dialysis type				
Hemodialysis	134	36,369	38.5% (35.4–41.6)	0.73
Peritoneal dialysis	35	2796	37.3% (31.7–43.5)	
Diagnostic tool for depression				
Interview	28	2855	22.8% (18.6–27.6)	<0.001
HADS	23	3967	31.3% (25.5–37.6)	
CES-D	8	10,561	40.6% (30.5–51.6)	
BDI	87	9384	41.3% (37.9–44.7)	
Hamilton	9	592	46.9% (36.0–58.2)	
Zung	4	354	55.0% (39.1–70.0)	
All cohorts	198	46,505	36.8% (34.4–39.2)	

Heterogeneity Cochran Q=4236; I^2=95.3%, *P*<0.001

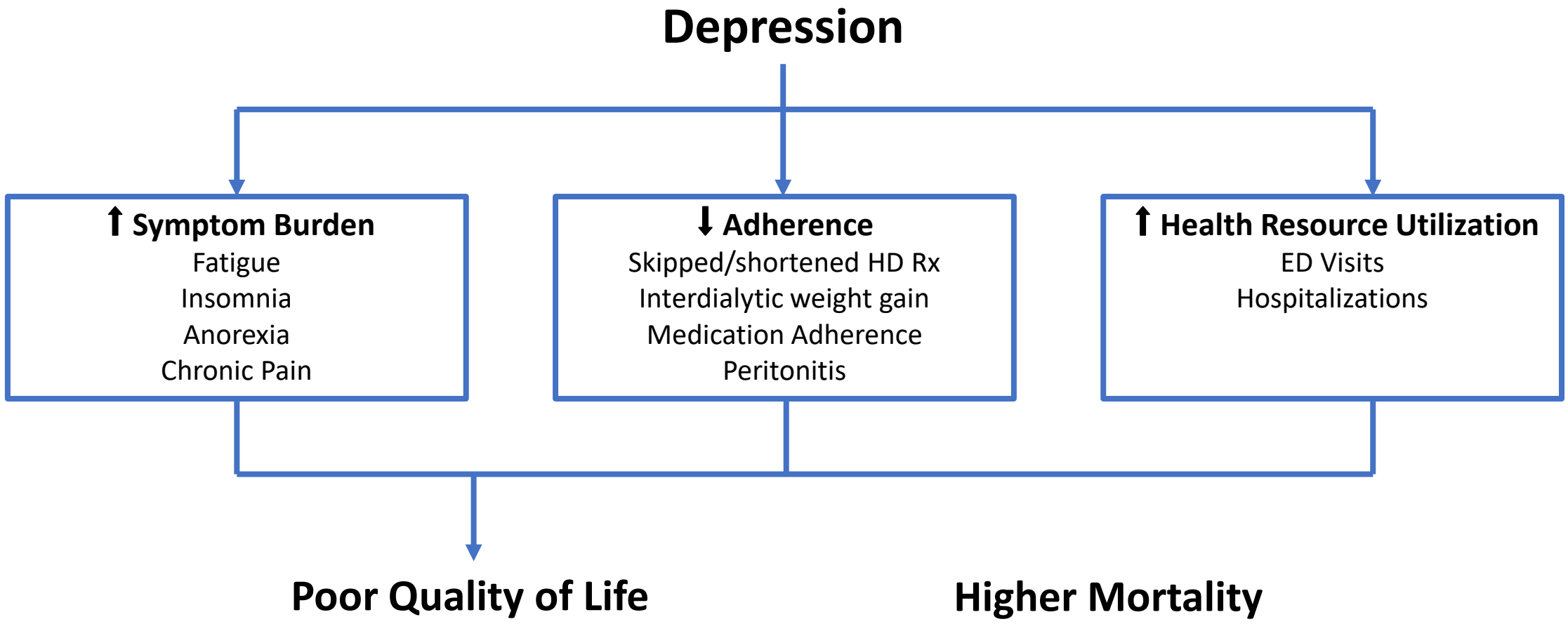


One in every three patients has significant depressive symptoms

Even more common during stress – hurricanes, pandemics

Palmer et al, Kidney Int 2013; 84: 179-91

Depression Has Far-reaching Consequences



Depression Does Not Just Go Away

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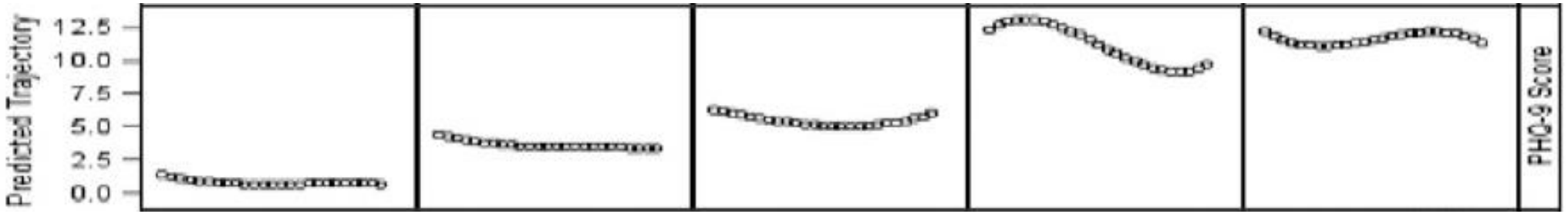
Monthly Assessments



Group 1	Group 2	Group 3	Group 4	Group 5
15%	42%	17%	13%	12%

Without treatment, people's mood generally remains the same month after month

Weisbord et al, Clin J Am Soc Nephrol 2014; 9: 1594-1602

PCORI-Funded Study for Treatment

Annals of Internal Medicine

ORIGINAL RESEARCH

Comparative Efficacy of Therapies for Treatment of Depression for Patients Undergoing Maintenance Hemodialysis

A Randomized Clinical Trial

Rajnish Mehrotra, MD, MS; Daniel Cukor, PhD; Mark Unruh, MD, MS; Tessa Rue, MS; Patrick Heagerty, MS, PhD; Scott D. Cohen, MD, MPH; Laura M. Dember, MD; Yaminette Diaz-Linhart, MSW, MPH; Amelia Dubovsky, MD; Tom Greene, PhD; Nancy Grote, MSW, MEd, PhD; Nancy Kutner, PhD; Madhukar H. Trivedi, MD; Davin K. Quinn, MD; Nisha ver Halen, PhD; Steven D. Weisbord, MD, MSc; Bessie A. Young, MD, MPH; Paul L. Kimmel, MD; and S. Susan Hedayati, MD, MSc

ASCEND: Two Goals

In people undergoing hemodialysis, with a diagnosis of depression (major depressive disorder or dysthymia):

- An engagement interview increases the acceptance of treatment for depression and
- There is significant difference in the efficacy of 12 weeks of treatment with cognitive behavioral therapy and sertraline drug therapy

Who Did We Enroll in the Study?

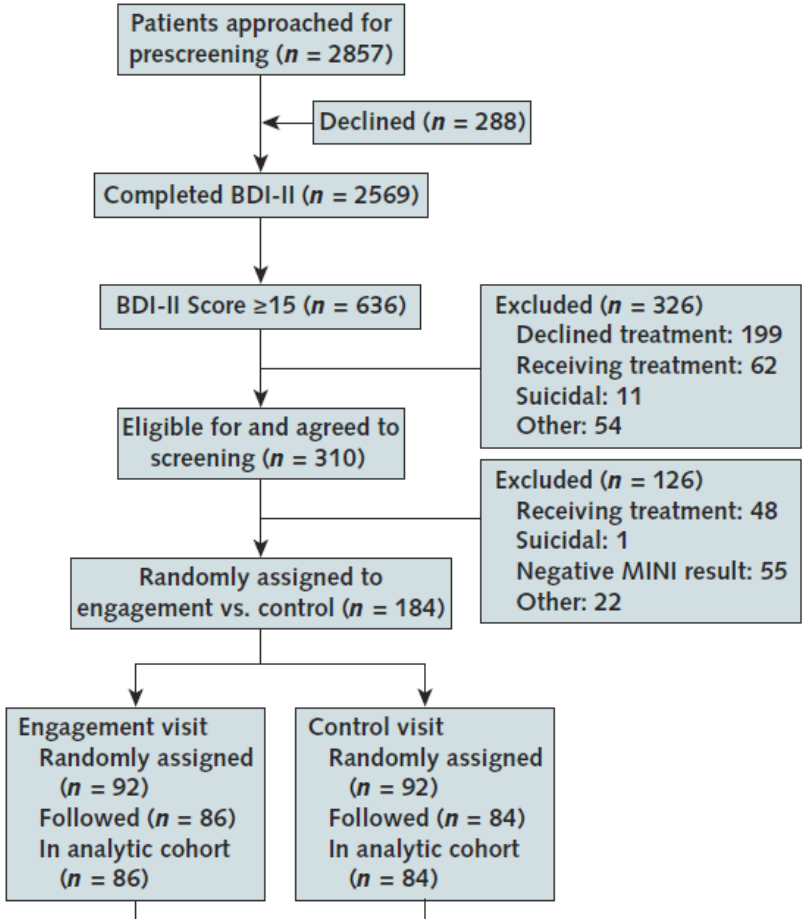
Inclusion Criteria

1. Age ≥ 21 years
2. Undergoing thrice weekly in-center HD ≥ 3 months
3. Able to speak English or Spanish
4. Beck Depression Inventory score ≥ 15
5. Meets diagnostic criteria for current major depressive episode or dysthymia on MINI

Key Exclusion Criteria (of 13)

1. Active suicidal intent
2. Intensive psychotherapy for treating depression
3. Current drug therapy with SSRI or SNRI at doses higher than minimally effective
4. Present or past psychosis on MINI
5. Alcohol or substance abuse on MINI or history in past 3 months

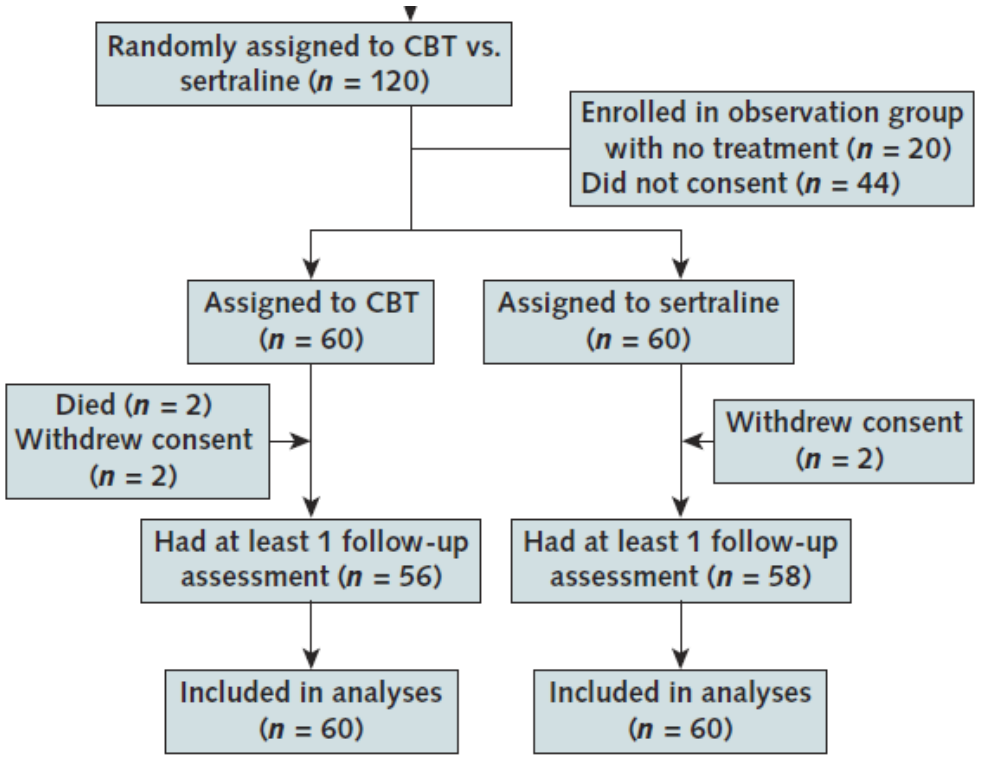
Enrollment of Study Participants for Phase I



Engagement interview did not work

- Engagement interview, 66%
- Control visit, 64%

How Was Treatment Given?



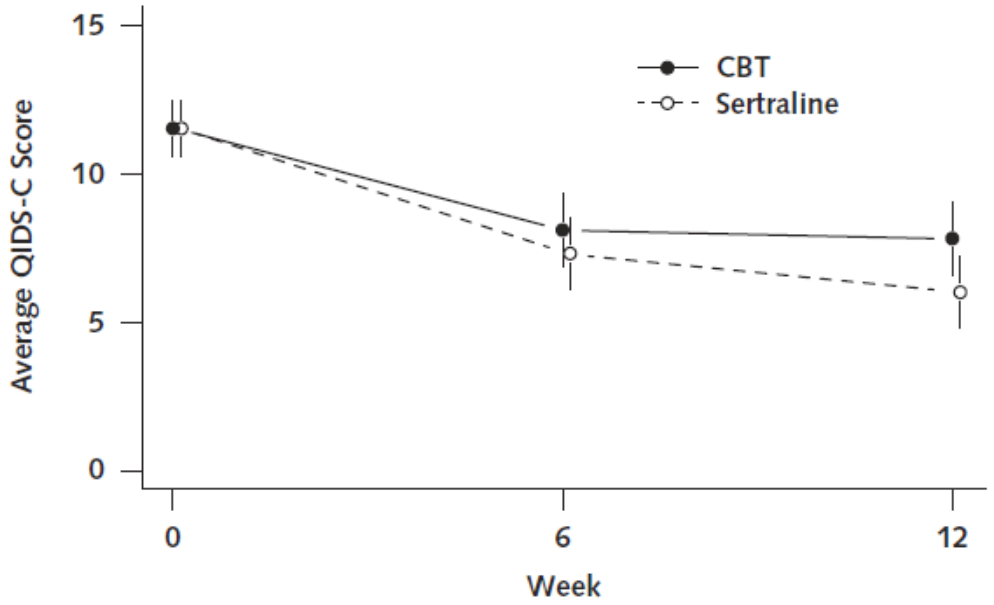
Cognitive behavioral therapy: Therapists drove from one unit to another to deliver face-to-face therapy to patients when they were dialyzing or after HD session

10 sessions scheduled over 12 weeks; 80% completed at least 8 sessions

Sertraline drug therapy: We started at 25 mg dose, increased to 50 mg in the second week. From third week onwards, dose could be increased by 50 mg every 2 weeks, if patient did not have side effects, max 200 mg.

Median dose at 12 weeks, 150 mg; 78% still taking medication at 12 weeks

What Happened with Treatment?



- Depressive symptoms got better with both
  - Magnitude of change was clinically meaningful
- Improvement with sertraline was slightly larger than with CBT:
  - Difference in effect with two treatments was not meaningful
- Both treatments worked

Were There Any Side Effects?

Adverse Events	Events, *n*		Patients With Any Event, *n* (%)		Rate Difference Between Sertraline and CBT (95% CI)*
	CBT	Sertraline	CBT (*n* = 60)	Sertraline (*n* = 60)	
Serious					
Total	13	18	11 (18)	14 (23)	0.08 (−0.11 to 0.28)
Death	2	0	2 (3)	0 (0)	−0.03 (−0.08 to 0.01)
Hospitalization/other	11	18	9 (15)	14 (23)	0.12 (−0.07 to 0.31)
Major bleeding	1	2	1 (2)	2 (3)	0.02 (−0.04 to 0.07)
Cardiac	4	4	3 (5)	4 (7)	0 (−0.10 to 0.10)
Gastrointestinal	1	1	1 (2)	1 (2)	0 (−0.05 to 0.05)
Infection	3	2	2 (3)	2 (3)	−0.02 (−0.10 to 0.07)
Other	2	9	2 (3)	8 (13)	0.12 (0.01 to 0.23)
Other					
Total	17	56	12 (20)	25 (42)	0.65 (0.25 to 1.05)
Gastrointestinal	11	22	7 (12)	15 (25)	0.18 (−0.04 to 0.40)
Cardiac	3	9	3 (5)	8 (13)	0.10 (−0.02 to 0.22)
Nervous system	0	8	0 (0)	6 (10)	0.13 (0.02 to 0.25)
Other	3	17	3 (5)	14 (23)	0.23 (0.08 to 0.38)

Key Messages

1. Depression is common in people on dialysis

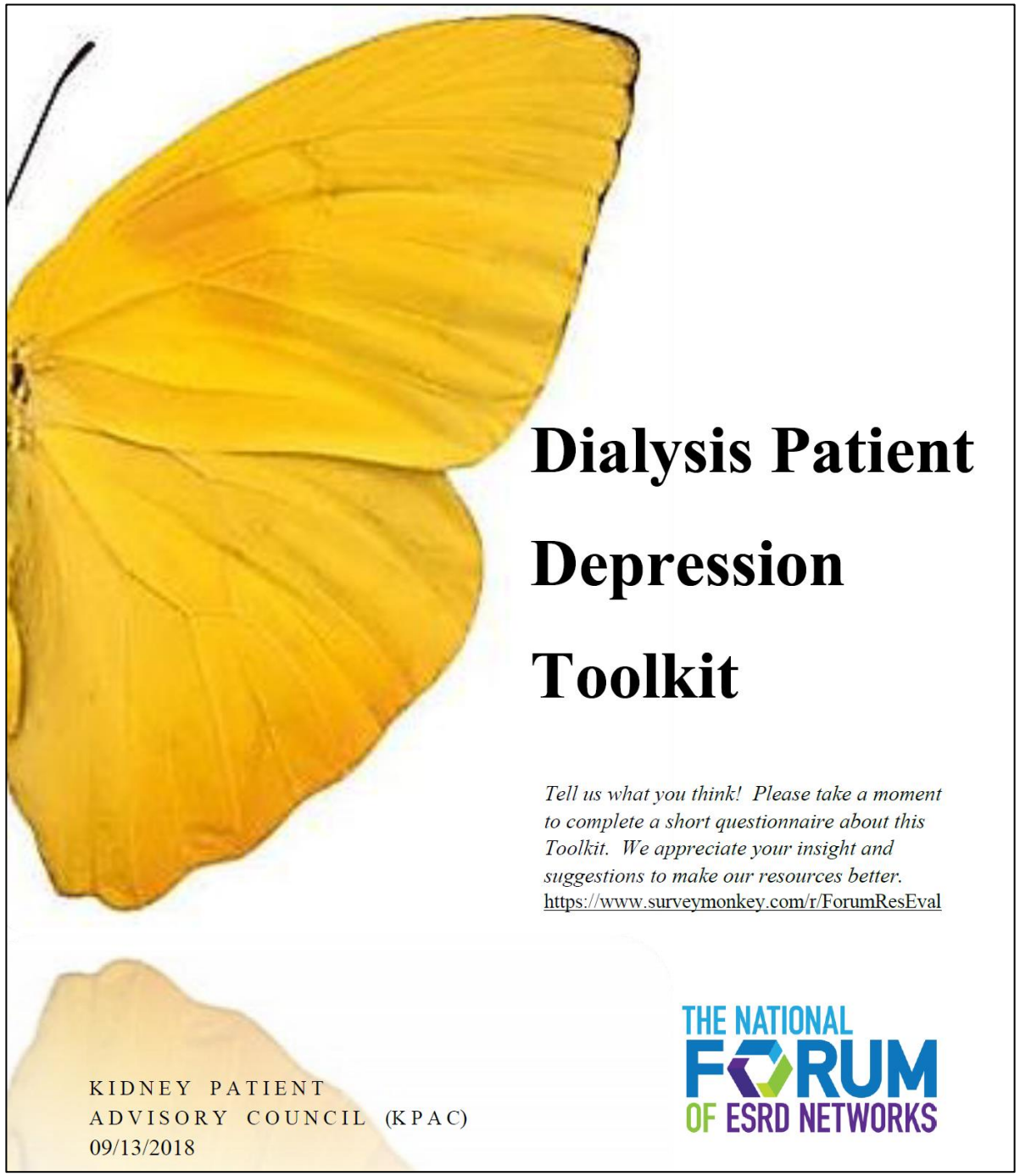
2. People either want treatment or they don't! Engagement interview did not work

3. It is possible to provide high-quality treatment in the dialysis unit, without the need to refer to outside specialist

4. High-level of adherence with both CBT and sertraline drug therapy

5. Depressive symptoms improved similarly with both treatments

6. Mild-to-moderate side effects were more common with sertraline than with CBT



Dialysis Patient Depression Toolkit

Tell us what you think! Please take a moment to complete a short questionnaire about this Toolkit. We appreciate your insight and suggestions to make our resources better.
https://www.surveymonkey.com/r/ForumResEval

KIDNEY PATIENT
ADVISORY COUNCIL (KPAC)
09/13/2018

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The Network Statement of Work

Renée Bova-Collis, MSW, LCSW

Patient Engagement Specialist,
Quality Insights Renal Network 5

Network Focus on Behavioral Health

- CMS-directed Statement of Work
  - Increase in percent of patients receiving/having received treatment by a mental health professional after screening positive for depression
- Known Barriers
  - Reporting of screenings in EQRS
  - Availability of/accessibility to mental health professionals
  - Stigma

Depression Screening Tools

- ESRD Medicare Conditions for Coverage
  - 494.90 Patient Plan of Care(a)(6)
    - "The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis."
- Beck Depression Inventory (BDI)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- EQ-5D
- Hamilton Depression Rating Scale (HAM-D)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR)
- Patient Health Questionnaire (PHQ-9)
- Children's Depression Inventory (CDI)
- Children's Depression Rating Scale (CDRS)
- Geriatric Depression Scale (GDS)

Source: https://www.apa.org/depression-guideline/assessment

Treatment Referral

- Community Services Boards (CSB)
- Hospitals with psychiatric services
- Primary Care Physicians
- More frequent dialysis options
- Normalize it

The American Academy of Family Physicians Foundation's Neighborhood Navigator: https://navigator.aafp.org/

Primary Care Behavioral Health (PCBH) Model: https://psychologyinterns.org/wp-content/uploads/Reiter2018_Article_ThePrimaryCareBehavioralHealth.pdf

Implicit Bias

- Impact on screening and referral
  - Behavior towards others
  - Distrust
  - Denial
  - Avoidance

- Strategies to address
  - Be aware of your biases and act on them
    - Implicit Association Test https://implicit.harvard.edu/implicit/takeatest.html
  - Learn about and value diverse peoples
  - Identify appropriate services
  - Create a safe environment
  - Mirror staff with the populations/communities served
  - Check out this guide: https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/team-based-approach.pdf

The Patient Perspective

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Resources

PCORI Evidence Updates:

- Cognitive Behavioral Therapy vs. Sertraline for Depression in Patients with Kidney Failure Receiving Hemodialysis (for Providers): https://www.pcori.org/sites/default/files/PCORI-Evidence-Update-for-Clinicians-CBT-vs-Sertraline-for-Depression-in-Patients-Receiving-Hemodialysis.pdf?utm_source=partner&utm_medium=email&utm_campaign=The+National+Forum+of+ESRD+Networks
- Treating Depression When You're on Dialysis (for Patients): https://www.pcori.org/sites/default/files/PCORI-Evidence-Update-for-Patients-Treating-Depression-When-Youre-on-Dialysis.pdf?utm_source=partner&utm_medium=email&utm_campaign=The+National+Forum+of+ESRD+Networks

Project Web Page - Depression in Dialysis Patients:
https://esrdnetworks.org/education/depression-in-dialysis-patients/

Podcast:
Depression and Dialysis – Reviewing the ASCEND Study
https://www.kidney.org/podcasts/kidney-commute

Kidney Patient Advisory Committee Dialysis Patient Depression Toolkit:
https://esrdnetworks.org/toolkits/patient-toolkits/dialysis-patient-depression-toolkit/

If you have additional questions or want more resources, please visit the Forum website at https://esrdnetworks.org/education/depression-in-dialysis-patients/ or contact the Forum:

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