

Depression and Anxiety in the Chronically Ill



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Depression



A loss of interest for two weeks or more, accompanied by five or more psychological, somatic or behavioral symptoms:

- Sadness
- Lack of energy
- Sleep/appetite disturbances
- Intense guilt
- Thoughts of suicide/death
- Psychomotor retardation
- Loss of concentration



**Incidence
of
Depression
among
Chronically Ill
Individuals**

- **Results range from 15-61% in various studies** (Chilcot, et. Al., c258)
- **20-25% of patients facing impending dialysis** (Lew and Piraino, 120)
- **20-30% of End Stage Renal Disease (ESRD) have been found to have depression** (Chilcot, et. Al., c258)

Anxiety



Emotional Symptoms

Feelings of apprehension or dread
Trouble concentrating
Feeling tense and jumpy
Anticipating the worst
Irritability
Restlessness
Watching for signs of danger
Feeling like your mind's gone blank

Physical Symptoms

Pounding Heart
Sweating
Nausea
Frequent urination
Shortness of breath
Muscle tension
Headaches
Fatigue
Insomnia

Anxiety Sensitivity (AS)



AS is a cognitive risk factor to developing anxiety and has been shown to increase risk of developing panic disorder.

Defined as “the fear of anxiety-related sensations due to belief that these sensations may be harmful”

(Norman and Lang, 154)

Anxiety Sensitivity (AS)



Psycho-educational and behavioral interventions for AS and other risk factors have been effective in reducing anxiety symptoms

Research is Lacking



The co-morbidity of mental illnesses such as depression and anxiety are under-reported, understudied, and not well understood.

Questions about these illnesses and their contribution to illness severity and/or complications are numerous.

“Why do 20% of ESRD patients withdraw from dialysis?”

**“You’ve got to know when to hold
‘em, know when to fold ‘em”**



What is your role in the multidisciplinary Treatment Team?

Nurse

Dietician

Physician

Social Worker

Psychologist

Physical Therapist

Other?

Case Management vs. Psychotherapy

Case Management

Definition

“Case management is a collaborative process that assesses, plans, implements, coordinates, monitors, and evaluates the options and services required to meet the client's health and human service needs. It is characterized by advocacy, communication, and resource management and promotes quality and cost-effective interventions and outcomes.”

http://www.ccmcertification.org/pages/13frame_set.html

Psychotherapy

Definition

“Psychotherapy is a general term for a process of treating mental and emotional disorders by talking about your condition and related issues with a mental health provider.”

<http://mayoclinic.com/health/psychotherapy/MY00186>

Combination Medication and Psychotherapy?



Variable	Medication	Combination	Therapy*
low depression	20.3	43.1	15.9
high depression/ low anxiety	24.1	57.9	11.5
high depression / high anxiety	6.4	16.8	13.4

Why a Psychiatrist?



Every physician has a specialty focus

Internal medicine

Endocrinology

Family practice

Psychiatry

How does a patient choose?

**A psychiatrist's sole focus is on
psychotropic medications**

Less than 50% of dialysis patients agree to undergo treatment for depression



41%	“I do not feel anxious and/or depressed”
16%	“I feel anxious and/or depressed but do not need help”
11.7%	“I am strong enough to handle my own problems”
6.8%	I don't know who to call or ask for help
5.8%	“I don't have time to visit another physician...”
4.9%	“My feelings of depression and/or anxiety will get better on their own”
3.9% (tie)	“I am not comfortable discussing my feelings with others” <i>and</i> “I'm afraid to take more medicine”

National Depression Screening Day: October 8th, 2009



Check for sites near you at:

<http://www.mentalhealthscreening.org/events/ndsd/index.aspx>

**anxiety awareness in the spring –
usually in May**

Does Multidisciplinary = Medical Family?



The dialysis unit is “just like family” according to many patients.

Open disclosure is no longer “taboo”

Open communication and more personal supportive interaction may enhance:

**Mental health of patients
and
Job satisfaction**

References

- Ambar, K., Priyanka, K., Prabhpreet, S., Ohm, R., Deena, D., Sandeen, M., Suresh T., Kumar, G. (2007). Clinical characteristics associated with depression in chronic kidney disease: an Indian perspective. *Indian Journal of Nephrology*, July 2007, 17(3), 102-103.
- Chilcot, J., Wellsted, D., Da Silva-Gane, M., and Farrington, K. Depression on Dialysis. (2008). *Nephron Clinical Practice* 108, c256-c264. DOI: 10.1159/000124749.
- Johnson, S., and Dwyer, A. Patient perceived barriers to treatment of depression and Anxiety in hemodialysis patients. (2008). *Clinical Nephrology* 69(3/2008) 201-206.
- Odden, M., Whooley, M., Shilpak, M. (2006). Depression, stress, and quality of life in persons with chronic kidney disease: the heart and soul study. *Nephron Clinical Practice*, 2006 (103), c1-c7. DOI: 10.1159/000090112.
- Lew, S., and Piraino, B. Quality of life and psychological issues in peritoneal dialysis patients. (2005). *Seminars in Dialysis*. 18(2), 119-123.
- Lopes, A., Albert, J., Young, E., Satayathum, S., Pisoni, R., Andreucci, V., Mapes, D., Mason, N., Fukuhara, S., Wikstrom, B., Saito, A., and Port, F. Screening for depression in hemodialysis patients: associations with diagnosis, treatment, and outcomes in the DOPPS. (2004). *Kidney International*, 66(2004), 2047-2063.
- Manber, R., Kraemer, H., Arnow, B., Thase, M., Klein, D., Gelenber, A., Trivedi, M., Rush, A., Rothbaum, B., Kocsis, J., Keller, M. Faster remission of chronic depression with combined psychotherapy and medication than with each therapy alone. (2008). *Journal of Consulting and Clinical Psychology*, 76(3), 459-467. DOI: 10.1037/0022-006X.76.3.459.
- Norman, S., and Lang, A. The functional impact of anxiety sensitivity in the chronically physically ill. (2005). *Depression and Anxiety*, 21, 14-160.
- Swartz, R., Perry, E., Brown, S., Swartz, J., Vinokur, A. Patient-staff interactions and mental health in chronic dialysis patients. (2008). *Health and Social Work* 33(2), 87-92