

BC
Nephrology
and
Renal Transplant Days
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Attending to Anxiety and Depression: Fundamental to Successful Transitions

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Goals of Session

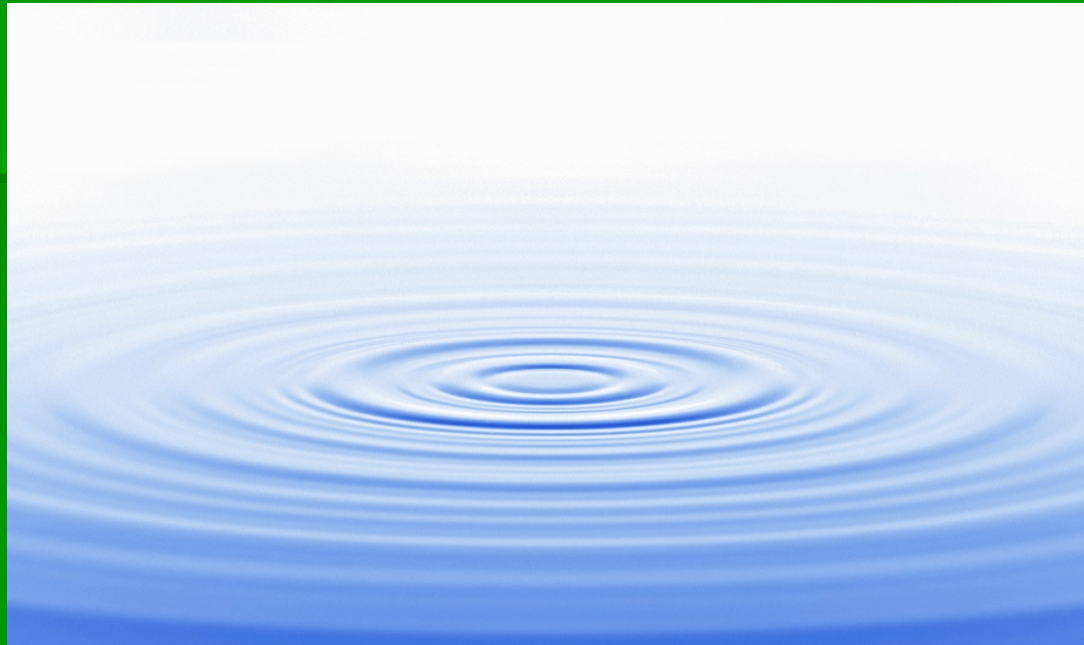
- Increase understanding of how the diagnosis of CKD carries risk factors for anxiety and depression that may interfere with education and adaptation to chronic disease
- Clarify social work role/ bio-psychoemotional assessment with regards to these dimensions
- Develop appreciation for assessment and interventions for anxiety and depression including appropriate use of screening tools
- Enhance capacity for interdisciplinary team to partner with the patient to facilitate appropriate treatment choices and successful transitions

Overview of Session

- Anxiety and Depression in Renal
- Risk Factors for Renal Population
- Role of Nephrology SW
- Psychoemotional Assessment
- Appropriate use of Screening Tools
- Social Work Interventions
- Case Studies
- Recommendations
- Q & A

The Literature Review

- Across Disciplines
 - Range of Publications
 - Around the Globe
-



Goals for KCC

- Preserve kidney function
- Delay the onset of dialysis
- Encourage self-management
- Reduce hospitalizations & ER visits
- Prepare for dialysis, transplantation or EOL

...Avoid Unplanned Starts

Haida Proverb



"Tell me and I'll forget
Show me and I may not remember
Involve me and I'll understand"

Risks for A&D in CKD

- % of aging patients
- % with co-morbidities, e.g. vascular
- % with poorly managed diabetes
- % with chronic pain issues
- % with diagnosed anxiety/depression & other mental health issues
- % with subclinical or undiagnosed anxiety/depression

Risks and Diagnosis

The underlying cause of the individual's CKD carries additional very specific risk factors

- secondary to congenital obstruction
- secondary to genetics/losses
- secondary to health crisis/trauma
- secondary to cancer or treatment



Compounding CKD and Anxiety/Depression

- A CKD diagnosis may exacerbate or trigger anxiety/depression
- Anxiety/depression impact ability to process information, challenges motivation and functioning, interferes with decision making, and affects attitude and judgment
- Has consequences for outcomes

What does that look like?

- Catastrophizing
- Minimizing
- No shows
- Resistance
- Non-Compliance
- Early Mortality

Issues with Self-regulation/management

"Appreciation that the SDM-IV often stumbles in the context of old age, catastrophic illness, and imminent death and that depression is a heterogeneous condition with multiple causes."

Beck, DA, Koennig, GH, & Beck JS. (1998). Depression. *Clinical Geriatric Medicine*, 14: 765-86.

Screening Tools

- HAD Assessment
- PHQ (Full and Brief)
- Beck Anxiety Inventory
- Burns Anxiety Inventory
- GAD 7
- Geriatric Depression Screen
- Hamilton Rating Scale
- Zung
- SAFER - The Older Adult Suicide Risk

Limitations of Screening

- Self Assessment/Requires Insight
- Void of Collateral Information
- Confounding aspects of symptoms
- Can be experienced as invasive
- Denial

...Many cases go undetected

...What to do with the outcomes?

Bridging the Gap

“



"MSWs are trained to recognize the signs and symptoms of mental illnesses and can help guide the team response."

Prescott, 2006



Renal Social Worker

- Conducts comprehensive psychoemotional assessments
- Addresses high risk factors in the areas of adaptation to chronic illness
- Provides consultative and direct services to patients, families and healthcare professionals
- Provides comprehensive therapeutic clinical counselling services
- Initiates, develops, carries out & disseminates research

- “Unless I open up with you, unless you understand me and my unique situation and feelings, you won’t know how to advise or counsel me. What you say is good and fine, but it doesn’t quite pertain to me.”

- Covey, Stephen, 1994.

Counselling Approaches

- Motivational Interviewing
- Crisis Intervention
- Loss and Grief
- Trauma
- Problem-solving
- Cognitive-behavioural
- Interpersonal

Documentation

- Pre and Post Diagnosis Counselling
- Anxiety and Depression
- Mental Health Concerns
- Clinical Pathway
- Adjustment/Transition Counselling
- Treatment Decisions

Referrals/Liaison to:

- Family Physician
- Seniors Clinics
- Mental Health
 - MH Support Groups
 - ASTAT, Geriatric MH
- Community MH Support Groups
- Community Counselling Programs
- Psychologists and other therapists
- Support referrals for psychiatric consults
- Bounce Back/On Line

Transitions

- Diagnosis/Post-Diagnosis
- Change in Stage
- Decision Making
- Dialysis Access Procedures
- Dialysis Starts
- Renal Transplant
- Addressing EOL
- Palliative Care

One recent study suggested that 44% of patients in the early stages of dialysis treatment met the criteria for depression

Watnic, S et al. (2003). The prevalence and treatment of depression among patients starting dialysis. American Journal of Kidney Disease 41 (1) 105-110.

CASE STUDIES

Supports Program Goals

- Adjustment to Diagnosis
- Adjustment to Chronic Disease
- Optimal Engagement
- Address Non-Compliance
- Optimizes Self Management
- Ensure Informed/Ethical Decision Making
- Supports Successful Transitions

Educational interventions may be inappropriate for patients who cannot benefit from information because of cognitive, psychiatric, or psychological symptoms; renal clinicians should directly treat these concerns before implementing education programs.

Curtis, C; Rothstein, M., & Hong, B., 2009



What Next:

- Markers
- Data
- Stats
- Future Research
- ?
- ?

Questions

