BC KIDNEY DAYS

Hosted by BC Transplant and the BC Renal Agency

2015

Anxiety and Depression: Screening, Intervention, and Referrals

Abbotsford
Kidney Care Clinic

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Goals of Session

- Understand the BCRA Kidney Care Clinic Depression and Anxiety Guideline
- Make appropriate referrals within the Renal Team for screening, assessment, & intervention
- Make referrals for ongoing assessment, intervention, and management

Overview of Session

- Anxiety & Depression in Renal
- Symptoms and Indicators
- BCRA Guideline Recommendations
- Assessment and Use of Tools
- Interventions
- Case Studies
- Referrals for Further Assessment/Management
- Q & A

Under the Surface

What is Depression?

- A mood disorder that affects how a person feels, thinks or behaves
- Triggered by biological, psychosocial or environmental factors, such as traumatic life events (e.g., diagnosis of CKD)
- Major Depressive Disorder (MDD) is the most commonly diagnosed mental health disorder
- MDD is a "spectrum" disorder and can range from mild to severe

Non-dialysis CKD population:

- Reported prevalence rates using self-administered questionnaires range from 7% (Ricardo AC et al, 2010) to 47% (Lee, YJ et al, 2013)
- One study that used a semi-structured interview format reported a 20% prevalence rate (Hedayati, SS et al, 2009)

Dialysis Population:

- Prevalence rates of 20% - 30% are commonly reported (Hedayati, SS et al, 2006) (Watnick S et al, 2005) (Lopes AA et al, 2002)
- Rates are generally at the lower end when a semi-structured interview (vs semi-structured questionnaire) format is utilized to diagnose MDD.

Prevalence in Renal Population

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

Watnic et al. (2003)

What is Anxiety?

- An adaptive response
- A disorder when excessive & uncontrollable
- Manifests with a range of affective symptoms & changes in behaviour and cognition
- Generalized, Phobias, Post-traumatic, and Panic Disorders

Non-dialysis CKD population:

- 28% (Lee, YJ et al, 2013)
- 54% (Peng, t et al, 2013)

Dialysis population:

- Prevalence rates of30% (Taskapan, H et al, 2005)
- 46% (Cukor, D et al, 2009)

CKD and Anxiety/Depression Compound

- 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 chronic disease/treatment outcomes

What does that look like?

- Catastrophizing
- Minimizing
- No Shows
- Resistance
- Non-Compliance
- Self-Regulation/Management Issues
- Early Mortality

Manifests in KCC

- Reluctance to book appointments, frequent cancellations and/or no shows
- Difficulty in understanding/ concentrating on information provided (and/or signs of being overwhelmed)
- Issues with self-care (including medication adherence issues)
- Complaints of aches and pains

Manifests

- Weight gain or loss
- Sleep disturbances
- Dismissing or contradicting concerns raised by healthcare providers or family
- Focusing conversation to safer topics (e.g. one aspect of CKD (e.g., GFR or diet)
- Defers to family/caregiver and/or signs of caregiver exhaustion

Manifests

- Loss of motivation for interests and relationships, withdrawal
- Reports of memory concerns
- Irritability with spouse/family members/KCC staff
- Frustration amongst KCC team and/or "blaming" patient for lack of follow-through with treatment plan

Bridging the Gap

BCRA Recommendations

#1 Be alert to clinical symptoms
- Universal screening not recommended
- If symptoms identified refer to KCC Social Worker for further assessment

#2 Orientate KCC staff & physicians
- Symptoms of depression & anxiety
- Approaches with working with those with symptoms of depression & anxiety

#3,#4,#5 – see Algorithm

Refer to Primary Care Provider (PCP) family physician, nurse practitioner or walk in clinic

"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)

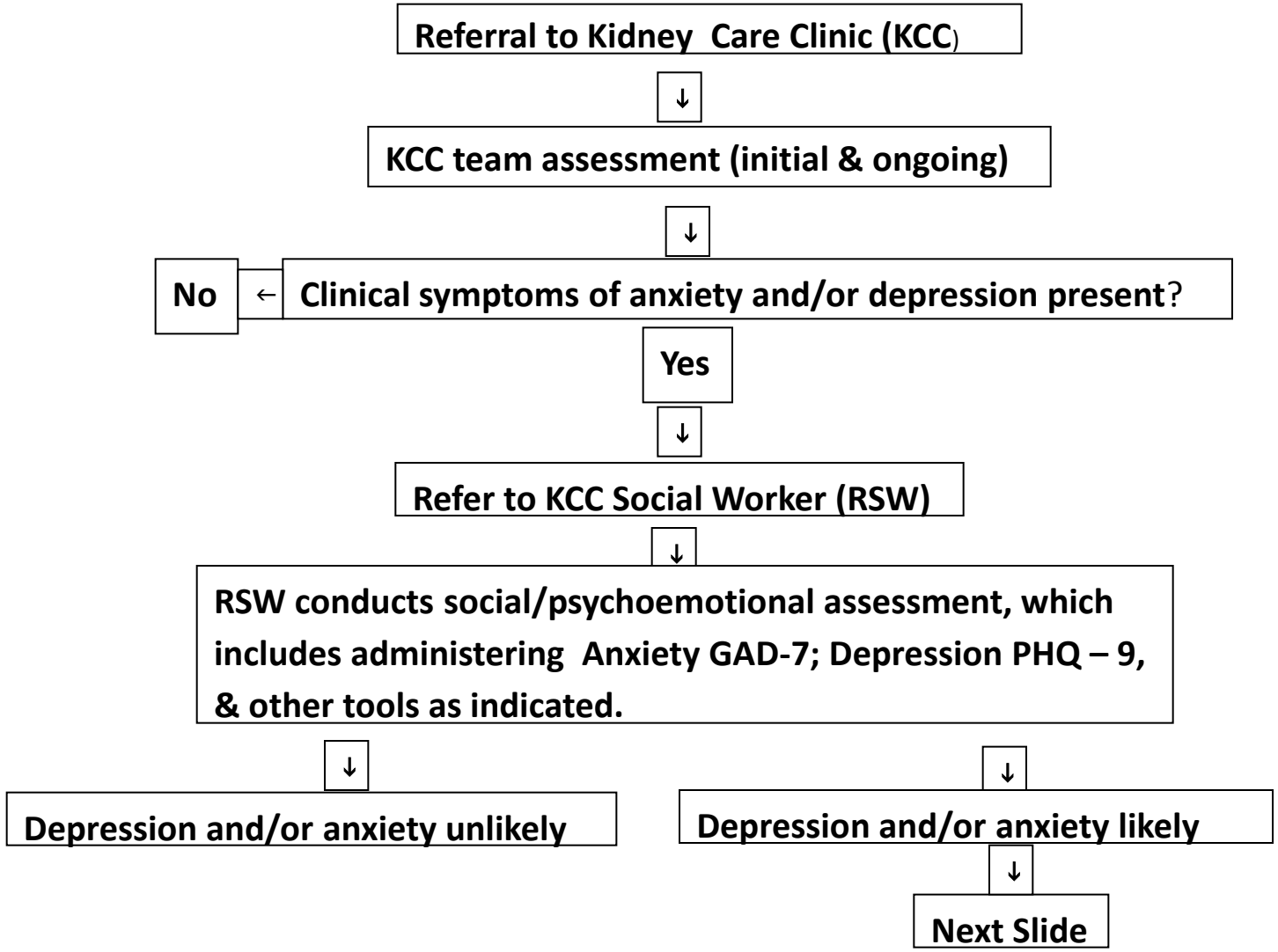
PHQ 9

- Most commonly used by family physicians
- Communication enhanced with PCP
- Nine question screening tool
- Administered in a face –to face interview
- Useful for ongoing monitoring
- Validated in populations with multiple comorbidities

GAD 7

- Most commonly used by family physicians
- Communication enhanced with PCP
- 7 Question screening tool
- Good sensitivity for generalized, panic, social disorders and PTSD
- Useful for ongoing monitoring
- Measure of severity but a clinical interview is required to confirm the presence and type of disorder

Depression/Anxiety Algorithm for KCC Patients



Scoring of Depression and/or Anxiety

Mild to Moderate

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- SW address readily resolvable issues and collaborates with patient on plan
- Clinical Interventions (psycho-education, brief therapeutic interventions, limited counselling sessions
- Explore appropriate resources (see Appendix 1),
- Refer to Primary Care Provider (PCP), and for further assessment/intervention as indicated (HA Mental Health, Geriatric MH)

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Communicate findings and actions to KCC team and document on health record)

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Ongoing monitoring & intervention, as appropriate

Scoring of Depression and/or Anxiety

Moderate to Severe

Assess Suicidality Risk

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Yes

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Immediate follow-up as appropriate

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- **Contracting and Safety Plan**
- **Crisis Line/Suicide Prevention**
- **Urgent Psychiatric Consult**
- **Transport to Emergency**

No

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- **Address readily resolvable issues**
- **Develop action plan**
- **Clinical Interventions (psycho-education, brief therapeutic, limited counselling)**
- **Explore appropriate resources (see Appendix 1),**
- **Refer to Primary Care Provider (PCP) and for further assessment/intervention as indicated (HA Mental Health, Geriatric MH)**
- **Fax completed GAD-7/PHQ-9 and Physician Information Sheet**

Treatment of Depression and Anxiety

- Non-pharmacological treatment is preferred for mild to moderate anxiety & depression

- Combined pharmacological treatment and non pharmacological clinical approaches for severe anxiety & depression

SW Interventions are:

- Based on theory and research
- Brief
- Targeted
- Focused
- Support the patient
- Support the goals of Renal Program
- Outcome Driven

Include:

- Therapeutic Use of Self
- Crisis Intervention
- Cognitive-behavioural
- Mindfulness-based stress reduction
- Problem-solving
- Loss and Grief
- Motivational Interviewing
- Interpersonal Therapy
- Symptom Targeted Intervention

Case Studies

- Resolving anxiety related to diagnosis and transitions
- Collaborating on referrals
- The suicidal patient

Referrals to:

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

Questions

Reference List

•Anxiety and Depressive Symptom Scales: a systematic review. *General Hospital Psychiatry*, 32, pp. 345 - 359.

Callahan, MB. (2007). Begin with the end in mind: The value of outcome-driven nephrology social work. *Advances in Chronic Kidney Disease*, 14 (4) 409-14.

Canadian Coalition for Seniors Mental Health. (2006). *National guidelines for seniors mental health: The assessment & treatment of depression*. Canada.

•Curtis, C; Rothstein, M., & Hong, B., (2009). Stage specific educational interventions for patients with end-stage renal disease: Psychological and psychiatric considerations. *Progress in Transplantation*, 19 (1) 18-24.

•Detweiler-Bedell, J, Friedman, MS, Leventhal, H; Millier, I, & Leventhal, E, (2008). Integrating co-morbid depression and chronic physical disease management: Identifying and resolving failures in self regulation. *Clinical Psychology Review*, 28 1426-46.

Eak, SM., Greno, C., & Lee, B. (2006). Limitations of the Patient Health Questionaire in identifying anxiety and depression in community mental health; Many cases are undetected. *Research in Social Work Practice*, 6 (6) 625-31.

•Lee, YJ et al. (2013, April). Association of depression and anxiety with reduced quality of life in patients with predialysis CKD. *Int J of Clin Pract*, 67(4), pp. 363-368.

•Lopes AA et al. (2002). Depression as a predictor of mortality and hospitalization among hemodialysis patients in the United States and Europe. *Kidney Int*, 62, pp. 199-207.

•Nagler EV, Webster AC, Vanholder R, et al. Antidepressants for depression in Stage 3-5 chronic kidney disease: a systemic review of pharmacokinetics, efficacy and safety with

Reference List

recommendations by European Renal Best Practice (ERBP). *Nephrol Dial Transplant* 2012; 27:3736-45.

•Novak, M. (2013). Depression in patients wtih CKD (Presentation). *Psychonephrology: the psychosocial impact of CKD*.

•Odden, MC et al. (2006). Depression, stress and qualit yof life in persons with CKD: the Heart and Soul Study. *Nephron Clin Prac* 2006, 103, pp. c1-7.

•Patten, SB and Lee, RC. (2005). Describing the longitudinal course of major depression using Markov models: data integration across three national surveyes. *Popul Health Metr,* 3, p. 11.

•Preljevic, VT et al. (2012). Screening for anxiety and depression in dialysis patients: comparison of the Hospital Anxiety and Depression Scale and the Beck Depression Inventory. J *Psychosom Res*, 139 - 144. doi:10.1016/j.jpsychores.2012.04.015

•Ricardo AC et al. (2010). Depressive symptoms and CKD: results from the National Health and Nutrition Examination Survey (NHANES), 2005 - 2006. *Int Urol Nephrol*, 42, pp. 1063-1068.

•Spitzer, RL et al. (2006). A brief measure for assessing generalized anxiety disorder - the GAD-7. *Arch Intern Med*, 166, pp. 1092-1097.

•U.S. Preventive Services Task Force. (2009). Screening for depression in adults: U.S. Preventive Services Task Force recommendation statement. *Ann Intern Med*, 151, pp. 784 - 792.

•Watnick S et al. (2005). Validation of 2 depression screening tools in dialysis patients. *Am J Kidney Dis*, 46, pp. 919-924.

•Wittchen, HU et al. (1994). DSM-III-R generalisted anxiety disorder in the National Comorbidity Survey. *Arch Gen Psychiatry*, 51, pp. 355 – 364.