Studies show that peer support is effective for patients with kidney disease and in long-term dialysis therapy. Peer support has also been shown to be effective for patients with cancer, diabetes, heart disease, depression, HIV/AIDS, multiple sclerosis, brain injury, burns, amputation, and numerous other health conditions.

The National Kidney Foundation (NKF) has a new program that matches patients in need of support with peer mentors who are positive role models.
Benefits of Peer Support

Living with a chronic illness requires education and emotional support to help make the necessary changes to cope and adapt. Yet in today’s world, meeting these needs is a challenge for both patient and clinician alike. There is limited time during office visits for clinicians and their staff to alleviate all the fears or answer all the questions a patient might have, especially if the patient is newly diagnosed or is having trouble coming to terms with the disease. In addition, clinicians cannot provide the perspective of shared experience and common concerns.

Programs that mobilize peer support can help. They are effective and economical. Peer support programs use laypeople—often someone who is living with the same disease—to assist other patients in managing their own health. Peer support is reported to be beneficial to patients with kidney disease and in long-term dialysis therapy. It has also been shown to be effective in patients with cancer, diabetes, heart disease, depression, HIV/AIDS (human immunodeficiency virus and acquired immune deficiency syndrome), multiple sclerosis, brain injury, burns, amputation, and numerous other health conditions.

SOCIAL SUPPORT IMPROVES SURVIVAL

Patients who are living with chronic kidney disease or starting treatment for kidney failure face many challenges. The emotional and economic stresses can feel overwhelming to patients and their families. This can have a profound effect on their quality of life and response to treatment. It can lead to depression and anxiety due to factors that include:

- feeling poorly
- the need to make significant changes in lifestyle
- functional limitations and the need to adhere to treatment regimens (including dialysis schedules, diet prescription, and water restriction)
- comorbidities and related hospitalizations
- symptoms caused by advanced kidney disease or kidney failure
- fears and uncertainty about death, disability, and sexual decline
- loss of one’s role and identity (including loss of employment)

Studies show that depression in patients with chronic kidney disease is common. Feroze and colleagues report that it is 3 times higher in patients with kidney failure than in the general population. It is also an independent risk factor for mortality and morbidity. According to Drayer and colleagues, depressed patients with kidney failure have 4.1 times the mortality rate of nondepressed patients (see Figure 1). Moreover, there is a strong association between suicide and a depressed state of mind. Depression is estimated to account for a death rate of 0.2% per 1000 dialysis patient-years at risk.

Feeling socially isolated is another problem for patients who are starting or living with dialysis. Kidney failure and its treatments can restrict daily activities, employment, family life, and social relationships. This can lead to feelings of isolation. Feeling socially isolated can be stressful and anxiety-provoking. This, in turn, can produce physiologic changes that affect the immune system which, if prolonged, can lead to higher rates of illness and death.

Social support helps. It has been shown to improve survival and quality of life in dialysis patients. Syrrister and Friend report that optimism and self-esteem in patients with kidney failure increases with social support, which in turn decreases depression. Moreover, having social support has been consistently linked to better health outcomes in patients with cancer, diabetes, heart disease, and other conditions.

Benefits of Peer Support

Peer mentorship has been shown to be highly effective in helping kidney patients adjust to dialysis and approach end-of-life planning, and in alleviating fears about kidney transplantation. It also improves depression, social isolation, self-esteem, and self-management. This, in turn, leads to better health and survival.

PEER SUPPORT IS EFFECTIVE BECAUSE IT IS A SHARED EXPERIENCE

Peer support works because patients are able to give each other something the clinician does not have—shared life experience. It is support from the perspective of someone who has “been there.” Research shows that people often cope better when they interact with peers with whom they identify and share common experiences. In this way, feelings are validated, social isolation and stigma are reduced, hope for the future and optimism grow, and experiences are normalized.

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Patients with kidney disease, kidney failure, or a kidney transplant can call 855.653.7337 (855-NKF-PEER) to become a mentor or mentee. To learn more about the NKF’s Peer Support program see back cover.
Can chronically ill patients mentor others?

Healthcare professionals may wonder whether chronically ill patients with limited training can mentor other patients. Research shows they can. In numerous studies, healthcare professionals have successfully used the skills of volunteer patients who were elderly, disadvantaged, or chronically ill. Peer mentoring works because it is a mutual relationship that involves sharing real-life experiences with others who are facing similar challenges. Peer mentors do not offer medical advice. They are trained to refer patients back to the healthcare team if medical questions arise. Peer mentors provide:

- Empathy and understanding
- Confirmation that one is not alone in suffering
- Positive role models of coping
- Hope for the future

Furthermore, it is easier for many people to discuss a problem or concern with someone of their own age, background, or with similar health problems. Having support from someone who has ‘been there, too’ gives patients hope. It provides what the clinician cannot give—a shared experience with the potency of common concerns.

Figure 2 Correlation of hope with the quality of life in patients with kidney failure.

<table>
<thead>
<tr>
<th>Hope</th>
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<tbody>
<tr>
<td>Improvement</td>
</tr>
<tr>
<td>Acuity</td>
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<td>Reducetion</td>
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Hope was defined as an active cognitive process of belief in one’s capacity to produce goals, as well as goal-directed determination, energy, and a positive sense of planning to meet goals. QOL indicates quality of life.

\[ P < .001 \] \[ ±P < .05 \]

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Peer support helps people adjust

As kidney disease progresses to kidney failure, patients must begin evaluating treatments to decide which is right for them—dialysis or transplantation. For many, this is a stressful time. Not only must they adjust to life with a chronic illness, but they must make difficult choices about treatments that will profoundly impact their lives. In one study, many patients “described the ‘shock’ of being told they must start treatment for kidney failure and said they had found it helpful to talk to other patients.” However, the conversations mostly happened by chance in clinic waiting rooms. The patients suggested creating a formal peer support system in which patients who are about to begin treatment can speak with others who have had experience with dialysis and transplantation.

Helping others improves the health of the helper

Providing social support to others can improve the health of the helper. Evidence shows that people who provide social support experience higher rates of physical health, life satisfaction, and lower rates of depression. They are more optimistic about their chances to live longer.

<table>
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<tr>
<th>Sense of Purpose</th>
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<td>One way in which volunteering improves well-being is through the sense of purpose it provides, especially in older adults. Kidney failure disproportionately affects older adults. Stevens and colleagues report that the median age of new dialysis patients is 65 years, and the fastest growing age group is over 75 years. Recent data from the National Health and Nutrition Examination Study (NHANES) suggest that kidney disease is present in 38% of people over 65 years old compared with 13% in the overall US population.</td>
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Reprinted with permission from Kopple and colleagues.

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<th>Well Being</th>
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<tr>
<td>Social support has been shown to improve the well-being of people of all ages, including chronically ill adolescents, young people with anorexia, or HIV/AIDS, and breastfeeding mothers. It has been known to benefit survivors of breast cancer, and people with depression. It helps those with or without a chronic illness. Simply put, the very act of helping others makes people feel good about themselves. It fosters a sense of accomplishment and competence.</td>
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<th>Knowledge Gain</th>
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<td>Helping others can reinforce the self-help skills of mentors. Those who help others become more knowledgeable and confident in their skills. As a result, they become better at managing their own health. In studies of patients with diabetes, peer mentors found meaning and experienced positive reinforcement for their own self-care by supporting their partner’s efforts to manage diabetes. This benefit has also been noted in patients with heart disease, kidney disease, physical disabilities, chronic pain, and other conditions.</td>
</tr>
</tbody>
</table>

Benefits of Peer Support
Phone-based peer support is effective

For your patients

A flyer describing the Peer programs to patients can be downloaded here:

For patients, telephone-based peer support is preferable because it:
- Provides anonymity and privacy
- Eliminates distance barriers and the difficulties of attending regular face-to-face meetings.
- Allows for patient contact of a low cost.

References

“Peers Lending Support (Peers)” is a new patient program from the National Kidney Foundation (NKF) that matches patients in need of support with peer mentors who are positive role models.

Mentoring takes place by telephone. Participants call a toll-free, automated telephone system to connect to each other. They do not disclose their personal phone number or incur long-distance charges. The automated telephone system allows participants to leave voicemail messages for their peer partners, and block calls at certain hours. Telephone services are provided free-of-charge by the NKF.

Potential peer partners are interviewed, screened, and appropriately matched. Guidance and oversight of the peer relationship is provided by an expert clinician from the NKF. Peer mentors complete a comprehensive telephone-based training program and post-training assessment before being matched with a mentee. Peers do not offer medical advice. They refer patients back to the healthcare team if medical questions arise. Access to an educational website specifically designed for patients and their families is also available.

To qualify as peer mentors, a patient must:

- Have access to a telephone
- Have made a positive adjustment to living with chronic kidney disease, kidney failure, or a kidney transplant
- Be a positive role model that others can relate to, identify with, and learn from
- Be willing to complete a comprehensive telephone-based training program
- Be able to communicate well with others
- Be culturally sensitive, empathetic, and understanding
- Speak English to participate in training
- Be competent to serve as a mentor after training

To be matched with a peer mentor, a patient must:

- Have access to a telephone
- Be willing to be interviewed, assessed, and matched with a peer mentor
- Have at least one of the following:
  - Be newly diagnosed with chronic kidney disease
  - Need help adjusting to chronic kidney disease or kidney failure
  - Be new to dialysis
  - Be considering a kidney transplantation or already have a kidney transplant

Tell patients who are interested in being a peer mentor or mentee to call: 855.653.7337 or email: nkfpeers@kidney.org

To learn more about NKF’s Peers program, visit: www.nkfcares.org