



Their Body & Their Mind

PATIENT SERVICES DEPARTMENT

MY PATIENTS ARE IN DENIAL

How to address Mental illness

- Identify signs and symptoms of Mental Illness
- Identify coping skills
- Identify family and other support systems
- Inform treatment team
- Make necessary referrals

Signs of Depression

- Feeling sad or down
- Confused thinking
- Excessive fears or worries
- Feelings of worthlessness
- Withdrawal from friends or activities
- Problems sleeping (too much or too little)
- Significant changes in eating habits
- Suicidal Thinking
- Unexplainable pain
- Fatigue-no energy
- Digestive problems

Research shows mental illness impacts one in four people directly or indirectly. This means either you or someone you know is effected by a mental health disorder. Many ESRD patients live with depression; however, there are those who are diagnosed with Anxiety, Panic Disorder, Bipolar, Schizophrenia, and others. The focus of this flyer is designed to assist you the facility Social Worker, with helping your patients through what is often an ugly reality for them and therefore leads to unnecessary negative consequences. Mental illness can be triggered and/or exist due to bio-chemical imbalances. For some patients there is a genetic link and for others life stressors initiate a stream of emotions that are unrecognizable to the person. There are many patients who refuse to acknowledge these strange feelings or experiences due to cultural reasons. Some patients do not want to acknowledge something is wrong with them due to a perceived feeling that they are weak.

Social Workers at the facility are often expected to explain to staff “what is wrong with that patient” or to “fix them”. Of course it is not that easy! These suggestions are given to provide a path you can use in beginning the conversation that is not easy for many patients and their family members.

1. Explain the normalcy in the feelings the

patient is experiencing. Let the patient know that their feelings are not unusual and that many people on dialysis have the same feelings that they are living with. However, emphasize that what they are going through matters to you.

2. Help the patient identify why they may be experiencing these feelings. Are they new to dialysis? If so, explain to the patient that they are going through all kinds of physical and emotional changes and what they are feeling could be sadness; however, if it continues they should be assessed by a qualified Mental Health Professional. If they are not new to dialysis, ask if the patient has experienced any sudden life changes, added stress or unexplained medical concerns. Ascertain how long have they been on dialysis and if they are they feeling worn down by the disease process.

3. Assist the patient to identify who they can rely on both personally and professionally as a support . Guide them to a comfort level of sharing their feeling with others by being a sounding board. Your office is a great place to start this process if the patient is not comfortable talking on the treatment floor .



Does he look like one of your patients?

Mental illness impacts one in four people directly or indirectly





Their Body & Their Mind cont.

4. Inform the patient about your Facility's confidentiality policy. Let the patient know that you may have to share some of the information with the interdisciplinary team and why sharing this information is important. Patients need to know they can trust their Social Worker and as professionals we should ensure clarity to prevent inadvertently and eroding trust.

5. When you feel the patients needs are beyond your scope of practice, acknowledge this limitation to the patient and make the appropriate referral.

Remember the work that you do is important. Patients need your attention as well as your caring nature and professional assistance. It is important for you to be available and to be open to hearing difficult matters. It is critical for you to seek assistance when needed. It is vital that you are there for patients, because again, what you do matters!



Identify Support Systems

Key points to remember

Help patients understand that their feelings are **NORMAL**

Assist patients in understanding and describing their **FEELINGS**

Aid patients in identifying their **PROFESSIONAL** and **PERSONAL** support systems

Inform patients about the levels of confidentiality that you are held to as a **PROFESSIONAL**

Seek assistance when the patient needs are beyond your **SCOPE OF PRACTICE!**

Resources:

<http://www.mayoclinic.com/health/mental-illness/DS01104/Method=print>

<http://science.education.nih.gov/supplements.nih5/mental/guide/info-mental-a.htm>



The Psychological Effects of Renal Failure

In North America the mean age of dialysis initiation is 62 to 63 years old, in which the elderly population represents the most rapidly growing population initiating dialysis.^{2,7,18} The lifestyle changes that an ESRD patient experiences with renal failure are many and are often very difficult to accept contributing to the likelihood of the patient developing depression. Depression is among the most common comorbid illness in people with end-stage renal disease (ESRD), in which high levels of depression affect are associated with increased risk of morbidity and mortality.^{4,14,10,12,3}

Depression in ESRD patients is a persistent problem and is not just an adjustment reaction.^{5,12,14} The term compound depression is often used with ESRD patients due to the depression occurs with other medical or psychiatric conditions in which this type of depression is considered more treatment resistant than depression found in individuals without other medical or psychiatric condition.^{14,13,11,9,1} ESRD patient's depressive symptoms often overlap with the complications of uremia or other medical and psychiatric disorders making it difficult to diagnose depression.⁵ The use of an appropriate depression screening tool and a structured clinical interview based on the criteria from the DSM-IV will assist in making a formal diagnosis of depression along with help in identifying patients with suicidal ideation, dementia, substance abuse problems, and other psychiatric disorders.⁵

Treating depression in ESRD patients is important due to its negative effects on medical outcomes, underlying disease process, nutritional status, decreased compliance with medications and physicians orders, and immunological dysfunction.^{5,14,10,13,17} Another factor to consider is the higher incidence of suicide in dialysis patients in which they were found to have an 84% higher rate of suicide compared with the general population.¹⁵

The use of psychotropic medication in ESRD patients that suffer from depression and other psychiatric disorders requires special attention with regard to dosing regimens due to the drug dialyzability is determined primarily by several physical, and chemical characteristics of the drug along with the technical aspects of the dialysis treatment.^{5,16} Supplemental medication dosing may be required with the use of some psychotropic medications such as lithium, gabapentin, and pregabalin due to the extent a drug is removed by dialysis.¹⁶ Practitioners prescribing dialyzable psychotropic medication should obtain post-dialysis blood levels and use the information obtained to determine how much of that agent needs to be given after dialysis.¹⁵ The adjudication of safe and effective doses for any psychotropic agent needs to be individualized in which dosage adjustment, slow titration, and careful monitoring for serious adverse events should be incorporated into practice.⁴

Most psychotropic medications are considered fat soluble, easily pass the blood-brain barrier, are not dialyzable, are metabolized primarily by the liver, and are excreted mainly in bile in which the majority of these drugs can be safely used with the end-stage renal disease population.⁴ SSRI's are believed to be safer in patients with ESRD because of their more favorable adverse effect profiles and due to another beneficial effect such as a reduction of orthostatic hypotension.^{13,6} A general recommendation is to reduce the dosage of SSRI by one third in patients with ESRD.^{6,20} Paroxetine requires dosage reduction, because plasma levels are higher in patients with renal failure.⁴ Other antidepressant medications should be used with caution in patients with ESRD because of limited data and/or because of the possible





consequences of subsequent accumulation of toxic metabolites in patients with decreased renal clearance. These include nefazodone, venlafaxine, and bupropion⁴.

Utilizing a proactive approach in diagnosing and treating a patient that is suffering from depression has the potential to modify other complications of ESRD thereby affecting survival. Education is a key component in helping ESRD patients make better decisions in adhering to treatment recommendations. Educating the ESRD patient on the changes and challenges the patient will experience can help decrease the patient's emotional distress. Medical literature suggests that the use of psychotherapy, cognitive behavioral therapy, and pharmacologic treatment for depression is beneficial for ESRD patients that suffer from depression.¹⁹ Additional treatment options that may improve the quality, health, and quantity of life for ESRD patients are group therapy, support groups, and exercise, but additional studies are needed to obtain more data on how these therapies may help in modulating depression in dialysis patients.⁵

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