Perspectives: Treating Depression in Dialysis Patients
Today’s Presenters

Derek Forfang
Patient Subject Matter Expert, ESRD Network 17

Raj Mehrotra, MD, MS
Head, Division of Nephrology, University of Washington

Renee Bova-Collis, MSW, LCSW
Patient Engagement Specialist, Quality Insights Renal Network 5

Patrick Gee, PhD, JLC
Patient Subject Matter Expert, ESRD Network 5

Lisa Custer
Patient Subject Matter Expert, ESRD Network 16
The Patient Perspective

Derek Forfang
Patient Subject Matter Expert
ESRD Network 17
Depression in Dialysis: A Family in Crisis
Raj Mehrotra, MD, MS
Head, Division of Nephrology, University of Washington
Principal Investigator, The ASCEND Study
Disclosures

• Consultant, Lightline Medical
• Editor-in-Chief, Clinical Journal of the American Society of Nephrology
• Chair, Board of Trustees, Northwest Kidney Centers
• Chair, Approval Committee, Longitudinal Knowledge Assessment, American Board of Internal Medicine
Depression is Common with Dialysis Therapy

One in every three patients has significant depressive symptoms

Even more common during stress – hurricanes, pandemics

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Palmer et al, Kidney Int 2013; 84: 179-91
Depression Has Far-reaching Consequences

Depression

↑ Symptom Burden
- Fatigue
- Insomnia
- Anorexia
- Chronic Pain

↓ Adherence
- Skipped/shortened HD Rx
- Interdialytic weight gain
- Medication Adherence
- Peritonitis

↑ Health Resource Utilization
- ED Visits
- Hospitalizations

Poor Quality of Life
Higher Mortality

Higher Mortality
Higher Mortality
Depression Does Not Just Go Away

Without treatment, people’s mood generally remains the same month after month

Comparative Efficacy of Therapies for Treatment of Depression for Patients Undergoing Maintenance Hemodialysis

A Randomized Clinical Trial

Rajnish Mehrotra, MD, MS; Daniel Cukor, PhD; Mark Unruh, MD, MS; Tessa Rue, MS; Patrick Heagerty, MS, PhD; Scott D. Cohen, MD, MPH; Laura M. Dember, MD; Yaminette Diaz-Linhart, MSW, MPH; Amelia Dubovsky, MD; Tom Greene, PhD; Nancy Grote, MSW, MEd, PhD; Nancy Kutner, PhD; Madhukar H. Trivedi, MD; Davin K. Quinn, MD; Nisha ver Halen, PhD; Steven D. Weisbord, MD, MSc; Bessie A. Young, MD, MPH; Paul L. Kimmel, MD; and S. Susan Hedayati, MD, MSc
In people undergoing hemodialysis, with a diagnosis of depression (major depressive disorder or dysthymia):

- An engagement interview increases the acceptance of treatment for depression and
- There is significant difference in the efficacy of 12 weeks of treatment with cognitive behavioral therapy and sertraline drug therapy.
Who Did We Enroll in the Study?

**Inclusion Criteria**
1. Age ≥ 21 years
2. Undergoing thrice weekly in-center HD ≥ 3 months
3. Able to speak English or Spanish
4. Beck Depression Inventory score ≥ 15
5. Meets diagnostic criteria for current major depressive episode or dysthymia on MINI

**Key Exclusion Criteria** (of 13)
1. Active suicidal intent
2. Intensive psychotherapy for treating depression
3. Current drug therapy with SSRI or SNRI at doses higher than minimally effective
4. Present or past psychosis on MINI
5. Alcohol or substance abuse on MINI or history in past 3 months
Enrollment of Study Participants for Phase 1

Engagement interview did not work
- Engagement interview, 66%
- Control visit, 64%
How Was Treatment Given?

**Cognitive behavioral therapy**: Therapists drove from one unit to another to deliver face-to-face therapy to patients when they were dialyzing or after HD session.

10 sessions scheduled over 12 weeks; 80% completed at least 8 sessions.

**Sertraline drug therapy**: We started at 25 mg dose, increased to 50 mg in the second week. From third week onwards, dose could be increased by 50 mg every 2 weeks, if patient did not have side effects, max 200 mg.

Median dose at 12 weeks, 150 mg; 78% still taking medication at 12 weeks.
What Happened with Treatment?

- Depressive symptoms got better with both
  - Magnitude of change was clinically meaningful

- Improvement with sertraline was slightly larger than with CBT:
  - Difference in effect with two treatments was not meaningful

- Both treatments worked
### Were There Any Side Effects?

<table>
<thead>
<tr>
<th>Adverse Events</th>
<th>Events, ( n )</th>
<th>Patients With Any Event, ( n (%) )</th>
<th>Rate Difference Between Sertraline and CBT (95% CI)*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>CBT</td>
<td>Sertraline</td>
<td>CBT (( n = 60 ))</td>
</tr>
<tr>
<td><strong>Serious</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>13</td>
<td>18</td>
<td>11 (18)</td>
</tr>
<tr>
<td>Death</td>
<td>2</td>
<td>0</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Hospitalization/other</td>
<td>11</td>
<td>18</td>
<td>9 (15)</td>
</tr>
<tr>
<td>Major bleeding</td>
<td>1</td>
<td>2</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>4</td>
<td>4</td>
<td>3 (5)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>1</td>
<td>1</td>
<td>1 (2)</td>
</tr>
<tr>
<td>Infection</td>
<td>3</td>
<td>2</td>
<td>2 (3)</td>
</tr>
<tr>
<td>Other</td>
<td>2</td>
<td>9</td>
<td>2 (3)</td>
</tr>
<tr>
<td><strong>Other</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>17</td>
<td>56</td>
<td>12 (20)</td>
</tr>
<tr>
<td>Gastrointestinal</td>
<td>11</td>
<td>22</td>
<td>7 (12)</td>
</tr>
<tr>
<td>Cardiac</td>
<td>3</td>
<td>9</td>
<td>3 (5)</td>
</tr>
<tr>
<td>Nervous system</td>
<td>0</td>
<td>8</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Other</td>
<td>3</td>
<td>17</td>
<td>3 (5)</td>
</tr>
</tbody>
</table>
Key Messages

1. Depression is common in people on dialysis

2. People either want treatment or they don’t! Engagement interview did not work

3. It is possible to provide high-quality treatment in the dialysis unit, without the need to refer to outside specialist

4. High-level of adherence with both CBT and sertraline drug therapy

5. Depressive symptoms improved similarly with both treatments

6. Mild-to-moderate side effects were more common with sertraline than with CBT
Dialysis Patient Depression Toolkit

Tell us what you think! Please take a moment to complete a short questionnaire about this Toolkit. We appreciate your insight and suggestions to make our resources better.
https://www.surveymonkey.com/r/ForumResEval

KIDNEY PATIENT ADVISORY COUNCIL (KPAC)
09/13/2018
Renée Bova-Collis, MSW, LCSW
Patient Engagement Specialist, Quality Insights Renal Network 5
• CMS-directed Statement of Work
  • Increase in percent of patients receiving/having received treatment by a mental health professional after screening positive for depression

• Known Barriers
  • Reporting of screenings in EQRS
  • Availability of/accessibility to mental health professionals
  • Stigma
Depression Screening Tools

- ESRD Medicare Conditions for Coverage
  - 494.90 Patient Plan of Care(a)(6)
    - “The interdisciplinary team must provide the necessary monitoring and social work interventions. These include counseling services and referrals for other social services, to assist the patient in achieving and sustaining an appropriate psychosocial status as measured by a standardized mental and physical assessment tool chosen by the social worker, at regular intervals, or more frequently on an as-needed basis.”
- Beck Depression Inventory (BDI)
- Center for Epidemiologic Studies Depression Scale (CES-D)
- EQ-5D
- Hamilton Depression Rating Scale (HAM-D)
- Montgomery-Asberg Depression Rating Scale (MADRS)
- Quick Inventory of Depressive Symptomatology-Self-Report (QIDS-SR)
- Patient Health Questionnaire (PHQ-9)
- Children’s Depression Inventory (CDI)
- Children’s Depression Rating Scale (CDRS)
- Geriatric Depression Scale (GDS)

Source: [https://www.apa.org/depression-guideline/assessment](https://www.apa.org/depression-guideline/assessment)
Treatment Referral

- Community Services Boards (CSB)
- Hospitals with psychiatric services
- Primary Care Physicians
- More frequent dialysis options
- Normalize it

The American Academy of Family Physicians Foundation’s Neighborhood Navigator: [https://navigator.aafp.org/](https://navigator.aafp.org/)

Primary Care Behavioral Health (PCBH) Model: [https://psychologyinterns.org/wp-content/uploads/Reiter2018_Article_ThePrimaryCareBehavioralHealth.pdf](https://psychologyinterns.org/wp-content/uploads/Reiter2018_Article_ThePrimaryCareBehavioralHealth.pdf)
• Impact on screening and referral
  • Behavior towards others
  • Distrust
  • Denial
  • Avoidance

• Strategies to address
  • Be aware of your biases and act on them
    • Implicit Association Test [https://implicit.harvard.edu/implicit/takeatest.html](https://implicit.harvard.edu/implicit/takeatest.html)
  • Learn about and value diverse peoples
  • Identify appropriate services
  • Create a safe environment
  • Mirror staff with the populations/communities served
  • Check out this guide: [https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/team-based-approach.pdf](https://www.aafp.org/dam/AAFP/documents/patient_care/everyone_project/team-based-approach.pdf)
Patrick Gee, PhD, JLC
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PCORI Evidence Updates:

- Cognitive Behavioral Therapy vs. Sertraline for Depression in Patients with Kidney Failure Receiving Hemodialysis (for Providers):

- Treating Depression When You’re on Dialysis (for Patients):

Project Web Page - Depression in Dialysis Patients:
https://esrdnetworks.org/education/depression-in-dialysis-patients/

Podcast:
Depression and Dialysis – Reviewing the ASCEND Study
https://www.kidney.org/podcasts/kidney-commute

Kidney Patient Advisory Committee Dialysis Patient Depression Toolkit:
https://esrdnetworks.org/toolkits/patient-toolkits/dialysis-patient-depression-toolkit/
If you have additional questions or want more resources, please visit the Forum website at https://esrdnetworks.org/education/depression-in-dialysis-patients/ or contact the Forum:

Kelly Brooks, MPA, Coordinator
National Forum of ESRD Networks
Phone: 804-390-9822
kbrooks@esrdnetworks.org