

DEPRESSION IN DIALYSIS PATIENTS

Veronika Hlaváčková | B. Braun Avitum | Prague - Bulovka | Czech Republic

INTRODUCTION

For most kidney patients, regular dialysis treatment will change the course of daily life and have an impact on biopsychological quality of the patient's life. The patient becomes dependent, which possibly affects his/her self-confidence and results in various defensive reactions. The poor cooperation of a dialysis patient with the healthcare staff remains a pressing problem at many dialysis centres. The result is significantly reduced patient's adherence to the therapy. One of the most common reasons for the unwillingness to cooperate is often neglected depression. The early diagnosis, treatment and identification of the risk and protective factors have a profound effect on the course of the therapy and quality of life of dialysis patients. Life with dialysis is complicated even without depression, and with depression it becomes an unbearable burden for patients. It has been reported that 30% of the dialysis population suffers from depression. Depression is thus considered a common complication of dialysis therapy.

OBJECTIVE

Present the results of a survey to evaluate and map the rate of depression in dialysis patients at our dialysis centre. Find out in what proportion and at what level does depression occur at the dialysis centre.

Based on the results of the research, take measures that would improve the quality of care provided.

METHODS

As part of the effort to identify the degree of depression in dialysis patients, we decided to carry out the research survey in the form of anonymous generic questionnaires. Anonymity has allowed us to receive more honest answers from patients. The Yesavage depression scale was used for the evaluation. We worked with 102 patients at our dialysis centre, where 90 patients were actively involved. The response rate was 91.8%. We were interested in specific numbers at a particular workplace, and we evaluated the level of depression overall as well as the level of individual patients and divided them into three groups.

RESULTS

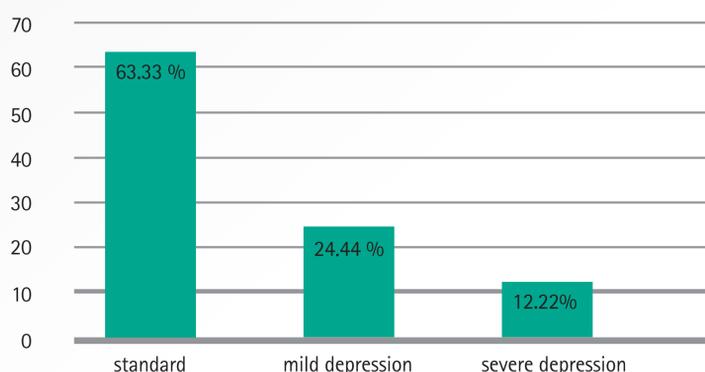
The analysis allowed us to demonstrate a significant incidence of depression in dialysis patients. We found that 63% of respondents do not suffer from depression, 24% of respondents suffer from mild depression and 12% of respondents suffer from severe depression. Overall, 37% of respondents have a certain level of depression. Furthermore, we concluded that 30% of the respondents who do not suffer from depression ("normal" according to the scale) are at a moderate level of depression, which is undoubtedly not a negligible number and should definitely be considered in the prevention of depression. One of the problems is the fact that very severe forms of depression (12.22%) are difficult to diagnose objectively, if denied or not admitted by the patient. This is reflected in the behaviour of these patients and their lack of cooperation with medical staff.

We have further analysed the results of the research and they will serve as one of the bases for incorporating this issue into the strategy of the integrated care concept and thus improving the quality of care provided at the centre.

CONCLUSION

The analysis confirmed the existence of depression at our dialysis centre. In order to improve the quality of health care, our suggestion is to introduce early mental health assessment for new patients enrolled in the dialysis program. Structured questionnaires should be used as part of regular screening. We also recommend regular visits of a psychologist to the centre within the framework of multidisciplinary care (possibly leisure activity courses, patient associations, etc.). Experience has shown that patients do not like to visit psychiatric facilities outside of the dialysis centre. Early diagnosis and regular support for the entire team will improve not only patient non-cooperation, but, above all, the quality of life of the dialysis patients.

RATING SCALE FOR DEPRESSION



BORDERLINE DEPRESSION LEVEL

