

Depression in ESRD- Our Obligation to Help

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Objectives

1. Discuss statistics as they relate to depression.
2. Understand CMS expectations around depression and strategies to treat.
3. Recognize strategies to promote patient contentment within the clinic.
4. Questions and Answers

Depression in the General US Population

- Affects over 18 million adults (one in ten) in any given year.
- Is the leading cause of disability for ages 15-44.
- Is the primary reason why **someone dies of suicide every 15 minutes**. – over 38,000 people a year.
- In comparison: 15,000 deaths are due to homicide each year.
- <http://www.hopefordepression.org/depression-facts/>

Depression Internationally

- Affects over 350 million people worldwide, regardless of culture, age, gender, religion, race or economic status.
- Is one of the most debilitating conditions in the world, with severe depression rated in the same disability category as terminal stage cancer.
- Over 60 percent of all people who die by suicide suffer from major depression; if one includes people suffering from alcoholism who are depressed, this figure rises to over 75 percent.
- <http://www.hopefordepression.org/depression-facts/>

Depression Prevalence in ESRD

- “Depression is the most common psychological disorder in end-stage renal disease (ESRD) patients with a prevalence rate as high as 20% to 25% by some contemporary estimates. There are several studies linking depression with mortality in ESRD, making early diagnosis and treatment essential.”
- Kimmel, P., Cukor, D., Cohen, S., Peterson. (2007). Depression in End-Stage Renal Disease Patients: A Critical Review, *ACKD*, 14(4), 328-334.

Reasons for our Pt's to Feel Depressed

- Loss of control
- Changed future
- Physical symptoms of illness and treatment
- Regrets
- Facing one's own mortality
- Concern about loved ones
- Concern about leaving loved one's behind

Younger/healthier

Older/sicker

CMS Expectation since Jan 1,2016 about Depression

- A clinic will indicate the outcome of a clinical depression **screening** and have a **follow-up plan** documented for its patients
 - In practice with patients
 - Documenting at the clinic level
 - Getting accurate information to CMS

Screening Tools

Adolescent Screening Tools (12 – 17 years)	Adult Screening Tools (18 and older)
Patient Health Questionnaire for Adolescents (PHQ-A)	Patient Health Questionnaire (PHQ-9)
Beck Depression Inventory- Primary Care Version (BDI-PC)	Beck Depression Inventory (BDI or BDI-II)
Center for Epidemiological Studies Depression Scale (CES-DC)	Center for Epidemiological Studies Depression Scale (CES-D)
PRIME MD-PHQ2	PRIME MD-PHQ2
Mood Feeling Questionnaire (MFQ)	Depression Scale (DEPS)
	Duke Anxiety-Depression Scale (DADS)
	Geriatric Depression Scale (GDS)

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/ESRDQIP/Downloads/ESRD-QIP-Policy-Update-and-Depression-Screening-CMS-Quality-Conference-v1_5-508.pdf

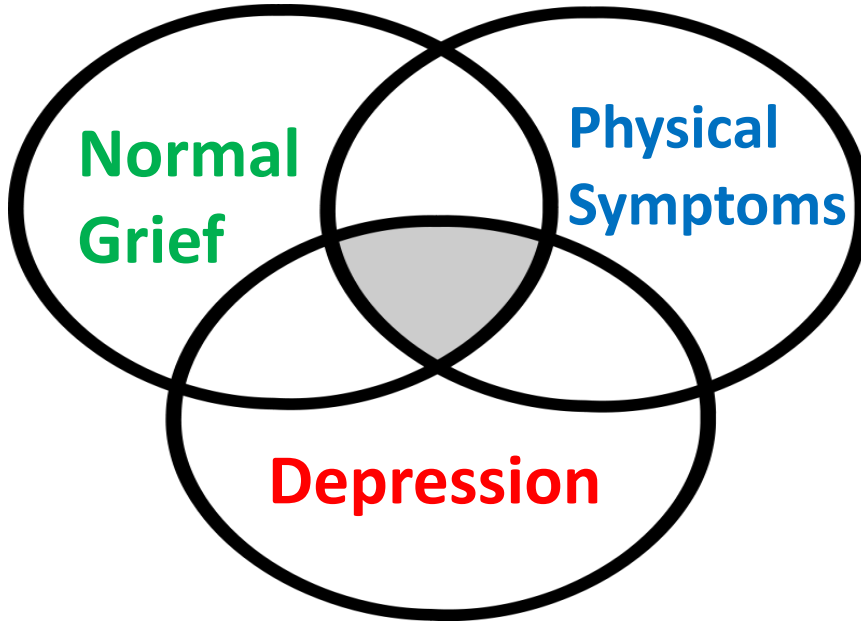
Acceptance of Antidepressant Treatment by Patients on Hemodialysis and their Renal Providers (2011-12 data)

- “Patients on chronic hemodialysis with depression are frequently not interested in modifying or initiating antidepressant treatment, commonly attributing their depression to a recent acute event, chronic illness, or dialysis. Renal providers are often unwilling to modify or initiate antidepressant therapy.”
- Pena-Polanco JE, Mor MK, Tohme FA, Fine MJ, Palevsky PM, Weisbord SD, Clinical Journal of the American Society of Nephrology: 2017 Feb 07; 12(2): 298-30

Building relationships & administering tools- Steve's Experience



Challenge of Distinguishing

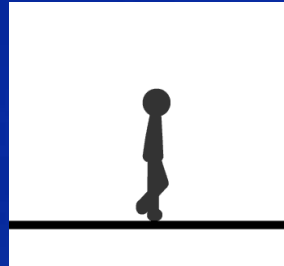


The Importance of Context

- Is the patient new to dialysis?
- Young, middle aged, old?
- Previous experiences dealing with adversity?
- How much available emotional support?
- Amputations?
- If in a care facility, short-term or long-term?
- Locus of control? (I affect the world vs. the world affects me.)

Treatment for Depression

- Therapy
- Medicine
- Exercise
- Time

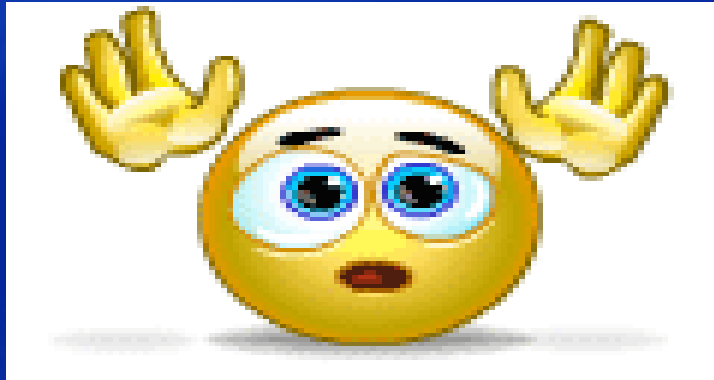


Medicine

- **Selective serotonin reuptake inhibitors- SSRIs- Paxil, Zoloft, Lexapro, etc.**
- **Serotonin and norepinephrine reuptake inhibitors- SNRIs- Cymbalta, Effexor, Pristiq, etc.**
- **Norepinephrine and dopamine reuptake inhibitors- NDRIs-. Wellbutrin , etc.**
- **Atypical antidepressants- Trazadone, Remeron, etc.**
- **Tricyclic antidepressants- Tofranil, Norpramin, etc.**
- **Monoamine oxidase inhibitors (MAOIs). MAOIs – Nardil, Marplan, etc.**
- **<http://www.mayoclinic.org/diseases-conditions/depression/in-depth/antidepressants/art-20046273>**

Documentation

- Electronically & Paper – Clinical level
- EMR- Corporate Level
- Crown Web- Government Level



Managing the clinic in a patient-centric fashion

- Empower patients to make choices including
 - Modality
 - Transplant Centers
 - Surgeons
 - Schedule
- Do schedule changes the RIGHT way
 - Account for patient responsibilities & limitations
 - Minimize frequency of undesired changes
 - Use seniority
 - Respond to complaints empathically

Questions and Answers

Thank you!

