

# Psychosocial Issues in Transplantation

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# Objectives

Upon completion of this presentation participants will be able to:

- Describe why the combination of information and testing tools are useful in formulating a psychosocial impression
- Learn how you as a dialysis professional assists the transplant social worker to assess psychosocial suitability for kidney transplant
- Describe how, with your assistance, we may improve a patient's medical and behavioral compliance so they may be considered a candidate for transplantation.

The psychosocial assessment assesses for variables that may impact graft survival. During this process, we also educate patients and caregivers on ways to improve graft survival post-transplantation, such as, but not limited to the following:

- ▶ Adequate Support
  - Compliance at HD and with Medication Adherence
  - Mental Health Concerns and Coping
  - Substance Abuse
  - Financial Issues
  - Cognitive Issues

# The variables associated with psychosocial evaluation:

## **Social Support**

Who will be there for the recipient after the transplant?

- ▶ Patient has a stable and committed relationships (scored at 1)
- ▶ Some relationships but commitment to the patient is tentative, emotional or geographical challenges? (scored at 3)
- ▶ No support, lives alone, unstable relationships (scored at 6)

**What can be done to improve support? Speak with family, friends, or neighbors to discuss the details of support post-transplantation?**

## **Financial Issues**

- ▶ Stable access to health care? (scored at 1)
- ▶ Limited resources and inadequate insurance? (scored at 3)
- ▶ Very limited access to health care/medications, limited cognitive ability to problem solve, no work history, inadequate income to meet needs (scored at 6)

**Which resources are available to assist this patient with his/her financial issues?  
Are they able to qualify for New Jersey PAAD?**

## **Understanding of Transplant Process**

- ▶ Aware of risks and benefits (scored as 1)
- ▶ Some knowledge gaps or denial, general good understanding (scored as 3)
- ▶ Unrealistic, little understanding of transplant as treatment vs cure (scored as 6)

**How can we educate this patient?**

## **Compliance**

- ▶ Good understanding of medical situation, hx of good follow through, ability to self manage meds (scored as 1)
- ▶ Struggles with understanding of medical situation, report non compliance questionable ability to self manage needs assistance (scored as 3)
- ▶ Unable to self manage, caregiver not available or unreliable , high risk behaviors (scored as 6)

**Consider compliance tracker at dialysis**

## Motivation for transplant–Desire

- ▶ Self motivated for transplant as continuum of care (scored at 1)
- ▶ Some knowledge gaps or denial, general good understanding (scored at 3)
- ▶ Unrealistic, little understanding of transplant as treatment vs cure (scored at 6)

**How can we educate this patient?**

## Functional Status– ADLQ

- ▶ Active, exercises, independent (scored at 1)
- ▶ Requires partial care, uses assistive device for mobility/hearing, vision loss (scored at 3)
- ▶ Requires assistance with ADL's, sedentary, dependent, current health issues impact quality of life (scored at 6)

**Review support person status, training for the blind, motivation to change.**

## **Cognitive Functioning– Mini Cog**

- ▶ No evidence of cognitive decline (scored at 1)
- ▶ Current (or history) mild intellectual and developmental disabilities/impairments in adaptive functioning or mild cognitive/memory deficits. Self manage? (scored at 3)
- ▶ Moderate or severe intellectual and developmental disabilities or impairments or dementia, severe cognitive impairment, unable to self manage, caregiver not available or reliable (scored at 6)

## **Mental Health – GAD, PHQ**

- ▶ No current or past hx of mental illness, no current symptoms, intact mental status, no past abuse, neglect, emotional trauma (scored at 1)
- ▶ Past hx of mental illness, current treatment for mental illness, symptoms well managed (scored at 3)
- ▶ Active untreated mental illness, chronic recurrence, non compliance with treatment, altered mental status (scored at 6)

# Substance Use and Treatment History

## – AUDIT/DAST

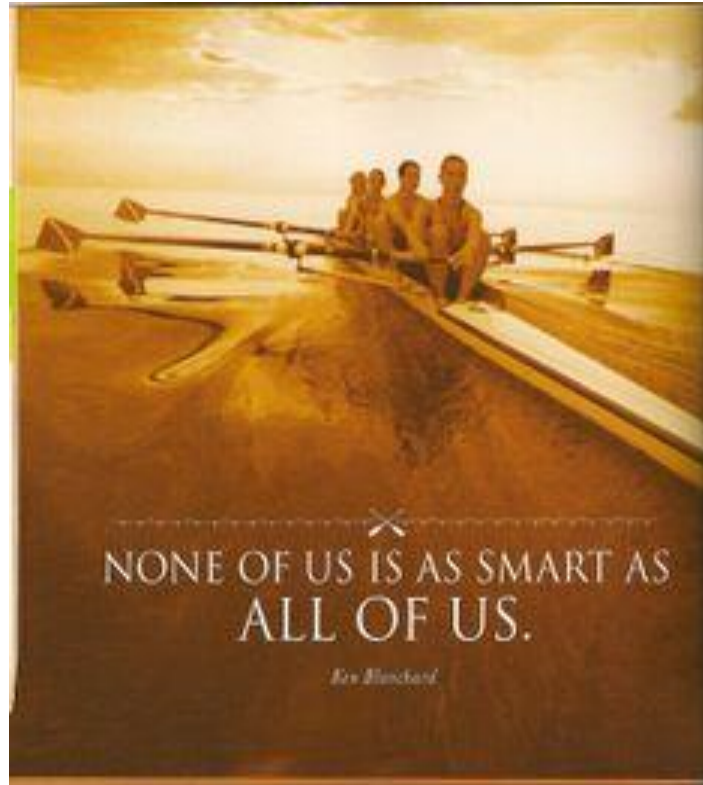
- ▶ No use or limited use of alcohol, no drug use, no evidence of abuse/dependence (scored as a 1)
- ▶ History of abuse or dependency of alcohol or drug, abstinence greater than 6 months, some treatment, some insight, hx of legal consequences related to abuse (scored as a 3)
- ▶ Alcohol or drug dependency within past 6 months, without treatment, lack of insight. Recent legal or other serious consequences related to substance abuse (scored as a 6)

**Is treatment recommended? Evidence of successful completion of treatment, drug testing**



# Conclusion

- There is great value in a comprehensive screening tool to assist in the psychosocial assessment of organ transplant candidates.
- With the input from dialysis professionals we can identify good candidates for transplant and evaluate the risks vs benefits. Behavior may be modified ensuring a positive outcome.
- A thorough psychosocial combines patient information and testing tools to get a numerical risk assessment.
- You as dialysis professionals can provide insight into motivation and help us predict recovery. To go through this journey with inappropriate expectations could lead to a lifetime of misunderstanding.



Kenneth H. Blanchard  
The One Minute Manager

# References

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