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Letter to the Editor

Depression in Hemodialysis Patients

To the Editor,

Depression is one of the most and highly common complications of hemodialysis (HD) patients that is associated with many various adverse outcomes, including lower performance status, increased fatigue, decreased physical activity, and decreased quality of life.[1] Its prevalence among HD patients may exceed those of many other patients with severe chronic condition.[2]

In recent decades, treatment methods such as HD have lengthened the life of many patients with end-stage renal disease, and now widely accepted that quality of life promotion is an important outcome of these options.[3]

Although dialysis as a treatment modality has been effective at sustaining life in many patients, it has failed to restore their healthy condition. Hospitalization is often frequent and prolonged for them, and many studies have suggested that patients on HD experience unacceptable degrees of functional capacity, health-related quality of life, and morbidity with their disease.[4]

On the other hand, shortage of nephrologists, inadequate health education about preventive measures, late referral of the patients, a lack of more cost-effective alternative treatment options such as or peritoneal dialysis or renal transplantation are significant issues which contribute to patients psychological well being. Inadequate insurance coverage further aggravates the problems for the patients and their family and increases psychologic consequences like depression.[5]

Depression is as incapacitating as the kidney disease itself and should be given more consideration. Depression that is not treated may lead to poor prognosis of kidney disease and should be manage to prevent its complications and costs.[6]

It is obvious that health providing setting are seeking a way to decrease readmissions, improve medication reconciliation and patients' safety in their homes. Patients and their families education for self-care is a useful trend.[7]

Thus, a major challenge for health care providers is to develop methods to better management depression. Recently, consideration has begun to be focused on kinds of treatment strategies.[8]

Even though there is a little evidence for health benefits from treatment of depression, treatment should be offered to HD patients. Unfortunately, depression has stigma, and many patients are unwilling to accept treatment even when used.[9]

Awareness of patients through self-care education may be very effective in quality of life improvement in HD patients with lower level of education and economic status, long duration of illness, poor adherence of diet and drugs, having overweight and edema, and other diseases such as hypertension or diabetes that aggravate depression condition in them.[10]

To conclude, even though depression is common among the patients, little is known about the best treat of it. Treatment decisions must be done by using the best clinical judgment evidence based treatments. HD long term complications require a heavy investment of

financial resources. Therefore, the patients require an intensive care setting with specialized personnel to provide complex diagnostic and treatment. These services are very expensive. On the other hand, the rising hospital financial expenses coupled with a growing HD patient's population decrease the resources of the hospitals, and therefore, a range of treatment modalities are recommendable in this population to cure depression to reduce the economic burden of the chronic and irremediable treatment.

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References

1. Chan L, Tummalapalli SL, Ferrandino R, et al. The effect of depression in chronic hemodialysis patients on inpatient hospitalization outcomes. Blood Purif 2017; 43:226-34.
2. Freedland KE, Rich MW, Skala JA, Carney RM, Dávila-Román VG, Jaffe AS. Prevalence of depression in hospitalized patients with congestive heart failure. Psychosom Med 2003; 65:119-28.
3. Aghakhani N, Sharif Nia H, Samadzadeh S, Toupchi V, Toupchi S, Rahbar N. Quality of life during hemodialysis and study dialysis treatment in patients referred to teaching hospitals in Urmia-Iran in 2007. Caspian J Intern Med 2011; 2:183-8.
4. Gorodetskaya I, Zenios S, McCulloch CE, et al. Health-related quality of life and estimates of utility in chronic kidney disease. Kidney Int 2005; 68:2801-8.
5. Suja A, Anju R, Anju V, Neethu J, Peeyush P, Saraswathy R. Economic evaluation of end stage renal disease patients undergoing hemodialysis. J Pharm Bioallied Sci 2012; 4:107-11.
6. Assefa B, Duko B, Ayano G, Mihretie G. Prevalence and factors associated with depressive symptoms among patient with Chronic Kidney Disease (CKD) in Black Lion Specialized Hospital and Saint Paulo's Hospital Millennium Medical College, Addis Ababa, Ethiopia: Cross Sectional Study. J Psychiatry 2016; 19:390.
7. Pinquart M, Sörensen S. Differences between caregivers and noncaregivers in psychological health and physical health: A meta-analysis. Psychol Aging 2003; 18:250-67.
8. Fischer MJ, Kimmel PL, Greene T, et al. Sociodemographic factors contribute to the depressive affect among African Americans with chronic kidney disease. Kidney Int 2010; 77:1010-9.
9. Cukor D, Ver Halen N, Asher D, et al. Psychosocial intervention improves depression, quality of life, and fluid adherence in hemodialysis. J Am Soc Nephrol 2014; 25:196-206.
10. Aghakhani N, Habibzadeh S. Self-care at Home Education Impression on the Quality of Life in Hemodialysis Patients Treated in Ardebil, Iran. Saudi J Kidney Dis Transpl 2018; 29(5):1247-1248

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