

Kidney Disease and Depression

WHAT'S OLD AND NEW

Jay Moss MD, FRCPC©

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Learning Objectives

- Recognize the clinical syndrome of Major Depression
- Pharmacotherapy of Major Depression..... “OLD”
- Other treatments.....”NEW”

Brief History

- 1950/60's: widespread introduction of Dialysis coincided with emergence of Medical Psychiatry
- “Psycho-nephrology” forerunner to focus in Oncology, Neurology, Cardiac and HIV Psychiatry.
- Complex clinical and ethical considerations

DSM criteria MDE

Depressed mood +/- or loss of interest/pleasure PLUS 4 of:

- A considerable loss or gain of weight/appetite
- Difficulty falling or staying asleep (insomnia), or sleeping more than usual (hypersomnia).
- Behavior that is agitated or slowed down.
- Feeling fatigued, or diminished energy.
- Ability to think, concentrate, or make decisions is reduced.
- Thoughts of worthlessness or extreme guilt (not about being ill).
- Frequent thoughts of death or suicide (with or without a specific plan), or attempt of suicide.

Duration of > 2 weeks

Challenges in Medical Populations

- Few Studies (medically ill excluded from industry sponsored trials)
- Heterogeneous population
- Clinical diagnosis (MDE) heavily weighted with somatic symptoms that are confounded by medical illness
- Lack of Standardized Criteria
- Distinguish “clinical syndrome” from depressed affect (i.e. “looks depressed”)

Incidence of Depression

- Highly variable depending on screening/measurement tool. Rates vary from 5 – 90 %
- DSM criteria approx 15 – 20 %. Similar to other medically ill populations such as Oncology or HIV
- Lifetime incidence in General Population approx 12 – 15 %.

Treatments

- Antidepressants: Multiple Case series/reports in 1970/80's confirming efficacy of TCA's

Case reports supporting SSRI's including Fluoxetine (Prozac) and Sertaline (Zoloft)

Therapeutic trial: At least 6 weeks at optimized dose (approx. 2/3 dose in non-renal population).

Treatments

- Non Pharmacologic:

Traditional Psychotherapy

Cognitive Behavior Therapy

Other: ECT, TMS, VNS, DBS

Psychotherapy

- Counselling
 - Supportive
 - Psychodynamic (PD)
 - Analysis
 - Time limited/Standardized
CBT, IPT, Brief PD PT
- Individual and Group modalities

CBT

- Focused form of psychotherapy based on a model suggesting that psychiatric/psychological disorders involve dysfunctional thinking
 - “you are what you eat”
 - “you feel what you think”
- The way an individual feels and behaves is influenced by the way s/he structures their experiences

The Cognitive “TRIAD”

- View of SELF
- View of the FUTURE
- View of the WORLD

The basic goals of CBT

- To challenge the thoughts about a particular situation by identifying the cognitive traps
- Help the patient to identify less threatening alternatives
- To test out these alternatives in the real world
- To challenge the assumptions that lead to “Automatic Thoughts”

CBT Empirical Support

- Major Depression (mild to mod.)
- GAD
- OCD
- PTSD
- Bipolar D/O
- ED: Bulimia
- Psychosis
- “Sleep” in elderly
- Oncology
- Pain

CBT for Depression in HD

- SUNY
- Nonstandardized open prelim. study
- 16 Hemodialysis pts with MDE
- 15 wks Group modality
- “Depression is part of the illness package”
- 35% reduction BDI (28.9 to 18.5)
(18.8 at 3 mos. Follow up)

Cukor D. Psychiatr Serv.2007;58:711-2

CBT for Depression in HD

- Federal University of Sao Paulo
- 85 subjects with MDE (DSM-IV)
- Randomized to

Gp CBT: 12 wks/90 min sessions

Control: usual supports in HD unit

- Outcomes: BDI; Kidney D. QOL
- Sig. improvements at end of study
and maintained at 6 mos. F/U

Sesso R. Am Soc Neph. 11/08

CBT for sleep in PD Pts

- Far Eastern Memorial Hosp. Taipei, Taiwan
Dept. Int. Med.
- RCT: 13 CBT (4 wks X 1 hr) + sleep hygiene
11 sleep hygiene alone
- Outcomes: Pittsburgh Sleep Quality Index and
Fatigue Severity Scale; Serum Interleukin
(cytokine = indirect measure of inflammation)
- Results: Improvement in scores ($p=0.3$)
Sig. change in Interleukin ($p=0.04$)
- Limits: Small sample; brief study period
Concurrent use of Hypnotics

Pharmacotherapy: Outcomes

- Clinical Response to Antidepressant: 65 % response (“gold standard”: 50% symptom reduction)
- QOL: Equivocal outcomes with complex measurement tools
- Survival: Challenge of “controlling” for other variables that determine survival.

Prescribing an Antidepressant

- Therapeutic “Trial”: At least 6-8 weeks at an “optimized dose”.
- Confirm effectiveness at end of trial.
- Preferred : Sertraline (Zoloft)
Citalopram (Celexa)
Escitalopram (Cipralex)

Elimination not affected by renal fxn

Sertraline Trial

- Sertraline: 25 mg X 1 wk then, 50 mg X 3 wks
- After 4 wks, increase by 25-50 mg q 3-4 wks until: Improved
Limited by S/E's
Max. dose 200 mg
- Continuation for 6 mos if first episode
- Maintenance if >2 episodes or over 65 yr

Duloxetine (Cymbalta)

- Approved Indications (Canada):
Major Depression, Generalized Anxiety
Diabetic Neuropathic Pain
- Contraindications:
Severe Renal Impairment
Cr. Cl. < 30 mL/min
- No studies in moderate renal disease
- “start low and go slow”?

DOSAGE ADJUSTMENT

- Prescribe 50-75 % dose for:

Paroxetine (Paxil)

Venlafaxine (Effexor)

Duloxetine (Cymbalta)

Bupropion (Wellbutrin)

Mirtazapine (Remeron)



Beck Depression Inventory

Baseline

V 0477

CRTN: _____ CRF number: _____

Page 14 patient initials: _____



Date: _____

Name: _____ Marital Status: _____ Age: _____ Sex: _____

Occupation: _____ Education: _____

Instructions: This questionnaire consists of 21 groups of statements. Please read each group of statements carefully, and then pick out the **one statement** in each group that best describes the way you have been feeling during the **past two weeks, including today**. Circle the number beside the statement you have picked. If several statements in the group seem to apply equally well, circle the highest number for that group. Be sure that you do not choose more than one statement for any group, including Item 16 (Changes in Sleeping Pattern) or Item 18 (Changes in Appetite).

1. Sadness

- 0 I do not feel sad.
- 1 I feel sad much of the time.
- 2 I am sad all the time.
- 3 I am so sad or unhappy that I can't stand it.

2. Pessimism

- 0 I am not discouraged about my future.
- 1 I feel more discouraged about my future than I used to be.
- 2 I do not expect things to work out for me.
- 3 I feel my future is hopeless and will only get worse.

3. Past Failure

- 0 I do not feel like a failure.
- 1 I have failed more than I should have.
- 2 As I look back, I see a lot of failures.
- 3 I feel I am a total failure as a person.

4. Loss of Pleasure

- 0 I get as much pleasure as I ever did from the things I enjoy.
- 1 I don't enjoy things as much as I used to.
- 2 I get very little pleasure from the things I used to enjoy.
- 3 I can't get any pleasure from the things I used to enjoy.

5. Guilty Feelings

- 0 I don't feel particularly guilty.
- 1 I feel guilty over many things I have done or should have done.
- 2 I feel quite guilty most of the time.
- 3 I feel guilty all of the time.

6. Punishment Feelings

- 0 I don't feel I am being punished.
- 1 I feel I may be punished.
- 2 I expect to be punished.
- 3 I feel I am being punished.

7. Self-Dislike

- 0 I feel the same about myself as ever.
- 1 I have lost confidence in myself.
- 2 I am disappointed in myself.
- 3 I dislike myself.

8. Self-Criticalness

- 0 I don't criticize or blame myself more than usual.
- 1 I am more critical of myself than I used to be.
- 2 I criticize myself for all of my faults.
- 3 I blame myself for everything bad that happens.

9. Suicidal Thoughts or Wishes

- 0 I don't have any thoughts of killing myself.
- 1 I have thoughts of killing myself, but I would not carry them out.
- 2 I would like to kill myself.
- 3 I would kill myself if I had the chance.

10. Crying

- 0 I don't cry anymore than I used to.
- 1 I cry more than I used to.
- 2 I cry over every little thing.
- 3 I feel like crying, but I can't.

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11. Agitation

- 0 I am no more restless or wound up than usual.
- 1 I feel more restless or wound up than usual.
- 2 I am so restless or agitated that it's hard to stay still.
- 3 I am so restless or agitated that I have to keep moving or doing something.

12. Loss of Interest

- 0 I have not lost interest in other people or activities.
- 1 I am less interested in other people or things than before.
- 2 I have lost most of my interest in other people or things.
- 3 It's hard to get interested in anything.

13. Indecisiveness

- 0 I make decisions about as well as ever.
- 1 I find it more difficult to make decisions than usual.
- 2 I have much greater difficulty in making decisions than I used to.
- 3 I have trouble making any decisions.

14. Worthlessness

- 0 I do not feel I am worthless.
- 1 I don't consider myself as worthwhile and useful as I used to.
- 2 I feel more worthless as compared to other people.
- 3 I feel utterly worthless.

15. Loss of Energy

- 0 I have as much energy as ever.
- 1 I have less energy than I used to have.
- 2 I don't have enough energy to do very much.
- 3 I don't have enough energy to do anything.

16. Changes in Sleeping Pattern

- 0 I have not experienced any change in my sleeping pattern.

- 1a I sleep somewhat more than usual.
- 1b I sleep somewhat less than usual.

- 2a I sleep a lot more than usual.
- 2b I sleep a lot less than usual.

- 3a I sleep most of the day.
- 3b I wake up 1-2 hours early and can't get back to sleep.

17. Irritability

- 0 I am no more irritable than usual.
- 1 I am more irritable than usual.
- 2 I am much more irritable than usual.
- 3 I am irritable all the time.

18. Changes in Appetite

- 0 I have not experienced any change in my appetite.

- 1a My appetite is somewhat less than usual.
- 1b My appetite is somewhat greater than usual.

- 2a My appetite is much less than before.
- 2b My appetite is much greater than usual.

- 3a I have no appetite at all.
- 3b I crave food all the time.

19. Concentration Difficulty

- 0 I can concentrate as well as ever.
- 1 I can't concentrate as well as usual.
- 2 It's hard to keep my mind on anything for very long.
- 3 I find I can't concentrate on anything.

20. Tiredness or Fatigue

- 0 I am no more tired or fatigued than usual.
- 1 I get more tired or fatigued more easily than usual.
- 2 I am too tired or fatigued to do a lot of the things I used to do.
- 3 I am too tired or fatigued to do most of the things I used to do.

21. Loss of Interest in Sex

- 0 I have not noticed any recent change in my interest in sex.
- 1 I am less interested in sex than I used to be.
- 2 I am much less interested in sex now.
- 3 I have lost interest in sex completely.

REFERENCES

- “FEELING GOOD”
David Burns
- “MIND OVER MOOD”
Padesky and Greenberger