Ontario Health
Ontario Renal Network

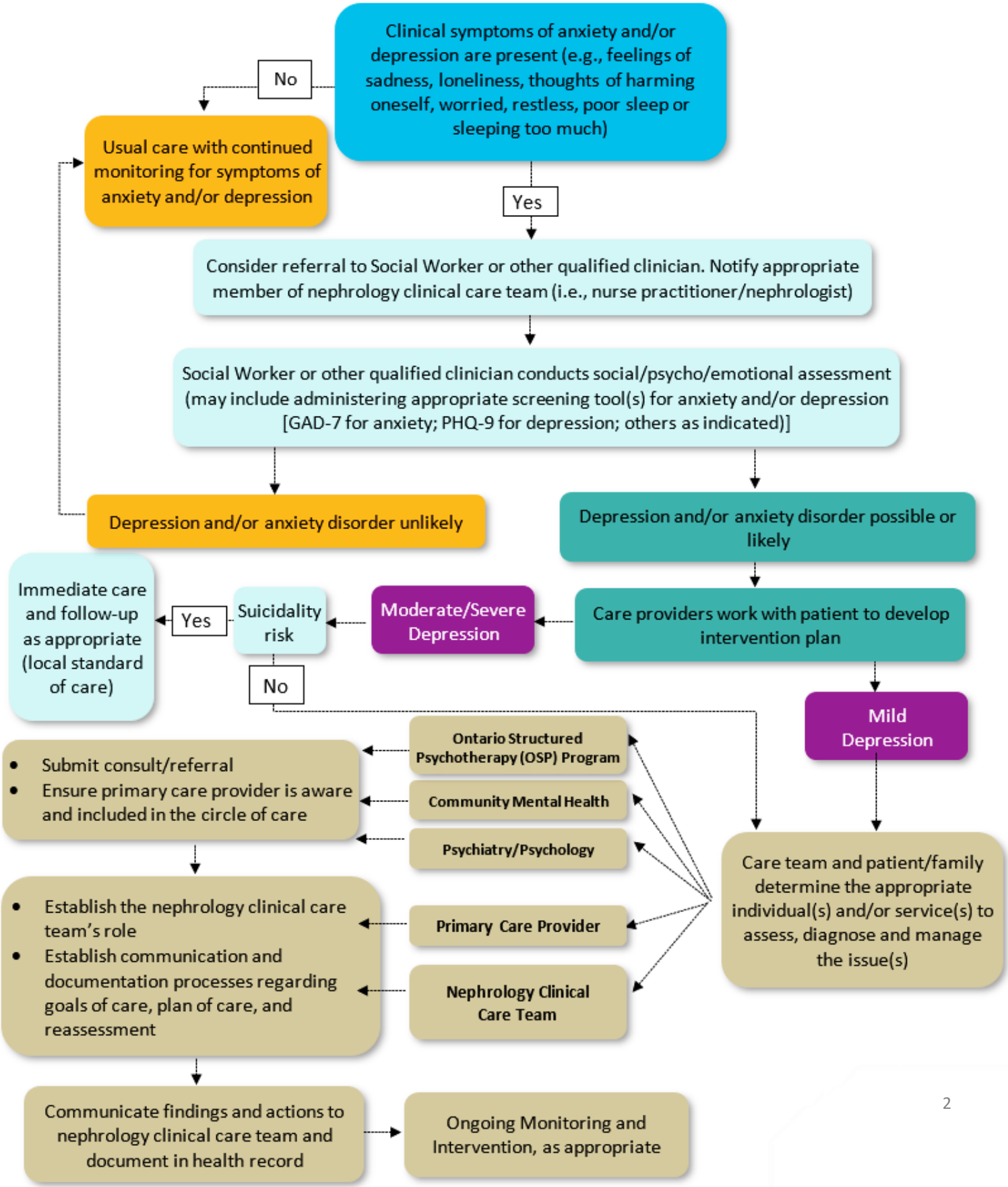
Depression and Anxiety

This resource will provide the following information:

- Algorithm for Patients Receiving Hemodialysis
- Information Sheet
- Commonly Used Screening Tools
- Ontario Structured Psychotherapy Program
- References

Depression & Anxiety Algorithm for Hemodialysis Patients

See detailed description of flow chart at end of document.



Depression & Anxiety in the Hemodialysis Population: Information Sheet

Some fear, anxiety, worries, distress, anger and low mood can be a normal part of adjusting to life on dialysis. It is a major life change that will have emotional and psychological consequences. Depression is a concern when low mood and other symptoms are persistent and accompanied by clinically significant distress or impaired functioning. Depression rates are significantly higher among dialysis patients than in the general population. Prevalence rates of 20-30% are commonly reported (Hedayati et al., 2006; Lopes et al., 2002; Watnick et al., 2005). Anxiety disorders are also prevalent in the dialysis population with rates of 30% (Taskapan et al., 2005) and 46% (Cukor et al., 2008) being reported.

WHAT IS DEPRESSION?

- Depression is a mood disorder that affects the way a person feels, thinks, or behaves, which may impair social or occupational functioning (Government of Canada, 2006).
- Onset can be triggered by biological, psychosocial or environmental factors, such as traumatic life events (e.g., initiation of dialysis). Those who have experienced an episode of depression are at increased risk of future episodes (Canadian Task Force on Preventive Health Care, 2013).
- Major Depressive Disorder (MDD) is the most commonly diagnosed mental health disorder. It is characterized by one or more major depressive episodes. MDD is NOT transient unhappiness caused by life experiences or stress, nor is it a normal grief reaction associated with loss.
- MDD can range from mild to severe. A person may have a single episode, recurrent episodes, or chronic symptoms throughout their lifetime. Support from family, friends, and your community can comfort you and help you feel less scared and alone.

WHAT IS ANXIETY?

- Anxiety is an unpleasant emotion that most people feel when something is perceived as risky, frightening, or worrying. Although everyone experiences anxiety, it can become a disorder when it becomes excessive and uncontrollable, and manifests with a wide range of physical and affective symptoms and changes in behaviour and cognition. Avoidance is a common response to anxiety.
- Anxiety is not a disorder on its own but is the key component of the following anxiety disorders: Specific Phobia, Social Anxiety Disorder, Panic Disorder, Agoraphobia, and Generalized Anxiety Disorder (GAD). Other disorders sometimes grouped together with anxiety disorders include Post-Traumatic Stress Disorder (PTSD) and Obsessive-Compulsive Disorder (OCD).

DEPRESSION AND ANXIETY

- Depression often co-exists in patients with anxiety disorders. The US National Co-morbidity Survey reported that 62% of patients with an anxiety disorder also suffered from MDD during their lifetimes (Wittchen et al., 1994).

POSSIBLE CAUSES OF DEPRESSION IN THE CKD POPULATION (ZALAI ET AL., 2012)

- Disease-related: Kidney disease and co-morbidities, pain, discomfort, other symptom burden
- Treatment-related: Dialysis, medications
- Biological: Neurotransmitters, neurotoxins, inflammation, anemia, and uremia
- Psychological: Difficulty with adaptation, role changes, life goals, uncertainty, body image, existential distress
- Social: Changes in relationships, job, social roles, intimacy-sex
- Lifestyle: Lack of exercise, poor nutrition, and change in sleep habits

POSSIBLE RISK FACTORS FOR DEPRESSION AND ANXIETY

- Personal or family history of mood or anxiety disorders, addictions
- Multiple medical co-morbidities (e.g., diabetes)
- Acute medical events (myocardial infarction, stroke, amputation, infection)
- Chronic pain, fatigue, or insomnia
- Traumatic experience(s)
- Poor social support—social isolation, recent move, poverty, cultural or language issues
- Lack of education/low education level
- Recent adverse life event (e.g., loss of close relative or friend, job loss, financial stress, divorce)

POSSIBLE SYMPTOMS OF DEPRESSION AND ANXIETY

- Sad, anxious or “empty” feelings
- Feelings of worthlessness, low self-esteem
- Hopelessness, helplessness
- Preoccupation with death/dying
- Change in interest in sex/intimacy
- Difficulty concentrating, remembering details, and making decisions (voiced by patient or family)
- Fatigue and decreased energy
- Difficulty sleeping, early-morning wakefulness or excessive sleeping/daytime sleepiness

- Change in appetite
- Weight gain or loss
- Complaints of physical aches and pains (headaches, indigestion, etc.)
- Neglecting self-care
- Lack of interest/decreased interest (including in participating in their health care)
- Irritability
- Lack of motivation, loss of interest in activities or hobbies once enjoyed
- Social withdrawal; decrease in engagement with others
- Decrease in daily functioning (social, vocational)
- Dismissing concerns regarding their well-being
- Reluctance to book appointments or tests
- Missing hemodialysis treatments or other scheduled appointments/tests

Commonly Used Screening Tools

- Generalized Anxiety Disorder 7-Item Scale (GAD-7) for Anxiety
- Patient Health Questionnaire (PHQ-9) for Depression
- Geriatric Depression Scale
- Hospital Anxiety and Depression Scale (HADS)
- Beck Depression Index (BDI)

*Note: Some of these questionnaires (e.g., PHQ-9, BDI) ask about suicidal thoughts and clients' answers should be reviewed and followed-up on as clinically indicated.

Ontario Structured Psychotherapy (OSP) Program

Adults with depression and anxiety-related concerns can get free cognitive-behavioral therapy and related services through the Ontario Structured Psychotherapy Program. Patients can be referred by their healthcare team or can self-refer. Care partners are also able to self- refer. The program is coordinated by nine networks across the province, who work with different organizations across their regions to offer services. The following website will direct you to the most appropriate OSP network: www.ontariohealth.ca/getting-health-care/mental-health-addictions/depression-anxiety-ontario-structured-psychotherapy

References

Canadian Task Force on Preventive Health Care. (2013). Recommendations on screening for depression in adults. Canadian Medical Association Journal, 185(9), 775-782.

Cukor, D et al. (2008). Course of depression and anxiety diagnosis in patients treated with hemodialysis: a 16-month follow-up. Clinical Journal of the American Society of Nephrology, 3, 1752-1758.

Government of Canada. (2006). The Human Face of Mental Health and Mental Illness in Canada. Retrieved January 1, 2014, from http://www.phac-aspc.gc.ca/publicat/human-humain06/pdf/human_face_e.pdf

Hedayati, SS et al. (2006). The predictive value of self-report scales compared with physician diagnosis of depression in hemodialysis patients. Kidney International, 69, 1662-1668.

Lopes AA et al. (2002). Depression as a predictor of mortality and hospitalization among hemodialysis patients in the United States and Europe. Kidney International, 62, 199-207.

Peng, T et al. (2013). Relationship between psychiatric disorders and quality of life in nondialysis patients with Chronic Kidney Disease. American Journal of the Medical Sciences, 345(3), 218-221.

Taskapan, H et al. (2005). Psychiatric disorders and large interdialytic weight gain in patients on chronic haemodialysis. Nephrology, 10, 5-20.

Tsai, YC et al. (2010). Quality of life predicts risks of end-stage renal disease and mortality in patients with CKD. Nephrology Dialysis Transplantation, 25, 1621-1626.

Watnick S et al. (2005). Validation of 2 depression screening tools in dialysis patients. American Journal of Kidney Diseases, 46, 919-924.

Wittchen, HU et al. (1994). DSM-III-R generalized anxiety disorder in the National Comorbidity Survey. Archives of General Psychiatry, 51, 355-364.

Zalai, D et al. (2012). Psychological distress and depression in patients with chronic kidney disease. Seminars in Dialysis, 25(4), 428-438.

Detailed Symptom Management Pathway

No Clinical symptoms of anxiety and/or depression are present

1. Clinical symptoms of anxiety and/or depression are present (e.g., feelings of sadness, loneliness, thoughts of harming oneself, worried, restless, poor sleep or sleeping too much)
2. No
3. Usual care with continued monitoring for symptoms of anxiety and/or depression

Clinical symptoms of anxiety and/or depression are present AND depression and/or anxiety disorder unlikely

1. Clinical symptoms of anxiety and/or depression are present (e.g., feelings of sadness, loneliness, thoughts of harming oneself, worried, restless, poor sleep or sleeping too much)
2. Yes
3. Consider referral to Social Worker or other qualified clinician. Notify appropriate member of nephrology clinical care team (i.e., nurse practitioner/nephrologist.
4. Social Worker or other qualified clinician conducts social/psycho/emotional assessment (may include administering appropriate screening tool(s) for anxiety and/or depression [GAD-7 for anxiety; PHQ-9 for depression; others as indicated)].
5. Depression and/or anxiety disorder unlikely
6. Usual care with continued monitoring for symptoms of anxiety and/or depression.

Clinical symptoms of anxiety and/or depression are present AND depression and/or anxiety disorder possible or likely AND suicidality risk

1. Clinical symptoms of anxiety and/or depression are present (e.g., feelings of sadness, loneliness, thoughts of harming oneself, worried, restless, poor sleep or sleeping too much)
2. Yes
3. Consider referral to Social Worker or other qualified clinician. Notify appropriate member of nephrology clinical care team (i.e., nurse practitioner/nephrologist.
4. Social Worker or other qualified clinician conducts social/psycho/emotional assessment (may include administering appropriate screening tool(s) for anxiety and/or depression [GAD-7 for anxiety; PHQ-9 for depression; others as indicated)].
5. Depression and/or anxiety disorder possible or likely
6. Care providers work with patient to develop intervention plan.
7. Moderate/Severe Depression
8. Suicidality risk
9. Yes
10. Immediate care and follow-up as appropriate (local standard of care)

Clinical symptoms of anxiety and/or depression are present AND depression and/or anxiety disorder possible or likely AND no suicidality risk

1. Clinical symptoms of anxiety and/or depression are present (e.g., feelings of sadness, loneliness, thoughts of harming oneself, worried, restless, poor sleep or sleeping too much)
2. Yes

3. Consider referral to Social Worker or other qualified clinician. Notify appropriate member of nephrology clinical care team (i.e., nurse practitioner/nephrologist.
4. Social Worker or other qualified clinician conducts social/psycho/emotional assessment (may include administering appropriate screening tool(s) for anxiety and/or depression [GAD-7 for anxiety; PHQ-9 for depression; others as indicated)].
5. Depression and/or anxiety disorder possible or likely
6. Care providers work with patient to develop intervention plan.
7. Moderate/Severe Depression
8. Suicidality risk
9. No
10. Care team and patient/family determine the appropriate individual(s) and/or service(s) to assess, diagnose and manage the issue(s).

Clinical symptoms of anxiety and/or depression are present AND depression and/or anxiety disorder possible or likely AND Mild Depression

1. Clinical symptoms of anxiety and/or depression are present (e.g., feelings of sadness, loneliness, thoughts of harming oneself, worried, restless, poor sleep or sleeping too much)
2. Yes
3. Consider referral to Social Worker or other qualified clinician. Notify appropriate member of nephrology clinical care team (i.e., nurse practitioner/nephrologist.
4. Social Worker or other qualified clinician conducts social/psycho/emotional assessment (may include administering appropriate screening tool(s) for anxiety and/or depression [GAD-7 for anxiety; PHQ-9 for depression; others as indicated)].
5. Depression and/or anxiety disorder possible or likely
6. Care providers work with patient to develop intervention plan.
7. Mild Depression
8. Care team and patient/family determine the appropriate individual(s) and/or service(s) to assess, diagnose and manage the issue(s).

START FROM WHEN THE CARE TEAM AND PATIENT/FAMILY DETERMINE THE APPROPRIATE INDIVIDUAL(S) AND/OR SERVICE(S) TO ASSESS, DIAGNOSE AND MANAGE THE ISSUE(S)

1. Care team and patient/family determine the appropriate individual(s) and/or service(s) to assess, diagnose and manage the issue(s).
    a. Ontario Structured Psychotherapy (OSP) Program
    b. Community Mental Health
    c. Psychiatry/Psychology
    d. Primary Care Provider
    e. Nephrology Clinical Care Team

If Ontario Structured Psychotherapy (OSP) Program, Community Mental Health, or Psychiatry/Psychology

2. Submit consult/referral and Ensure primary care provider is aware and included in the circle of care.
3. Establish the nephrology clinical care team's role and Establish communication and documentation processes regarding goals of care, plan of care, and reassessment.
4. Communicate findings and actions to nephrology clinical care team and document in health record.
5. Ongoing monitoring and intervention, as appropriate.

If Primary Care Provider or Nephrology Clinical Care Team

6. Establish the nephrology clinical care team's role and Establish communication and documentation processes regarding goals of care, plan of care, and reassessment.
7. Communicate findings and actions to nephrology clinical care team and document in health record.
8. Ongoing monitoring and intervention, as appropriate.

Acknowledgement

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Disclaimer

This document is designed to provide healthcare providers with information that can be used to help treat depression and anxiety in hemodialysis patients. It is not intended to be a substitute for the advice of a qualified health professional, nor is it intended to provide a comprehensive list of drug options. As treatment options and standards are constantly evolving, we do not guarantee that the information in this document is current. Any person consulting this document is expected to use independent clinical judgment or seek out the advice of a qualified health professional before applying any information contained herein.

This content has been adapted with permission from the BC Renal Agency's Provincial Standards & Guidelines - Depression and Anxiety: The Role of Kidney Care Clinics, developed by the agency's Kidney Care Committee, and the Kidney Supportive Care Research Group (KSCRG), University of Alberta / Northern Alberta Renal Program. To review original source materials, see www.bcrenalagency.ca and www.ualberta.ca/~kscrg.

For more information on this symptom, or for resources to help assess and manage other symptoms commonly reported by people with chronic kidney disease, please visit: www.ontariorenalnetwork.ca/en/kidney-care-resources/clinical-tools/symptom-management

Need this information in an accessible format?
1-877-280-8538, TTY 1-800-855-0511, info@ontariohealth.ca
Document disponible en français en contactant info@ontariohealth.ca

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