



2024

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Recommended Citation

Hockaday, E. How to persist while on the list. *BUHealth*. 2024; 2(1). <https://digitalcommons.butler.edu/buhealth/vol2/iss1/4>.

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How to Persist While on the List

Erin Hockaday

Kidney transplant recipients have the longest wait time and highest depression rates out of all solid organ transplants. Various strategies to help manage depression and anxiety in this patient population have been studied including mindfulness interventions, social support systems, and treatment with antidepressants. Studies have shown that mindfulness interventions lowered depression and anxiety scores in patients from baseline to six months. A strong support system in patients has also been shown to improve patients' likelihood of receiving a kidney transplant. In addition, treatment with antidepressants improves patients' overall outcomes without impacting their likelihood of receiving a kidney transplant.

Keywords: *depression, anxiety, transplant, end stage renal disease*

“**T**he list” is a term that is all too familiar to end stage renal disease (ESRD) patients and their families. The average wait time while on the kidney transplant list is three to five years, but for some it can be much longer due to a lack of organ donors or unique blood type. For most patients with ESRD, this turns into life on dialysis leading them down a long, hard path until a kidney becomes available. It has been reported that 50% of patients on dialysis have been diagnosed with depression and anxiety.¹ This becomes relevant when you consider that candidates on the transplant list are assessed by clinics on their psychological status to ensure positive outcomes post-transplant. Patients are aware of how these assessments can impact their probability of receiving a transplant, leading to the under-reporting of depressive and anxiety disorders. Mindfulness interventions, robust social support systems, and treatment with selective serotonin reuptake inhibitors (SSRIs) antidepressants demonstrate benefit in ESRD patients with depression and anxiety.

MINDFULNESS INTERVENTIONS

Rigas and colleagues researched the benefit of health enhancement programs and brief mindfulness interventions in patients undergoing hemodialysis. The participants completed a Patient Health Questionnaire 9 (PHQ-9) and/or the General Anxiety Disorder 7 (GAD-7) at baseline and 6 months post-treatment. These assessments measure patients' mental health symptoms over the past 2 weeks and are meant to categorize depression and anxiety based on severity. PHQ-9 focuses on concentration levels, suicidal ideation, and generally feeling down. GAD-7 aims to assess nervousness, feelings of impending doom, and levels of relaxation.¹ Results showed a significant decrease in GAD-7 and PHQ-9 scores from baseline to 6 months with mindfulness interventions and health enhancement programs, including yoga, breathing exercises, hiking, and daily journal entries.¹

Mindfulness techniques are meant to heighten the patient's awareness and ground them in their negative thoughts. In patients with chronic disease states such as ESRD, patients focus on acceptance of circumstances. Much of the time, this is accomplished through counseling sessions and journaling. When the patient comes to terms with their situation and learns to cope with a chronic condition, their mental health improves significantly. The physical aspects, such as hiking and yoga, are used primarily as anxiety-reducing activities. Exercise reduces symptoms of depression and anxiety by releasing endorphins that positively affect an individual. Participating in daily physical activity can also provide healthy distraction from their current medical conditions and stressors.² Exercise guidelines by the U.S. Department of Health and Human Services recommends at least 150 minutes of moderate aerobic activity a week. Even though patients with ESRD may struggle to meet the physical activity time requirements due to the burden of dialysis treatment, activities of daily living such as walking and cleaning the house can help contribute to this recommendation. If movement is limited past the point of completing activities of daily living, patients could attempt occupational or physical therapy to increase their movement level.

SOCIAL SUPPORT SYSTEM

A significant component that is assessed during the transplant process is the social support system. A patient's support system is evaluated because a substantial support system leads to better patient outcomes and less organ waste once a transplant is completed.³ Depression is linked to solid organ transplantation, and as an effort to be proactive, providers take this into account while individuals are on the list. A positive support system is beneficial for the patient while awaiting their organ transplantation. Their support system gives them a reason to stay optimistic while in an unfavorable situation. Adults that experience social strain

and lack positive relationships in their life double their risk of depression.⁴ Patients that lean on their social relationships and maintain good social interaction while on the transplant list are at a decreased risk for depression.

Journey to Transplant (JtT) is another method of developing a social support system. JtT are group counseling sessions led by a transplant healthcare professional.⁵ Group sessions include ways to normalize emotional aspects of awaiting a transplant, predict an individual's outcomes in relation to the transplant list, and provide resources to overcome any contraindications to transplant the individual may have. A group of patients that all have ESRD can talk through their struggles in these sessions and can find unity in their situation with this community. Along with the benefit of improving mental health, these programs provide more opportunity to receive an organ donation from a living donor. Paired donations can be arranged through these programs if patients choose to opt in. Paired donation is when donors that have unsuited organs for their desired recipient swap with someone that has a suited organ for the desired patient.

ANTIDEPRESSANT TREATMENT

Patients with ESRD that are experiencing anxiety and depression also have the option to pursue medical intervention. There have been multiple studies done that show selective serotonin reuptake inhibitor (SSRIs) are beneficial in treating anxiety and depression in ESRD patients.⁶ Treatment should be closely monitored by a mental health provider and a pharmacist to ensure that it does not interact with the various medications need to manage the patient's chronic kidney disease. According to the BC Renal Agency depression and/or anxiety are not contraindications to kidney transplantation.⁷ Contrary to popular belief, seeking help for a mental illness will not decrease a patient's chances of receiving a kidney transplant.

CONCLUSION

Kidney transplant patients have the longest median wait time for a solid organ transplantation, coming in at 660 days.⁸ The longer a patient is on the transplant list, the higher their risk of developing depression and anxiety. Emphasizing to patients that dealing with mental health conditions does not impact their potential of receiving an organ is vital. The healthcare system needs to prioritize these patients by suggesting nonpharmacological and pharmacological ways to deal with their depression and anxiety. A few choices that have shown benefit are mindfulness interventions, a strong social support system, and the use of SSRIs. Allowing patient to voice their battle with mental illness openly is key to providing them with resources to combat their infirmity, improve their quality of life, and overall persist the long, difficult road that "the list" brings forth.

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