Expert Teams – Depression

Case-Based Learning & Mentorship

Tuesday, August 9, 2022

Facilitator: Kelly M. Mayo, ESRD National Coordinating Center



Meeting Logistics

- Call is being recorded
- Lines will be open for all high performing organizations
 - Please stay on mute unless you are speaking
 - Do not place the call on "hold"
- Everyone is encouraged to use the video and chat features
- Meeting materials will be posted to the ESRD NCC website.



Meeting Guidelines



INTRODUCE YOURSELF BEFORE SPEAKING



KEEP PATIENT-SPECIFIC INFORMATION CONFIDENTIAL



BE WILLING TO SHARE SUCCESSES AND DIFFICULTIES



BE OPEN TO FEEDBACK



ASK THE DIFFICULT QUESTIONS



RESPECT OTHERS



USE "...AND" STATEMENTS



KEEP TO TIME LIMITS



Introductions

- Guest Experts
 - Zachary Arcona, PSYD Children's Hospital Colorado
 - Elizabeth Christofferson, PhD University of Colorado School of Medicine and Children's Hospital Colorado
- Case Study
 - Dylan Pepper, MSW, RCSWI, St. Petersburg Kidney Center South
- High Performing Organizations
- ESRD Networks
- Centers for Medicare & Medicaid Services (CMS)



Expert Team Topic Goals

- Increase the percentage of patients screened for depression
- Increase the percentage of patients identified with depression that have received treatment by a mental health professional



Questions to Run On



How Might We ...

- Improve depression screening and patient reporting of mental health symptoms?
- Improve patient access to treatment for depression?
- Communicate differently to reduce the stigma of depression?



Presentation by Guest Experts

Zachary Arcona, PSYD

Transplant Psychology Postdoctoral Fellow, Children's Hospital Colorado

Elizabeth Christofferson, PhD

Associate Professor, University of Colorado School of Medicine Clinical Director, Transplant Psychology and Kidney center, Children's Hospital Colorado



Depression in End Stage Renal Disease and Dialysis

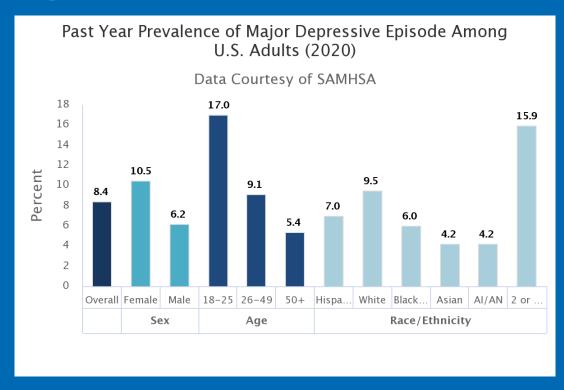
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CLINICAL DIRECTOR, TRANSPLANT PSYCHOLOGY AND KIDNEY CENTER
CHILDREN'S HOSPITAL COLORADO





Depression in the General Population





Depression in General Population

- 21 Million American adults have had at least one Major Depressive Disorder episode.
 - 8.4% of US adults.
 - 10.5% females and 6.2% males.
 - Highest reported rate is age 18-25 (17%).
- Global rate of depression is 3.8%.
 - 5.0% adults
 - 5.7% adults older than 60.
- Approximately 71% of patients with major depression with severe impairment receive treatment.
- 700,000 people per year die of suicide



Depression in ESRD

- Rates of diagnosed depression in ESRD up to 46%
- There are mixed results related to mortality and morbidity of those with depression with ESRD
- Depression in ESRD patients is associated with a range of adverse outcomes:
 - Increased fatigue
 - Lower performance status
 - Decreased physical activity
 - Decreased quality of life
- Depression rates among ESRD patients may be higher than patients with cancer, congestive heart failure, and other severe chronic conditions



Factors Contributing to Depression in ESRD Patients

- Decreased perceived quality of life in both physical and psychosocial domains for patients with ESRD can lead to depressive symptoms (Kimmel, 2003)
 - One prominent example of decreed QOL is the decline in social experiences related to extended time on hemodialysis
- The physical impact of hemodialysis can cause exhaustion and feeling ill which may lead to social isolation, feelings of incompetence, and difficulty eating
- Waiting on transplant list and the ambiguity associated with this can lead to feelings of hopelessness and other depressive symptoms
 - Average wait time of 3-5 years for adults



Depression Signs and Symptoms

- Low mood
- Increased or decrease appetite
- Increased or decreased sleep
- Anhedonia
- Fatigue and/or loss of energy
- Difficulty Concentrating
- Recurrent thoughts of death or suicidal ideation



How Symptoms May Present on the Dialysis Unit

- Patient eating more or less than previously
- Sleeping throughout hemodialysis when they previously had not been
- Noticeable difference in their ability to follow conversations and/or appearing to "zone out" often
- Making comments about death or despair. This can be within the realm of their medical care or outside of it.
- Decreased interest in conversing or engaging with providers or members of the care team.
- Patient withdrawing from social activities in their life outside dialysis



Overlap between ESRD/Dialysis Symptoms and Depression Symptoms

- Many similarities between symptoms of kidney failure/hemodialysis and depression
 - Fatigue and exhaustion
 - Appetite changes
- Behavioral health specialists can work on disentangling these to differentiate depression and ESRD symptoms
 - Timeline of symptoms
 - Mental health history
 - Location that symptoms occur (e.g., only at dialysis or dialysis and at home)
- Important to acknowledge there is often a cyclical relationship between ESRD symptoms and depression



How the care team can help if they observe depression symptoms in patients

- It is important to discuss these concerns with your team's psychosocial providers
- You can approach your psychology or social work colleagues and describe the symptoms you see and your main concerns
- Psychosocial team will assess patients utilizing a variety of strategies potentially including, but not limited to: validated assessment measures and clinical interviews.
- Psychosocial team members can either refer to community providers or utilize interventions, including cognitive-behavioral or acceptance and commitment therapies.
- If there is an acute safety concern, connect the patient to immediate psychiatric care



Crisis Information

- National Suicide Hotline: 800-273-8255
 - New call or text 24/7 hotline: 988
- Most states have their own crisis line as well
- Text hotlines
 - Active minds crisis line: Text "Brave" to 741-741
 - Text "Home" to 741-741
- Chat online at https://suicidepreventionlifeline.org/chat/
 - Patient will need to fill out a short survey first, and then will be connected to a crisis counselor.



References

- Chan, L., Tummalapalli, S. L., Ferrandino, R., Poojary, P., Saha, A., Chauhan, K., & Nadkarni, G. N. (2017). The effect of depression in chronic hemodialysis patients on inpatient hospitalization outcomes. *Blood purification*, *43(1-3)*, 226-234.
- Kimmel, P. L., Emont, S. L., Newmann, J. M., Danko, H., & Moss, A. H. (2003). ESRD patient quality of life: symptoms, spiritual beliefs, psychosocial factors, and ethnicity. *American Journal of Kidney Diseases*, 42(4), 713-721.
- U.S. Department of Health and Human Services. (2022, January). *Major depression*. National Institute of Mental Health. Retrieved June 26, 2022, from https://www.nimh.nih.gov/health/statistics/major-depression
- World Health Organization. (2021, September 13). *Depression*. Retrieved June 30, 2022, from https://www.who.int/news-room/fact-sheets/detail/depression



Q&As



Case Study Presentation & Discussion

Dylan Pepper, MSW, RCSWI



St. Petersburg Kidney Center South
St. Petersburg, FL



Get to know me... ©

- Bachelor of Arts-- in Human Development with triple minor in Anthropology, Women & Gender Studies, and Religious Studies from Eckerd College.
- Master's Degree
 — in Social Work from University of Central Florida.
- Registered Clinical Social Worker Intern working towards LCSW licensure.
- Experience working with Domestic Violence Survivors, Severely Persistently Mentally III clients, and now Dialysis patients.
- Love spending time at home or in my husband and I's pollinator & butterfly garden while letting our 160 pound 2 year old Great Dane play in her kiddie pool.





Case Studies

Patient #1

- 69 year old married male
- ICHD 3 years
- Wife is main support system
- Depression, anxiety diagnosis
- Experiencing "burn-out"
 - Canceling treatments, canceling doctor appt's, etc.

Patient #2

- 87 year old married male
- ICHD a little under a year
- Wife is main support system
- Chronic pain, Depression
- Wife states "used to be extremely active in community, support groups, volunteering etc."



How did I help?



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- Normalizing
- Measures of Success
- Sense of engagement; involvement with peers
- Engagement & keeping the conversation going even if it's not face to face

















Some of the staff at St. Petersburg Kidney Center South



Questions/Comments

- What are some barriers that you've experienced with screening, accepting resources, creating/accomplishing goals?
- Do you have patients experiencing "burn-out?" What have you or other clinic staff done to address patient "burn-out?"
- What are some ways you have engaged with patients that have worked? Or have not worked?
- Have you engaged with your colleagues on "burn-out?" If so, how?



References

- Brennan, D. (2020, December 3). Burnout: Symptoms and signs. WebMd.
 https://www.webmd.com/mental-health/burnout-symptoms
 signs#:~:text=Burnout%20is%20a%20form%20of,up%20with%20life's%20incessant%20dem ands.
- Moore, R., & Teitelbaum, I. (2009). Preventing burnout in peritoneal dialysis patients. Advances in peritoneal dialysis. Conference on Peritoneal Dialysis, 25, 92–95.



Case Study Discussion and Q&As



Knowledge Into Action



Top Take-Aways



What is one thing you learned today that you could start doing immediately?



How will this action improve your current way of doing the practice/process?



Who is involved and how can they support the action to make it sustainable?



Recap & Next Steps

- Additional pathways for learning
 - Sharing Best Practices to a greater community
 - Using Case Study examples to identify new ways of doing something and missed opportunities
- Next meeting November 8, 2022

 Visit the ESRD NCC website to find materials and share https://esrdncc.org/en/professionals/expert-teams/



Social Media









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Thank You

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