COVID-19

An End Stage Renal Disease (ESRD) National Coordinating Center (NCC) Professional Education Webinar

April 7, 2021
Agenda

• What is this call about?
• Today’s speaker:
  ▪ Manisha Jhamb, MD, MPH
    – Associate Professor of Medicine;
    Director, Population Health Initiatives, Co-Director Clinical Research, Renal-Electrolyte Division, Department of Medicine, University of Pittsburgh, Pittsburgh, PA

• Topic: Psychosocial Impact of COVID-19 Pandemic on Hemodialysis Patients

• Questions and answers (Q&As) from chat and Q&A panels
What Is This Call About?

• Hear from stakeholders and peers in the ESRD community who are adapting to COVID-19.
• Share examples and provide real-world strategies for facilities to use.
• Engage in bi-monthly calls on varying topics.
Psychosocial Impact of COVID-19 Pandemic on Patients on Hemodialysis

Manisha Jhamb, MD, MPH
Associate Professor of Medicine;
Director, Population Health Initiatives, Co-Director Clinical Research,
Renal-Electrolyte Division, Department of Medicine
University of Pittsburgh, Pittsburgh, PA
April 7, 2021
Objectives

• Understand the mental and emotional impact of the COVID-19 pandemic on patients on hemodialysis (HD).

• Understand the impact of the COVID-19 pandemic on food and housing security, and adherence with HD.

• Explore patients’ accessibility to participate in telemedicine visits from their homes.
Effect of COVID-19 on Patients on Dialysis

Direct effects
• Enhanced risk of severe COVID-19 infection-related complications and poor prognosis
• Higher risk of hospitalization, intensive care unit admission, mechanical ventilation, and death

Indirect effects
• Psychosocial health
• Worsening of pre-existing symptoms such as depression and anxiety
Dialysis Patients are Particularly Vulnerable

High symptom burden—similar to that of patients with advanced cancer.

Symptom prevalence in HD patients:

- Depression—20–30%
- Anxiety—10–50%
- Poor Sleep—40–85%

Source: Shutterstock.com
Sleep, can't sleep, will fall asleep but stay awake 'til like 2 or 3 [am].

I am very emotional. This disease and hemodialysis and then peritoneal dialysis have shaken me to my core. My anxiety has increased.

The only thing that makes me feel depressed is that I gotta be here. You just sit here and, because you get four hours to think, what I could I be doing? You know, I could be doing so much more and this is my way to live, and if I'm not here, I'll die. And so, it's weird that they call it dialysis, it should be called livealysis because it makes you live, you know?"

Source: Cox et al., HD Int., 2018
Avdal et al., J of Inft and Pub Hlth, 2020
Jhamb, unpublished data.
Unique Concerns With Social Distancing for Dialysis Patients

• Need to go to dialysis facility 3 times per week for life-sustaining treatment
• Public transport or shared rides
• Open floor plans and open waiting rooms
• Repeated close contact with multiple dialysis staff (e.g., cannulation, de-cannulation, and vital-status monitoring)
Additional Stressors During COVID-19

• Wearing masks at all times during dialysis.
• Disallowing of consumption of food during treatment.
• Limiting entry of family members in dialysis units.
• Limiting patients in waiting area.
Unanswered Questions?

• What is the impact of COVID-19 on dialysis patients’ psychosocial health?

• Does it cause patients to miss in-center HD treatments to limit exposure?

• What is the financial impact of COVID-19 on dialysis? Do patients experience food and housing insecurity?

• Can we use telemedicine to provide mental and emotional support to dialysis patients?
Technology Assisted Collaborative Care (TĀCcare) COVID-19 Ancillary Study

- TĀCcare—Ongoing multi-site, randomized, controlled trial evaluating an intervention to improve pain, fatigue, and depression among patients on chronic HD.
- Recruitment and trial activities were put on hold mid-March 2020 due to COVID-19.

Source: Lee et al., Kid 360, 2020
Subject Recruitment

- All TĀCcare participants who had been enrolled were contacted by phone in May 2020, while the local restrictions were still in place at both study sites.
  - Provided COVID-related education and support.
  - Provided information on community resources (e.g., local food bank or crisis line contact numbers).
  - Invited to participate in a survey evaluating the impact of COVID-19 on their health.
    - Included CoRonavIruS Health Impact Survey (CRISIS) developed by the National Institute of Mental Health.
109 randomized patients in TACcare (56 from Pennsylvania, 53 from New Mexico)

Not available for survey = 27
- 7 died
- 5 received kidney transplant
- 2 no longer on HD
- 2 relocated
- 8 withdrew/withdrawn from main study
- 2 hospitalized

82 patients available to be approached for survey

49 patients completed survey
(23 from Pennsylvania, 26 from New Mexico)

Did not complete survey = 33
- 21 unable to be contacted
- 12 refused

Source: Lee et al., Kid 360, 2020
Participants

• 53% male, mean age 56 years, median dialysis duration of 3.2 years
• Geographically diverse—23 from Western Pennsylvania (PA), 26 from New Mexico (NM)
• Racially diverse—55% Whites, 18% African American, 20% American Indians
• Ethnically-diverse—22% Hispanic
• 55% had a household income less than $20,000/year (poverty line).
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Worried About Infection

Worried about being infected

- No–Slightly: 39%
- Moderately–Extremely: 61%

Worried about friends or family being infected

- No–Slightly: 37%
- Moderately–Extremely: 63%

Source: Manisha Jhamb, MD, MPH
Impact of the Pandemic on Health and Emotional Well-Being

1 in 5 are moderately to extremely worried about their:

- **physical health** being impacted.
- **mental/emotional health** being impacted.
- **inter-personal relationships** being impacted.

- More than 75% reported feeling overwhelmed with stress.
Patient-Reported Symptoms During The COVID-19 Pandemic

Source: Manisha Jhamb, MD, MPH
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Effect on HD Adherence

• 85% moderately to extremely worried about leaving the house to go to dialysis.
  —Concerns regarding being close to other dialysis patients, healthcare workers, and people in the dialysis facility or during transportation.

• Only 1 in 6 reported missing any treatments, but none due to the above-mentioned pandemic-related reasons.
Preference for HD

• Despite the restrictions due to the pandemic, 82% of participants reported being not at all/slightly interested in trying HD, if that was an option.

• Potential reasons:
  — Socioeconomic factors
  — Socializing
  — Poverty
  — Housing conditions
  — Disease self-management skills
  — Health literacy
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Effect of Pandemic on Economic Well-being

• *9 out of 10* moderately–extremely worried about housing insecurity.

• *1 in 3* worried about *food security.*
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High Accessibility to Telemedicine From Home

• **98%** of the participants had telemedicine access (71% video visits and 27% phone visits).

• **71%** reported access to an internet device (e.g., smartphone, tablet) and a reliable internet connection at home.

—PA >> NM

PA = Pennsylvania; NM = New Mexico

Source: Shutterstock.com
Positive Changes From the Pandemic

40% reported experiencing positive changes:

• Spending more time with family
• Getting to know neighbors
• Adopting health behaviors (washing hands, quitting smoking, limiting alcohol, being more careful in general)
• Eating at home more often
• Becoming more religious
• Not taking things for granted
Caveats

• Small sample size
  —Refusal rate was low (20%)
  —Good geographic, racial and ethnic representation

• Surveyed early in the pandemic (May 2020)
  —May have received more support and developed coping skills later in pandemic.

• Did not study long-term effects of the pandemic.

• Did not assess other limitations that participants might encounter for telemedicine visits, such as Internet bandwidth constraints, technology literacy, or cell phone data limitations.
Conclusion

• Patients on HD have experienced a very significant impact from the COVID-19 pandemic on their mental and emotional health.

• Many patients have housing and food insecurity.

• Although patients worry about going to dialysis, this has not impacted their dialysis adherence or preference for home dialysis.

• Many HD patients have access to telemedicine, which may prompt providing mental and emotional support to them.
Thank You

Questions?
Let Us Hear From You

• Q&As from chat and Q&A panels
Flu Vaccination Toolkit

Influenza toolkit for providers featuring:
- Flu facts and taglines
- Social media content
- Flu videos
- Print-ready materials
- On-demand training and educational events

Visit https://esrdncc.org/flu today!
The Kidney Hub

• The Kidney Hub—Mobile-friendly web tool created by patients, for patients.
• Links to new videos and helpful resources added.
• Visit [www.TheKidneyHub.org](http://www.TheKidneyHub.org) today!
Our Next COVID-19 Webinar Events

Save the date for our upcoming events:
• Provider-focused event: April 21, 2021, 3 p.m. ET
• Patient-focused event: April 13, 2021, 4 p.m. ET

Visit kidneyCOVIDinfocenter.com to register.
Keep an eye out for registration to these events soon.