Psychology's contribution to improving adjustment and adherence in CKD

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Overview

- General Psychological and Social Consequences of Kidney Disease
- Psychological issues in CKD stage 4 patients
- Psychological issues in Renal Replacement Therapy patients
- Ways we can respond to CKD patients
- Conclusions

Renal Psychology Service at the Royal Free

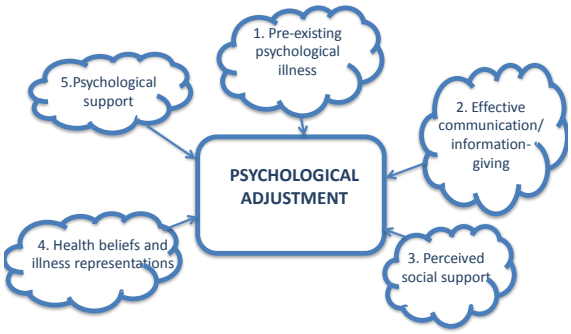
- Started from Scratch in 2008
- Grown to 2 psychologists and a young adult worker
- First Year 200 referrals – now at 400 referrals per year.
- Multi-site model with some parallel clinics
- No Waiting list; rapid access – brief therapy

Impact of CKD

Work
Education
Finances
Ambitions
Future plans
Lifestyle
Self – esteem
Holidays
Social life
Leisure activities
Eating & drinking
Stress levels

Body image
Cognitive function
Sleep
Relationships
Friendships
Family life
Sex life
Functional limitations
Changes in self-perceptions
Fear of death
Loss of independence
Loss of control

Aids and Challenges to Adjustment



Uncertainty

CKD Stage 4

- Lead up to RRT is a challenging phase
- More intense medical management
- Poor adjustment causes knock on effects: haemodialysis 'crash landers'

Denial

Barriers to adjustement in CKD

- Symptoms in CKD not those patients associate with a life-threatening illness
- Treatments like PD, HD and transplantation are way beyond most peoples common medical experiences
- Signs of lack of adjustment include:
  - missing outpatient appointments,
  - being unable to digest medical information,
  - failing to attend for timely fistula formation
  - declining the offer of a kidney transplant.

CKD Stage 4 Case Example

- Sudden drop in kf after very slow trajectory
- Heightened sense of "why me?"
- Unhelpful beliefs around illness course and how she would cope
- Exploration of illness and coping cognitions/beliefs
- Preparedness and adaptation improved: progressed to self-care haemodialysis

Psychology Low Clearance Parallel Clinics

- bypasses a lengthier referral route
- promotes psychological consultation as a normal part of a patient's clinic experience,
- reducing Did Not Attend (DNA) rates and the stigma of feeling 'singled-out' for special psychological attention.
- Informed by the transtheoretical model of behaviour change (TTM) that assesses an individual's readiness to act towards healthier behaviour in terms of their progression through a sequence of psychological stages:

Structure of encounter in chronic kidney disease clinics

- Knowledge and understanding of kidney problem by the patient
- The meaning patients ascribe to renal replacement therapy and their psychological preparedness
- Knowledge and understanding of role of kidney
- Beliefs and attitudes towards medical care and medications
- Current and previous psychological health, coping and social factors

Results from audit of 45 encounters

- Following a less structured format, our CKD parallel clinic was more guided by the renal nurse specialist's particular concerns about the patient.
- Illness acceptance issues in over a third of patients (36%) were identified,
- a fifth having other psychological concerns such as low mood or anxiety,
- Fewer had a lack of kidney knowledge, at 9%.
- Only one patient declined to see a psychologist after their nurse appointment, revealing it to be a highly acceptable form of encounter, in contrast to our DNA rate to first appointment for more formal psychology referrals at 20%.
- The most common acceptance issues related to failure to acknowledge need for RRT in the near future—often associated with lack of symptoms with patients often wanting to put off 'worrying about it' until their eGFR declined still further, some holding to unrealistic hopes that their kidney function might still improve (Table 3).

Patients on RRT

- High level of psychological distress in haemodialysis and PD patients
- Rates of depression in HD patients vary between 20 -50% (Kimmel, 2002)
- HD requires major changes in lifestyle
- Problems likely higher at start and during 1st year.
- Consider routine screening of HD patients

Psychological Issues in RRT

- Treatment burden
- Dietary and Fluid Restriction
- Demoralisation
- Depression
- Patient/staff interaction
- Loss of health
- Impact on Quality of life
- Dialysis Withdrawal
- Needle Phobia

Dialysis Case

- Depression/hoplessness on HD
- Hx of non-adherence in previous TX
- Acquired reputation as difficult patient
- Explored illness beliefs
- Changing unhelpful ways of relating
- Able to choose PD and join Tx list
- Determine suitability for Transplant

What can we do

- Use open ended questions
- Enquire about understanding
- Correct misperceptions
- Ask about Mood/Stress/Worry
- Provide information & reassurance
- Tailor interventions to where someone's at
- Give as many choices & options as possible
- Get patients to voice their own positive reasons for change ..What are some of the advantages of making this change ?
- Encourage change talk
- Empathic, open stance

Link adherence to wider life goals

- What matters to you in your life – why would it be important for you to stay as healthy as you can?
- 'How would keeping yourself healthy fit in with your life goals?'
- Help patients identify achievable goals where they are lacking
- irrational behaviours or choices can reflect highly understandable but conflicting values and aims.

Key points

- Psychological care can enhance quality of life and contribute to secondary prevention in end-stage renal disease
- Promoting preparedness can be challenging as many nearing renal replacement therapy lack symptoms of the severity they would associate with a life-threatening illness
- Some illness adjustment, acceptance and adherence issues are remediable in brief therapy
- Parallel psychology clinics can reduce the stigma of referral to psychology and reduce Did Not Attend rates
- Exploring the meaning of transitions in health and treatment can help identify motivational issues, knowledge deficits, problematic health beliefs and psychological problems