MENTAL ILLNESS AND DIALYSIS CARE PLANNING

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Goals:
- Participants will identify 3 effects of mental illness on patient outcomes and clinical operations
- Participants will identify two benefits of interdisciplinary collaboration in care planning
- Participants will identify 3 options for developing plan of care goals for patients with depression and anxiety

Mental Illness in the Dialysis Clinic
- Depression
- Anxiety
- Dementia
- Personality Disorders
- Psychosis

Impact of Mental Illness
- Clinical Care
  - Infection Rates
  - Nutritional Status
  - Mineral Bone Disease
  - Adequacy
  - Morbidity
  - Mortality
  - Quality of Life
- Clinic Operations
  - Patient Complaints
  - Patient Grievances
  - Staff burnout
  - Productivity

Current Strategies for Management
- Passive Management
  - Do not screen
  - “Wait and See”
  - Referral
- Active Management
  - CBT
  - ACT
  - Symptom Targeted Intervention
  - Psychoeducation
  - Medication Management
  - Co-Treatment
  - Self Management Training

Behaviors Observed in Clinics
- Panic
- Difficulty learning/retaining information
- Distrust/Paranoia
- Irritability/Agitation
- Powerlessness/low sense of self-efficacy
- Sadness
- Mood swings
- Sudden change in adherence
Strategies for establishing goals

- Set collaborative tone during assessment, and follow-through--Don't make assumptions
- Be positive and realistic
- Avoid jargon
- Explain the care-planning process before the first meeting
- Meet in a setting or manner that respects patient privacy and comfort level
- Incorporate support persons when possible
- Consider strategies that allow flexibility with timelines and action items

Interdisciplinary Management of MI: Nursing POC Goals

<table>
<thead>
<tr>
<th>Goals</th>
<th>Action Items/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access Goals: Pt. to acquire permanent access</td>
<td>Access: Provide the surgeon's number to patient and patient to contact surgeon by______</td>
</tr>
<tr>
<td>Modality Goals: Pt. to pursue home dialysis treatment options</td>
<td>Modality: Pt. to meet with patient mentor to discuss home dialysis options by______</td>
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<tr>
<td>Adequacy Goals: Pt. to achieve established adequacy goals</td>
<td>Adequacy: Pt. to bring one activity to treatment to reduce anxiety/increase comfort</td>
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Interdisciplinary Management of MI: Dietitians

- Frequently recognize depression/anxiety and refer to the MSW
- Common partners with MSW in addressing symptoms of depression
- Unique role in de-stigmatizing mental illness and the impact on chronic illness
  - Medication Adherence
  - Fluid/Diet Adherence
  - Reports of decrease in physical activity
### Interdisciplinary Management of MI: Dietitian POC Goals

<table>
<thead>
<tr>
<th>Goals</th>
<th>Action Items/Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Mineral Bone Disease: Pt. to reduce phosphorus to ____</td>
<td>• Mineral Bone Disease: Pt. to identify one strategy to remember to take binders by ____</td>
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<tr>
<td>• Nutritional Status: Pt. albumin will increase to ____</td>
<td>• Pt. will implement strategy to taking binders by ____</td>
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### Interdisciplinary Management of MI: Social Worker

- Trained in Mental Health Assessment/Intervention
- Informed Consent and Mental Health Treatment
- Uniquely qualified to address impact of mental illness in dialysis

**SYSTEMS THEORY**

### Interdisciplinary Management of MI: Social Work POC Goals

<table>
<thead>
<tr>
<th>Goals</th>
<th>Action Items/Plan</th>
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<tbody>
<tr>
<td>• Disease Management: Pt. to improve ____ (relating to adherence)</td>
<td>• Disease Management: Pt. and treatment team will develop a communication plan to address patient concerns</td>
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<tr>
<td>• Quality of Life: Pt. to improve MCS by 2 points by ____</td>
<td>• Quality of Life: Pt. and MSW will explore historically effective coping strategies and modify these to current situation</td>
</tr>
<tr>
<td>• Rehabilitation: Pt. to increase physical activity</td>
<td>• Rehabilitation: Pt. will add one new physical activity a month</td>
</tr>
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### Further Considerations

- Use your email calendar/EMR system for reminders for follow-up
- Be focused and consistent when discussing the plan of care and follow-up
- Communicate with other team members

### Mental Illness and QAPI Action Plans

#### Goals

- **Infection Control:** Collaborate with members of the interdisciplinary team to identify root cause of repeat infections by next QAI meeting
- **Patient Complaints:** Pt. complaints will decrease from 4 a month to 1 a month by next QAI Meeting

#### Action Items

- Infection Control-MSW to administer CES-D 10 on all patients with more than one access infection in the last 3 months
- Patient Complaints- Staff will be trained on impact of Anxiety/Depression on team interactions and identify strategies for improving communication
Conclusion

- "Dialysis is life saving and life changing" Beth Witten

- "...Between 60%-75% of patients on dialysis are not depressed. Depression is not a "normal" condition for dialysis patients." Megan Prescott

References

- Kimmel, PL and Peterson, RA. Depression in patients with end-stage renal disease treated with dialysis: Has the time to treat arrived?
- Duarte PS, Miyazaki MC, Blay SL, Sesso R. Cognitive-behavioral group therapy is an effective treatment for major depression in hemodialysis patients.
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- Cukor D, Rosenthal D, Jindal R, et al. Depression is an important contributor to low medication adherence in hemodialyzed patients and transplant recipients.
- Finkelstein F, Wuerth D, Troidle L, Finkelstein SH. Depression and end-stage renal disease: a therapeutic challenge.