CNSW ABSTRACTS FROM THE NATIONAL KIDNEY FOUNDATION 2006 SPRING CLINICAL MEETINGS

HOME HEMODIALYSIS PATIENTS: WHAT ARE THEIR CHARACTERISTICS?

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With the development of new equipment there has been an increase in the number of hemodialysis patients able to dialyze at home. The Short-Home Hemo Dialysis program was initiated in August 2003 at a Midwestern dialysis facility and has grown to 22 patients in 25 months. It is particularly attractive to the rural, working patients living in the area. These initial patients are beginning to shape an image that can be recognized as an S-HHD patient.

In comparison, S-HHD patients are 10 years younger and four times more likely to be employed than incenter and PD patients. The dialysis vintage of S-HHD patients is 36 months compared to 39.3 on incenter and 22 months with PD. More females use NxStage and males use Aksys, matching machines to body size. 75% are in rural areas and eating better (11% higher albumins). Their SF-36 mental health composite scores are consistent with incenter scores but higher than PD scores. The SF36 physical composite scores are higher than both incenter and PD scores. The most prevalent cause of ESRD in our S-HHD population is diabetes (38%), consistent with the other modalities. Using a ratio of actual to target Kt/v, S-HHD adequacy is better than PD using the Aksys machine, but both S-HHD methods are lower than incenter hemodialysis adequacies. Medicare is the primary payor for dialysis among this group and although more are employed, only 14% have employer group plans.

As this modality choice continues to increase in numbers, it will be useful to recognize appropriate candidates and plan for them.

TACKLING THE AFRICAN-AMERICAN HEALTH CRISIS VIA A PEER MENTORING CABLEVISION TALK SHOW

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The purpose of this project was to heighten awareness that African-Americans are 4 times more at risk for CKD than Caucasians, explore causative factors and barriers, and discuss prevention options among the local broadcast community of 90,000 households in Ann Arbor/Ypsilanti, Michigan.

We utilized the oral tradition as a means to convey the problem to the television viewer. Four dialysis and transplant African-American Peer Mentors hosted the 4 shows in which African-American experts were guests. The studio audience consisted of churches, high school and college classes, and others who asked the panel questions during the hour long show. The topics included: “Is there really an epidemic?” “What keeps us from dealing with the problem?” “Does what we eat really matter?” “How can we get healthier?”

To prepare for each topic, the Peer Mentors worked with 4 community discussion focus groups of interested African-Americans, some of whom were dialysis family members (9 times more at risk to develop CKD.)

Surveys were given to discussion group members, audiences, and the peers themselves to measure behavioral change, learning and attitude. Of the discussion group members, 94% returned the surveys and 93% made behavioral changes in diet after attending the discussion groups. 82% of the studio audience returned questionnaires and 100% said they learned about barriers to getting good health care; 90% accepted the challenges given them at the end of each show to increase fruit and vegetable intake for the week.

Because 1) discussion groups wanted to continue to meet 2) peer mentors began exercise classes, 3) viewers continue to request reruns 4) 4 dialysis units have ordered the 4 part series of video tapes to show to patients and staff (for CEUs), 5) we have been invited to continue prevention programming on cable TV, 6) the series won the Philo T Farnsworth Video Festival Award, we conclude that African Americans are very interested in preventing this health crisis, and that the oral tradition is the best vehicle for education and empowerment.

SOCIAL WORKERS EXPLORE POSSIBLE RISK FACTORS FOR DEPRESSION IN NEW HEMODIALYSIS PATIENTS

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Depression in dialysis patients is very common. It is also potentially life threatening. Consequently, it is an area of particular concern to nephrology social workers. Given the fact that growth rates for dialysis patients are expected to continue to increase in the United States over the next several years, combined with the already large size of social work caseloads, it would be useful to have a tool to help quickly ascertain which patients might be at a higher risk for developing symptoms of depression.

This paper discusses the research into which, if any, of eight psychosocial and demographic factors correlate with higher symptoms of depression in new hemodialysis patients. The eight factors are: age, gender, level of education, ethnicity, amount of time patient had to prepare to start dialysis, presence of medical insurance, perceived lifetime health, and perceived stress level. The methodology of the study is outlined as well as the findings and a related discussion.

KNOWLEDGE AND ATTITUDINAL BARRIERS TO TRANSPLANTATION FOR DIALYSIS PATIENTS

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Since renal transplantation can have health and quality-of-life advantages versus remaining on dialysis, we need to understand why transplant-eligible patients are not pursuing it.

We surveyed 243 transplant-eligible dialysis patients to measure their transplant knowledge and decision-making. Of the predominantly African-American (68%) and male (56%) patients, those less likely to pursue donation were older (55 vs. 50 years, p=.003) and in poorer health (51.4% vs. 36.6%, p=.02).

Less than half of transplant-eligible dialysis patients were pursuing deceased donor (40%) or living donor (17%) transplantation. Patients not pursuing transplant were more concerned about surgical pain (21.5% vs. 5.9%, p=.001) and the disappointment they would feel if the kidney failed (33.1% vs. 18.8%, p=.01) than patients pursuing it. They were also less likely to agree that getting off dialysis (54.7% vs. 82.0%, p<.001) influenced their decision about transplant. Finally, patients not pursuing transplant were less likely to know that transplanted patients generally live longer than patients remaining on dialysis (33.8% vs. 49.0%, p=.02), that patients generally wait for a deceased donor kidney for 3-4 years (12.9% vs. 30.4%, p=.001), and that donors do not pay for donation-related costs (45.3% vs. 66.7%, p=.001) compared to patients pursuing transplant.

A majority of eligible dialysis patients not pursuing transplant have a high level of fear about the transplant surgery and a lack of awareness of important living donation benefits. Improved psychosocial education about living donation is needed to correct these misconceptions.

PREVALENCE AND PREDICTORS OF SUICIDAL IDEATION IN ESRD PATIENTS

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With rates of suicide and dialysis withdrawal in ESRD patients reaching 10% nationally, understanding which patients may become suicidal can offer the opportunity for intervention through psychotherapy and medication.

We interviewed 448 transplant-eligible ESRD patients (83% on dialysis) to determine their demographics, level of suicidal ideation, perceived disease burden, health, and whether they were pursuing transplant. Patients were predominantly male (55%) and Caucasian (51%), with a mean age of 53 years (SD=12.9).

6% of ESRD patients (25/448) reported having suicidal thoughts, with one patient assessed to be in imminent risk of suicide. Compared to patients with no suicidal ideation, patients reporting suicidal ideation were more likely to be male (53% vs. 84%, p=.003) have incomes less than $20,000 (38% vs. 58%, p=.05), be very frustrated by their kidney disease (48% vs. 72%, p=.02), feel like a burden on their family (34% vs. 64%, p=.002), and report poorer health (42% vs. 72%, p=.003). Not pursuing transplant and older patient age were not associated with having higher rates of suicidal ideation.

Since underreporting of suicidal ideation is probably due to social stigma, we recommend that healthcare professionals develop a depression and suicide screening protocol. Screening patients, especially males, who express being extremely burdened by their kidney disease may be helpful in reducing the suicide rate in ESRD patients.