

SYSTEMATIC REVIEWS OF TREATMENT INTERVENTIONS FOR DEPRESSION IN CHRONIC DIALYSIS PATIENTS

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PROBLEM: Depression is the most common psychological problem in patients undergoing chronic dialysis. Dialysis patients who are depressed have higher rates of hospitalisation and complications such as peritonitis; poorer compliance with treatment and increased mortality. Depression also increases the risk of suicide.

PURPOSE: To evaluate the effectiveness of physical and psychosocial treatment interventions for depression in patients on dialysis for end-stage renal disease (ESRD).

DESIGN: We undertook two systematic reviews of randomised controlled trials (RCTs) to assess the effectiveness of treatment interventions for depression in dialysis patients. One compared physical measures, i.e. antidepressants or electroconvulsive therapy versus placebo or control. The other systematic review compared psychosocial treatment interventions (e.g., cognitive behavioural therapy) for depression with control or no additional treatment in chronic dialysis patients. Clinical outcomes assessed were, change in depression score, number of depressed patients, quality of life, mortality, number of withdrawals from dialysis and antidepressant treatment. A comprehensive search strategy was employed including - MEDLINE, EMBASE, Cochrane Database of Systematic Reviews, Database of Reviews of Effectiveness and PsycInfo. Identified potential RCTs were assessed for inclusion independently by two reviewers. Data concerning trial methodological quality and relevant clinical outcomes were extracted and where appropriate entered into RevMan for meta-analysis.

FINDINGS:

Physical measures: Out of 10 potential RCTs, only one trial with a total of 16 patients met our inclusion criteria. It compared fluoxetine 20 mg per day with placebo. There was no significant improvement as far as depression scores were concerned at the end of the study period. None of the patients on active drug treatment dropped out due to side-effects attributable to the drug.

Psychosocial interventions: Twenty-five potential RCTs were identified. None met our inclusion criteria. However, five trials that offered psychosocial interventions to the dialysis population as a whole, i.e., not just to depressed dialysis patients were found. Two offered exercise therapy, one additional social work intervention, one offered strategic self-presentation and problem disclosure techniques and one trial, intercessory prayer and positive visualisation.

CONCLUSIONS: The methodological limitations of the studies mean that it is not possible to draw firm conclusions about the efficacy of antidepressant drugs in dialysis patients. Existing trials of psychosocial interventions have major methodological problems. Their effectiveness in depressed dialysis recipients could not be determined as none were designed as treatment trials.

RELEVANCE: There is a need for RCTs to identify the efficacy and safety of antidepressants in dialysis patients. There is a significant need for well designed trials of psychosocial interventions for depression in the dialysis population.