

IDENTIFICATION OF ANXIETY, DEPRESSION AND ADJUSTMENT TO ILLNESS IN RENAL REPLACEMENT THERAPY PATIENTS BY A PSYCHOLOGY SCREENING SERVICE

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PROBLEM: Patients on Renal Replacement Therapy (RRT) may suffer depression, anxiety and difficulty in adjustment to illness, which will affect quality of life. Partners and relatives may be similarly affected. Renal unit staff may not have the expertise to identify and treat these problems.

PURPOSE: *To determine the effectiveness of a psychology screening and therapy service for RRT patients.*

DESIGN: In 1996, a psychology screening strategy was established. 5 sessions/week were provided by assistant and consultant psychologists, nurse specialists or counsellors (2001-02 cost, £15,000). Patients and some partners/relatives were screened, either within 8-12 weeks of commencing dialysis (52%) or established patients were referred with specific problems (58%). Over 6 years various protocols were used, culminating in the last 2 years, as a sequence of: (a) An introductory meeting, (b) Questionnaires assessing Hospital Anxiety and Depression Scale (HADS) and Adjustment to Illness Scale (AIS), (c) Assessment interview for those above the threshold for concern, (d) Therapy offered to patients with moderate to severe HADS scores (>11).

FINDINGS: 264 RRT patients (62% HD, 21 % CAPD, 8% transplant, 6% pre-dialysis) and 33 partners and relatives have been screened. 34% patients failed to attend appointments or complete the questionnaire, which commonly included patients considered by renal staff to potentially benefit from psychological support. Completion of questionnaires was improved (95%) when carried out face to face. Moderate to severe scores for anxiety occurred in 18%, depression in 18% and poor adjustment to illness in 47%. Partners and relatives had a higher incidence of significant anxiety (44%) when compared with RRT patients (23%). 51 % of those screened were offered therapy, of which 35% declined. In a satisfaction survey, 80% felt their problem had improved and 35% thought they had been helped by psychological therapy. Where patients completed repeat HADS questionnaires, approximately two-thirds showed improvement in scores.

CONCLUSION: Psychology screening identified that poor adjustment to illness affected half of RRT patients, and a fifth had moderate to severe anxiety or depression. Relatives and partners may initially have more anxiety than patients. Psychological therapy appeared to be of some benefit to the 20% of screened patients that undergo therapy. Improvement may also occur with time. The effectiveness and evaluation of the service was limited by the failure of patients to complete questionnaires, and attend for screening and therapy.

RELEVANCE: Psychology screening should be a routine part of dialysis counselling. The reluctance of some patients to accept psychological input and the cost-benefits of the service needs to be considered. Training of renal unit staff might aid screening for psychological difficulties in RRT patients.