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RESEARCH ARTICLE

DEPRESSION AND ANXIETY IN HEMODIALYSIS PATIENTS

Akanour Adil¹, Yassine Otheman³, Mahmoud Amine Laffinti¹ and Mohamed Kadiri²

1. Psychiatry Department of HMA- MARRAKECH.
2. Psychiatry Department of HMIMV- RABAT.
3. Psychiatry Department of HMMI MEKNES.

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Abstract

Objective: Depression and anxiety represent the most common expression of psychological distress in dialysis patients, and this distress is associated with a high mortality rate. Its prevalence, which varies from one study to another, remains underestimated. The objective of our study is to estimate the prevalence of depression and anxiety, in a population of chronic hemodialysis patients, and to identify the sociodemographic, clinical factors associated with them.

Materials and Methods: Our study was carried out in the hemodialysis unit of the nephrology department of the Mohammed V military training hospital (HMIM V) in Rabat. It is a descriptive cross-sectional study conducted during June and July 2018, in 35 patients with chronic kidney failure, managed in periodic hemodialysis and who had given their free and informed consent to participate in the study. We used the Hospital-Anxiety and Depression Scale for the diagnosis of anxiety and depression.

Results: Depression was found in 16 patients (45.7%) including 8 men and 8 women. The occurrence of depression was significantly related to gender, professional status, and the existence of somatic comorbidities. Anxiety was found in 21 patients (60%), including 10 men and 11 women. The occurrence of anxiety was significantly related to age, professional status, duration of professional status, duration of hemodialysis, existence of somatic comorbidities and professional status.

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Introduction:-

Chronic hemodialysis has completely transformed the once fatal course of chronic renal failure and has altered the management modalities, thereby improving the vital prognosis. However, as a palliative treatment, hemodialysis is experienced as a vital necessity and constitutes a heavy constraint. Indeed, the patient is confronted with changes, even aggressions, sometimes brutal and difficult to accept, that his body and his personal, family and socio-professional life undergo. These disturbances are at the origin of adaptation difficulties and notable psychological distress.

Corresponding Author:- Akanour Adil

Address:- Psychiatry Department of HMA- MARRAKECH.

Depression and anxiety represent the most common expression of psychological distress in dialysis patients, and this distress is associated with a high mortality rate. Its prevalence, which varies from one study to another, remains underestimated.

The objective of our study is to estimate the prevalence of depression and anxiety in a population of chronic hemodialysis patients and to identify the sociodemographic and clinical factors associated with them.

Methodology:-

Study setting

Our study was carried out in the hemodialysis unit of the nephrology department of the Mohammed V military training hospital (HMIM V) in Rabat.

Study method:

Type and period of study:

This is a descriptive cross-sectional study conducted during the months of June and July 2018, in patients with chronic renal failure, managed in periodic hemodialysis and who had given their free and informed consent to participate in the study.

Study population:

It is constituted from an exhaustive sampling by reasoned selection of patients in the hemodialysis unit who met the following criteria:

- Inclusion criteria :

Were included in our study, subjects of both sexes, aged 18 years or older.

- Exclusion criteria:

Were not included in this study, patients who refused to participate in the study and those with a psychiatric history.

Data collection technique :

For each patient, we collected on a pre-established form, during an individual interview, socio-demographic information (age, sex, marital status, level of education, professional situation), clinical information (medical history, length of time on hemodialysis, number of hemodialysis sessions per week, presence of somatic comorbidities, waiting for a transplant)

We used the HADS scale: Hospital Anxiety and Depressive scale (HADS):

Results:-

Overall results:

During the study period, 35 patients were managed in the hemodialysis unit of the HMIMV, all patients met the inclusion criteria; Among the 35 patients there were 18 men (51.4%) and 17 women (48.6%) which corresponded to a sex ratio of 1.05. The average age was 54.6 years with extremes of 23 and 74 years. Forty-two percent had never attended school. Ninety-four percent were occupationally inactive. All patients were admitted to the hemodialysis unit in the end stage of chronic renal failure (CRF). The length of time on hemodialysis was greater than 60 months for 60% of the cases. The frequency of hemodialysis sessions was three times a week for all cases. Only 3 patients were candidates for transplantation.

Somatic comorbidities: diabetes and its complications (diabetic retinopathy, arteriopathy, neuropathy) were the most common comorbidities found (45.7%).

Depression:

Depression was found in 16 patients (45.7%) including 8 men and 8 women. The occurrence of depression was significantly related to gender, professional status, and the existence of somatic comorbidities.

Anxiety:

Anxiety was found in 21 patients (60%) including 10 men and 11 women. The occurrence of anxiety was significantly related to age, professional status, duration of hemodialysis, existence of somatic comorbidities and professional status. (Table 4)

Discussion:-

Anxiety and depression are considered to be frequent disorders in people with end-stage chronic renal disease. Indeed, the patient is confronted with changes and even aggressions, sometimes brutal and difficult to accept, that his body and his personal, family and socio-professional life undergo. These disturbances are at the origin of adaptation difficulties and psychological distress.

In our study, the prevalence of depression was 45.7%. The prevalence reported in the literature varies between 20% and 67%. This variation may be related to the use of different methodologies; some authors use the DSM diagnostic criteria and include only major depression, which is more or less severe; others include all depressive manifestations, even the most moderate; moreover, the evaluation of somatic symptoms of depression is particularly difficult in patients with chronic renal failure, because they may be related to uremic symptoms.

Factors correlated with depression and anxiety:

Multivariate analysis, of our study, showed a strong correlation between depression and four factors: gender, length of time on dialysis, occupational inactivity, and somatic comorbidities.

Gender:

In our study, women had a higher risk of depressive symptomatology than men. Our results are comparable to those of L. Zouari in Tunisia, who found more depressed hemodialysis women (57.1%) than men (42.9%)[21]. C. Gerard, also found an association between gender and the occurrence of depression. The women in their sample were twice as likely to have depressive symptoms as the men [22].

Apart from chronic somatic diseases, the prevalence of depression remains more frequent in women. Various biological, behavioral and sociological hypotheses have been put forward to explain this difference between men and women [20].

Age:

We did not find a significant relationship between the age of our patients and depressive symptomatology. On the other hand, authors such as Teles et al. found that the mean age was significantly higher in depressed chronic hemodialysis patients than in those who were not depressed [23].

In the general population, the frequency of depression is also higher in older subjects. This difference was not apparent in our study, except for the patients over 70 years of age in our study population (3 patients). It should be noted that the DOPPS survey highlighted young age as a risk factor for depression in hemodialysis patients [22].

Occupational activity:

We found a significant relationship between depressive symptomatology and not being employed. This result of our study is in agreement with the data of other studies conducted elsewhere which showed a correlation between depression and the absence of employment, several authors have reported that the maintenance of activity seems to play a protective role in the occurrence of depression in haemodialysis patients [20]; thus, if inactivity is often perceived as a source of social devaluation, work would allow the patient to widen the scope of his relationships, to assume his responsibilities and to assert his independence

Length of time on dialysis:

Our patients with more than sixty months of hemodialysis seniority had a slightly higher risk of having depressive symptoms than others. C. Gerard, found a significantly higher frequency of depression in patients with less seniority on chronic hemodialysis [22]. On the other hand, other authors found no association between depression and length of time on hemodialysis

Comorbidities:

Our chronic hemodialysis patients with associated diabetes and hypertension had a higher risk of developing depressive symptomatology. Our results are comparable to those of Lobna Zouari in Tunisia who noted a higher rate of depression in diabetics than in other patients, diabetes being itself a risk factor for depression independently of hemodialysis [21].

Conclusion on depression and anxiety:-

The respective prevalences of depression and anxiety in dialysis patients show the need to assess these disorders but also to manage them. Following the links observed between therapeutic adherence and depression, caregivers must question the reasons for non-adherence to recommendations in order to offer specific support to the patient. Individual psychological support or support groups can be offered to patients. Multidisciplinary educational support can also help patients adjust to dialysis on an emotional and behavioral level by making them actors of their treatment. Therapeutic education can also have an impact on quality of life, especially as this is often impaired.

Conclusion:-

Our study, which consisted of a systematic evaluation of mood, in chronic hemodialysis patients, showed a relatively high prevalence of depression, in them. The impact of depression is not negligible, especially since it often remains unrecognized in the absence of systematic screening; it increases the impact of psychosocial disabilities and worsens the prognosis.

In our study of hemodialysis patients, we found three factors strongly associated with depression and anxiety: gender, professional inactivity and somatic comorbidities. This result is certainly not sufficient to presume the existence of a cause-and-effect relationship; however, it indicates that the identification of one of these factors, or a fortiori of both, should lead to the search for underlying depression and its treatment; this would make it possible to optimize management, reduce the suffering of chronic hemodialysis patients, and help them to better cope with their illness and to better integrate into family, professional and social life.

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