

## Chapter 27: Mental Health

**27: Include direct questioning about depression and anxiety as part of routine follow-up care after kidney transplantation. (Not Graded)**

### Rationale

- Depression and anxiety are more common in KTRs than in the general population.
- Depression and anxiety may be associated with medication nonadherence, sleep disorders and other adverse effects that make the diagnosis and treatment of depression and anxiety important.
- Therapies are available for the treatment of depression and anxiety.

Anxiety and depression are common in dialysis patients, much more so than in the general population (907–913). For many patients with kidney failure, kidney transplantation is a better kidney replacement therapy than dialysis. However, kidney transplantation does not change underlying systemic disorders or reverse previously sustained physical damage. When the kidney graft is not working well, new medical problems may arise, and when the graft fails, the patient generally faces a return to an unwelcome form of therapy, thereby increasing stress. Whether because of new or preexisting medical conditions, medications such as corticosteroids, or work status changes, KTRs are at risk for anxiety and depression.

There have been few studies of mental-health disorders in KTRs. Many of the studies focus on quality of life, which encompasses psychological domains but does not necessarily examine anxiety and depression, or other mental-health disorders (914). A meta-analysis comparing emotional distress and psychological well-being among different forms of renal replacement therapies revealed less emotional distress and greater well-being with successful kidney transplantation than with other CKD stage 5 treatment modalities (915). However, case mix differences among the groups likely influenced the results, making it unclear whether it was the difference in patients or treatment modalities that accounted for the differences in outcome (915).

Studies of depression and anxiety in KTRs report conflicting results. Some have reported similarly high rates of depression in KTRs compared to dialysis patients (916,917), while others have reported less depression (918,919). Some have reported less anxiety in KTRs (920) and, in oth-

ers, no difference compared to dialysis patients (917,919). A study examining 5- to 22-year-old KTRs found that 36% had emotional trauma and/or depression (921). Return to dialysis after graft loss has been associated with severe depression (918).

Anxiety and depression in KTRs have been associated with a poor quality of life, poor marital relations, sexual function and sleep quality (922). In one study, a high level of posttransplantation anxiety was associated with reduced functioning socially, having physical complaints, and more economic problems. High levels of anxiety were also associated with depression (923). Depression has also been associated with medication nonadherence (283,924).

Hospitalization for psychosis is not increased in KTRs compared with patients on chronic dialysis (925). Hospitalization for psychosis has been associated with increased risk for death, as well as graft loss (925). Depression identified in Medicare claims has been associated with an increased risk of graft failure, return to dialysis and death with a functioning graft (926).

Psychotherapy may be helpful (927). One RCT comparing individual and group psychotherapy in KTRs found that both approaches resulted in lower Beck Depression Inventory scores. Individual therapy was associated with a better outcome in this study (928). As most transplant centers have social workers, these individuals may be a useful resource for counseling. Antidepressants are often used. Given that some of these drugs are metabolized by the CYP3A4 enzyme pathway, levels of immunosuppressive medications also metabolized through this pathway may need to be adjusted (929).

How best to assess the mental health of transplant recipient is unclear. The screening tools used by psychologists are time-consuming and not familiar to general practitioners. Simple strategies, such as direct questioning on review of systems, or brief screening tools (930), may be a simple and useful initial screening approach. Further studies are needed to better understand how to monitor for mental-health disorders in KTRs.

### Research Recommendations

- Studies are needed to determine the optimal approach to screening and intervention for depression and other mental disorders in KTRs.