

BRIEF REPORT

DEPRESSION IN HEMODIALYSIS

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Keywords: Depression, hemodialysis, depressed hemodialysis patients

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DOI: [10.5281/zenodo.3692573](https://doi.org/10.5281/zenodo.3692573)

Cite as: Benetou, Sophia. (2020). Depression in hemodialysis. *Perioperative Nursing (GORNA)*, E-ISSN:2241-3634, 8(4), 283–285. <http://doi.org/10.5281/zenodo.3692573>

Depression is the most common psychiatric disorder that keeps pace with renal failure.¹ The term “psychonephrology,” is widely used to indicate that renal replacement therapy encounter with multiple stressors, thus resulting in psychiatric disturbance.² During recent decades, the association between depression and hemodialysis receives a great deal of attention mainly due to deleterious effects that exerts on clinical outcome.¹

Several factors seem to trigger depression in hemodialysis patients such as co-morbidities, frequent hospitalizations, chronic pain, sleep disturbances, chronic inflammation, fatigue, decreased sexual functioning, uremia, restrictions in daily life, non-compliance to therapeutic regimen and several others.^{1,2,3} Moreover, Park et al.,⁴ showed that depression was associated with advanced age (>60 years old), low hemoglobin level (<10g/dl) and low economic status. Alshahrani et al.,⁵ illustrated high

prevalence of clinical depression and impaired work productivity among 233 hemodialysis patients. The risk of clinical depression was significantly higher in the age group >40 years old and when the duration of dialysis is >5 years.

According to Feroze et al.,⁶ the psychiatric burden in end stage renal disease patients exert a negative effect not only on quality of life but also on treatment. Quality of life was 2.5 and 4.4 points lower for patients with moderate and high levels of depression, respectively, compared to patients with low levels of depression¹

Additionally more, patients and their caregivers seem to consist a depressive dyad related to treatment of hemodialysis. A relevant cross sectional study in Greece among 414 pairs of patients and caregivers showed that 12.3% of patients ($n = 51$) and 11.4% ($n = 47$) of caregivers experienced high levels of depression.³ Similarly Khaira et al.,⁷

showed that high levels of depression among hemodialysis patients were associated with high levels of depression among spouses.

Other equally important factors that may indirectly trigger or even exacerbate depression is machine dependency and lack of information. Loss of freedom may be one of the sources of depression which along with physical burden impose significant restrictions in patients' lives. In a Greek convenience sample of 250 hemodialysis patients (133 men), the 44% reported dependency on hemodialysis machine.⁸

Providing accurate information and expanding patients' knowledge about disease management may facilitate long-term treatment success. Among 650 hemodialysis patients (55.4% men) only 28.5% reported to be "very" informed. Patients with chronic illness having insufficient knowledge about

disease management often eliminate or stop the prescribed medication, thus deteriorating an already established depression.⁹

Social support may be an alternative solution to influence positively patients' quality of life and indirectly minimize depression. More in detail, the more support patients have from their significant others, family and friends, the better quality of life.¹⁰

Depression may also increase hospitalization rates in renal failure. The proportion of hospitalizations with depression doubled from 2005 to 2013 (5.01-11.78%).¹¹ Therefore, early screening and treatment of depression in this vulnerable group of patients may be a challenge for health professionals.

Βιβλιογραφία

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