

# ASN LEADING THE FIGHT AGAINST KIDNEY DISEASE

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## DEPRESSIVE SYMPTOMS AND PAIN MAY AFFECT ADHERENCE AND HEALTH OUTCOMES IN DIALYSIS PATIENTS

## Treating symptoms may help improve patient health and reduce costs

### Highlights

• Among patients on chronic hemodialysis, those with depressive symptoms and pain were more likely to abbreviate or miss dialysis sessions, visit the emergency department, and be hospitalized. Depressive symptoms were also linked with an increased risk of premature death.

Previous studies indicate that depression and pain are present in approximately 20% and 50% of patients receiving chronic hemodialysis, respectively.

**Washington, DC (July 31, 2014)** — Depressive symptoms and pain in patients on dialysis may have serious negative consequences for patients' health and increase the need for costly medical services, according to a study appearing in an upcoming issue of the *Clinical Journal of the American Society of Nephrology* (CJASN). The findings indicate that studies should evaluate the potential of anti-depressant and analgesic therapies to improve patient outcomes and reduce costs.

Depressive symptoms and pain are common in kidney failure patients receiving chronic hemodialysis, but their effects on patients and their health are not completely known. Steven Weisbord, MD, MSc (VA Pittsburgh Healthcare System) and his colleagues assessed these symptoms using questionnaires that 286 dialysis patients completed monthly over a period of up to 24 months between 2009 and 2011.

Among the major findings during follow-up:

- Moderate to severe depressive symptoms were identified on 18% of monthly assessments and pain was reported on 79% of monthly assessments.
- Patients with depressive symptoms were 21% more likely to miss dialysis treatments, 24% more likely to visit the emergency department, 19% more likely to be hospitalized, and 40% more likely to die.
- Patients with severe pain were 16% more likely to undergo abbreviated dialysis treatments, 58% more likely to visit the emergency department, and 22% more likely be hospitalized.

"Patients receiving chronic hemodialysis experience a very high burden of physical and emotional symptoms. While not all symptoms are easily treated, there are effective therapies for depressive symptoms and pain," said Dr. Weisbord. "These findings underscore the need to determine whether the effective treatment of these symptoms, in addition to making patients feel better, can also reduce utilization of healthcare resources and costs and improve patient-centered outcomes," said Dr. Weisbord.

Study co-authors include Maria Mor, PhD, Mary Ann Sevick, ScD, RN, Anne Marie Shields, MSN, RN, Bruce Rollman, MD, MPH, Paul Palevsky, MD, Robert Arnold, MD, Jamie Green, MD, and Michael Fine, MD, MSc.

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The article, entitled "Associations of Depressive Symptoms and Pain with Dialysis Adherence, Health Resource Utilization, and Mortality in Patients Receiving Chronic Hemodialysis," will appear online at http://cjasn.asnjournals.org/ on July 31, 2014.

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