



# Mental Health Issues and Adherence

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Adherence to treatment is a widespread problem not exclusive to dialysis. A brief review of the literature reveals that many people have adherence problems following their doctor's orders for taking their prescriptions as directed, following diets, exercise programs, limiting intake of alcoholic beverages, and other lifestyle challenges. Although most dialysis patients are generally compliant, there remain far too many patients who do not comply with their treatment orders. Patients sign off early from treatment or miss treatments. In some cases, patients simply stop coming for one or more weeks, while others do not take their medications or follow their diets. ESRD patients who have mental health issues may also have difficulty with adherence to their dialysis treatment. To have a positive effect on treatment adherence among ESRD patients with mental health issues, staff must implement interventions which take into account the two-fold nature of the problem.

The focus of this article is threefold. First, we want to briefly examine three of the more prominent psychiatric diagnostic categories including depression, anxiety disorders, and personality disorders and briefly review each in terms of their presenting symptoms. Second, we will examine how each mental health issue may adversely affect adherence to dialysis treatment. Finally, we will discuss a number of interventions which may help to alleviate, or, at the very least, to limit the degree of non-adherence caused by patients with mental health issues.

According to the American Psychiatric Association's Diagnostic Statistical Manual (DSM-IV), clinical depression often affects patients with a chronic medical diagnosis such as diabetes, cancer, and kidney disease. The symptoms of depression include "mood changes, loss of or significant increase in appetite, anhedonia or loss of pleasure in most interests of an individual, insomnia, flat affect, loss of energy, chronic fatigue, a preoccupation with death and, possibly, suicidal ideation." If a dialysis patient has two or three of the above symptoms, it is easy to understand how depression may interfere with adherence to dialysis.

Non-adherence may occur when patients experience significant mood changes, fatigue, and loss of interest, anger/explosive temper, and significant changes in their weight. Any of these symptoms may cause or contribute to missed appointments, signing off early, non-compliance with diet, medications, not keeping appointments with doctors or not following through with fistula surgery. It is important to remember that when we begin to assess a patient for symptoms of depression, clinical depression may have either preceded the onset of dialysis treatments or developed after treatment started.

This is important because if the patient has a prior history of depression it suggests other reasons for the depression, ie., past history of low self esteem, divorce in the last five years, loss of a job, death of a parent, financial problems, perhaps growing up in a culture of poverty or a chronic history of health problems. Sometimes we become so focused on providing treatments, and all that go with them, we forget or don't take the time to explore significant past psychosocial data about our patients. This is relevant to our understanding not only of clinical depression and how it affects our patients, but also the other psychological disorders we'll be discussing. The failure to look beyond the Patient Application Form, History and Physical Form, lab results and other documentation to recognize who our patients are in terms of their life experiences is one of the causes of patient-provider conflict in dialysis clinics. There are Web site addresses at the end of this article that will provide assessment tools for identifying symptoms of depression.

Anxiety disorders, according to the DMS-IV, include "symptoms of racing thoughts, mind going blank, nausea, cold sweats, mild to severe irrational fears, heart palpitations, sweating, shortness of breath, trembling or shaking, feeling of choking, lightheadedness, fear of losing control." These symptoms are so real to people experiencing them that it is not unusual for people to interpret heart palpitations and chest pain as a heart attack and rush to the local hospital emergency room! Patients with anxiety disorders may experience strong reactions to blood, have elevated concern/worry about contaminated surfaces, germs, and staff who forget to wash their hands, or change their gloves between patients. Anxious patients may be prone to excessive worry about staff making treatment errors including using the wrong dialyzer, setting their machine to run too fast, or taking off too much fluid. They may dread coming to dialysis because they begin to experience anticipatory anxiety either the night before their next treatment or as they sit in the waiting room. Finally, patients with anxiety disorders may become so agitated while waiting 20 or more minutes to start treatment that they may become angry, possibly verbally abusive, not only because they have to wait, but, more importantly, because they are experiencing "loss of control," which may be one of the most dreaded anxiety symptoms a patient may experience.

Patients with personality disorders may present to the dialysis clinic a wide variety of mild to severe cognitive, behavioral, and dysfunctional coping skills. This, in turn, may lead to conflicts between these patients and staff in regard to the administrative and medical treatment policies of the clinic. While there are nine personality disorders recognized by the DSM-IV manual, for our purposes we will concentrate on narcissistic, antisocial and paranoid disorders. According to the DSM-IV "people with narcissistic symptoms often act and think they are superior to others, believe they are above most rules and laws, have a strong sense of entitlement, unreasonable expectations of others, lack empathy and are usually arrogant." Antisocial personalities include people who do not "conform to normal rules, laws (i.e. clinic policies), or have an obvious lack of respect for other people, are dishonest, manipulative, aggressive, violent, irritable, and have a general disregard for the safety of others." People with paranoid symptoms are those who "distrust others, read hidden meanings into benign remarks, suspect others are exploiting them, are reluctant to confide in others, bear grudges, and are generally unforgiving."

The DSM-IV manual describes “patients with personality disorders generally have significant deficits and problems perceiving, understanding, and trusting other people; they have poor interpersonal skills, lack impulse control and their affectivity or appropriateness of emotional response to everyday situations is usually beyond normal boundaries.” Patients with personality disorders may become candidates for a behavior contract which may act as a kind of structure or set of verbal and behavioral limits, which, in some cases, may work to decrease oppositional, defiant, manipulative, or verbal abuse. With these patients it is especially important to maintain a calm demeanor, speak in a low reasonable tone of voice, and never allow yourself to be manipulated into an argument. These patients may become potential involuntary discharge (IVD) cases since they tend to lack respect for people, rules, policies, or the rights of others, including fellow patients or staff. Drawing upon years of developing oppositional, deviant, and antisocial coping skills, possibly from childhood – certainly adolescence, patients with these personality disorders tend to be manipulative and easily angered, showing little respect for the rights of fellow patients or staff.

Below are some clinical practices and tools the nephrology staff may use in working more effectively with challenging patients.

- (1) Listen to each patient with respect, withholding any preconceived opinions, judgments, notions, thoughts, or prejudice about them including the way they speak, act or behave.
- (2) Use the Initial Psychosocial Assessment for each new dialysis patient and take additional time to thoroughly complete a family history for each patient including his/her passage through childhood, adolescence, and adult life, and document examples of their social, educational, and occupational experiences.
- (3) Identify and discuss significant stressful events (loss of job, marriage, family members, and close friends) and how they adjusted to these events.
- (4) Help patients to identify what coping skills they have utilized in their adjustment to past or present stressful events including loss of kidney function and, now, long-term dialysis.
- (5) You can use the clinical assessment tools at the Web addresses below. Each of these provides fairly extensive links to related subject matter to assist in developing a more comprehensive clinical picture of each patient.

## ONLINE RESOURCES

The Renal Network, INC.

Various depression scales and screens.

[www.therenalnetwork.org/services/depression.php](http://www.therenalnetwork.org/services/depression.php)

The Mini Mental Status Exam

This exam screens for cognitive impairment and is easy to administer and requires less than 10 minutes.

[www.minimental.com](http://www.minimental.com)

The National Institute of Mental Health Home

This site provides information on many mental health topics, including anxiety disorders.

[www.nimh.nih.gov/health/topics/index.shtml](http://www.nimh.nih.gov/health/topics/index.shtml)

American Psychiatric Association's DSM-IV

This website contains the American Psychiatric Association's DSM-IV diagnostic criteria for all officially recognized psychiatric disorders. It can also be purchased from most book stores and is available at public libraries.

[www.psychiatryonline.com/resourceTOC.aspx?resourceID=1](http://www.psychiatryonline.com/resourceTOC.aspx?resourceID=1)

Zung Depression Scale

The Zung depression inventory or scale is an excellent tool which is easy to use with patients; it was developed by William WK Zung; it is a 20 question scale that takes about 15 minutes to complete and requires less time to score it.

[www.depression-help-resource.com/zung-depression-scale.pdf](http://www.depression-help-resource.com/zung-depression-scale.pdf)

The Center for Medicare Advocacy

This site provides an overview of mental health services coverage under Medicare and includes information about inpatient and outpatient services and payment of psychotropic drugs.

[http://www.medicareadvocacy.org/MentalHealth\\_09\\_05.28.CoverageIssues.htm](http://www.medicareadvocacy.org/MentalHealth_09_05.28.CoverageIssues.htm)

The National Kidney Foundation

This website references an article written by nephrology social worker, Megan Prescott, MSW. It is comprehensive in covering dialysis patients with depression, anxiety disorders, and personality disorders.

<http://www.kidney.org/professionals/CNSW/pdf/NNI12-06-Depression.pdf>