

The effects of brief self management intervention for Hemodialysis patients on trajectories of depressive and anxious symptoms

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30 June 2017 European Association of Psychosomatic Medicine

The disease context

- Kidney disease one of top NCDs necessitating global health action (UN WHO, 2011)
- Increasing numbers due to diabetes and ageing
 - **More complex health care** needs and regimens
 - **New challenges for renal care**
- Demands on **health care resources** increases
 - Staggering costs of dialysis care – Hemodialysis main stay but increased emphasis on home/community care models

Patient reported outcomes

- Depression is common in Patients with ERSD
(see reviews Chan et al. 2011; Palmer et al. 2013)
 - 23-29%
 - Worse clinical outcomes (mortality and hospitalization)

- CBT interventions shown to be beneficial (Cukor et al. 2014; Duarte et al. 2009) but **constrained**:
 - small samples
 - lack of control group and/or randomization
 - High cost and need for resources limit availability
 - Self management programs more widely available but focus mainly on adherence



Programs of support HED SMART

Griva et al., (2011) BMC Nephrology
[ISRTN 31434033]

Griva et al. 2013 Nephrol Dial Transpl

HED SMART

Objective

1. To develop a program of support (HED SMART) for patients so as to improve outcomes
2. To evaluate short and long term outcomes of HED SMART

HED SMART (Lai, Low, Moopil, Griva 2012; Griva et al. 2013)

- Develop a tailored program
 - ▣ View CKD from patient' perspective
 - ▣ Cultivate an ethos of self management – *'help patients help themselves'*
- Address needs of staff
 - ▣ Educate and train in theory-based techniques (**training course**)
 - ▣ Change communication from didactic to shared
 - ▣ Manual + on site support

What is HED SMART ?
Engage . Empower . Equip



Interactive



Support



Share Insight

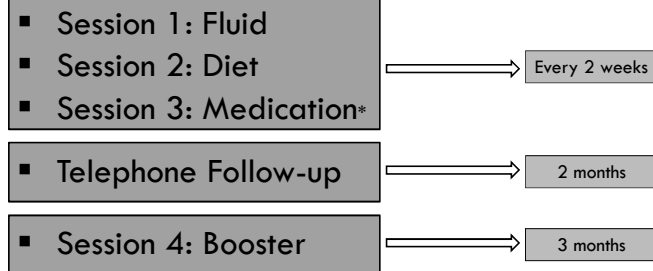
What is HED SMART ?

Evoking from people what they already have

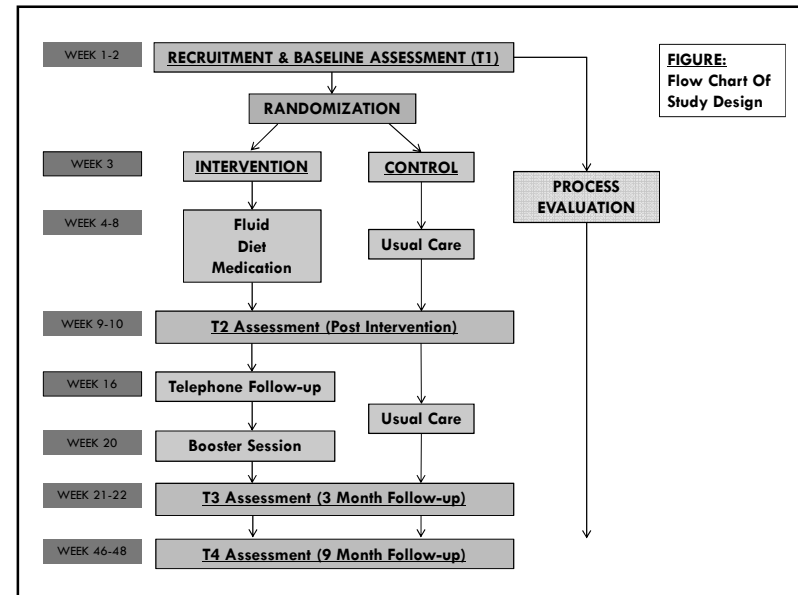


What is HED SMART ?

Light touch intervention led by HCPs



*If no issues with meds – on exercise



Methods - Measures

Primary outcomes

- IDWGs, biochemical markers (PO₄, K)

Secondary Outcomes

- Self-report adherence
- Self-management skills and Attitudes
- **Emotional Distress**
 - ▣ Hospital Anxiety and Depression Scale (HADS)

Results - Retention

Retention

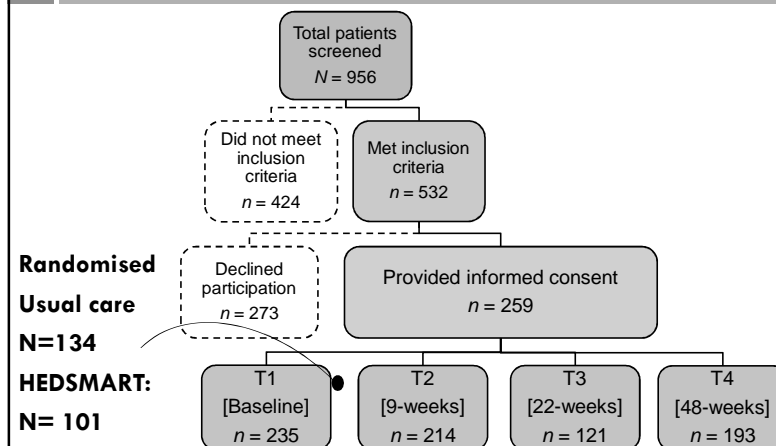
Retention in HED SMART (number of sessions attended)

1 session	2 sessions	3 sessions	All 4 sessions
98.2%	92%	87%	72.4%

Data complete across study window

T1 [Baseline]	T2	T3	T4
100%	83%	79.9%	74.5%

Study Cohort: baseline - 48 weeks

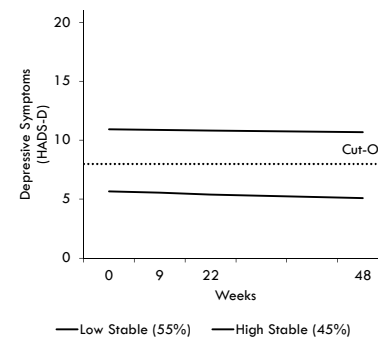


Depression

Course of Depression Growth Mixture Modeling Trajectories

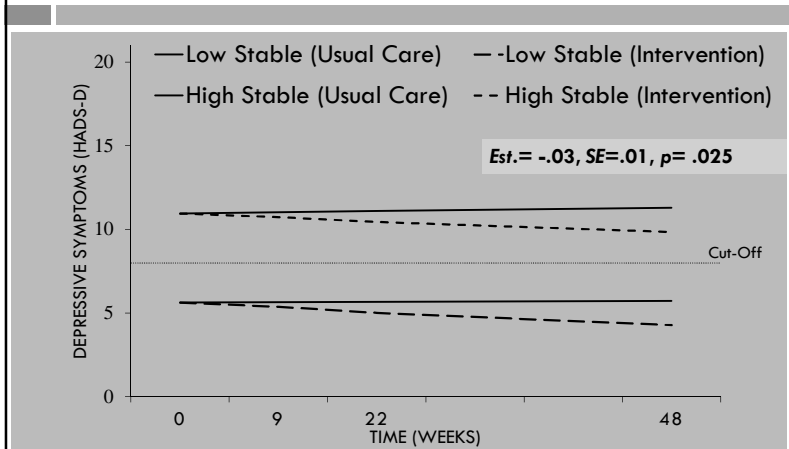
(Low stable) Resilience Vs.
Chronic (High stable)

Predictors (High Stable)

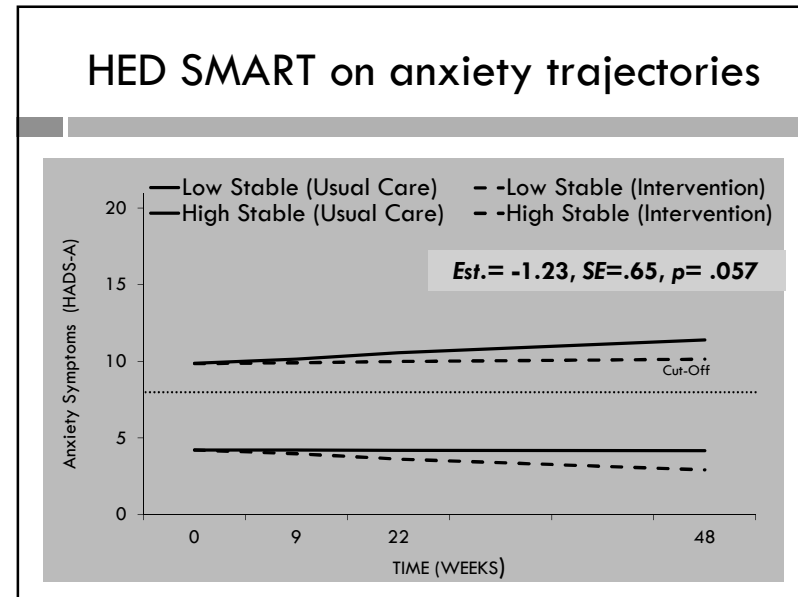
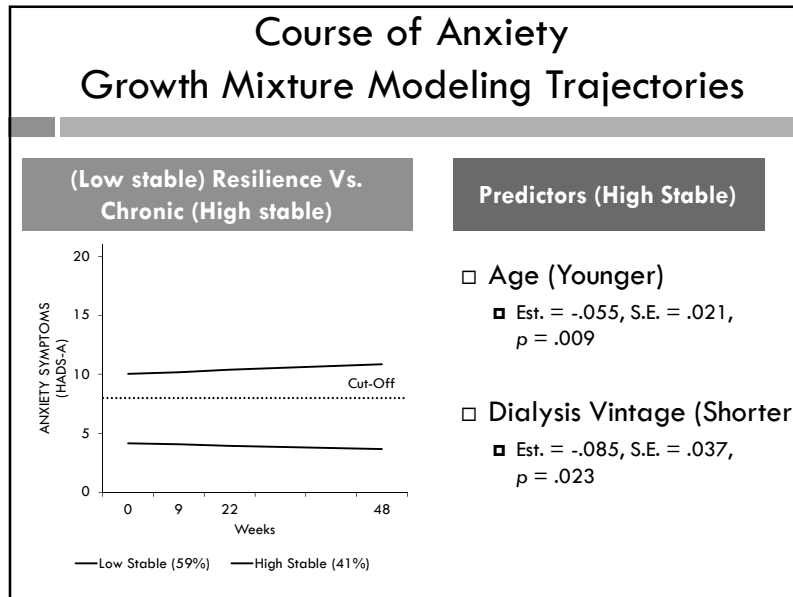


- Age (Younger)
 - Est. = $-.082$, S.E. = $.028$, $p = .003$
- Ethnicity (Chinese)
 - Est. = 1.012 , S.E. = $.37$, $p = .006$
- Co-morbidities
 - Est. = $.27$, S.E. = $.11$, $p = .012$

HED SMART on depression trajectories



Anxiety



Qualitative Feedback



Strengths

- **Sharing of ideas (69.6%)**
'Sometimes you discuss and ideas come out that you never think of before and others have. Than not bad la, may be I can try it'
- **New ways of coping/knowledge (54%)**
'learnt about diet so before I don't know that oats high in phosphate so I just go out without binders'
- **Social support (48.7%)**
'Hearing sharing their experience then I know I am not alone and it helps lah'
- **Input from facilitators (28.%)**
'when you have questions they can answer you on the spot and improve your memory of it'

CONCLUSIONS

Conclusions

- Polarized distress trajectories (resilience vs. chronic)
- Risk factors: Young age and Chinese ancestry
- HED SMART resulted in reduced depression symptoms for both high and low stable groups
- Similar trends for symptoms of anxiety
- Given the feasibility of the program, it has good potential for providing effective support for HD patients



THANK YOU

Work funded by
Venerable Yen Pei National Kidney Foundation Singapore
MOE Academic Research Fund
NUS Cross faculty research Fund

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