

DIFFERENTIAL PATTERNS OF ANXIETY AND DEPRESSION IN PATIENTS ON PERITONEAL DIALYSIS OVER 12 MONTHS: THE ROLE OF SOCIAL SUPPORT, AND PERITONEAL DIALYSIS CARER



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OBJECTIVES

Depression is common in patients on peritoneal dialysis (PD)¹⁻³ and has been shown to be associated with higher morbidity and mortality^{4,5}. However, little is known about the course of symptoms over time in PD patients.

This study aimed:

- to explore group and individual patterns of change in anxiety and depression in the two PD modalities - Continuous Ambulatory Peritoneal Dialysis (CAPD), Automated Peritoneal Dialysis (APD)
- to identify factors associated with different trajectories of emotional distress.

METHODS

DESIGN: Prospective single cohort study

SAMPLE: N = 115 PD patients recruited through outpatient PD clinics in Singapore and completed self-report measures of anxiety, depression, loneliness, social support and self-efficacy on two occasions 12 months apart.

MEASURES:

- Demographic information
- Anxiety and depression** - Hospital Anxiety and Depression Scale⁶, Revised UCLA Loneliness Scale⁷
- Social support** indices (Kidney Disease Quality Of Life Short Form subscales⁸: social support, staff encouragement, patient satisfaction)
- Self-efficacy** - Self-Efficacy For Managing Chronic Disease Scale⁹

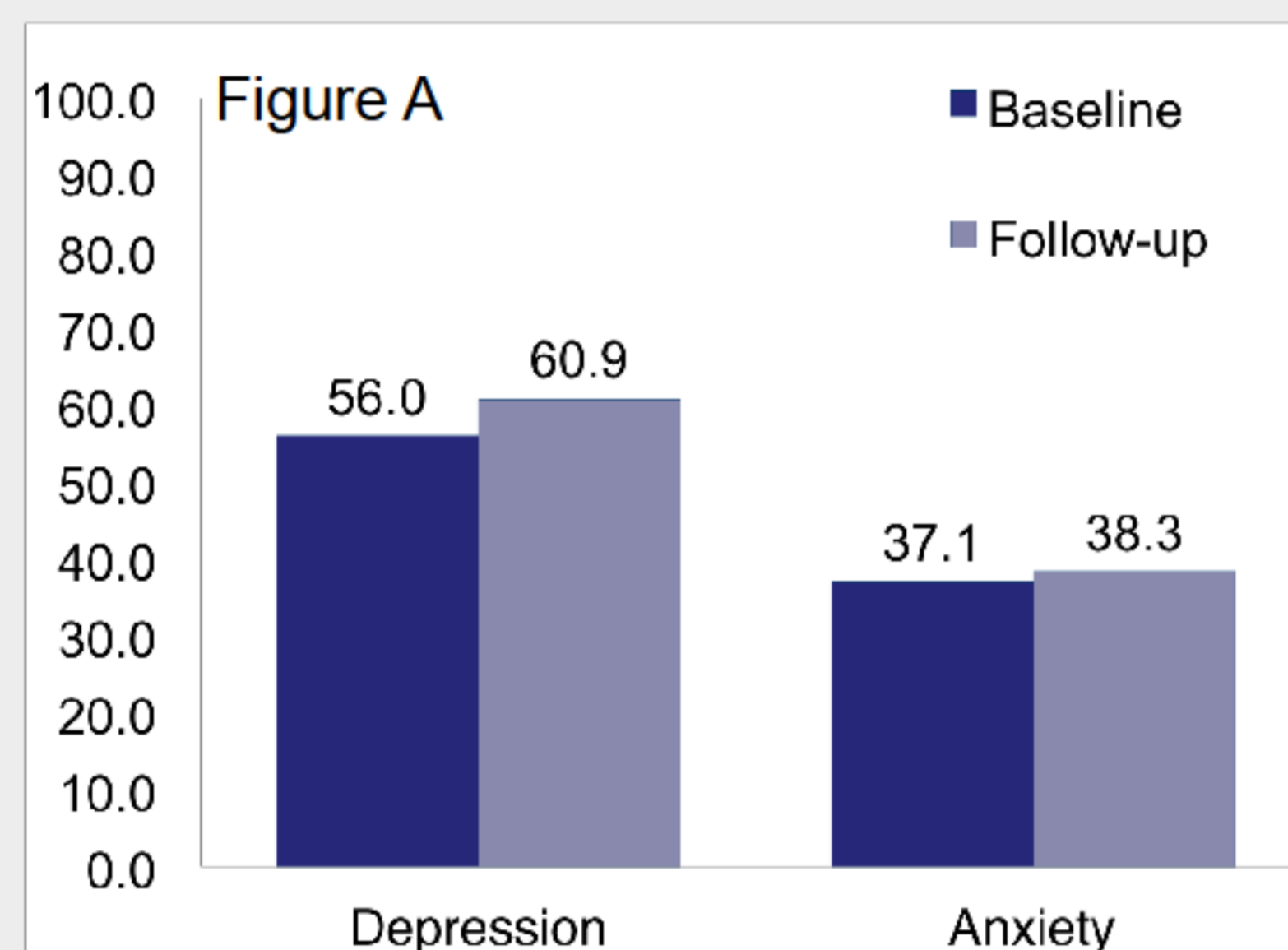
Clinical cut offs used to identify individual patterns of change in anxiety and depression across time [< 8 - no/low symptoms; ≥ 8 - symptoms of anxiety/depression]. General linear models employed to establish predictors of these trajectories.

RESULTS

N = 115 (N = 64 CAPD and N = 51 APD)

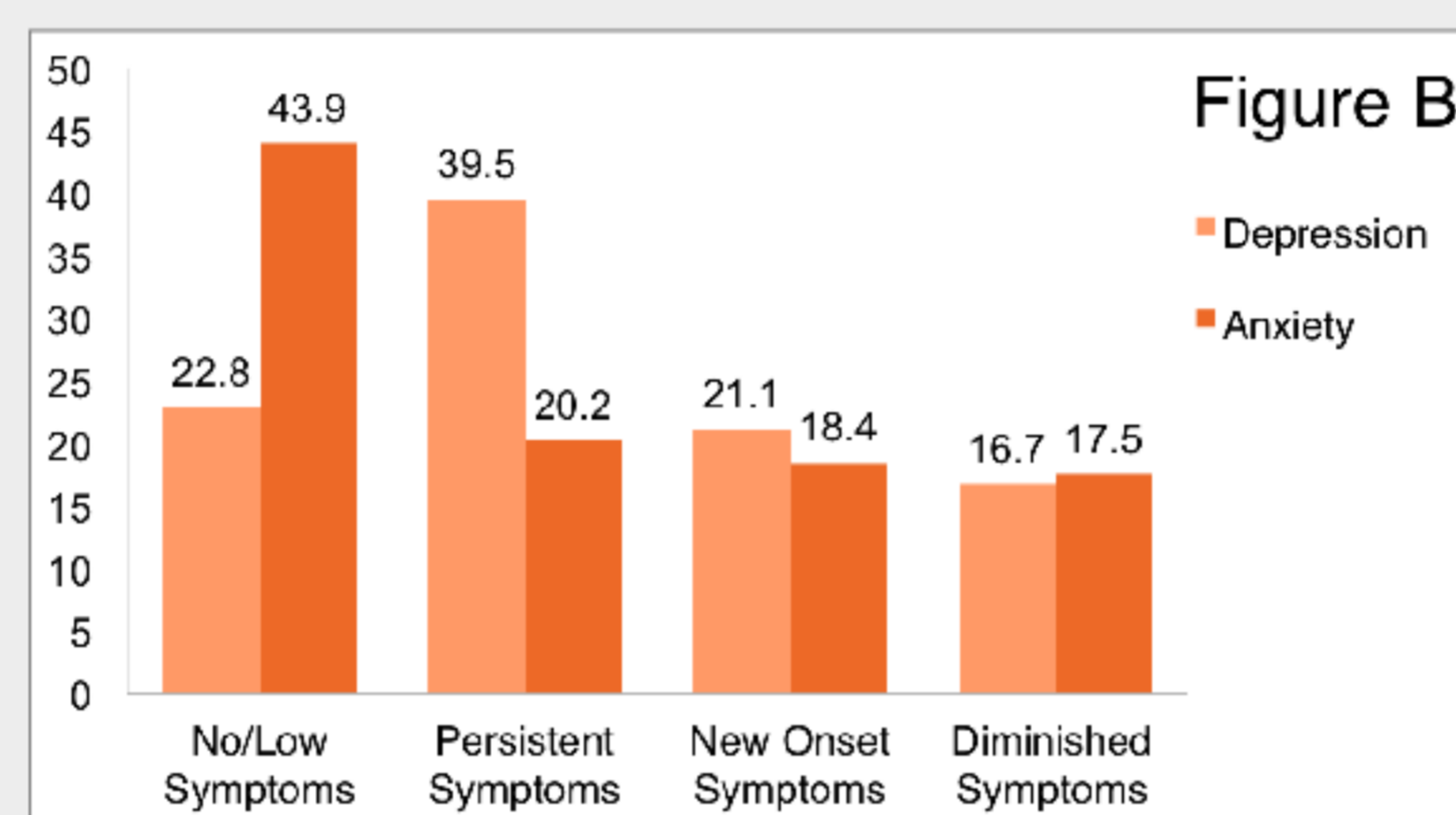
Mean age: 57.3 years, 69.6% < 65 years
53.9% Female, 73% Chinese
75.7% self-care PD

Group-based Analysis



- Mean levels of anxiety and depression remained unchanged over 1 year.
- High rates of depression with more than **55%** above cut offs across the two assessments.
- Anxiety rates were lower at 37.1% and 38.3% for baseline and follow up respectively – Figure A.

Individual Anxiety and Depression Patterns of Change

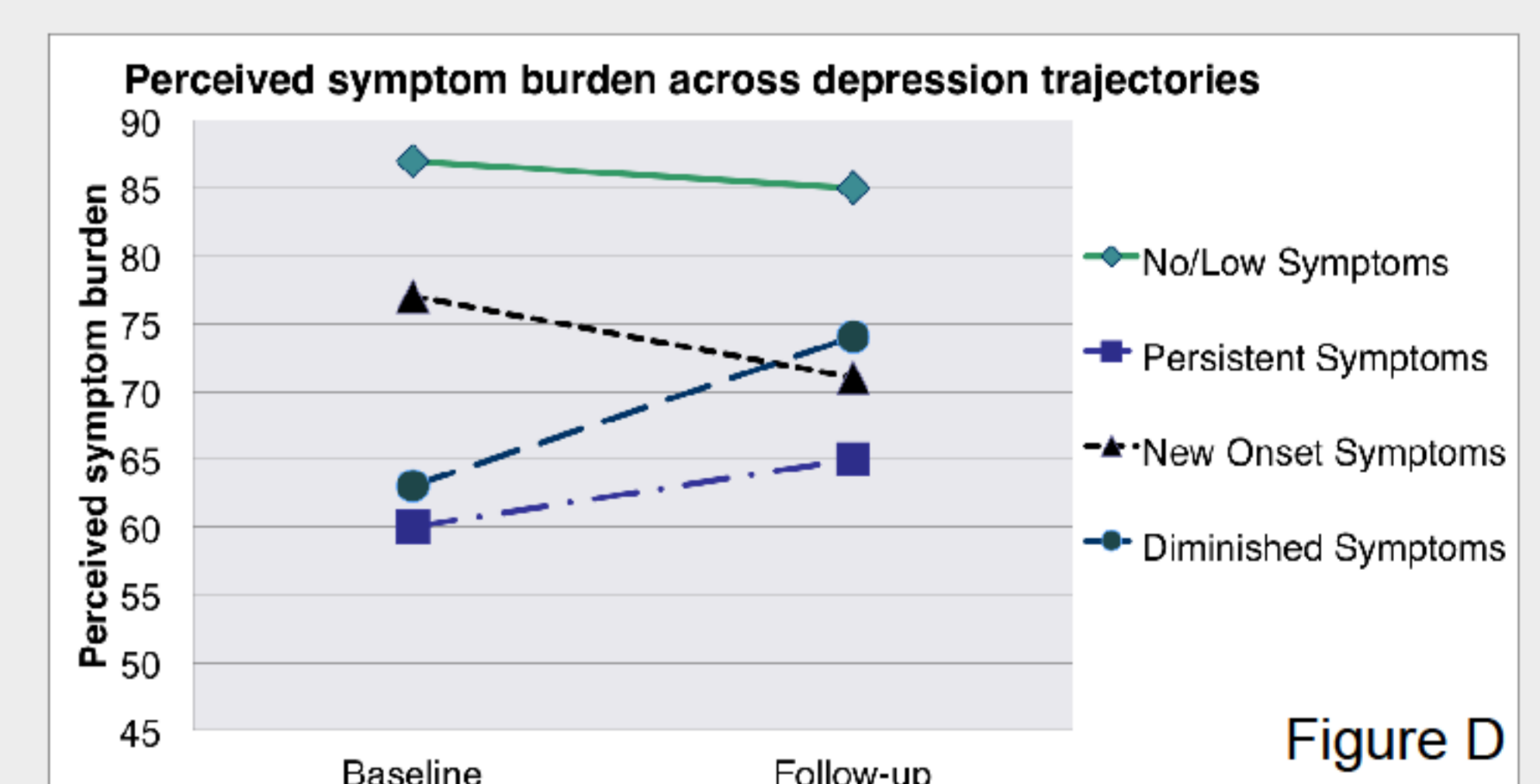
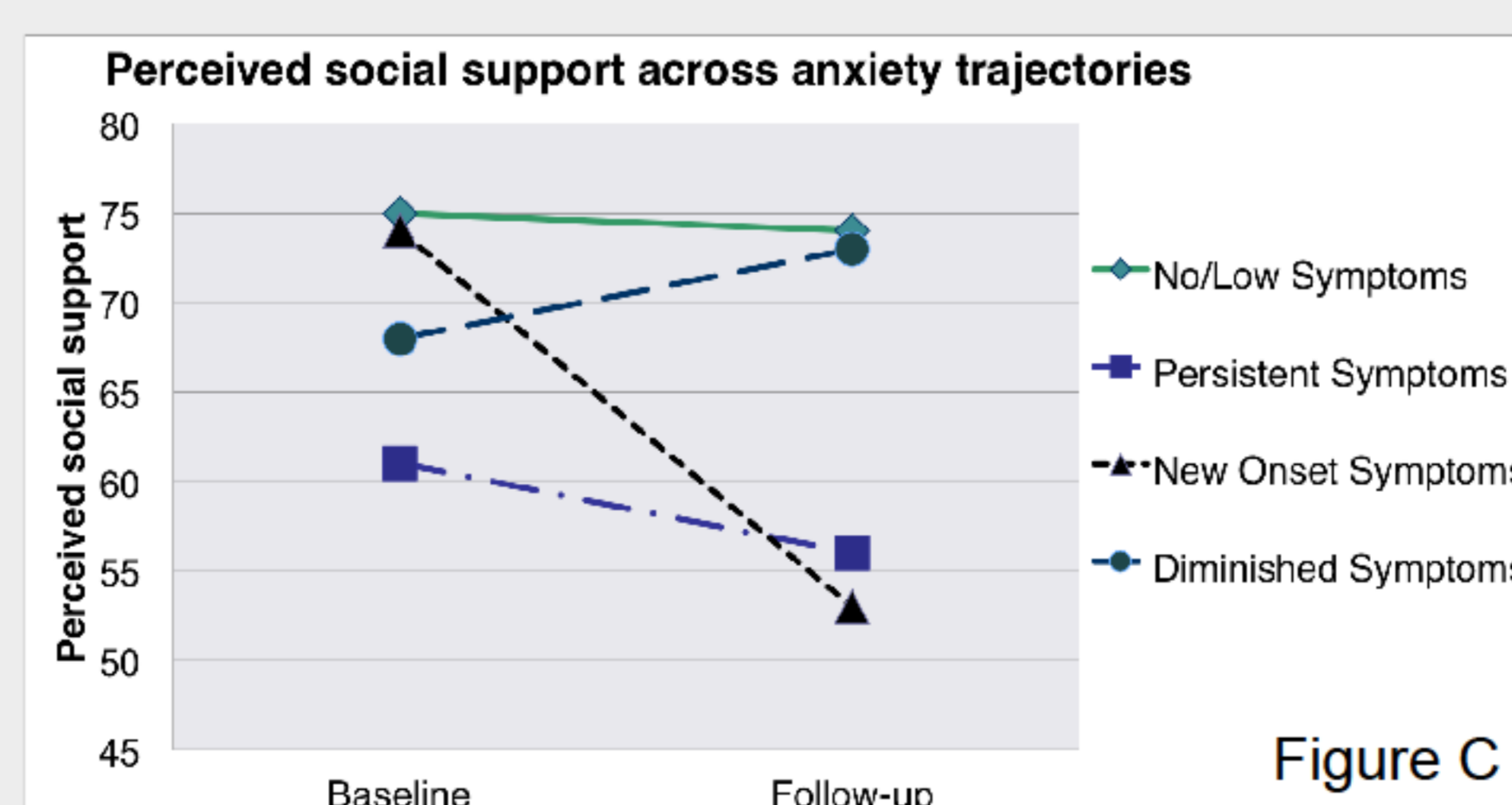


- < 8 baseline & follow-up: No/low symptoms
- ≥ 8 baseline & follow-up: Persistent symptoms
- < 8 baseline & ≥ 8 follow-up: New onset symptoms
- ≥ 8 baseline & < 8 follow-up: Diminished symptoms (recovered)

- a. Most patients remained either within the persistent symptoms range or no/low symptoms range.
- b. 16% to 21% patients either became depressed/anxious or recovered over time – Figure B.

Predictors of distress trajectories:

Significant: Assisted PD status (depression – $p = .049$); APD modality (depression – $p = .028$); loneliness (anxiety – $p = .027$, depression – $p = .021$); social support (anxiety – $p = .005$); patient satisfaction (anxiety – $p = .016$) and symptom burden (depression – $p = .005$).



- Patients with new onset symptoms of anxiety reported diminishing social support, increased loneliness and reduced satisfaction with care. Persistent symptoms of depression were related to assisted PD, APD high symptom burden (as indexed by lower scores) and moderate degree of loneliness – Figure C, D.

CONCLUSIONS

- Different patterns of symptoms reflect heterogeneity in PD patients' emotional reactions and adjustment.
- Social support plays a role in reducing symptoms of distress in PD patients.
- Intervention studies need to explore support options for PD patients especially those at assisted PD schemes.

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