

Disability and Depression: association in an Argentine population on dialysis

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INTRODUCTION AND OBJECTIVE

The dialysis population presents increasing multi-morbidity, advanced age and low socioeconomic level, all risk factors of disability. DOPPS 2016 study establishes functional dependence in 34% of the studied population and its association with mortality. The association between disability and mortality requires the analysis of other variables such as depression or adherence to treatment. Multiple studies establish depression as a predictor of mortality and/or adherence to treatment in these patients. It's prevalence is between 20% and 30% of the population.

The objective of the study was to establish the burden of disability and depression, and its association in a population of HD patients, including markers of adherence to treatment.

MATERIALS AND METHODS

A WHODAS 2.0 12E (World Health Organization Disability Assessment Schedule) questionnaire was performed to 230 patients from two HD Clinics, establishing disability burden by global score on a 0-100 scale that represents increasing levels of disability.

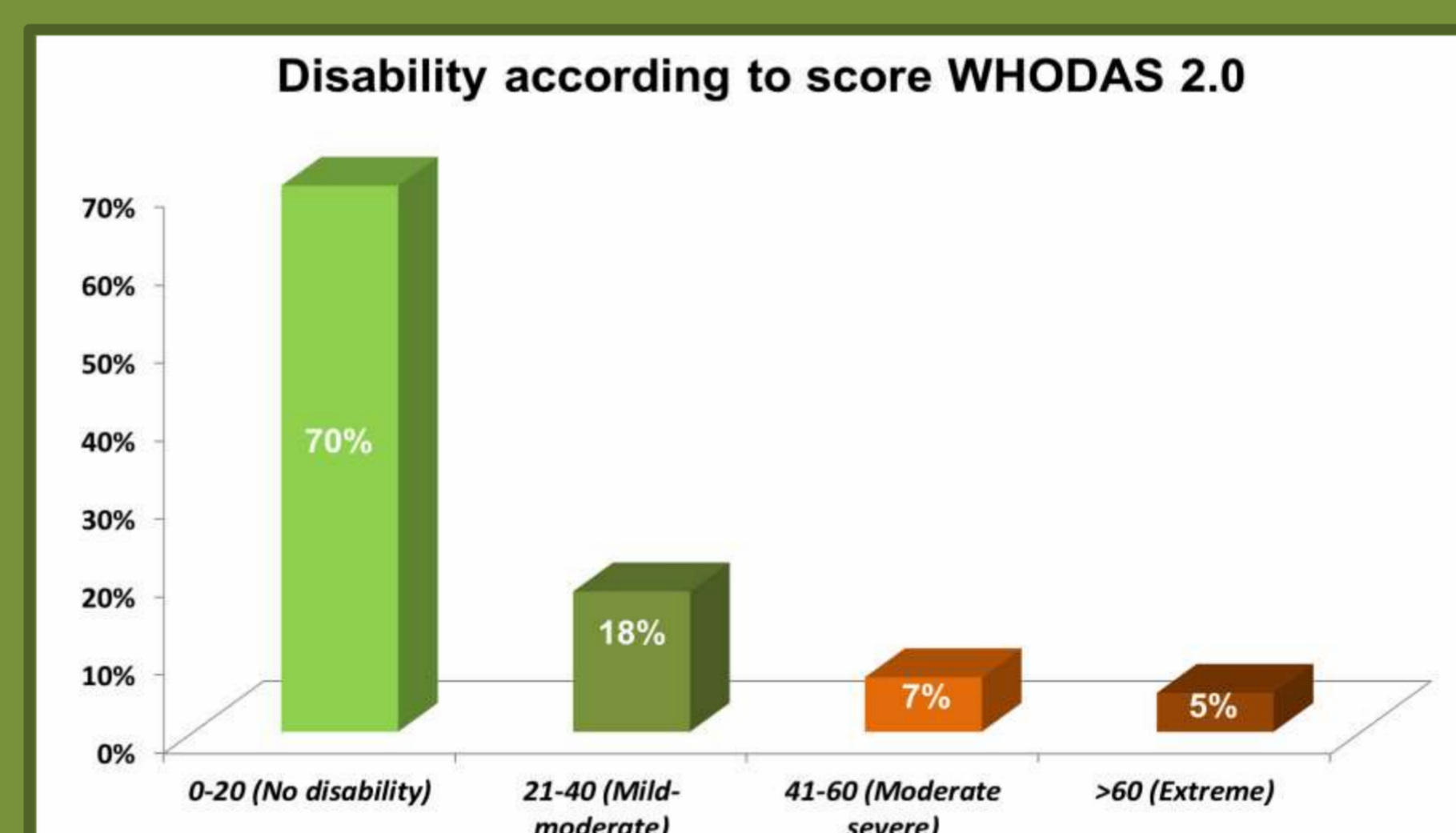
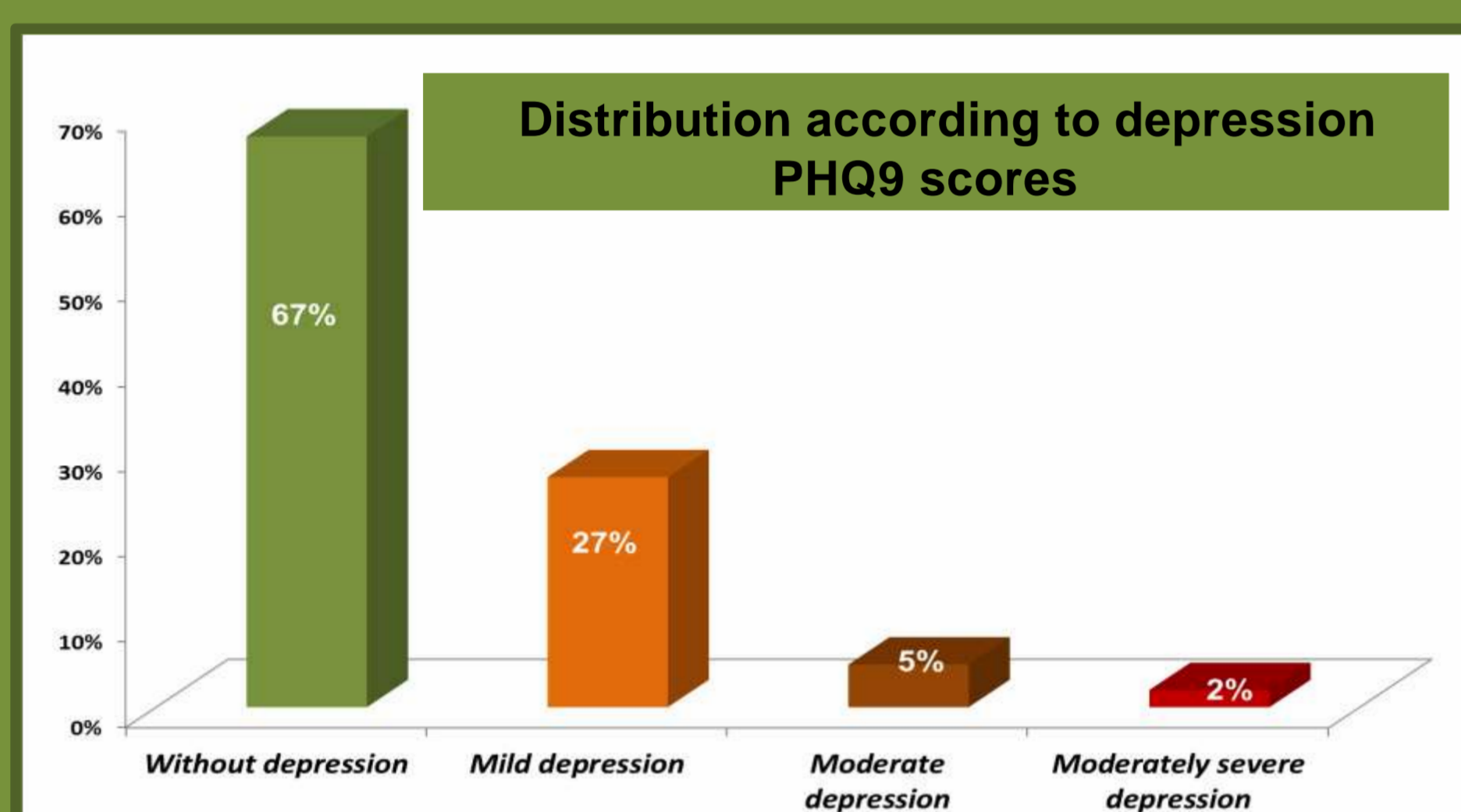
In the same population and time was applied Questionnaire PHQ9 (Patient Health Questionnaire) that establishes degrees of depression; 0-4 without, 5-9 mild, 10-14 moderate, 15-19 moderately severe and >20 severe.

Measures assessed: absence to treatment, hypertension, interdialytic weight gain (IDWG) of the last 6 months, and biochemical parameters. Descriptive statistics: Chi Square, Pearson correlation.

RESULTS

Population: Men 51.9%; Age >60 45.5%; DBT 29.4%; Years of schooling <=7 56.7%; Motor and/or visual disability 24.4%. Median: Hematocrit 34.5%; PTH 363.5 pg/ml; Albumin 3.4 gr/dl.

- The burden of disability (understood as more than mild difficulties) is associated with WHODAS scores over 20.
- In this population 31% presented WHODAS >20 and 34% depression (mild to moderately severe).
- Pearson WHODAS/PHQ9 correlation: 0.413** (significant bilateral 0.01 level).
- Biochemical parameters and adhesion markers without significant correlation with WHODAS or PHQ9.



	Score WHODAS
Score PHQ9	,413**
Hto	-,136*
PTHi	-,069
Alb	-,154*
Ausentism	,022
IDWG	-,172**
HTA	-,011

** Significant correlation 0.001 (bilateral).

	WHODAS 2.0		Total
	No disability	Disability	
PHQ9	No Depression	27	150
	Depression	40	72
Total	155	67	222
	100%	100%	100%

	Valor	gl	Sig. asintótica (bilateral)	Sig. exacta (bilateral)	Sig. exacta (unilateral)
Chi-cuadrado de Pearson	32,563 ^a	1	,000		
Corrección por continuidad ^b	30,805	1	,000		
Razón de verosimilitudes	31,558	1	,000		
Estadístico exacto de Fisher				,000	,000
Asociación lineal por lineal	32,416	1	,000		
N de casos válidos	222				

a. 0 casillas (0,0%) tienen una frecuencia esperada inferior a 5. La frecuencia mínima esperada es 21,73.
b. Calculado sólo para una tabla de 2x2.

CONCLUSIONS

- WHODAS detects that more than one third of this population is affected in their possibilities of deploying activities and social participation by the load of disability and depression.
- There is a significant correlation between disability and depression in this population.
- Periodic monitoring of disability and depression would allow the development of adequate intervention strategies according to scores and affected domains.
- Future studies confirming disability as a predictor of mortality adjusted for depression are needed.

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