DCPR SYNDROMES IN KIDNEY TRANSPLANT RECIPIENTS AND IN PATIENTS ON WAITING LIST FOR KIDNEY TRANSPLANT

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INTRODUCTION AND AIMS

The risk of psychiatric comorbidity in kidney transplant recipients (KTRs) is significant (20-75%) for any form of psychological distress. At the same way, the patients on a waiting list for kidney transplantation (WKTs) are typically undergone dialysis, a process which can cause the development of psychiatric symptoms.

A wide array of psychosomatic symptoms can be only partially explained by psychiatric diagnostic models as the Diagnostic and Statistical Manual of Mental Disorders (DSM) or the International Classification of Diseases (ICD). Recent studies used the Diagnostic Criteria for Psychosomatic Research (DCPR) to identify clinically psychological dimensions which expand the range of information useful for sub-typing medical patients, identifying sub-threshold or undetected syndromes and evaluating the burden of medical syndromes.

Aims of the study were both to investigate the distribution of DCPR syndromes and to identify any correlations between DCPR syndromes and ICD-10 psychiatric diagnoses in KTRs and WKTs.

METHODS

KTRs and WKTs followed up in a single nephrology Unit were evaluated.

All subjects were undergone two following detailed semi-structured interviews by the same psychiatrist of the Consultation-Liaison Psychiatric Service:

- MINI International Neuropsychiatric Interview 6.0 for DSM-IV and ICD-10 psychiatric disorders;

- DCPR Interview for following clusters and constructs: abnormal illness behaviour, somatization, irritability, demoralization, alexithymia.

Routine biochemistry and clinical data were collected.

RESULTS

164 consecutive outpatients (134 KTRs, 30 WKTs) were enrolled into the study (Tab. 1). 37.2% of subjects received a psychiatric diagnosis: neurotic disorders (20,1%) were the most prevalent diagnosis. The prevalence of all DCPR syndromes are reported in Table 2.

103 patients (85 KTRs, 18 WKTs) showed at least one DCPR syndrome: 29.3% was positive for one DCPR syndrome, 33% had more than one DCPR syndrome.

96% of patients (131 KTRs, 27 WKTs) who met criteria for ICD-10 diagnosis also presented a DCPR syndrome.

Among patients without a ICD-10 diagnosis, almost half (47%) of KTRs had at least one DCPR syndrome ($p < 0.001$) and 40% of WKTs had one or more DCPR syndrome.

Affective and adjustment disorders were always associated with at least one DCPR syndrome ($p < 0.001$) in both groups.

Tab 2: DCPR SYNDROME

	All Patients	KTRs	WKTs
Cluster Irritability (%)	**31,7**	**31,3**	**33,3**
Irritable mood (%)	23,2	21,6	30,0
Type A behavior (%)	8,5	9,7	3,3
Cluster Abnormal illness behavior (%)	**29,9**	**31,3**	**23,3**
Health anxiety (%)	14	14,2	13,3
Illness denial (%)	11,6	13,4	3,3
Disease phobia (%)	3,7	3	6,7
Thanatophobia (%)	0,6	0,7	0
Cluster Somatization (%)	**22,5**	**19,3**	**36,6**
Persistent somatization (%)	14,6	12,7	23,3
Functional somatic symptoms secondary to a psychiatric disorder (%)	6,7	5,2	13,3
Conversion symptoms (%)	0,6	0,7	0
Anniversary reaction (%)	0,6	0,7	0
Construct (%)	**41,5**	**40,3**	**46,7**
Demoralization (%)	17,1	17,2	16,7
Alexithymia (%)	24,4	23,1	30,0

Tab 1: CLINICAL CHARACTERISTICS AND BLOOD CHEMISTRY OF PATIENTS

	All Patients	KTRs	WKTs
Patient n. (%)	164	134	30
Age (years)	54,6±12,2	54,6±12,0	50,0±10,6
Male (%)	64,6	67,2	53,3
Smokers (%)	5,5	6,0	3,3
Married (%)	66,3	66,9	63,3
Family (%)	70,6	69,9	73,3
Retired/unemployed (%)	48,4	51,2	36,7
BMI	24,6±3,9	24,5±3,5	25,0±5,4
PAS mmhg	129±14	130±13	126±18
PAD mmhg	78±7	78±8	79±7
e-GFR (ml/min)		53,2±17,5	
KT/V			1,3±0,3
Total Protein (g/dL)	6,5±0,7	6,6±0,7	6,4±0,5
Hemoglobin g/dl	12,2±1,5	12,4±1,5	11,3±0,9

CONCLUSIONS

Our study used, for the first time, the DCPR approach and showed DCPR clusters and constructs have a high prevalence (17-36%) in KTRs and WKTs. Many patients with DCPR syndromes are not included in any ICD criteria.

DCPR might be used as a complementary integration to the traditional nosographic psychiatric criteria for better understanding of psychological distress in WKTs and KTRs.

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