

## **DEPRESSION IN THE CHRONIC KIDNEY DISEASE (CKD) POPULATION AND ITS ASSOCIATION WITH INFLAMMATORY MARKERS**

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Depression is the most common psychological disorder among patients with CKD. In addition, depression is associated with poor oral intake which may aggravate anemia and malnutrition in the CKD patients. The objectives of this study were to evaluate the prevalence of depression in the CKD population and explore the association between depression and ferritin, serum albumin, C-reactive protein (CRP) and hematocrit

Forty-six patients followed in the renal clinic at the VA Medical center were included. Inclusion criteria were age >18yrs and eGFR<60ml/min/1.73m<sup>2</sup> (MDRD) or proteinuria. Patients with known HIV (per patients self report), or a history of malignancy were excluded. Self administered Short Form 36 health survey questionnaire (SF-36), Center for Epidemiological Study Depression Scale (CES-D) and Patient Health Questionnaire (PHQ-2) were used as tools to measure depression and quality of life in all patients. Serum ferritin, serum albumin, CRP and hematocrit were also measured

The mean age of the patients was 63±10 yrs with 100% males. Diabetes was present in 26% of the patients and 52% had hypertension. Fifty-seven percent of the study population was black with 41% white and 2% others.

Depression was seen in at least 20%. PHQ-2 appeared to be as sensitive as the CES-D. There was a significant negative correlation between the PHQ-2, CES-D and SF-36 mental health composite score (SF-36 MCS). Depression was associated with higher CRP and lower hematocrit. Depressed patients were less compliant with medications and were on polypharmacy. The 2-item PHQ-2 may be a useful screening tool for the detection of possible depression. CKD patients who have high CRP, anemia, history of non-compliance and on polypharmacy should be evaluated for depression.

