

## EVENT-RELATED DISTRESS IN KIDNEY DISEASE PATIENTS

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Chronic kidney disease (CKD) and end-stage renal disease (ESRD) are associated with a significant physical and psychosocial burden. Little is known, however, about the impact of stressful life events on CKD and ESRD patients. In the current study, we aim to 1) evaluate the prevalence of stressful life events in CKD and ESRD patients, as well as the types of events; 2) describe the demographic, symptom, and psychosocial profiles of CKD and ESRD patients reporting different levels of event-related distress; and 3) determine the clinical factors that are correlated with high levels of event-related distress.

The study sample consists of 181 patients (91 with CKD stages 4 and 5, 90 with ESRD) who filled out Impact of Event Scale (IES). IES measures subjective distress related to a stressful life event named by the respondent. The outcome variable was IES, while the other measures included Medical Outcomes Study Short Form-36 (SF-36), Dialysis Symptom Index (DSI), and Patient Health Questionnaire-9 (PHQ-9). The cut point for high distress on IES was 35 because of its maximal positive predictive value in previous studies for diagnosis of post-traumatic stress disorder when used for that purpose.

Out of 181 subjects, 103 reported stressors on IES. The categories were personal health (49.5%), family member health (7.8%), family relationship (11.7%), death (2.9%), occupational / financial (9.7%), multiple stressors (9.7%), and miscellaneous / unknown (8.7%). There were statistically significant differences between the no stressor, low stress, and high stress groups in age ( $p < 0.001$ ), gender ( $p = 0.03$ ), DSI score ( $p < 0.001$ ), and PHQ-9 score ( $p < 0.001$ ) but not race or SF-36 score. With adjustment for age and gender in a logistic regression model, DSI score was correlated with high distress (OR 1.04, 95% CI 1.02-1.07), as was PHQ-9 score in a separate model (OR 1.20, 95% CI 1.10-1.32).

Event-related distress due to multiple types of events is common in CKD and ESRD patients. High distress is associated with greater physical and emotional symptom burden and worse depressive symptoms, even with adjustments for age and gender.