

National Kidney Foundation 2018 Spring Clinical Meetings— Social Work Abstracts

CKD-ESRD – Other

HOSPITALIZATIONS AMONG PERITONEAL DIALYSIS AND HOME HEMODIALYSIS PATIENTS WITH SYMPTOMS OF DEPRESSION: Kathryn Aebel-Groesch¹, Duane Dunn¹, Angie Major¹, Levi Njord¹, Francesca Tentori², Deborah Benner¹. ¹DaVita Inc, Denver, CO, USA; ²DaVita Clinical Research, Minneapolis, MN, USA

SUICIDALITY SCREENING IN DIALYSIS PATIENTS: Brooke Chehoski¹, Dodie Stein², Teri Browne¹. ¹University of South Carolina, Columbia, SC, USA; ²DaVita Home Dialysis, Indianapolis, IN, USA

Transplantation

CHARACTERIZATION OF END-STAGE RENAL DISEASE (ESRD) PATIENTS ON THE TRANSPLANT WAITLIST: Deborah Evans¹, Duane Dunn¹, Kristi Robinson¹, Shayne Sossamon¹, Deborah Benner¹. ¹DaVita Inc, Denver, CO, USA

Other

PATIENT-CENTERED KIDNEY DISEASE RESEARCH EXPERIENCE AND PRIORITIES: Teri Browne¹, Derek L. Forfang², Jessica Joseph³, Laura Brereton³, Kelli Collins³, Kathryn Pucci³. ¹University of South Carolina, Columbia, SC, USA; ²National Forum of ESRD Networks, Birchwood, WI, USA; ³National Kidney Foundation, New York, NY, USA

1. HOSPITALIZATIONS AMONG PERITONEAL DIALYSIS AND HOME HEMODIALYSIS PATIENTS WITH SYMPTOMS OF DEPRESSION:

Kathryn Aebel-Groesch¹, Duane Dunn¹, Angie Major¹, Levi Njord¹, Francesca Tentori², Deborah Benner¹. ¹DaVita Inc, Denver, CO, USA; ²DaVita Clinical Research, Minneapolis, MN, USA

We have previously reported that in-center hemodialysis (ICHD) patients with depressive symptoms are less likely to be adherent to dialysis treatment schedules and more likely to be admitted to the hospital. In the current study, we characterized the incidence of depression among patients on peritoneal dialysis (PD) and home hemodialysis (HHD) and assessed the impact of depression on hospitalization rates in these patient populations.

We analyzed data from the electronic health records of a large dialysis organization (LDO) for the period May 2016 to April 2017. Depression screenings were performed biannually by LDO social workers using the PHQ-2 scale (total score range 0-6). Patients with an active diagnosis of depression, bipolar disorder, cognitive impairment, or a language barrier were not screened. Hospital admissions in the 3 months following screening were compared among patients with symptoms of depression (total PHQ-2 score ≥ 3) and those without (total score ≤ 2).

A total of 2661 (6.5%) of 40,676 completed PD patient depression screenings and 353 (6.0%) of 5882 HHD patient depression screenings were scored as positive for depressive symptoms. For both modalities, hospitalization rates were greater among patients with symptoms of depression compared to those without: 1.9 vs 1.1 admissions per-patient year for PD patients and 1.9 vs 1.4 admissions per-patient year for HHD patients.

Symptoms of depression were identified among patients on PD and HHD with a frequency similar to that previously observed in ICHD patients. Moreover, PD and HHD patients with symptoms of depression were more likely to be hospitalized than those without, as has been reported for ICHD patients. Clinical initiatives to target patients who screen positive for depression should be designed to reach PD and HHD patients as well as those receiving ICHD.

2. PATIENT-CENTERED KIDNEY DISEASE RESEARCH

EXPERIENCE AND PRIORITIES: **Teri Browne¹, Derek L. Forfang², Jessica Joseph³, Laura Brereton³, Kelli Collins³, Kathryn Pucci³.** ¹University of South Carolina, Columbia, SC, USA; ²National Forum of ESRD Networks, Birchwood, WI, USA; ³National Kidney Foundation, New York, NY, USA

Despite the growing importance of Patient-Centered Outcomes Research (PCOR), there has been limited growth of such methodology in kidney disease research. Getting patients engaged early in research will help insure the data, device, or drug is meaningful to patients and patients are willing use it.

We conducted internet surveys of patients living with kidney disease, care partners & CKD researchers about their experiences with PCOR. Survey questions included: How common is patient involvement in research projects, and what role do patients currently play in research? What has been the patient and researcher experience in PCOR? What research topics do patients and care partners prioritize?

860 patients and care partners, and 647 researchers completed the survey. The majority of patients (89.1%) were interested in kidney disease research but have not been involved in a research study. The majority of researchers (73.2%) had not been involved in PCOR and almost half of them (46.8%) do not publish research findings in non-academic venues. Researchers reported barriers to patient involvement including: difficulty corresponding with dialysis centers; lack of funding for patient engagement within projects; and lack of knowledge of how to best engage with patients. Patient reported barriers included travel limitations; lack of motivation; limited understanding of research; and lack of awareness of research opportunities. Patient and care partner priorities for research topics included 'understanding the biology of kidney disease' and 'preventing kidney disease' as most or very important.

Kidney disease researchers need to better engage patients and care partners in meaningful ways to improve PCOR in the United States. Encouragingly, patients are very interested in such participation and researchers can use our results to improve kidney disease PCOR and patient outcomes.

3. SUICIDALITY SCREENING IN DIALYSIS PATIENTS:

Brooke Chehoski¹, Dodie Stein², Teri Browne¹. ¹University of South Carolina, Columbia, SC, USA; ²DaVita Home Dialysis, Indianapolis, IN, USA

Suicidal ideation is more prevalent among people with End Stage Renal Disease (ESRD) than in the general population. It is not known how often screenings for suicidality or lethality are performed in this population. The purpose of this study was to survey dialysis and transplant social workers on their clinical practice in screening for and identifying suicidality/lethality in their patient populations.

An electronic survey of 13 items was circulated via the Survey Monkey platform to the email listserv of the NKF's Council of Nephrology Social Workers in October 2017. The survey link was distributed to a total of about 700 social workers.

167 (24%) social workers responded to the survey. Data suggests that about 71% of social workers do screen for suicidality or suicidal ideation. About 66% use the Physicians Health Questionnaire Version 9 (PHQ-9) depression screening survey that has questions about self-harm, while 40% use informal questioning for suicidality/suicidal ideation screening. 61% percent of the social workers responded that only 1-10% of their patients were at risk for suicide; another 13% reported a rate of 11-20%; and 13% reported no suicidality with their patients.

Though the risk of suicide is relatively low for dialysis patients in this study, good clinical practice necessitates screening for suicidality/lethality when depression is identified or conversation suggests patient self-harm. A standardized suicidality tool is recommended and further study to better define suicidal ideation in the dialysis population would be useful for improved clinical care.

4. CHARACTERIZATION OF END-STAGE RENAL DISEASE (ESRD) PATIENTS ON THE TRANSPLANT WAITLIST:

Deborah Evans¹, Duane Dunn¹, Kristi Robinson¹, Shayne Sossamon¹, Deborah Benner¹. ¹DaVita Inc, Denver, CO, USA

For most patients with ESRD, receipt of a transplant offers the best possible treatment option. However, the process of qualification for transplant is complex and may be challenging for some patients to navigate. To better understand these potential challenges, we sought to characterize patients listed as active on the transplant waitlist.

We analyzed data from the electronic health records of a large dialysis organization. Transplant waitlist status was assessed as of Nov 2017; patients with status listed as "active" were compared to the patient population overall within categories of age, sex, race/ethnicity, dialysis vintage, modality, and geographic region.

A greater proportion of male patients than female patients were listed as active on the waitlist (10.6% vs 8.1%). Listing status varied by race/ethnicity, with 11.9%, 9.9%, and 7.6% of patients listed as active among Hispanic, black, and white patients, respectively. The proportion of patients listed as active was highest in patients <40 years of age (18.5%) and lowest in those >80 years of age (0.2%) and increased with dialysis vintage: 1.7% for patients on dialysis for <3 months vs 13.5% for patients on dialysis for 24-48 months. Among patients on in-center hemodialysis, 8.1% were listed as active, compared to 20.3% and 20.1% for home hemodialysis and peritoneal dialysis patients, respectively. The proportion of patients listed as active ranged from 3.4%-17.1% when considered by state.

Our analysis revealed considerable variation in the proportion of patients listed as active on the transplant waitlist based on a number of demographic and dialysis treatment criteria. It is likely that some of these differences reflect patient health status and engagement as well as factors specific to individual transplant programs. However, these findings may inform the design and targeting of education to ensure that all patients are able to make informed decisions about transplant as an alternative to their current modality.