EVIDENCE UPDATE

Treating Depression When You’re on Dialysis

A recent study looked at how well two treatments for depression work for people on dialysis.

Depression is common in people who are on dialysis. Depression worsens your quality of life, makes you feel tired, and can affect your kidney health as well as your overall well-being.

There are many ways to treat depression, but not all ways work well for people who are on dialysis. A recent study looked at two ways to treat depression for people who are on dialysis:

- Cognitive behavioral therapy, or CBT. CBT is a type of talk therapy. In CBT, patients work with a therapist to change patterns in their thinking to improve how they feel. Most people go to several one-hour sessions with a therapist.
- Sertraline. Sertraline is an antidepressant medicine sold under the brand name Zoloft®. People take this medicine daily as a pill.

Other studies have compared CBT with medicines like sertraline, but this study is unique in looking only at people who are on dialysis.

Findings

A PCORI-funded study found that CBT improved depression about as much as sertraline for patients on dialysis with depression. The research team found improvements across all patients in sleep, appetite, mood, energy level, and ability to focus. At the end of the study, about a third of all patients no longer had symptoms of depression.

Compared with patients using CBT, patients taking sertraline had slightly more improvement in symptoms of depression. But patients taking sertraline also had side effects more often than patients using CBT.

Seeking Treatment for Depression While on Dialysis

Many people on dialysis may hesitate to get treatment for depression. Some of the symptoms of depression and kidney failure are similar, such as fatigue, sleep problems, poor appetite, headaches, and lack of focus. As a result, people on dialysis may not realize they have depression. Many people on dialysis also wonder if treatment would improve the symptoms they are feeling.

If you have depression, talk with your kidney care team about any concerns you have about getting treatment. Some people on dialysis have concerns about adding treatment for depression to their care. Weekly therapy sessions can be hard to fit into a schedule that is already busy with clinic visits for dialysis and other kidney care treatment. People on dialysis may also worry about side effects from medicines or about treatment costs. Your kidney care team can help you find answers to these and other questions, and help you get treatment that can improve your health.
Questions to Ask My Kidney Care Team

Your kidney care team—including your kidney doctor, nurse, and social worker—will talk with you to learn if you have depression. If you do, they can help you choose a treatment that works best for you. Questions to ask your kidney care team include:

- How do I know if I have depression?
- What side effects of treatment should I know about?
- How can I find a therapist and arrange sessions that fit my schedule?
- Does this dialysis center offer CBT on-site?
- How can I find out about my out-of-pocket costs for CBT or medicine?
- What other support for depression is available?

Resources

There are many resources to help people with depression. Here are a few:

- A Dialysis Patient Depression Toolkit is available through the Kidney Patient Advisory Council (KPAC). KPAC is part of the National Forum of ESRD (End Stage Renal Disease) Networks.
- The Substance Abuse and Mental Health Services Administration’s (SAMHSA’s) National Helpline at 1-800-662-HELP (4357) is private, free, and available 24 hours a day. It provides help in English and Spanish. You can get information about treatment near you, support groups, and more.

Read more about this study at [http://www.pcori.org/Mehrotra209](http://www.pcori.org/Mehrotra209)

About the Study

The research team enrolled 120 patients ages 21 and older with kidney failure who were receiving outpatient dialysis. All patients had depression. The team assigned patients to receive CBT or sertraline by chance and then looked at their health 12 weeks later.

Notes:
