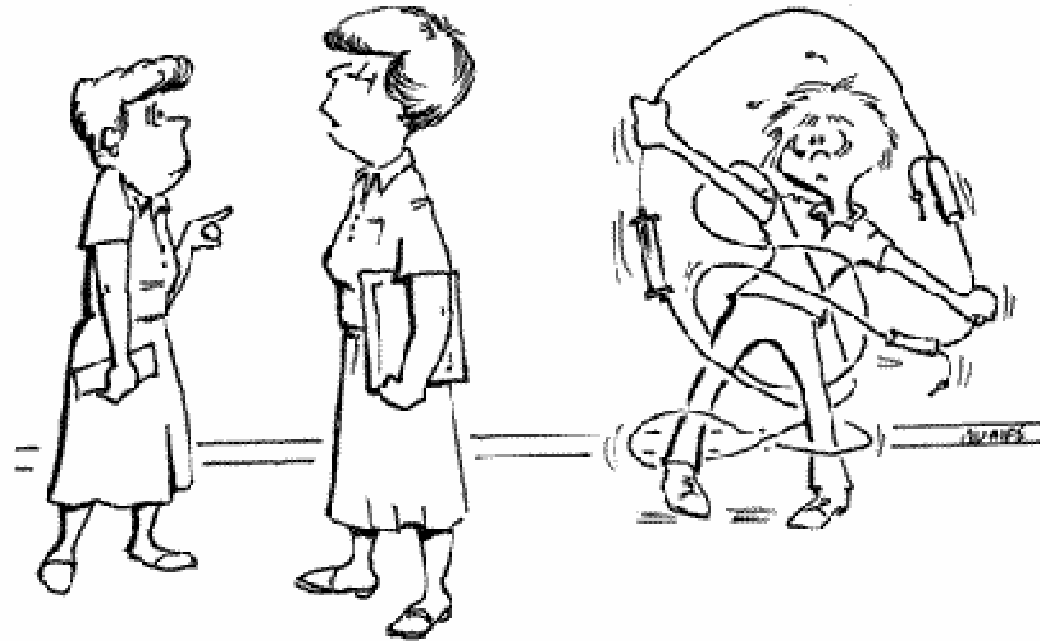


PSYCHOSOCIAL ASPECTS OF RENAL DISEASE

Anastasia
Anastasiou

Palliative care symposium Aug 13

They'll be fine...



Don't worry, she's new.
She'll get the hang of it soon.

What we will cover...



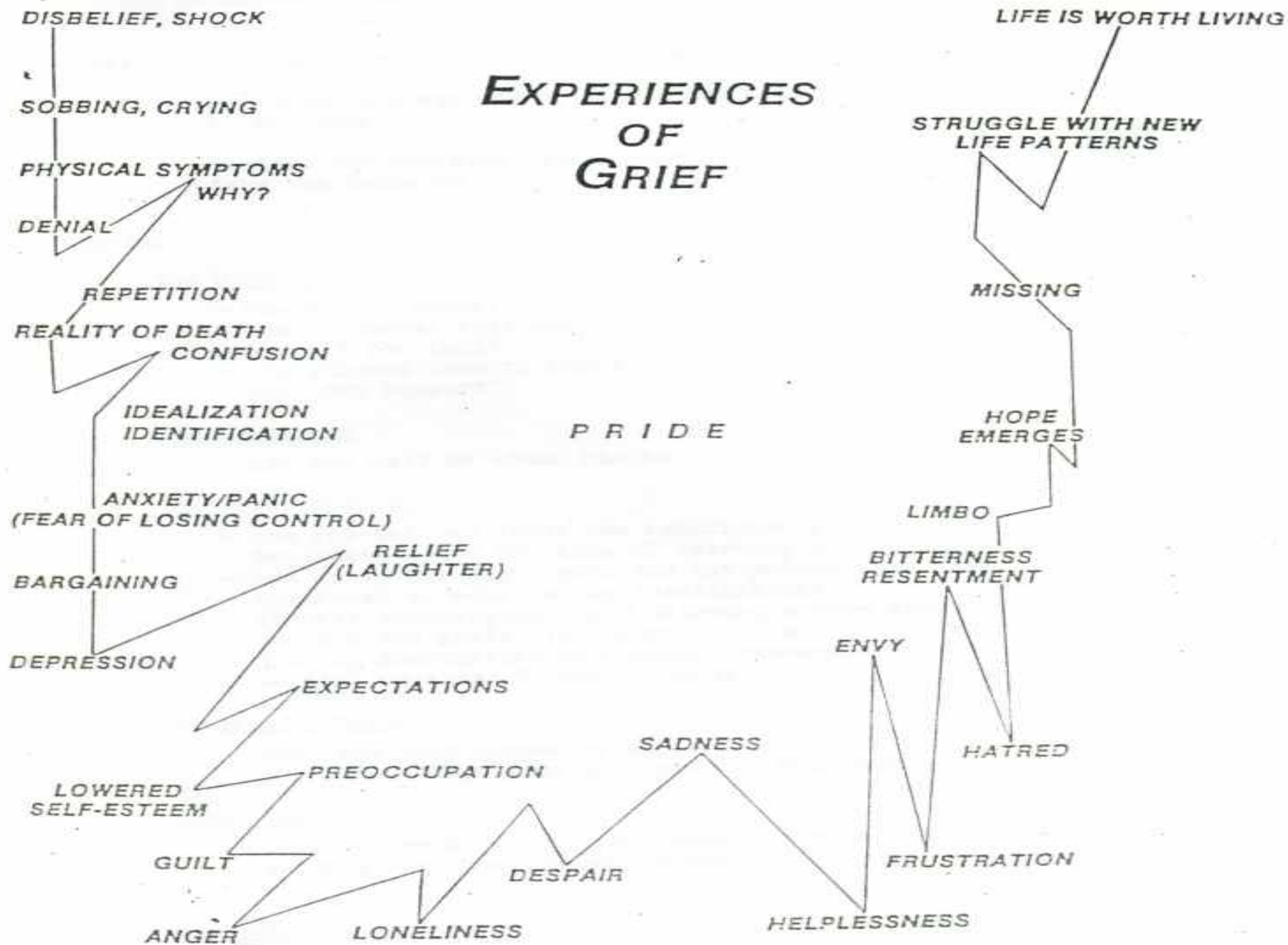
- ❑ Grief and loss
- ❑ Emotional Reactions
- ❑ Sex/sexuality
- ❑ Non-Compliance
- ❑ CALD
- ❑ Quality of Life
- ❑ Working with Aboriginal communities
- ❑ Transplant
- ❑ Carers
- ❑ Mental Illness
- ❑ Advance care planning
- ❑ Therapeutic and Psychosocial Interventions

Grief and Loss - Defined



- Not just about death and dying
- Change, loss and grief
- Chronic illness and grief and loss
- Understanding grief and loss issues – Movement of theory to current approaches – e.g. continuing bonds, dual process model, beyond affect

EXPERIENCES OF GRIEF

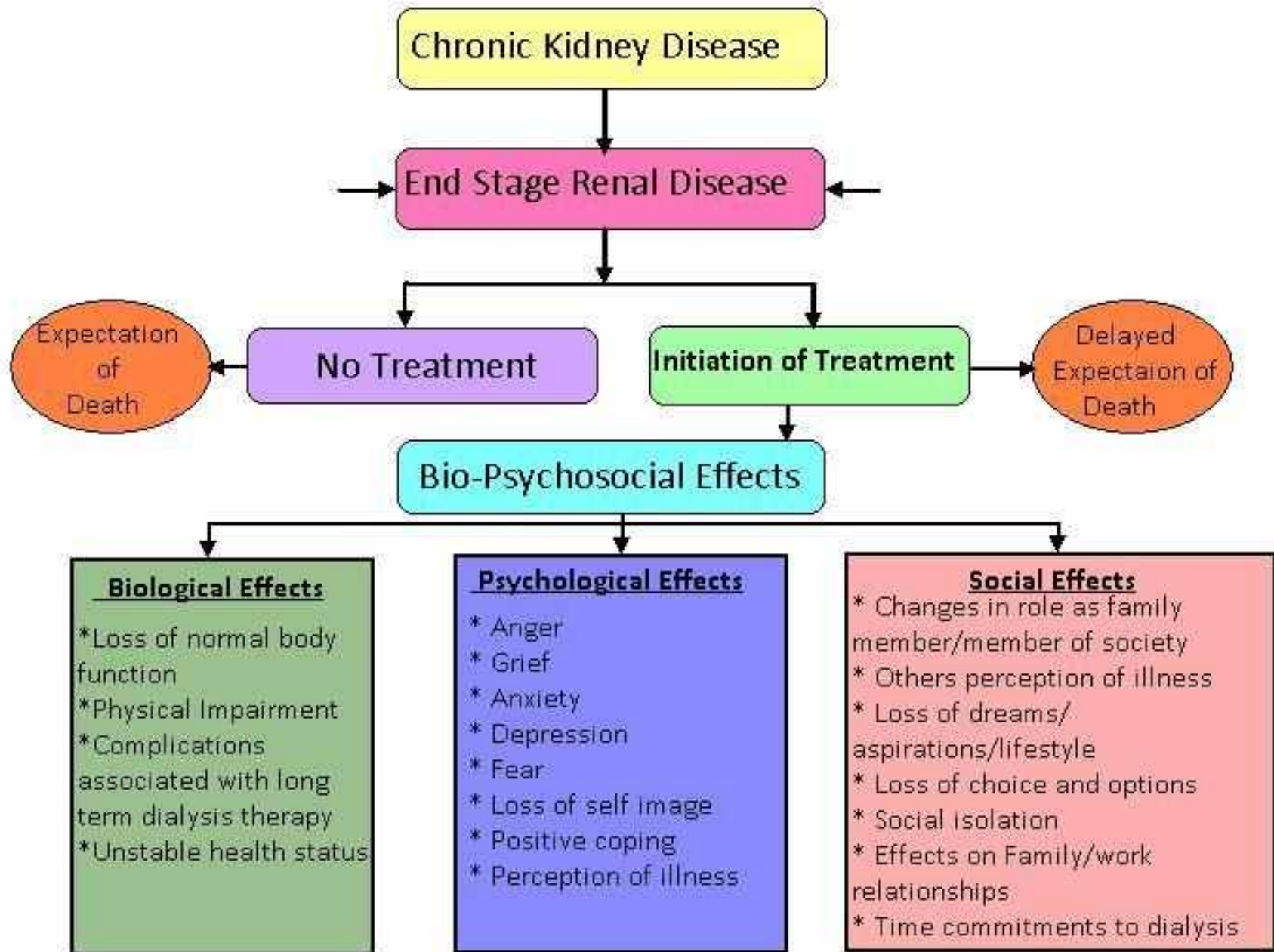


Grief and Loss



Chronic illness can incur grief reactions

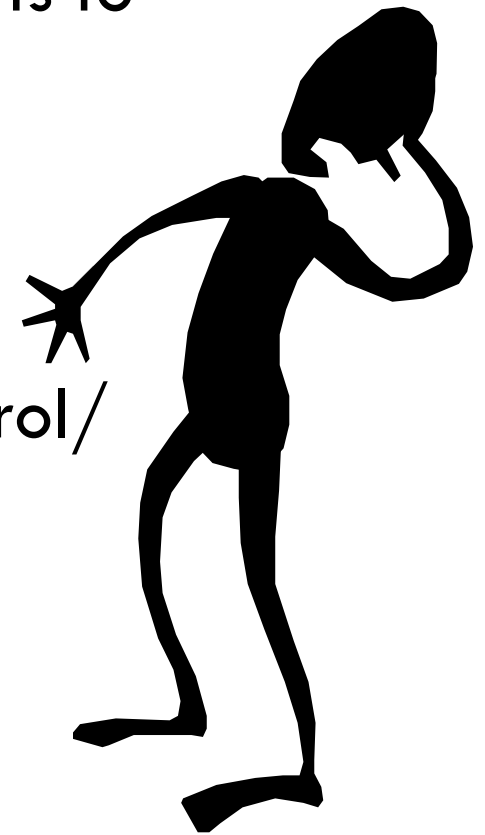
Bio - Psychosocial Effects of Renal Disease



Grief and Loss cont...

In the later stages of the illness – focus shifts to Palliative

- Existential issues - meaning of life
- Family issues - unfinished business
- Dying process - fear of pain, loss of control/
independence/integrity



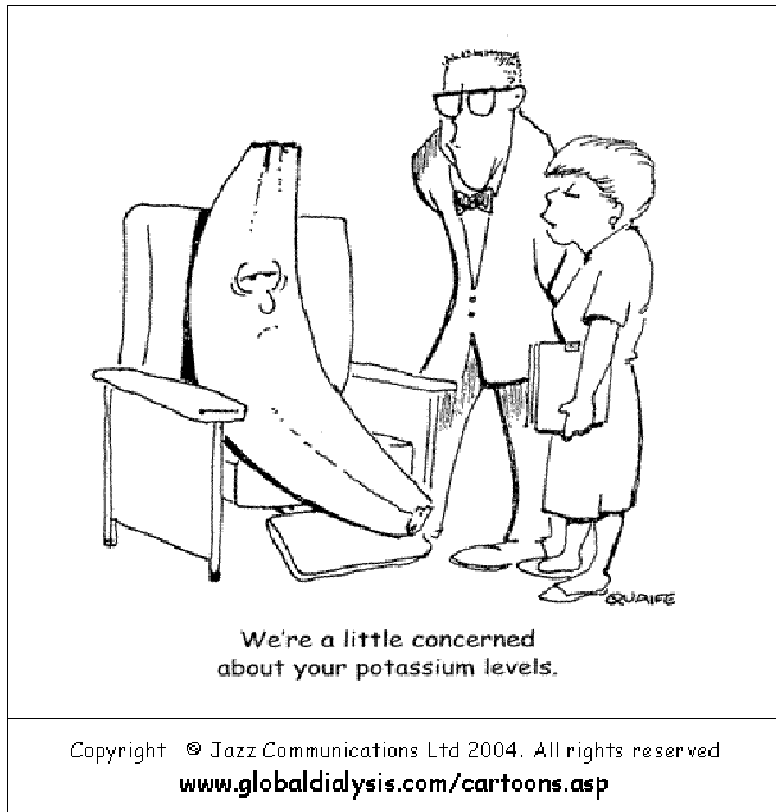
Issues of Change



- Family Roles
 - Routine
 - Roles may change

- Social Roles

- Physical and lifestyle changes – diet



Emotional Reactions cont...

- Some emotional reactions may be caused by kidney failure itself. Build up of waste products can cause changes in behaviour including irritability, edginess, moodiness, memory loss, depression and anger. This can be temporary.

- N.B.
 - Cannot assume people will emotionally react the same
 - People may experience different emotions at any time

Living with ESRD



- Main fears
 - fear of: being a burden/separation/welfare of loved ones/painful death

- Predictors of emotional adjustment

Sex/Sexuality



- Men and women on dialysis may undergo changes in their sexual functioning
- Diminished sexual functioning and sexual interest is common in both sexes
- This can impact on current or future relationships
- With emphasis on sexuality this can be devastating to one's self esteem

Sex/Sexuality cont...

- Causes

- Physical and Psychological.

- 1.Physical

Sex/Sexuality cont...



▣ 2. Psychological

▣ Relationships/ Sexual functioning

- Can affect interpersonal relationships due to emotional changes
- Change in sexual functioning due to dialysis – diminished interest in sexual activities.

Sex/Sexuality cont...




- Self Image

Kidney failure brings about a lot of change and adjustments into the persons life. This not only affects the person but also their family and friends.



Older Adults

- 
- Life stages have been said to have a significant bearing on adjustment to renal disease:
 - ▣ This may apply to some, but cannot be generalised to all the older adult with renal disease.



Non - Compliance

CALD



- Other Stressors
- Culture
- Religious/spiritual beliefs

Culture



- Culture affects the ways we look at dying, death, loss and grief
- Every culture approaches loss differently
- ‘What do I need to know about your culture to understand you more effectively?’

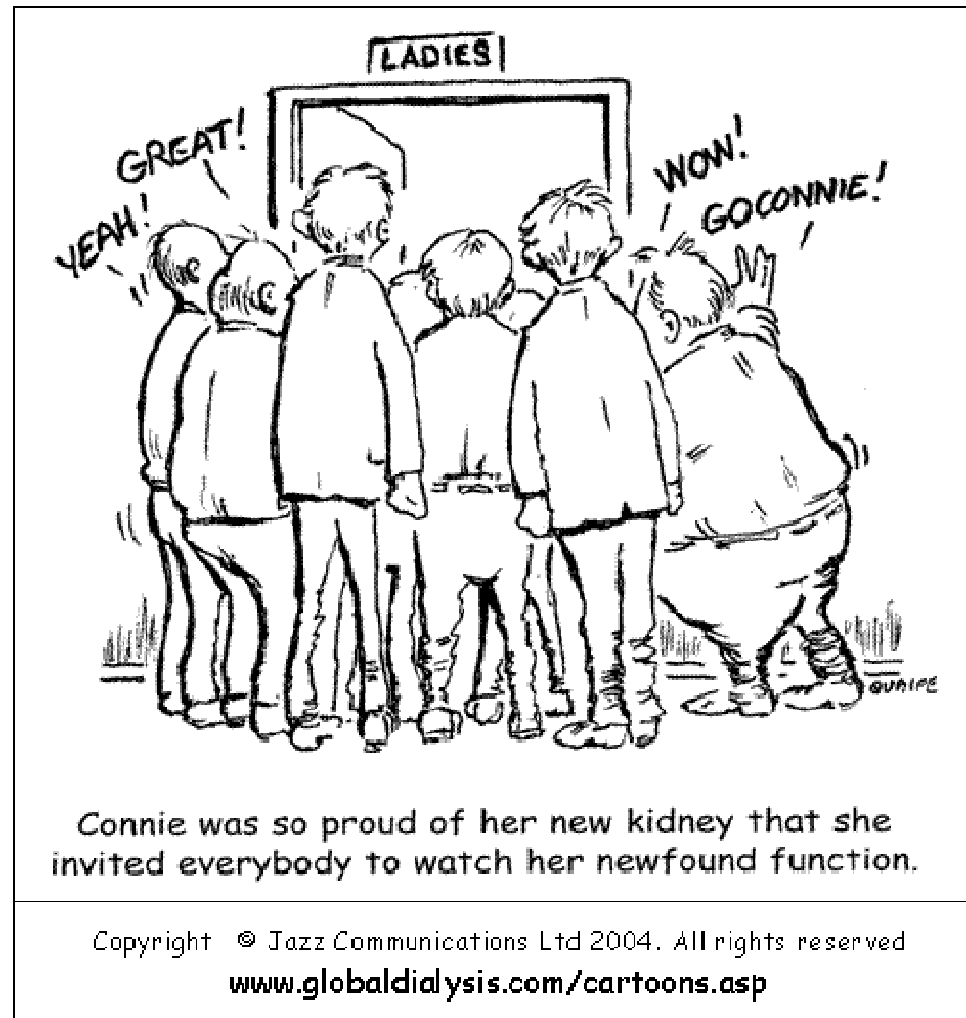
Quality of Life




- It is mediated by one's personal and cultural values and beliefs, self concept, goals and life experiences
- Predictors include symptom management, pain, attention to psychosocial and spiritual needs.
- It includes
 - a) Health and physical functioning
 - b) Psychological and spiritual functioning
 - c) Socio-economic function
 - d) Family relationships

Transplants

- The hope of a transplant:



Transplants cont...

- 
- Cadaver Donations
 - ▣ Stress of long waiting lists
 - ▣ Frustrations of waiting

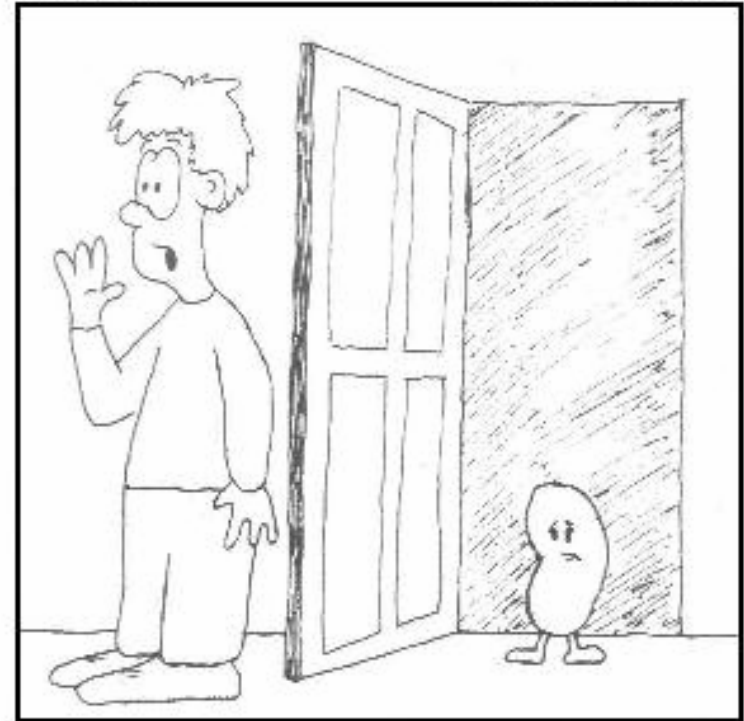
 - Living Related Donor
 - ▣ Psychological difficulties for both the donor and the recipient

Transplants cont...

- Family relationships
 - Role re-reversals
 - A psychological process of accepting the transplanted kidney as part of self

DESSINS

by Geoff Draper



"There's another kidney at the door, Mom.
What should I do?"


Carers



- Experience a range of emotions
- Change of role
- Guilt is not uncommon.
- Expectation to remain the strong supportive role.

Mental Illness in dialysis environment

- Recent studies (Pereira, Kimmel, Watnick 2004)
- Watnick et al (2003) 44% of pts in the early stages off dialysis met the criteria for depression
- Prescott (2006) states that dialysis pts prefer to seek and receive treatment for depression for some mental illnesses (depression) from their dialysis social worker.
 - ▣ *“The trust and relationship established with their nephrology social worker appears to improve the odds they will seek needed treatment when compared to services available from a mental health provider in the community” (Prescott, 2006, p.33)*

- 
- Guzman (2003) reports that although ‘distress’ is a universal experience in patients with ESRD from time to time, depression occurs in up to 40% of ESRD patients.
 - Depression is *not* a “normal” condition for dialysis patients. It is a serious co-morbid illness that calls for treatment. If treated effectively is likely to improve treatment outcomes.

Therapeutic Interventions



- Cognitive Behaviour Therapy
- Solutions focused
- Systems
- Crisis Intervention
- Client focused
- Grief and Loss

Systems

Respiratory

Endocrine

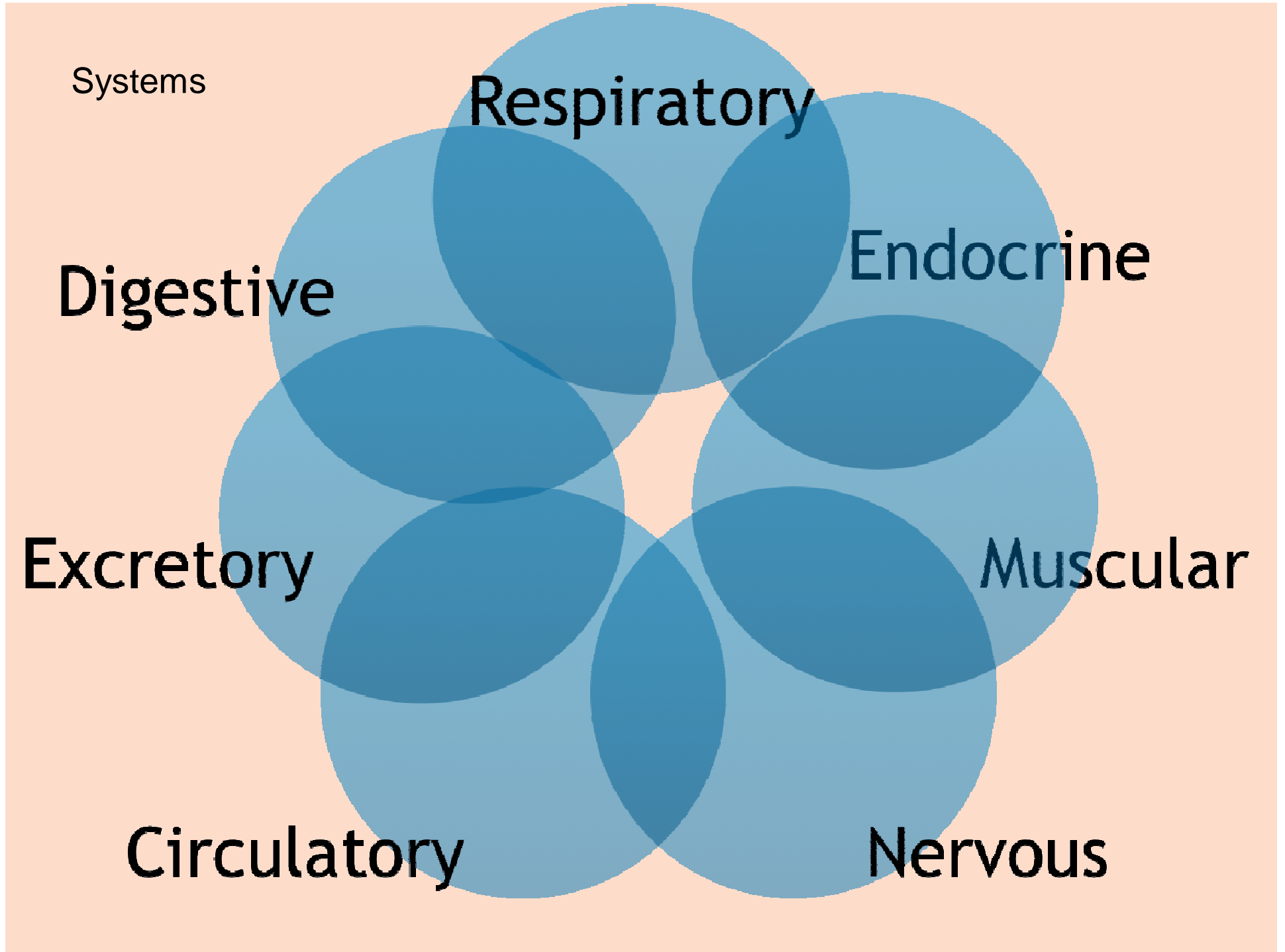
Digestive

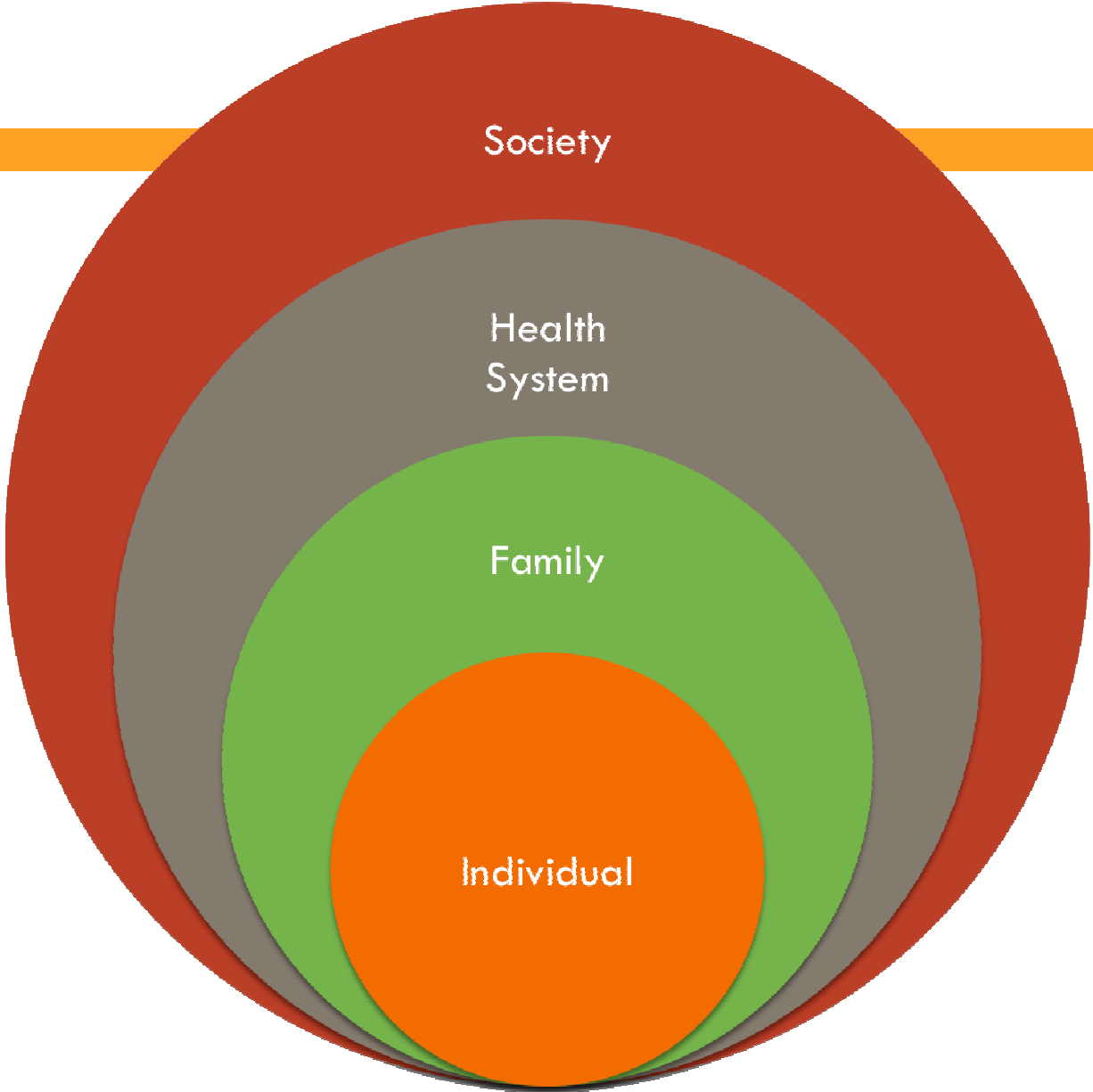
Excretory

Muscular

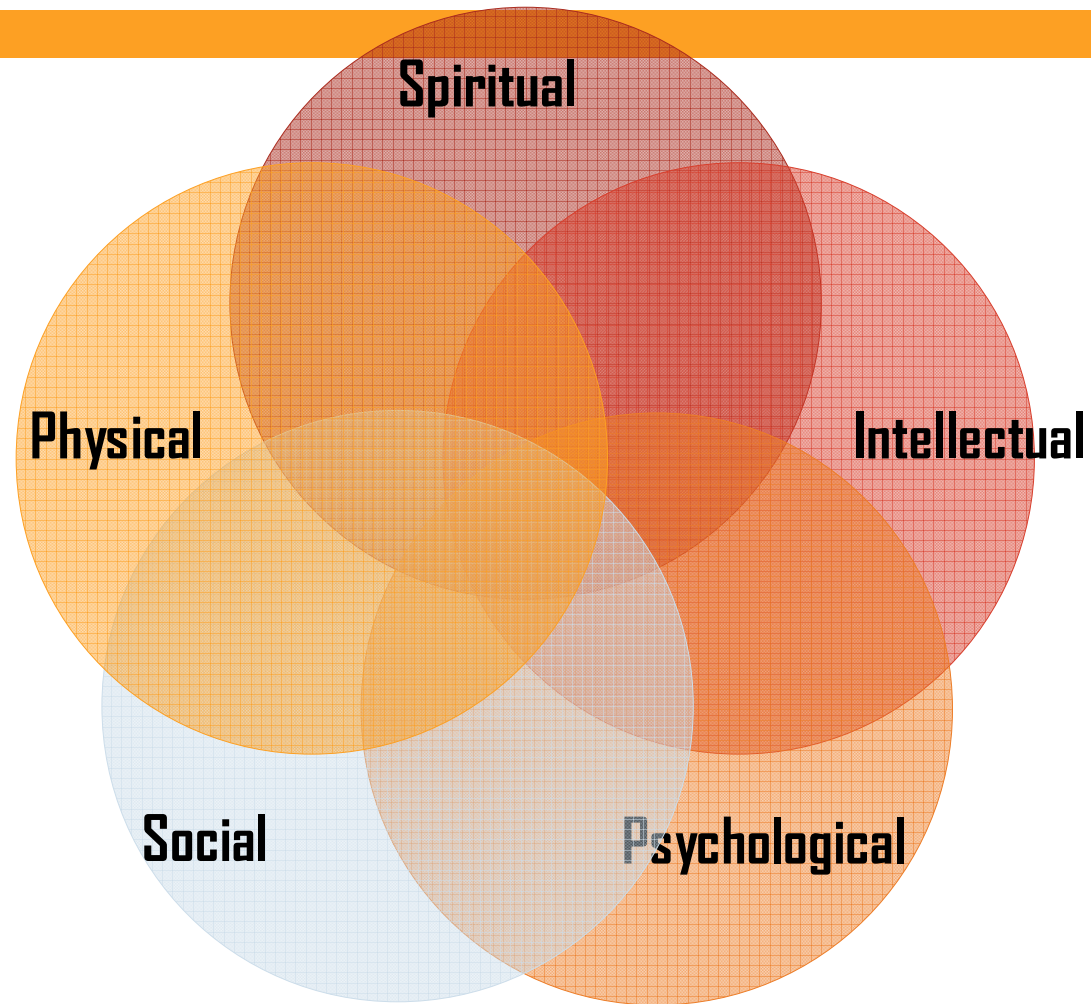
Circulatory

Nervous





Systems



Grief therapeutic approaches



- **Grief is unique to all**
- **A diverse approach**

Working with Aboriginal communities



- ❑ Be aware and respectful of relevant extended family and kinship structures when working with Aboriginal people. Ensure that extended family is included in important meetings and in making important decisions.
- ❑ Think about the language used (written, verbal and non-verbal) when communicating with Aboriginal people. Respect the use of silence and don't mistake it for misunderstanding a topic or issue.
- ❑ Always consult with Aboriginal staff/people if unsure.

Advance care planning



- Facilitates patient autonomy
- Consideration of patient preferences in different contexts throughout illness
- Appointment of substitute decision maker and defining person responsible
- Ongoing open dialogue with all health professionals in patient care facilitated by nephrologists.

Psychosocial Interventions



- Goals
 - Decrease isolation, helplessness and hopelessness
 - Reduce anxiety about treatments
 - Assist in clarifying misperceptions and misinformation
 - Increased sense of control over well-being

Psychosocial Interventions



- Components
 - Information and education
 - Coping skills (e.g.. relaxation, problem-solving)
 - Emotional support + supportive counseling
 - Psychological therapy
 - Risk assessments and liaison with psychiatry as appropriate

What can we all do?



- ❑ Education about common reactions
- ❑ Normalize and validate feelings
- ❑ Encourage expression of feelings
- ❑ Encourage self-care behaviours
- ❑ Encourage pt to enlist social support
- ❑ Provide information to pt and family
- ❑ Make appropriate and timely referral

Web resources

- ❑ Human Services network - www.hsnet.nsw.gov.au
- ❑ Palliative care - www.caresearch.com.au
- ❑ www.kidney.org.au
- ❑ http://bluepages.anu.edu.au/help_and_resources/state_by_state/nsw/
- ❑ Centre for rural and remote mental health - <http://www.crrmh.com.au/>
- ❑ Rural womens network - <http://www.dpi.nsw.gov.au/rwn>
- ❑ <http://www.carersnsw.asn.au/>
- ❑ <http://ihatedialysis.com/forum/index.php>



“The greatest mistake in the treatment of diseases is that there are physicians for the body and physicians for the soul, although the two cannot be separated.”
~Plato

A person is seen from behind, sitting on a dark wooden bench. They are looking out over a body of water towards a distant, hazy horizon. The scene is dimly lit, suggesting dusk or dawn. The overall mood is contemplative and serene.

...and then renal palliative care came along.