# Psychosocial impacts of a Renal Supportive Care Multidisciplinary Team

## **Reflections using the iPOS-Renal**

Hannah Burgess Renal Supportive Care Hub Social Worker, St George Hospital Renal Supportive Care Symposium, 11<sup>th</sup> August 2017 St George Hospital, Sydney Hannah.Burgess@health.nsw.gov.au

## **Presentation Outline**

Why the iPOS-Renal?

Brief review of last year's findings

How does the data relate to empirical understandings and research?

How can we respond?



	IPOS-Renal	Patient	Version	
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IPOS-Renal Patient Version	Date:
Patient ID	eGFR:Karnofsky:
	Highest level of Education Completed Primary School Completed Diploma/ TAFE Some High School Completed University Degree Completed High School

Q1. What have been your main problems or concerns over the past week??

1	 	 	 
2	 	 	 
3			 

Q2. Below is a list of symptoms, which you may or may not have experienced. For each symptom, please tick the box that best describes how it has <u>affected</u> you <u>over the past week?</u>

	Not at all	Slightly	Moderately	Severely	Overwhelmingly
Pain			,		4
Shortness of breath				,	4
Weakness or lack of energy			2		
Nausea (feeling like you are going to be sick)	•□			,□	4
Vomiting (being sick)	۵			,	
Poor appetite		1	2		
Constipation				, 🗖	
Sore or dry mouth		,			4
Drowsiness		,	:	" 🗖	4
Poor mobility		1	,	,	4
Itching		-		,	<u>_</u>
Difficulty Sleeping		,		,	
Restless legs or difficulty keeping legs still	•□	-			
Changes in skin	•		,	,	4
Diarrhoea	•	,			4

Please list any other symptoms not mentioned above, and tick the box to show how they have affected you over the past week?

1. <u>Taste Changes (please descr</u> ibe)	,		, 🗆	
2	ı 🗌	,	,	4
3	*	:	•	-

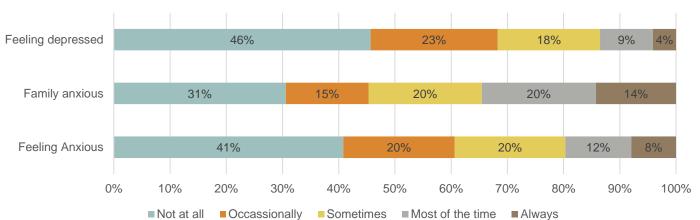
#### Over the past week:

	Not at all	Occasional	ly Sometimes	Most of the time	Always	
Q3. Have you been feeling anxious or worried about your illness or treatment?	.□	1	2	Ωε		
Q4. Have any of your family or friends been anxious or worried about you?		, 🗖	<b>.</b>	,□		
Q5. Have you been feeling depressed?		L I		<u>م</u> ،	-	
	Always	Most of the time	• Sometimes	Occasionally	Not at all	
Q6. Have you felt at peace?		1	2		-	
Q7. Have you been able to share how you are feeling with your family or friends as much as you wanted?			,		<u>م</u>	
Q8. Have you had as much information as you wanted?	•	,	2	,D	-	
	Problems addressed/ No problems	Problems mostly addressed	partly	Problems hardly addressed	Problems no addressed	
Q9. Have any practical problems resulting from your illness been addressed? (such as financial or personal)	.□	,	2		.□	
	None a	at all	Up to half a d wasted	lay More	More than half a day wasted	
Q10. How much time do you feel has been wasted on appointments relating to your healthcare, e.g. waiting around for transport or repeating tests			,			
	On my own		With help from a or relative		With help from a member of staff	
Q11. How did you complete this questionnaire?				17		
	d about any	of the inclus	raised on this	questionnaire		

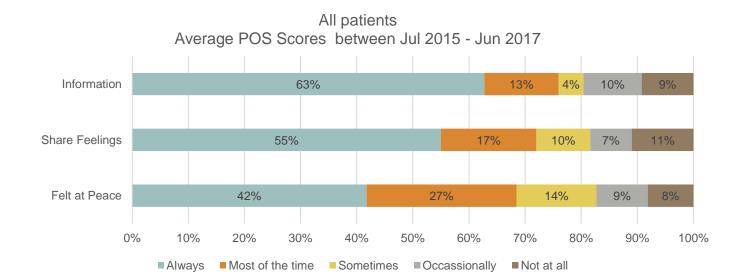
IPOS-Renal Patient

IPOS-Renal -- P7-EN 21/05/2015

#### **All Patients' iPOS-Renal Emotional Data**



All patients Average POS Scores between Jul 2015 - Jun 2017





## **Chicken or the Egg?**

Ryan et al (2013) highlights the strong evidence base pointing to a **rotational** relationship of physical and emotional burden in the chronic disease population.

Broken down, this can mean several things:

Some of our patients will report worsening physical discomfort when the real issue may be emotional or psychological.

Those without much of a physical symptom burden may under-report their emotional concerns if they are not able to identify a link to a physical symptom burden.

On the other hand, it is well known that physical symptom burden can cause or worsen poor emotional outcomes.

If a patient has a pre-existing emotional or mental health challenge, these patients are at risk of under-reporting any deterioration in their emotional symptoms if their physical symptoms are also worsening – with hope it may be so directly correlated that both would improve at the same time; Or, being accustomed to the highs and lows of their illness.



# What does this mean for practice?

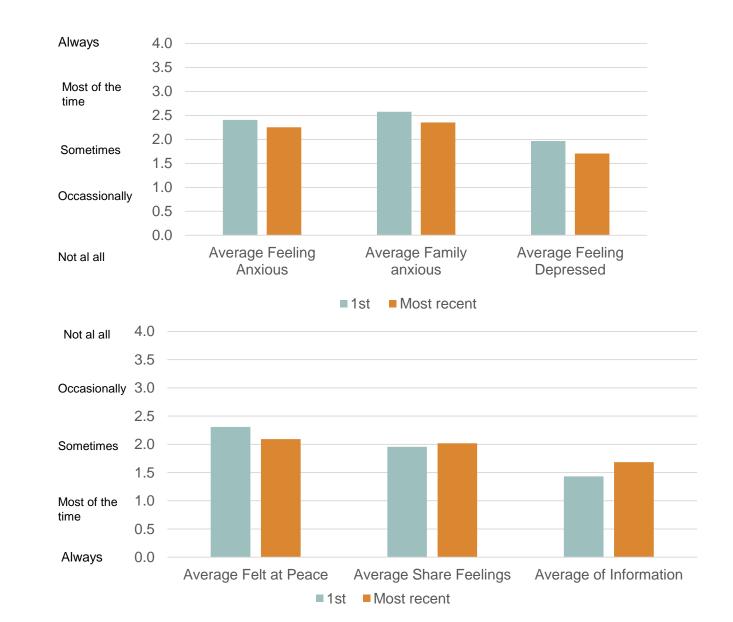
Brenes (2007) points to the need to emphasize care of anxiety and depression in chronic disease groups.

Attention to the iPOS-Renal back page

Attention to emotional symptoms alongside the physical **may** improve **some** patient's sense of their physical burden.



#### Patients who scored negatively (between 2-4) at their first iPOS-Renal: Did their emotional symptoms improve over time?





#### **Conservatively managed ESKD patients**

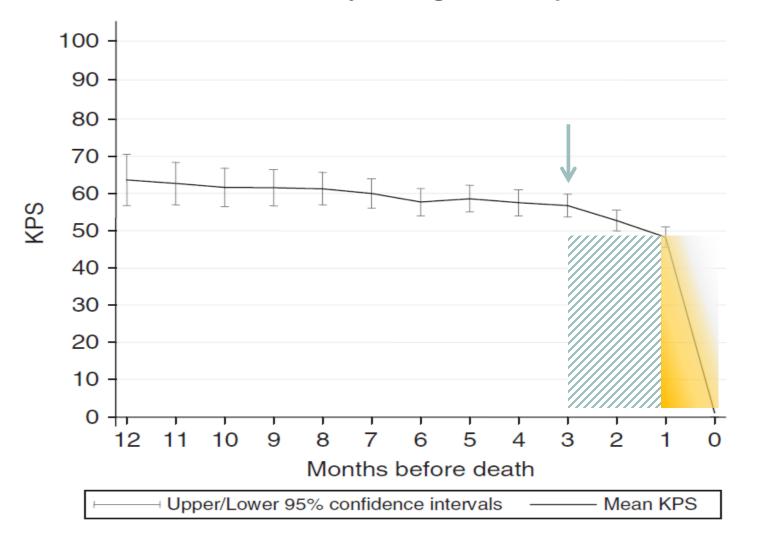
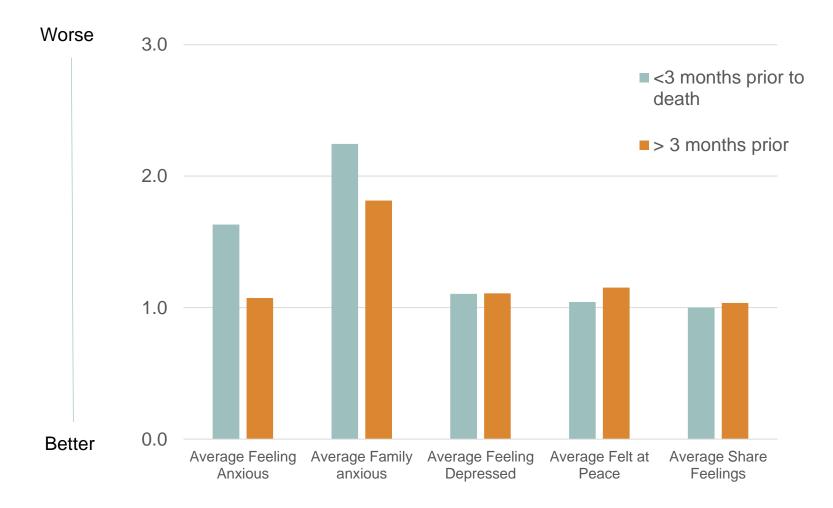


Figure 2. Trajectory of mean Karnofsky Performance Scale (KPS) score over the last year of life for those who died (N = 46).



## **Seeking out trends**

Average iPOSRenal scores for patients who died between July 2015 and June 2017





## How can we attend to those needs?

Clear communication about functional decline and what it signals Anticipating and offering conversations on what the future may hold Practical information about the processes Reassurance of several options for location of EoL care Reassurance of non-abandonment

Review / Reaffirmation of the Patient' and Carers' values, strengths, wishes & goals



## **Carers' emotional outcomes**

While the iPOS-Renal does not survey Carers and Family in-depth, Schulz & Beach' 1999 four-year study of 392 caregivers points to a

mortality ratio up to 63% higher for Caregivers experiencing Caregiver stress, compared to their non-Caregiving counterparts.

These findings were made specific to the renal population by Gayomali et al's USbased study in 2008. This study includes conservatively managed patients and in turn highlights the importance of supporting Carers in contexts such as Renal Supportive Care.

There is hope



## What can we bring to our practice to help?

Carer Research is expanding

Social Literacy and understanding is improving

**See Carers ALONE – normalise it** 

Employ 'checkpoints' as prompts to review Carers in same way we would with the Patients' journeys



### **Take Home Messages**

- Treat iPOS outcomes as one part of the whole
- Team Communication
- iPOS can be prompt for SW referral Look at the Emotional alongside the Physical
- Good communication means using 'checkpoints'
- Considerate communication and good management means "always look ahead"
- No one goes through this alone
- Carers need private time for support
- Comfort with a treatment pathway decision does not necessarily translate to preparedness nor a sense of peace

## **References & Recommended Readings**

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