

It's Not All About the Meds: Nonpharmacologic Management Strategies for Depression in People Living With Kidney Diseases

By Claire Carswell

People living with chronic kidney disease (CKD) are at significant risk of developing mental health conditions, such as depression and anxiety, particularly in the later stages of CKD (1). Symptoms of depression and anxiety can include fatigue, loss of motivation (avolition), loss of pleasure (anhedonia), sleep disturbances, changes in appetite, feelings of hopelessness, and thoughts that life is not worth living (2). These symptoms can make it substantially more difficult for people to adhere to treatment and self-management strategies for CKD aimed at preventing progression. Unsurprisingly, depression is therefore an independent predictor of mortality in people with CKD (3).

Typical treatment for depression and anxiety can include the use of antidepressant medication. Although prevalent antidepressants are not known to be nephrotoxic, there are some limitations in the evidence base for using them as monotherapy to manage depression in people with CKD. One large trial of antidepressants for people with depression and CKD showed that sertraline was no more effective than a placebo at reducing symptoms of depression but did have higher rates of adverse effects (4). This is an important consideration, particularly for people living with kidney failure who are already experiencing substantial symptom and treatment burdens. Concerns about needing to take additional medication and the associated side effects can act as a barrier to people with CKD seeking help for their mental health (5). Therefore, it is important to consider alternative approaches to managing depression in this population.

There is mounting evidence that nonpharmacologic interventions could be an acceptable and effective option for people with CKD and depression. Cognitive behavioral therapy, an evidence-based psychotherapy focused on supporting people to restructure thoughts and change behavior, has shown initial promise in small studies of people with CKD and depression (6). Lower-intensity alternatives, such as peer support groups, physical activity interventions, and behavioral activation, have been recommended for people with mild to moderate depression and long-term conditions and may be appropriate for people with CKD (7).

Overall, there is a need for interventions that account for the profound psychosocial impacts that result from living with CKD. Mental health support for people with depression and CKD should be provided within a collaborative care model underpinned by multidisciplinary communication (7). Research must continue in this area so that people with CKD can receive high-quality, evidence-based care to improve their mental health. ■

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The Role of Physical Activity in the Management of Mental Health Conditions in People With Kidney Diseases

By Matthew P.M. Graham-Brown and James O. Burton

Approximately one-quarter of people living with chronic kidney disease (CKD) are affected by symptoms of depression, and this statistic is even higher in patients on dialysis (1). The prevalence of pervasive symptoms of anxiety is similar (2, 3), and early neuro-cognitive decline is common (4). Importantly, the presence of mental health disorders is associated with poorer patient outcomes (5). Prescription of appropriate pharmacotherapy for mental health conditions is low in patients with CKD (6), and given the pharmacokinetics of the drugs, their effectiveness in CKD is likely to be reduced.

In the general population, there are clear relationships between exercise behaviors and mental health burden (7); it is commonly espoused that physical activity and exercise are good for mental health. Exact definitions vary, but physical activity can be defined as “any bodily movement produced by skeletal muscles that results in energy expenditure,” whereas exercise is a subcategory of physical activity that is planned, structured, and usually repetitive with at least one goal related to improving or maintaining a physical fitness component (8). The term “exercise” tends to be associated with formal exercise training or activities, such as going to the gym, running, or bike riding, with the aim of becoming fitter or stronger. For many patients who are physically deconditioned or unfit, these activities or environments are incredibly off-putting, yet structured programs of exercise have often been the focus of rehabilitation programs in patients with CKD. Indeed, our research group showed that a structured program of intradialytic cycling led to prognostically important improvements in cardiac structure and function (9). As important as these findings are, just as important is the lack of effect that the program had on health-related quality of life or measures of depression and anxiety—findings that were corroborated by the PEDAL (Prescription of Intradialytic Exercise to Improve

Quality of Life) study (10). Neither of these studies made patients feel better and had no effect on mental health or well-being.

For mental well-being, formal exercise may not be the answer. Instead, we need to think and talk about how we can support patients to become more physically active. Physical activity regimens can be more easily personalized to fit in with patients' lives and what they enjoy doing, without the targets or pressure of a formal program and physiologic testing. We can be confident that if people can achieve close to 150 minutes of moderate to vigorous physical activity each week, then health outcomes will likely improve (11); it really does not matter how this is achieved. Results from the Kidney BEAM trial support this view. The study showed that for patients with CKD, on dialysis, and who underwent a transplant, engagement with a personalized program of exercise and activity, in a way that was convenient for them, led to important improvements in health-related quality of life and mental well-being (12).

This is the message that we need to convey to our patients. If we as clinicians can support them to become more physically active in a sustainable and enjoyable way, they will likely experience improvements in their mental well-being, and their physical health outcomes should improve. ■

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