



Managing Patients' Psychological Challenges at Dialysis

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The Psychological Challenges of Dialysis

- Facing mortality
- Depending on a machine to live
- Loss of independence/choice of what to do with one's time
- Restrictions in food and fluid
- Loss of work/income
- Needles!

Incidents that Can Frustrate Dialysis Patients

- Not being put on the machine at the expected time
- A patient is offended by another patient's politics, dress, religious beliefs, culture, etc.
- Staff does not respond to patients' needs in a timely manner
- Impression not enough staff are on the floor or staff are not paying attention / listening to complaints

Incidents that Can Traumatize Dialysis Patients

- Having a serious injury or pain event
- Witnessing another patient having a serious injury or dying

Manifestations of Anxiety

- Irritability/anger
- Avoidance (nonadherence)
- Hypervigilance to bodily sensations
- Lots of medication “allergies”
- Hypervigilance with medical care/control issues

Manifestations of Depression

- Poor eye contact
- Low volume of speech
- Withdrawn
- Poor attendance due to lack of motivation, increased fatigue
- Apathy about dietary and fluid restriction
- Comments about suicidal ideation

Risk Factors for Violence at Dialysis

- Mental Illness
 - Personality disorders
 - Bipolar disorder
 - Psychotic disorder
- Substance Abuse
- Generally poor coping skills

Interventions

- Try to find out the root of the problem
 - Are they being too controlling because they're scared?
 - If so, what specifically are they afraid will happen?
 - Is this a rational fear? If so, tell the pt what you will do to address their safety.
 - Is this an irrational fear? If so, provide the pt with facts about the frequency of the event occurring and the low likelihood for them

Interventions

- When a patient is angry or distressed, first listen.
- Use reflective listening so the patient knows he/she is heard.
- Use validation when appropriate to let the patient know his/her feelings are
- Gentle, rational encouragement will work for some patients
- The more patients feel the dialysis team cares about their well-being, the less likely they are to avoid treatment

Interventions

- Help patient elicit their goals in life (spend time with family, work, travel)
- Instead of dialysis as a hindrance, how does dialysis help them with those goals?
- Can the patient list several things that are going right about dialysis?

Interventions

- Partner a struggling patient up with someone similar who can be a good role model/support
 - Share common struggles
 - How the mentor patient changed his mindset
 - How the mentor patient benefitted from therapy

Interventions

- Getting patients connected with psychotherapy:
- Health psychologists are hard to find
 - if there is a local hospital with a psychiatry department, there may be providers knowledgeable in helping those with chronic illness
- If not, see if there is a therapist in the community willing to learn about dialysis who will take on your patients

Interventions

Cognitive Behavioral Therapy

- Teaches patients to identify “cognitive distortions” and reframe their thoughts
- Ex. “all I do is go to dialysis”
- “I’ll never get a transplant”
- Teaches patients behavioral strategies like activity planning and relaxation techniques
- Apps- Headspace, Calm, Breathe2Relax

Interventions

Acceptance & Commitment Therapy

- Teaches mindfulness skills to help individuals live and behave in ways consistent with personal values while developing psychological flexibility.
- Helps patients recognize ways in which their attempts to suppress, manage, and control emotional experiences create challenges.

Interventions

Motivational Interviewing

- Helps people resolve ambivalent feelings and insecurities to find the internal motivation they need to change their behavior.
- It is a practical, empathetic, and short-term process that takes into consideration how difficult it is to make life changes.

How to talk to Patients about Psychotherapy

- Meet them where they are
- Point out what you are noticing in the patient
- Explain how you think therapy might help them cope
 - Dialysis may be the rest of pt's life so better to get help with coping sooner than later
 - If transplant is an interest, depression/anxiety need to be treated ahead of time
- Give a referral if patient is open to it.

Summary

- Address the WHY of the patient's behavior
- Connection is key
- Psychotherapy and/or psychotropic medication can make an impactful difference