

Submission No.: DSP1-9087

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## **Approach to Depression Screening and Treatment in ESRD patients**

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### **Introduction:**

Depression and insomnia are prevalent and serious health concerns for patients with chronic kidney disease. These conditions can negatively impact patient outcomes, including quality of life, adherence to treatment, and mortality rates. It is therefore essential for nephrologists to be familiar with the symptoms, causes, diagnostic tools, and treatment options for depression and insomnia in nephrology patients.

### **Understanding Depression in Nephrology Patients:**

Depression is a common mental health condition in nephrology patients, with prevalence rates ranging from 20-30%. Symptoms of depression in this population can include fatigue, loss of appetite, and decreased interest in activities. Causes and risk factors of depression in nephrology patients can include the emotional toll of living with chronic kidney disease, physical symptoms such as pain and fatigue, and the impact of chronic inflammation on mood. Diagnostic tools and criteria for depression in nephrology patients include the use of screening tools such as the Patient Health Questionnaire (PHQ-9) and Hospital Anxiety and Depression Scale (HADS). Treatment options for depression include pharmacological interventions such as antidepressant medications and non-pharmacological interventions such as cognitive-behavioral therapy and exercise. Common challenges and side effects associated with depression treatment can include medication non-adherence and sexual dysfunction. Exacerbation of mood swings after antidepressant medication is one of the less frequent side effects, but it has major clinical ramifications, therefore clinicians shouldn't make over-prescribing antidepressants a common practice.

### **Understanding Insomnia in Nephrology Patients:**

Insomnia is also prevalent in nephrology patients, with about 44% of patients reporting sleep disturbances. Symptoms of insomnia in this population can include difficulty falling asleep, staying asleep, or waking up too early. Causes and risk factors of insomnia in nephrology patients can include the frequent need to urinate at night, discomfort associated with dialysis treatment, and changes in sleep architecture due to chronic kidney disease. Diagnostic tools and criteria for insomnia in nephrology patients include the use of screening tools such as the ISI (Insomnia Severity Index). Treatment options for insomnia include pharmacological interventions such as sleep aids and non-pharmacological interventions such as cognitive-behavioral therapy and sleep hygiene education. Tolerance to medicine and rebound insomnia are frequent issues and adverse effects related to treating insomnia, thus vigilance is advised.

### **Practical Considerations for Nephrologists:**

Nephrologists should consider a range of practical considerations when treating depression and insomnia in their patients. Screening and assessment tools for depression and insomnia can help identify patients who are experiencing these conditions. Communication strategies for addressing sensitive topics with patients can help build trust and improve patient engagement. Collaboration with mental health professionals can provide additional support for patients struggling with depression and insomnia. Patient education and self-care strategies can also help improve patient outcomes, including stress-reducing activities such as exercise.

### **Conclusion:**