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Extended Abstract

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Quality Improvement Project for Management of Depression in Chronic Kidney Disease Patient

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Abstract

Chronic renal disorder (CKD) means that the kidneys are broken and can't filter blood the method they must. The malady is termed "chronic" as a result of the injury to your kidneys happens slowly over a protracted amount of your time. This injury will cause wastes to make up in your body. CKD can even cause alternative health issues.

The kidneys' main job is to filter additional water and wastes out of your blood to form excreta. The kidneys balance the salts and minerals—such as metal, phosphorus, sodium, and potassium—that flow into within the blood. Your kidneys conjointly create hormones that facilitate management force per unit area, create red blood cells, and keep your bones robust.

Kidney disease usually will exasperate over time and should result in failure. If your kidneys fail, you may want qualitative analysis or a urinary organ transplant to take care of your health.

The sooner you recognize you've got renal disorder, the earlier you'll be able to create changes to shield your kidneys.

Introduction

Patients receiving dialysis treatment in Combined Military Hospital, Abbottabad were suffering from some kind of depression and few of these patients were also attending the psychiatry department for the management of depression. Chronic kidney disease being the commonest indication of dialysis was itself a known cause of depression like any other chronic disease. The longer redundant sessions of dialysis also added up to the existing low mood.

Aim

To apply quality improvement methodology and apply few appropriate interventions to reduce the prevalence of depression the NICE guidelines 2009 for depression management were used to guide introduction of appropriate interventions.

PHQ-9 was used to score depression before and after the intervention. The interventions included painting and decorating the unit in bright colors, adding television facility, taking strict measures for maintaining cleanliness, allowing one attendant per patient inside the unit, making few quite corners if patient intends to sleep during the session.

Objectives

Diagrams, flowcharts were used to show aims and objectives. A PDSA cycle (Plan Do Study Act) was used. Prevalence of depression in dialysis patients was calculated using PHQ-9 questionnaire. A new plan for the dialysis department decoration and introduction of facilities was formulated with input from the dialysis department staff; including the nurses, technical staff and the in charge of Nephrology Department. Help from NICE guidelines for depression management was taken and an increase in the availability

of junior doctor's for counseling and responding to patient's condition was made. Results were calculated by again checking the prevalence of depression using PHQ-9 score.

Initial results of project were presented in one of the weekly Medicine Department meeting. New suggestions were made like increasing teaching sessions within the prescribed lectures schedule of hospital, promoting team work by involvement of psychiatry, Nephrology, General Medicine and Emergency Department, teaching and involving nursing and technical staff, introducing dialysis rotation in junior doctor's rotational plan, printing the counseling and depression management guidelines etc. All these things were incorporated into the already formed guide map and again the same process was recon ducted.

Results

120 patients involved in the dialysis sessions were targeted in this project for the six months duration from

April 2018-Sep 2018.40% of the patients (48) were found to be suffering from moderate-moderately severe depression (score range 10-19) via the filled PHQ-9 questionnaire. Four months after the introduction of various changes the PHQ-9 was filled by the same patients. Now the prevalence of depression reduced to 10% (12).Also the patient's still scored as being depressed were in the mild depression range (i.e. score on PHQ:5-9).

In re-audit done after few months in August 2018, another population of around 80 CKD patients was targeted. The prevalence of depression in CKD patients was found to be 15% in the mild depression range. This slight rise seen than the first audit results had multifactorial causes like patient to patient variation, small sample size error and involvement of nursing team in other hospital tasks etc.

Conclusion

Following the implementations especially focusing on the counseling sessions (as mentioned in NICE guidelines) and increasing Doctor's availability in the department with some environmental changes, there was an improvement in overall patient care. Especially the patient's mental health improved and the overall mood of the patient was elevated. The different facilities introduced along with the changes in the overall look of the department and focusing on patient's mental health improvement by counseling and improved interaction of patients with their care providers like junior doctors helped a lot. Patients felt more relaxed and their anxiety and depression reduced with the presence of more doctors' in the unit. Any emergency situation if encountered was easily and proficiently managed now. Any patient who was not being helped by the basic depression management by the general doctors was referred more efficiently to the psychiatrist. Overall the dialysis department improved and the patient's satisfaction level was increased.