

PSYCHIATRIC MORBIDITY AND PSYCHOSOCIAL ADJUSTMENT AFTER TEN YEARS OF DIALYSIS

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Summary

Twenty-eight haemodialysis patients who started treatment before 1975 were studied using a standardized psychiatric interview (Clinical Interview Schedule) and items from the Psychosocial Adjustment to Illness Scale. The point prevalence of psychiatric morbidity was 21 per cent, comparing favourably to that of a dialysis group on treatment for one to five years (31%) using the same interview method. Although many patients experienced impairment in psychosocial adjustment, a high proportion were still able to work (50% in full time employment) and the proportion of broken marriages was low.

Introduction

Ever since long-term treatment for end-stage renal failure was introduced in the early 1960s there has been considerable interest in psychosocial adjustment both pre- and post-treatment because of its relevance to treatment policy. Since alternative treatments are now available, the question of adjustment to long-term dialysis is of particular importance. Maintenance haemodialysis started at Charing Cross Hospital in 1964 and there are now a number of patients who have been on treatment for 10 years or more and who are available for assessment. Despite a substantial literature on the psychosocial adjustment of haemodialysis patients [1-6], this is the first systematic and detailed survey of psychosocial adjustment of very long-term dialysis patients [7,8].

Method

The sample consisted of patients who had been on home or hospital haemodialysis treatment for at least 10 years by the end of the study period (December 1984) and who were currently under the care of Charing Cross Hospital. Those patients who had a functioning transplant for more than a year before returning to dialysis were excluded, but all other dialysis patients were included.

The patients were written to explaining the nature of the study and asked to attend for interview. Consent to participation was obtained prior to interview. Each patient received a full psychosocial assessment by a psychiatrist (CL) and a medical assessment by a physician (EB, PG) during the study period (August to December 1984). This paper is concerned with some of the psychosocial data. Initially, demographic data was obtained. The psychiatric interview followed, then the psychosocial interview. The majority of interviews were carried out in the Psychiatric Department, Charing Cross Hospital. Ethical consent for the psychosocial study was obtained from the Ethical Committee, Charing Cross Hospital.

Clinical Interview Schedule (CIS)

This is a semi-structured interview of proven reliability designed to examine the prevalence of psychiatric morbidity [9]. Ratings are made for 11 symptoms and 12 manifest abnormalities observed by the interviewer. Each item is scored on a 5-point scale according to standard criteria. The sum of the symptom scores added to double the sum of the manifest abnormality scores is taken as the overall severity score. Patients scoring at least two on a manifest abnormality rating are defined as psychiatrically ill. The interview has previously been used with dialysis patients [1,2].

Psychosocial Adjustment to Illness Scale (PAIS)

This is a semi-structured interview which has been previously used with a dialysis population [5,6]. Various aspects of psychosocial adjustment are assessed. In this study only certain items were used, although 'social environment' was fully assessed as in a previous study [6]. Each question (e.g. Has your treatment in any way impaired your ability to do your job?) is scored on a 4-point scale scored from no disturbance (0) to marked disturbance (3).

Results

Twenty-eight patients (23 male and 5 female) on maintenance haemodialysis for 10–18 years (mean: 13 years) were studied. Their ages ranged from 29 to 67 years (mean: 49 years) (Table I).

TABLE I. Age and sex distribution of the sample

Age Range	20–29	30–39	40–49	50–59	60–69	Total
Male	1	5	8	4	5	23
Female	0	1	0	2	2	5

Twenty-one patients were married — of these seven patients had married while on dialysis. Three had divorced or separated, two were still single and two were widowed.

Twelve of twenty-four (50%) patients (excluding three housewives and one retired patient) were working full time. Four more patients (16%) were working part time and eight were unemployed or working voluntarily. Of these patients, six had the same job as before starting dialysis, four a similar job, five less demanding or part time work, six had lost their jobs, two had remained unemployed and one had got a job (previously a student).

Six patients (21%) were judged to be psychiatrically ill. The diagnosis in all cases was of depression. The type of depression included endogenous depression (4), depressive neurosis (1) and adjustment reaction (depressive) (1). None of these patients had a psychiatric referral prior to dialysis although four had been referred during the course of dialysis.

There were no statistically significant differences between the psychiatrically ill and well groups using the χ^2 (Yates' correction) test or Fisher exact probability test with respect to age, sex, social class, past psychiatric history, employment or marital status, although certain trends may be seen e.g. there were proportionately more ill patients in social classes III, IV and V than in classes I and II (Table II).

TABLE II. Psychiatric Health: correlation with patient characteristics

Characteristic		Psychiatrically healthy group	Psychiatrically ill group
Age:	<40	5	2
	>40	17	4
Sex:	Male	19	4
	Female	3	2
Social Class:	I, II	14	1
	III, IV, V	8	5
Past Psychiatric History:	Positive	4	4
	Negative	18	2
Employment:	Full time	12	0
	Not full time	8	4
Marital Status:	Married	18	3
	Divorced/ Separated	1	2

Note: None of these contingency tables yielded statistically significant differences (χ^2 (Yates' correction) test and Fisher exact probability test $p > 0.05$)

There was a significant correlation between overall severity score and age (Kendall rank correlation coefficient $T=0.27$, $p<0.05$) but not with years on dialysis.

Three patients were unwilling to discuss the topic of sexual functioning adequately. Of the remaining 25, all but four showed some impairment in sexual functioning and in 14 this was severe with either significant loss of interest or no sexual interest or both. The quality of relationship with partner was impaired to some extent in 10 of 26 patients, and severely so leading to termination of the relationship in four of 26.

Vocational impairment (decreased ability to do one's job) occurred to some extent in 22 of 24 patients; six were moderately impaired and eight markedly so.

Table III shows social environment (leisure activity). The full PAIS subscale was administered. This section is composed of six items, three of which deal with interest and three with actual participation, in three areas of leisure activities: individual, family and social. In all cases, participation was proportionately more impaired than interest.

TABLE III. Interest and participation in leisure activities

Area of Leisure Activities	Number of patients reporting			
	No change	Slight decrease	Marked decrease	No interest
<i>Individual (n=28)</i>				
Interest	18	6	1	3
Participation	6	9	11	2
<i>Family (n=21)</i>				
Interest	14	3	1	3
Participation	8	8	3	2
<i>Social (n=28)</i>				
Interest	18	5	3	2
Participation	10	9	7	2

Discussion

The prevalence of psychiatric morbidity in this sample (21%) is less than that found in another dialysis population on treatment for one to five years (31%) and that found in a population attending a GP's surgery (30%) [1], using the same interview (CIS). Strict comparison between the groups is not possible for demographic reasons, for example the relatively high proportion of males and patients in social classes I and II in this sample. The low prevalence is nevertheless surprising in view of the stresses of long-term dialysis. Various factors may be relevant. Patients who started treatment before 1975 were a selected group. Patients may adapt to dialysis over time. A survival factor for this group may be psychiatric health. There is evidence [2] that the psychiatrically ill have an increased mortality rate on dialysis.

The psychosocial data (PAIS) is difficult to interpret as some of the impairment reported may relate to age or to retrospective falsification. Considerable problems in sexual functioning were found, as have been reported in shorter term dialysis patients [4,5]. Despite this and impairment of quality of relationship, a high proportion of marriages were intact. This again may relate to selection and survival characteristics of the group.

Impairment of social environment and ability to work is comparable to that reported in shorter term dialysis patients using the same questionnaire [5,6]. The number of patients working compares well to both shorter term and ten year survivors [3,5,7,8]. Studies of psychosocial adjustment to haemodialysis are of limited value for policy decisions on choice of treatment unless carried out longitudinally, related to survival or compared to other treatment options [10]. The sample described here will be compared to a transplant group in a subsequent paper.

This study indicates that the psychosocial adjustment of 10-year haemodialysis patients is satisfactory and comparable to that of shorter term patients.

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