

Behavioral therapy provided during dialysis sessions may combat depression among kidney failure patients

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Behavioral therapy provided chair-side to kidney failure patients while they're undergoing dialysis may help fight depression and improve patients' quality of life, according to a study appearing in an upcoming issue of the *Journal of the American Society of Nephrology* (JASN).

Thanks to advances in medical technology, [dialysis patients](#) have the potential to live longer and healthier lives than ever before, but depression is a serious and prevalent problem among them. In addition to taking a toll on individuals' emotional health, depression has also been linked with shortened life spans in [dialysis patients](#). Traditional treatments include either medication or psychotherapy, but dialysis patients are usually on many medications and seldom have the time or energy for additional outpatient appointments.

Daniel Cukor, PhD (SUNY Downstate Medical Center) and his colleagues addressed this hurdle by providing a specially adapted [cognitive behavioral therapy](#) for depression that is provided chair-side, while patients are undergoing dialysis. Cognitive behavioral therapy teaches a patient to learn effective self-help skills that help change the way the person currently thinks, feels and behaves. It is action-oriented and helps the patient gain independence and mastery in dealing with issues. "We believe such an intervention is eminently practical and feasible for implementation in dialysis units," explained Dr. Cukor.

The research team tested their strategy in 59 patients undergoing treatment at dialysis centers in New York. In 33 patients, cognitive behavioral therapy was administered chair-side during dialysis treatments for three months. Another 26 patients did not receive behavioral therapy during dialysis. Patients were assessed three and six months later.

Among the major findings:

- The treatment group achieved significantly larger reductions in depression scores compared with the control group.
- Among participants with depression diagnosed at the start of the study, 89% in the treatment group were not depressed at the end of treatment, compared with 38% in the control group.
- Patients in the treatment group experienced greater improvements in quality of life and were better able to control fluid intake between dialysis sessions (which makes the next dialysis session more efficient).

"We were able to have a substantial and positive impact on the level of depression, quality of life, and fluid adherence of dialysis patients, without using any medication and only minimal additional treatment burden on the patient," said Dr. Cukor. "These results are novel and encouraging, as they indicate that despite the complex challenges of life on dialysis, there are now tools that are available to the clinician to address [depression](#) in patients."

More information: The article, entitled "Psychosocial Intervention Improves Depression, Quality of Life, and Fluid Adherence in Hemodialysis," is now online at [DOI: 10.1681/ASN.2012111134](https://doi.org/10.1681/ASN.2012111134)

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