

NEPHROLOGY ASSOCIATES OF MICHIGAN

CKD AND DEPRESSION

Life with chronic kidney disease can be challenging, affecting almost every facet of your life and likely your family's. Chronic illness impacts your daily lifestyle; physically, emotionally and financially and may result in feelings of sadness and worthlessness. It is important to understand and recognize this serious medical condition and its affect on you and people you care about.

We encourage you, your family and important people in your life to turn these pages and review the contents to help increase your understanding of depression and its treatment. Recognizing the signs and symptoms of depression is the first step to getting help and enjoying a better quality of life.

So, let's start by answering some questions?

What is depression? Depression is a serious health condition defined as feelings of sadness or irritability exceeding normal sadness or grief. We expect an unpleasant event or loss of a loved one to cause sadness or grief; however, these normal feelings of sadness usually pass after a short period of time. In contrast, true depression lasts for an extended period of time affecting your body, mind and thoughts interfering with daily life. Some people lose interest in life withdrawing emotionally and socially, unable to cope. Others have physical ailments such as headaches, fatigue or stomach problems which affects their physical well being. When depression is severe, it can lead to suicide.

Who can get depression? Anyone can, regardless of age, gender, socioeconomic background or race. In the United States alone, depression affects almost 30 million people every year. Risk of depression increases with chronic illness.

What are the signs and symptoms? People experience depression in different ways and may develop only a few or several of the following symptoms:

- ❖ Feelings of sadness or grief on most days for most of the day
- ❖ A lack of interest in usual activities or hobbies
- ❖ Social withdrawal, avoiding social gatherings, wanting to be alone
- ❖ Overeating or under eating resulting in weight loss or gain
- ❖ Increased fatigue, you may feel like you have no energy
- ❖ Problems sleeping: too much, early waking and inability to return to sleep or unable to get to sleep at night
- ❖ Decreased memory or forgetfulness, difficulty making decisions or concentrating

- ❖ Loss of emotional expression (flat affect)
- ❖ Feelings of anxiety or guilt. You may feel like you are worth nothing.
- ❖ Feelings of helplessness
- ❖ Recurrent thoughts of death or suicide.

What causes depression? No one knows for certain. Some situations though are thought to contribute to depression such as:

- ❖ A family history of depression
- ❖ A traumatic or unpleasant event
- ❖ Chronic stress or illness
- ❖ Some prescription medications
- ❖ Chemical imbalances in the brain
- ❖ Alcohol or drug abuse

Recognizing Depression: Depression may distort your thoughts and therefore be unrecognized. A depressed person may feel alone, weak, embarrassed or ashamed they are not able to solve their own problems and take care of themselves; instead of viewing it like an illness that calls for medical treatment .

Well, you are not alone or weak and there are thousands of people like you. You just need help to cope during this difficult period of your life. The longer depression is ignored, the worse it can get. If you think you may have depression, talk to someone you trust or go to your doctor for help.

Screening For Depression:

To diagnose depression your symptoms must be discussed with your doctor, social worker, nurse or other healthcare professional. Several screening tools or questionnaires that ask a variety of questions about your feelings and emotions are available.

Treatment of Depression:

There are two different types of treatment, antidepressants and psychotherapy or counseling. They can be used alone or together but for best results both are recommended. Medications help to restore normal chemical imbalances in the brain. Professional counseling by a clinical social worker, psychiatrist or clinical nurse specialist encourages self expression, self-awareness, increased coping skills and provides behavioral strategies or activities to help overcome depression.

Antidepressants:

Antidepressants help to alleviate feelings of depression, sadness and emptiness. They do not alter your personality nor cause addiction to the drugs. According to the National Institute of Mental Health 80% of people taking antidepressants report significant improvement in their depression. Antidepressant medications require a prescription from a licensed clinical provider such as a physician, nurse practitioner, or physician assistant.

Commonly used antidepressants include:

Selective Serotonin Reuptake Inhibitors (SSRIs)

- ❖ Paxil (Paroxetine)
- ❖ Prozac (Fluoxetine)
- ❖ Lexapro (Escitalopram)
- ❖ Celexa (Citalopram)
- ❖ Zoloft (Sertraline)

These medications are called selective serotonin reuptake inhibitors (SSRIs) and increase brain levels of the neurochemical serotonin. Low serotonin levels are associated with depression. They are tolerated well by most people however common side effects include: jitteriness, restlessness, agitation, headache, diarrhea, nausea and insomnia. Loss of sexual desire, diminished arousal and difficulty having orgasms may also occur however this issue can sometimes be helped by adding another drug such as Buspar or Bupropion.

Tricyclic antidepressants:

- ❖ Elavil (Amitriptyline)
- ❖ Anafranil (Clomipramine)
- ❖ Pamelor (Nortriptyline)

These medications alter several neurochemicals in the brain. Common side effects include dry mouth, blurred vision, constipation, nausea, difficulty urinating, drowsiness, weight gain, sexual problems and rapid heartbeat. These medications are not usually used as a first agent due to potential side effects and availability of other agents.

Other Antidepressants:

Bupropion is another agent commonly used that changes the level of several neurochemicals in the brain without altering serotonin levels. It has a mild stimulant action and sometimes used for people with fatigue. It has only a few side effects but has been associated with seizures in people with eating disorders. People with a history of bulimia or

anorexia should not take this drug. Other side effects include mild anxiety or insomnia and decreased appetite.

Effexor (Venlafaxine) and Cymbalta (Duloxetine) alter levels of several different neurochemicals in the brain. Common side effects include nausea, dizziness, insomnia, sedation and constipation. Effexor has been linked to high blood pressure.

This list does not cover all antidepressants that are available.

Talk to your doctor if you think you are depressed. He or she will evaluate your condition and prescribe the best treatment for you.

To be effective all of these medications must be taken as prescribed. Some people may start to feel better within 2 weeks, but it might be 4-6 weeks for the medicine to take full effect. If, after that time you do not feel better a dose adjustment, alternate or additional medication may be needed. Some people need more than one antidepressant for best results however one medication alone works for others. You will need to talk to your doctor on a regular basis while being treated for depression, to learn what to expect from your treatment, ongoing mental health evaluations, and to change your treatment plan as needed.

If you ever think about hurting yourself or others do one of these things right away:

- Call your doctor or nurse and tell them it is urgent that you speak with them.
- Call 9-1-1
- Go to the emergency room at your local hospital.
- Call the National Suicide Prevention Hotline:
1-800-273-8255
- www.suicidepreventionlifeline.org

Internet web sites available for non-emergent information include:

- ❖ National Institute of Mental Health
www.nimh.nih.gov
- ❖ American Psychiatric Association
www.psych.org
- ❖ Depression and Bipolar Support Alliance (DBSA)
www.DbSAlliance.org
- ❖ National Foundation For Depressive Illness
www.depression.org