

# Re: Citalopram Versus Psychological Training for Depression and Anxiety Symptoms in Hemodialysis Patients

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Dear Editor,

Depression has been recognized as one of the most common mental disorder which characterizes, with depressed mood, loss of attention or enjoyment, low concentration, anxiety, feelings of guiltiness and sleep disorder. It seems that depression is more prevalent among patients with chronic kidney disease than those other chronic diseases, and would be in maximum level when dialysis initiation is indicated.<sup>1</sup> Suicidal attempt, poor compliance to treatment, nonadherence to dialysis and nutrition is more likely observed in these patients.<sup>1</sup>

In the past issue of the *Iranian Journal of Kidney Diseases*, Hosseini and coworker<sup>2</sup> compared the effects of citalopram, an antidepressant drug, with psychological training on anxiety and depression symptoms in hemodialysis patients. They concluded psychological training and citalopram have similar effects on improving the symptoms of anxiety and depression in hemodialysis patients. This training contained a 90-minute sessions lecturing and slide presentation about the natural function of kidney, change in its function in disease and information about treatment modalities of renal diseases and kidney transplantation.

Depression and anxiety are the most common psychiatric illness in patients with end-stage renal disease (ESRD), and has been linked with increased mortality, morbidity and hospitalization in a large proportion of patients.<sup>3,4</sup> Suicide rates among dialysis patients are almost 15 times higher than in the general population and are higher than in patients with cancer.<sup>1</sup>

We know ESRD patients subsist in a complex treatment environment, including nephrologists, nurses, technicians, other patients, and instruments.<sup>5</sup> Furthermore, depression and patients' perception of well-being have been influenced by demographic, medical, therapeutic, biochemical, and psychological factors in ESRD patients,<sup>6</sup> some of which have never been modified by psychological training. For

example, the major risk factor in this patients is dependency to dialysis treatment which can cause consuming time to treatment, fluid and dietary restriction, multiple drugs requirement,<sup>7</sup> dialysis vintage, burden of illness, socio-economical factors and social and familial support which almost never affect by psychological training.

On the other hand, patients' perception of quality of life correlated with perception of satisfaction with their nephrologist and staff encouragement.<sup>5,8</sup> Staff can lead to patient's adaptation to chronic illness and psychological factors and compliant with treatment.<sup>5</sup> This suggests that staff interfere significantly to patient perception of social support, which may be associated with improved survival. Also, patients who are less depressed and experience better quality of life may be more satisfied with their physicians. Subsequently, the crucial role of a nephrologist in the emotional perception of a patient must be considered too.<sup>9</sup> Physician's behavior has an important influence in patient's life, and it encourages us to improve our associations with patients because the interaction between nephrologists and patients is likely to affect long-term outcomes.<sup>9</sup>

Thus, we need to develop effective psychosocial educational programs that improve coping abilities of patients and their relatives. The execution of these programs need to a perfect patient-doctor relationship whereas take a long time. Then it raises a fundamental question of how much time a nephrologist or a psychiatrist should spend in a dialysis unit weekly? For this propose, is just prescribing dialysis treatment enough? Although recently trends to the use of cognitive behavioral therapy among dialysis patients who suffer from depression have increased, we think, as depression is associated with increased mortality and also seems to be the single most important predictive factor for poor adherence to medication in hemodialysis patients,<sup>1</sup> antidepressant therapy

should be strongly considered in association with other treatment modalities.

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