

ABSTRACT

Background: Hemodialysis (HD) is an important but stressful mode of therapy for patients with end-stage renal disease (ESRD). Past studies have shown increased psychiatric morbidity in HD patients but local data is not available.

Aim: To evaluate the prevalence of psychiatric morbidity, to assess the ability of General Health Questionnaire (GHQ) to screen for depression, and to identify predictors of depression in HD patients.

Method: This is a cross-sectional study of psychiatric morbidity in 71 adult patients receiving HD for over one year. Clinical diagnosis was made with the Structured Clinical Interview for DSM-III-R (SCID). GHQ was administered. Data on socio-demographic, medical and psychiatric variables was collected during interview and case notes review for identification of predictors of depression.

Results: Altogether, 36.8% of HD patients received at least one past or current psychiatric diagnosis. Current depressive episode was diagnosed in 5.3%. An additional 22.8% had a past history of major depression. Other diagnoses included dysthymia, adjustment disorder, generalized anxiety disorder, phobic disorder, alcohol related problems, and psychotic disorder due to a general medical condition. The sensitivity of GHQ was high at the conventional cutoff, but the performance of the test had improved further using a higher cutoff. All the predictors of depression were psychosocial: low educational level, unemployment, being not married, perceived problems in occupation and access to health care, and short duration of contact with main carer.

Conclusions: The elevated risk of psychiatric morbidity in HD patients was mainly contributed by major depression. Better recognition, probably with the help of GHQ as a screening instrument, is required. The predictors of depression in HD patients remained inconsistent and might deserve more extensive investigation.