

Abstract

Introduction: Depression is the main psychological issue among ESRD patients who are on hemodialysis which affect adversely on medical outcome of the disease. Objective of this study is to determine the prevalence and associated factors of depression and the health seeking behavior among patients with end stage renal disease on regular hemodialysis in government hospitals in Kurunegala District.

Methods: Population of 163 patients at ESRD on hemodialysis participated in this descriptive cross-sectional study which was conducted in hemodialysis centers of TH Kurunegala, BH Nikaweratiya and DH Polpithigama. Interviewer administered questionnaires were used to collect socio demographic, disease related and dialysis service provision related data and CESD was the screening tool for depression. SPSS 23.0 was used for analysis. To find associations with depression Chi square and Fisher's exact tests was used.

Results: Among 91.57% of the study population who responded 69.3% had positive depression (score ≥ 16) to CESD. Lower level of education ($p = 0.015$), currently unemployed ($p = 0.48$), longer duration since diagnosis of ESRD ($p=0.006$) and higher CKD symptom burden ($p < 0.001$) showed statistically significant positive associations with depression. Lowest patient satisfaction score received for the "quality and completeness of information" domain (mean = 1.77 / 4, SD = 0.51). Majority were willing to reveal psychological problems to family members ($n = 136, 83.4\%$) and were happy to be screened for psychological status ($n = 147, 90.2\%$) and preferred western medical treatment for mental health problems at the same CKD clinic ($n= 73, 44.8\%$). Only 7(4.3%) among study population had ever been seen by a psychiatrist.

Conclusions and recommendations: Its recommended to provide psychological screening, for patients at ESRD on hemodialysis at identified points in clinical course and provide appropriate management as far as possible at the same CKD clinic. Competency of identifying such issues need to be improved among health staff. Protocols for symptomatic management of psychological conditions should be provided to all treatment-centers. Complete and accurate information should be provided to patients at the beginning of dialysis and educate responsible family members on detection and response to psychological issues of the patient.

Key words: CKD, ESRD, Hemodialysis, Depression, Health-seeking-behavior