UKC Facebook Live: Let’s Talk Mental Health and Chronic Kidney Disease

Speaker 1: Bridget

Speaker 2: Dr. Shayan Shirazian

+++

Speaker 1:

Hi, I'm Bridget. And I'm a patient with chronic kidney disease, um, or CKD for short, but like many of you in the unfiltered kidney conversations community. I like to refer to myself as a CKD warrior. Um, I'm happy to be here today alongside Dr. Shayan Shirazian, a nephrologist at Columbia university whose research is, uh, mostly focused on how mood disorders and depression affect CKD. Um, while mental health is a topic that's important to me all and to everyone all the time. It's especially important this month, uh, with our discussion because it is may and may is mental health awareness month. Um, today we're partnering with AstraZeneca to connect with our UKC audience to raise awareness on mental health and how it's associated with CKD. Um, especially at this time when we might all be feeling a little isolated based on how the pandemic has impacted our lives.

Speaker 1:

Um, but before we get started and hear more from Dr. Shirazian, I want to share a brief disclaimer to those listening in, um, and it's the educational content of this Facebook live videos, not intended to be taken as medical advice and should not replace the recommendations and advice of your doctor. Any questions specific to your health or treatment should be discussed with your healthcare provider and questions related to specific brands and products cannot be fielded or answered during this event. Okay. So now that we have that out of the way, um, let's get started. So, Dr. Shirazian, can you begin by sharing with us what a nephrologist is, what you specialize in and then a bit about your research focus on mood disorders and depression.

Speaker 2:

Sure. Um, so as Bridget mentioned, I'm a nephrologist at Columbia university and I specialize in managing and treating kidney problems and related disorders. And these disorders include high blood pressure anemia when your body is making too few red blood cells and hyperemia, when the potassium level is too high in the blood. So anything that has to do with the kidneys, my job is to help diagnose, manage and treat these conditions. I spend my time seeing patients with chronic kidney disease or CKD, which means that their kidneys are damaged and can't filter blood the way that it should. And patients with end stage renal disease or ESRD, which means that the kidneys are no longer able to filter their blood and dialysis does the filtering. And so Bridget, my research interests have come from problems that I face when taking care of patients with CKD and ESRD.

Speaker 2:

And one important problem that I face is that patients with CKD and ESRD often have comorbid mood disorders like depression, and that affects how well they take care of themselves. So just some numbers on depression, uh, in CKD and ESRD depression affects approximately 25% of patients with CKD and it's associated with poor psychosocial and medical outcomes. And furthermore, these rates of depression are three times higher than the general population and have been associated with hospitalizations, acute kidney injury, kidney function, decline, end stage renal disease and mortality. So given this there's really an important need to look at the relationship between depression and chronic kidney disease

from a research perspective and see if treatment of depression impacts outcomes in patients with CKD and ESRD um, with regards to ESRD depression is even more common than in CKD in this patient population.

Speaker 2:

Depression affects up to 30 to 40% of patients and it's as similarly associated with poor outcomes. So it's, it's been associated with emergency room visits, hospitalizations, cardiovascular events, withdrawal from dialysis and even suicide. And to that point, if you're experiencing thoughts of suicide, please call the national suicide prevention hotline. So given these associations between depression and poor outcomes, we would, as a research community like to test whether the treatment of depression will improve clinical outcomes in patients with CKD and ESRD. And to that end, I just completed a research study looking at patients, um, that have depression and CKD and S R D to see if treating depressive symptoms improves quality of life and self care. And in this study signs of self care included weight gain between dialysis sessions, phosphorous levels before dialysis, potassium levels before dialysis. And I think it's a really important area of research, and I hope that improving depression will improve outcomes, including self care and including mood.

Speaker 1:

That's great. Dr. Shirazian, thank you. Um, I mean, I find that very interesting because as a patient with CKD myself, you know, I've had my own journey with ensuring that I try to keep up with not just my physical, but my mental health as well. Um, so it's nice to hear that there's someone out there who's, you know, a group that's doing research, um, to better understand the relationship between depression and mood disorders and, um, living with chronic kidney disease.

Speaker 2:

Yeah. Um, this is definitely an area that's receiving a lot of attention lately and a lot of research is being done. Um, so Bridget, can you get me a little bit of a background on your journey with chronic kidney disease as well as, as well as ways that you've made, um, your wellbeing, a priority I'd like to share a disclaimer for our viewers? I am not Bridget's doctor in that. Bridget is seeking medical advice and in care from a different healthcare professional.

Speaker 1:

Uh, yes. Thank you, Dr. Shirazian. Um, I'd be happy to share my story with everyone and some of the ways that I've tried to make, um, mental health, a priority in my care and life as well. Um, so I guess I'll just start at the beginning of my journey and note some of the symptoms, uh, that I think may be helpful with some viewers, um, because symptoms to CKD are often, you know, not always apparent and you don't realize that's what's going on. Um, so I guess it all started back when I was a senior in high school, and I noticed that my ankles were swollen. Um, it was very strange. I'd always been a healthy kid and I didn't know what was going on. So I went to my doctor and they did a urinalysis saw that I was spilling protein. So they sent me to a nephrologist.

Speaker 1:

I mean, at the time I had no idea what a nephrologist was, um, what a kidney doctor, like, I didn't know how any of this was connected. Um, but following that appointment with the doctor, we ended up doing a biopsy so we could diagnose which specific disease I had. And, um, I got diagnosed with focal segmental Glosclerosis, or FSGS for short, uh, which is a very helpful acronym because it was hard

enough to figure out how to say focal segmental, Lilo sclerosis, and then trying to spell it was like a whole another feat for me. Um, but for those of you, unaware FSGS is a disease in which scar tissue develops in the parts of the kidney that filtered the waste from the blood. So over the next three years, um, the kidney disease progressed, I tried different types of medications. Um, they would all show a little bit of signs of progress in the beginning, but then in the end, the disease would just continue, um, to progress.

Speaker 1:

So I ended up having my first kidney transplant, um, in 2003 from my dad. Luckily we knew that was transplant was gonna be coming. So I only ended up on dialysis for about three months. Um, so during that time it was still very fresh and new. So I wasn't really suffering from any of these like mental issues. I guess I was a little bit now that I look back on it, I had a little bit of anxiety and depression going on, but it wasn't that terrible. Um, but unfortunately complications from the FSGS. It returned right away. It, um, destroyed the new kidney that I had received. So about a year and a half later, maybe about a year later, I ended up back on dialysis for another year. Um, I received a, another kidney transplant in 2005. Um, that one was from a cadaver and I was really lucky that my wait time on the list was only a year.

Speaker 1:

Um, for many of you, you may know that in California, especially, and even just the whole across the whole nation, the wait time for kidneys is very long and people end up on dialysis, which is a big problem with, uh, the progression of their mood disorders and the depression and everything that everyone feels. So a year and a half later back on dialysis, again, that was in 2006 and I've been on dialysis ever since then. Um, so throughout that whole time, I've also had to manage the additional conditions that are associated with CKD, such as hyper and hypotension, which is high and low blood pressure and anemia. Um, you know, throughout this journey, I've been on medications for years to treat the high blood pressure. Now I have low blood pressure and I have to take medications and I get treatment for that as well.

Speaker 1:

Um, so throughout that time, you know, I managed to be on dialysis and continue to kind of keep going in life. But in 2016 I was D I, Ugh, pardon me? I was diagnosed with kidney cancer and I had to have one of my native kidneys removed. Um, I eventually had to stop working and focus on my health full time. Um, during this whole time from high school to 2016, I was going to college. I managed to get my degree in political science. I was able to work in that field, um, in the capital for a little while, the capital of California. Um, and it was very hard for me in 2016, in 2015, when I had to leave my job focus solely on my health move back in with my family, um, that took a really, really big hit on my mental health. Um, so I've been able to acknowledge that within the last few years that I was really suffering from a very bad case of, um, depression and anxiety. And I started seeking care through therapy, which I have found to be incredibly helpful. Um, so for me, seeing a mental health specialist really helped me manage my mental healthcare and my emotional wellbeing, just like how my renal care team helps with my kidney health.

Speaker 2:

Wow, Bridget, you know, that's quite a journey you've had with chronic kidney disease. Thanks for sharing your story, um, as managing CKD and the conditions that come with it for you has been no small feat and I've, I, I noted how you've really devoted all of your time to prioritize your health. And that's

really good. So as a nephrologist, seeing patients struggle with CKD, you know, my research is devoted to finding ways to improve quality of life. And so I appreciate hearing that your wellbeing includes seeing a healthcare professional, um, specialize in mental health. Um, so part of the barriers to, to treat depression in patients with CKD is that nephrologists sometimes are too focused on the numbers, um, and the medications, and they don't recognize that they need to look at a patient holistically, like the big picture and recommend treatment, or refer them to a physician to get care they need outside of nephrology. Um, in your case, particularly with mental health. So understanding the mechanisms and preventing and treating depression in patients with CKD and end stage renal disease should be a really high, highly prioritized area of research.

Speaker 1:

Um, I absolutely agree with you, Dr. Shirazian, uh, given these gaps that we're seeing in the prevalence of depression with a lack of treatment. I mean, how would you suggest a patient approach this with their doctor?

Speaker 2:

That that's a great question. So patients should always share with their doctor if they feel like their mood is shifted, or if they're feeling depressed, because sometimes it could be the treatment that they're on or, uh, the treatments may not be working, or it could be part of a larger issue that we've been talking about. I understand that people may feel comfortable talking about their mental health with their healthcare providers, because unfortunately there can be a stigma associated with it, but the more we talk about these problems publicly, the more comfortable we should all be with addressing our mental health. And so people should not feel ashamed or embarrassed discussing their mental health with their healthcare providers or with others. Um, as they're there to help you get better and manage your health and wellness. So since depression and mood changes are prevalent among patients with CKD, please know that you're not alone.

Speaker 2:

I encourage all patients to speak up to their doctors and share these symptoms United, um, kid, I'm sorry, unfiltered kidney conversations, dot com, unfiltered kidney conversations.com has a doctor discussion guide on their website, which is a great resource to support patients when they see their doctor, as someone on the receiving end. I know it can be a little bit overwhelming and difficult to ask to, to talk to your doctor and to figure out what questions to ask and how to share information. And this document can help you feel comfortable during your next VI next visit, bringing up those questions that you may feel uncomfortable talking about.

Speaker 1:

Well, thank you, doctor. Um, I mean, I think it's important that you said that patients should be able to feel comfortable speaking to their doctor about their mental health, despite their being the stigma around it. Um, I know personally it takes a lot of bravery to be able to be open and honest about your mental health and the more we talk about it, the less stigmatized it becomes. I know from my personal experience that once I really took the time to speak to my doctor about the feelings I was having and my social worker and my whole renal care team, and they were able to send me to therapy. Um, it made a huge difference cause I was able to identify what I was feeling. And I even just the acknowledgement that, like you said, it's okay, this happens to a lot of people I'm not alone.

Speaker 1:

Um, and I also know that I'm not alone because I sit in that dialysis chair for, you know, three and a half hours, three days a week. And I see all these patients around me and I hear their stories and how they're feeling. And many of them are angry. They're depressed. They talk about not wanting to go back. You know, I participate in a lot of kidney forums as well for kidney patients and a lot of people, that's their big thing. I don't wanna do this anymore. I don't wanna be on dialysis, but it's hard because that's your only choice. If you can't have a transplant, you either get dialysis. And the other option is something we don't wanna talk about, you know? Um, so I think being able to talk about this stuff is hugely important for this, um, community. And no one should feel stuck if you're feeling down.

Speaker 1:

Um, so I would encourage anyone who has these feelings to speak with their own doctor? Um, I mean, I, of course can't speak to every patient doctor relationship, but in my own experience, I know that once I started about the mental started talking about the mental impacts, um, of the chronic kidney disease and I sought the professional help to deal with it. I started to see general improvements, not only in my mental health, but in my physical health. It really is like you said, a holistic approach to this. Like you need to treat all the parts, um, in order to feel better, cause you can have your physical health, but if you're mentally drained and feeling down and depressed, it really does make you physically feel worse. Um, so Dr. Shirazian, I think that another piece that may weigh patients down is that with our disease, kidney disease, um, comes so many associated conditions. We've talked a little bit about those. You mentioned some, um, like the anemia and hyperemia. Um, would you mind explaining those conditions? Well for our viewers and what patients should know about them?

Speaker 2:

Sure. Um, so like you said, patients with chronic kidney disease, often experience associated conditions because the kidneys are damaged. They can't filter blood the way that they should and it can cause waste and fluid to build up in your body and cause other health problems like anemia. So anemia is a condition in which blood does not have enough red blood cells and this reduces the oxygen flow throughout the body. So when your body is deprived of oxygen, it can leave you feeling drained or exhausted both physically and mentally CKD increases the risk of developing anemia because the kidneys struggle to produce an important hormone for red blood cell production and anemia of chronic kidney disease must be taken seriously because if it's left severe or untreated, it may increase the risk of blood transfusions, which could affect future transplants, hospitalizations, and other serious health outcomes. So again, I highly encourage patients who are feeling more tired than normal to talk to your doctor about your risks and steps you can take to make you feel better.

Speaker 1:

Uh, I have to imagine that the exhaustion from anemia could potentially add to the depression. Um, personally, I know that when I've experienced anemia, I feel like I can barely get through the day I can't get out of bed or if I am out of bed, I can barely make it to the couch. And I can't do anything that day or those weeks or the whole time I'm experienced this. And that just adds to this like added burden that we feel, um, already having our kidneys not functioning correctly. And then you have anemia, you can't do anything. And it just, all of this impounds on each other and really impacts your mental health and this feeling that this CKD has taken away so much of your life and your ability to just like get through the day.

Speaker 2:

Yeah. So as you said, you know, your, your, your physical wellbeing and your mental wellbeing are interconnected, uh, exhaustion from anemia of CKD may, may play a role in mood disorders and depression. Although we need further studies to help determine this from an observational standpoint, physical health and energy can, can impact mental health. I've seen that and vice versa. So when people are stressed, they start to see how it impacts them physically.

Speaker 1:

Uh, right. And from a personal point of view, I feel that my mental and physical health are interdependent of one another, as I mentioned. Um, the other condition that we discussed was hyperkalemia. Um, and I understand that's a common condition associated with CKD as well. Can you, uh, elaborate on that, uh, on that a bit for us. Thank yes.

Speaker 3:

Yes, yes I can. So hyperkalemia is, is pretty common in patients with, um, end stage renal disease. And it can be seen in as many as 40 to 50% of patients with CKD and S R D uh, hyperkalemia is when the blood has higher than normal potassium levels. And this, these higher than normal levels may cause symptoms such as muscle weakness, numbness, or tingling, or in a regular heartbeat. People with chronic kidney disease are an elevated risk for hyperkalemia because the kidneys remove excess potassium from the blood. And if they're not working this potassium can build up. Diet plays an important role in controlling hyperkalemia because many foods contain potassium. You know, some of your, probably your favorite foods contained potassium, potatoes, oranges, orange juice. And so this means it can be challenging managing, um, high potassium levels or hyperkalemia because you may not eat some of those, be able to eat some of those foods that you really love. And that also may impact, you know, how you're feeling mentally and, and physically. So similarly with anemia, I encourage patients to bring hyperkalemia up with their doctors and to see if there are anything there are any ways they can help, uh, manage this condition.

Speaker 1:

Um, yes, I miss my well done French fries they are delicious and I can't have them anymore because especially being on hemodialysis where I go into the clinic, um, you know, my blood's only cleaned every other day. And then over the weekends, I have two days of all of these, um, things building up that I'm not gonna get cleaned out when I was on peritoneal dialysis. And I did dialysis every day at home. Um, my diet was a lot more flexible and I was able to eat French fries and drink orange juice and all of that good stuff. I miss a good juicy, fresh tomato and a banana just like, Ugh. So many things that I just miss being able to eat. But I try not to focus on that too much because that's gonna add to my depression. I mean, everyone knows if you took out French fries from your life.

Speaker 1:

I think a lot of people would be very sad and depressed. Um, but I just wanna thank you Dr. Shirazian and so much for taking this time in this discussion and sharing your perspective on the relationship between CKD and depression and mood disorders. Um, I obviously find the subject very fascinating and I was really excited when I got to have this conversation with you just because I know my own experience with it. I know from the friends that I have made within the CKD community, that we all go through this, you know, it's, it's cyclical and it's not always terrible. You're not always down, but I have had times when I've had those very, very dark thoughts where I thought I couldn't possibly go on, there's not

another day, like nothing's ever gonna get better or just it's down, down, down, down, down. Um, I'm very lucky now that I have a wonderful team that I work with, uh, who can help me identify and just really, oh gosh, I don't even know how to say it. Um, just really help me kind of live my best life that I can, uh, considering this condition that I'm always gonna be living with. Um, so just thank you, for discussing this.

Speaker 2:

Of course, you know, and thank you so much for sharing your story, um, and journey with CKD with us. It's been really inspiring, you know, my focus and my research are inspired by patients like yourself. And so really it's been great to chat with you and hear your story.

Speaker 1:

Well, thank you so much. Um, and thank you everyone who tuned in today to listen to us and to learn more and hear more from CKD warriors, uh, you should visit us @unfilteredkidneyconversation.com and of course, check out the Facebook page. Um, and again, thank you everyone for joining us. And, uh, hopefully we'll get to chat with you guys again soon.