

# Psychiatric Considerations at Dialysis Treatment Initiation: A Case-Based Discussion of Peritoneal Dialysis and Suicidal Ideation

Morgan M. Nakatani, BA; Connie S. Scoggins, BS; Gregg A. Robbins-Welty, MD; Kristin G. Shirey, MD

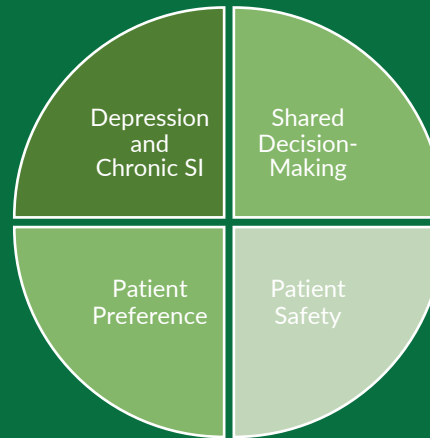
## ▶ BACKGROUND

- Patients with end-stage renal disease (ESRD) experience higher rates of depression and suicidal ideation (SI).
- There has been little published in the literature which explores shared decision-making in peritoneal dialysis (PD), especially when influenced by concurrent depression or SI.

## ▶ CASE

- Mr. X is a 35-year-old male with a history significant for depression and chronic SI who initially presented to the emergency department with acute renal failure, requiring initiation of dialysis.
- The patient expressed a strong preference for PD.
- During the encounter, the patient also endorsed SI. The psychiatry team did not comment on PD candidacy.
- During a following admission, the patient voiced a desire to die by stopping PD, causing moral distress for staff and raising both ethical and practical concerns about candidacy and ability to maintain PD.

Clinicians should consider how to best support ESRD patients with comorbid mental health conditions.



## ▶ DISCUSSION

- PD not only offers a means to improve and maintain one's health but also a potential method for self-harm.
- This case underscores the uncertainty around whether mental health evaluations should be standardized at the time of PD initiation, particularly considering the higher rates of depression and suicide in ESRD populations.
- Teams must balance beneficence and nonmaleficence, by providing adequate access to treatment and ensuring patient safety.

## ▶ CONCLUSION

- Further research could explore how to best implement psychiatric evaluations for ESRD patients, balance patient autonomy and preferences when deciding dialysis modality, and provide support to those on PD who have escalating psychiatric needs.

## ▶ REFERENCES

1. Kurella M, Kimmel PL, Young BS, Chertow GM (2005) Suicide in the United States end-stage renal disease program. *J Am Soc Nephrol* JASN 16:774-781.
2. Rosansky SJ, Schell J, Shega J, et al (2017) Treatment decisions for older adults with advanced chronic kidney disease. *BMC Nephrol* 18:200.
3. Kisely S, Smith M, Lawrence D, et al (2007) Inequitable access for mentally ill patients to some medically necessary procedures. *CMAJ Can Med Assoc J J Assoc Medicale Can* 176:779-784.

## ▶ DISCLOSURES

- None