Psychiatric Illness and Mortality in ESRD Dialysis Patients

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METHODS

The study cohort consisted of dialysis patients who initiated dialysis in 1995–2010 and had Medicare as the primary payer after dialysis initiation continuously during the first year of ESRD. For the analysis of death, we included patients who were ever hospitalized during the first year of ESRD. ICD9 codes were identified in Part A Medicare inpatient claims for depression and affective disorders, organic disorders and dementias, drug and alcohol-related disorders, and other psychoses, anxiety, personality and other disorders. We calculated 1, 3, and 5-year survival rates from the first day of hospitalization in adult patients with or without a psychiatric diagnosis, using Kaplan-Meier analyses. To assess the association of psychiatric hospitalization with time to all-cause death, patient demographic characteristics, dialysis vintage, and comorbid conditions at baseline were adjusted in the Cox proportional hazard regression model. Between 1995 and 2010, 72% of adult patients and 36% of pediatric patients had at least one hospitalization in the first year after ESRD. Approximately 2% of both adults and children had a primary psychiatric hospitalization. The most common primary psychiatric hospitalization diagnosis was depression/affective disorder in both adult and pediatric patients. 19% of adults and 15% of children had an admission with a secondary psychiatric diagnosis. There were 1.50, 1.30, 1.23, 1.20, 1.10, and 1.17 times the risk of death (all p<0.01) in patients with primary alcohol-related disorders, organic disorders, and dementias, drug-related disorders, other psychoses, other mental (not psychotic) disorders, depression and affective disorders, and psychotic illnesses as secondary diagnoses, respectively, compared with patients with a non-psychiatric hospitalization within one year after starting dialysis treatment.

SELECTED REFERENCES


CONCLUSIONS

Medicare billing data allows identification of comorbid psychiatric illness in ESRD. Primary psychiatric admissions comprise 2% of patients within one year after dialysis, with depression and affective disorders the most common diagnoses. The greater mortality risk of patients with a psychiatric diagnosis may be related to the disease, poor adherence or concomitant medications, or a combination of these factors.