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RELATIONSHIP BETWEEN DEPRESSION AND HEALTH-RELATED QUALITY OF LIFE IN A PROSPECTIVE

HEMODIALYSIS COHORT

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Epidemiologic data show that patients with chronic kidney disease, including those receiving hemodialysis, have a 3-fold higher risk of depression compared to the general population. In both the general and hemodialysis populations, depression has been associated with adverse outcomes including higher risk of hospitalization and mortality. We sought to examine the association between depression with patient-centered outcomes, including health-related quality of life (HRQOL). In cross-sectional analyses of 443 prevalent hemodialysis patients from the MADRAD study, we examined correlations between Beck Depression Inventory (BDI) score and each of the 8 scales of the Short-Form 36 (SF-36) HRQOL survey. Correlations were estimated using unadjusted and case-mix adjusted Spearman correlation (latter correlations adjusted for age, sex, race, ethnicity, and diabetes). In unadjusted and adjusted analyses, BDI score demonstrated the strongest correlations with energy/fatigue, emotional well-being, and social functioning (Table). In hemodialysis patients, BDI score demonstrated strong, inverse correlations with each of the SF-36 scales, in particular energy/fatigue, emotional well-being, and social functioning. These data suggest that more severe depression is associated with worse HRQOL in this population.

SF-36 scale	Spearman Correlation	p-value
Physical function	-0.39	<0.001
Role limitations due to physical health	-0.42	<0.001
Role limitations due to emotional problems	-0.44	<0.001
Energy/fatigue	-0.61	<0.001
Emotional well-being	-0.59	<0.001
Social functioning	-0.60	<0.001
Pain	-0.42	<0.001
General health	-0.48	<0.001

