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Tuesday, November 4: ASN Management Office (215-418-2350)  
Wednesday, November 5 – Sunday, November 9: ASN Press Room,  
Room 303B, Pennsylvania Convention Center, (215) 418-2367 (Press Room), 202-558-8423 (cell)

## **BEHAVIORAL THERAPY HELPS OVERCOME DEPRESSION IN KIDNEY DISEASE PATIENTS ON DIALYSIS**

*Treatment Could Significantly Improve Individuals' Health and Quality of Life*

**Philadelphia, PA (October 30, 2008)** — Depression is common among individuals on dialysis for kidney disease, but behavioral therapy can significantly improve their quality of life, according to a paper being presented at the American Society of Nephrology's 41st Annual Meeting and Scientific Exposition in Philadelphia, Pennsylvania.

Many patients with kidney disease must sit through hemodialysis—the process of removing blood, purifying it, and returning it to the body—for several hours, multiple times per week. The procedure exacts both a physical and mental toll on patients, and not surprisingly, a significant proportion of patients (20-30%) become depressed. Depression in these patients is associated with hospitalizations, other diseases, and even mortality.

Researchers now report the results of the first clinical trial of a psychological intervention in hemodialysis patients who are depressed. Ricardo Sesso, MD and his colleagues at the Federal University of Sao Paulo in Sao Paulo, Brazil studied 85 patients with end-stage renal disease who were on chronic hemodialysis and had been diagnosed with depression. Half of the patients underwent three months of weekly 90-minute sessions of cognitive-behavioral therapy led by a trained psychologist. Sessions focused on issues related to kidney disease treatment and its effects on daily life, depression and coping techniques, thinking and cognitive remodeling techniques, relaxation activities, social behavior abilities, etc.

The other half of patients in the study received usual treatment offered in the dialysis clinic, without behavioral interventions. All patients filled out quality-of-life questionnaires at the start of the study and again after three and nine months of follow up.

The investigators found that after three months of intervention, the group receiving cognitive-behavioral therapy had a significant improvement in depressive symptoms, cognitive function, and quality-

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of-life scores when compared to the control group. These differences also persisted after six months of intervention. During this period, patients received once a month maintenance sessions. The authors concluded that cognitive-behavioral therapy—a relatively cheap, harmless, and practical intervention—is an effective strategy to treat depression in patients with kidney disease. “No other randomized trial using psychological or medical intervention with drugs has shown to be effective or has been published in this regard,” said Sesso.

The study abstract, “Effectiveness of a Cognitive-Behavioral Therapy in Hemodialysis Patients with Depression,” (F-FC232) will be presented as part of a Free Communications session on the topic of “Epidemiology, Outcomes, and Clinical Trials in Dialysis” on Friday, November 7 at 4:24 p.m. in Room 114 of the Pennsylvania Convention Center in Philadelphia, PA.

ASN is a not-for-profit organization of 11,000 physicians and scientists dedicated to the study of nephrology and committed to providing a forum for the promulgation of information regarding the latest research and clinical findings on kidney disease. ASN Renal Week 2008, the largest nephrology meeting of its kind, will provide a forum for 11,000 nephrologists to discuss the latest findings in renal research and engage in educational sessions related to advances in the care of patients with kidney and related disorders. Renal Week 2008 will take place November 4 – November 9 at the Pennsylvania Convention Center in Philadelphia, PA.

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