Expressive Writing in Dialysis Patients

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End-Stage Renal Disease and dialysis

3-4 hours session (3 x week)

Dialysis removes toxins, electrolytes and fluid

In addition patients required to restrict diet, and fluid intake

Take multiple drugs to facilitate management of blood pressure, anaemia, and abnormalities of mineral metabolism
Crisis Theory (Moos and Schnaefer, 1984)

From Cukor et al 2007 J AM Soc Nephol: 18 3042-3055
Distress and dialysis

• Estimated prevalence of depression across the spectrum of advanced kidney disease 20-30%

• Psychological distress: “the unique discomforting, emotional state experienced by an individual in response to a specific stressor or demand that results in harm, either temporary or permanent, to the person.”

• Significant levels of distress experienced in approx 50% of dialysis patients
Treatments (depression in ESRD)

Distress?
Expressive Writing
(Written Emotional Disclosure)

• Write an essay (20 mins), typically during a 3-day period, expressing thoughts and feelings about a traumatic event/experience

• Benefits of written disclosure evidenced by increased reports of subject well-being and improved immune functioning (Pennebaker et al 1988, 1990)

• Smyth et al (1998) Meta-analysis suggesting that written disclosure does have reliable effects upon health outcomes (d=.47)

• Frisina et al (2004) in clinical populations d=.21 for physical health outcomes
Benefits of EW include:
- Improved immune system function
- Reduced BP
- Improved lung function
- Improved liver function
- Improved mood/affect

Baikie & Wilhelm (2005)
EW and wound healing

Sample - 40 volunteers – randomly allocated to:
i) Experimental (Emotional writing)
ii) Control (Neutral writing)

Baseline – Stress Questionnaires

3 days later – Intervention (20 minutes writing for 3 consecutive days)

2 weeks later – Punch biopsy

Ultrasound wound scans at 7, 14, 21 days

Current study

To examine whether expressive writing is a feasible intervention in this setting and whether it has a positive effect on health outcomes in HD patients by comparing the effects of written disclosure with a writing control task.
Outcomes

Primary
• Feasibility data (attrition, adherence etc)
• Distress

Secondary
• CRP
• Fatigue
• Admission rates
Design

Screen population for distress

Enter patients with GHQ-12 >3 into RCT

Randomise

Treatment group (n=25) -> 1 week post intervention follow-up -> 3 month post intervention follow-up -> 6 month post intervention follow-up

Control group (n=25) -> 1 week post intervention follow-up -> 3 month post intervention follow-up -> 6 month post intervention follow-up

Analysis

GSTT dialysis service
Variables

- Feasibility data (attrition, adherence etc)
- GHQ-12
- Illness Perceptions (BIPQ)
- Fatigue (Chalder Fatigue Scale)
- Mood (PHQ-2)
- Routine clinical data (Bloods including CRP, admissions)
Instructions

Two conditions:

• EW condition; instruct patients to write about their illness experience

• Control writing condition; facts about their illness

Both are done whilst on-dialysis
Preliminary Screening Data

• Consent rate (approx 60%) to screen
• N=33 screened
• 13 met criteria for “distress” [GHQ]; all randomized, 3 dropped out pre-intervention
• Mean age = 57.7 (sd=16.7) years
• 19 female, 14 males
Distress and CRP

\[ d = 0.50 \]
Discussion

• This study is intended to explore and expand current evidence based-knowledge on the application of the expressive writing paradigm by investigating the feasibility and potential clinical efficacy of the procedure with patients undergoing haemodialysis in a hospital setting.
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