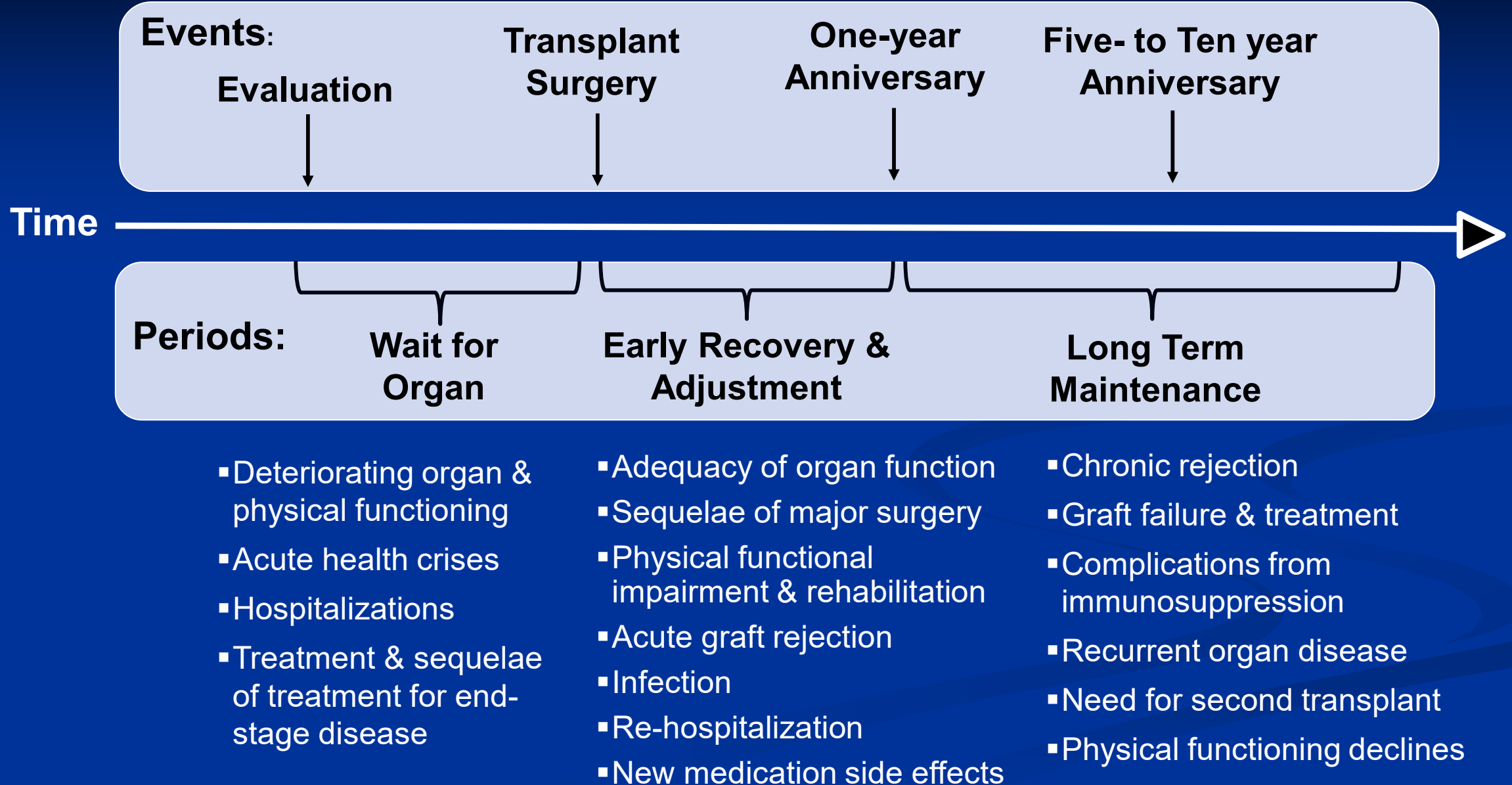


The State of the Science of Organ Transplantation and Disability: Psychosocial and Emotional Functioning

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Discrete Transition and Recovery Periods for Transplant Patients



Quality of Life (QOL) Following Transplant

- 100% pre to post advantages
- 50% of studies QOL advantages compared to medically ill
- Physical functioning advantages but gradual losses may occur over time
- QOL not similar to healthy people

Rates of Psychiatric Disorders In Transplant Patients

- Mood and anxiety disorders within the 1st year:
 - 20% kidney recipients
 - 30% liver recipients
 - 60% heart recipients
- Prevalence rates appear lowest in kidney recipients
- Heart, liver, kidney recipients more likely to experience depression than anxiety
- Anxiety appears prominent in lung recipients
- Post Traumatic Stress Disorder can develop from transplant experience (3-15%) – may cause avoidance behaviors

Substance Use Rates per Year

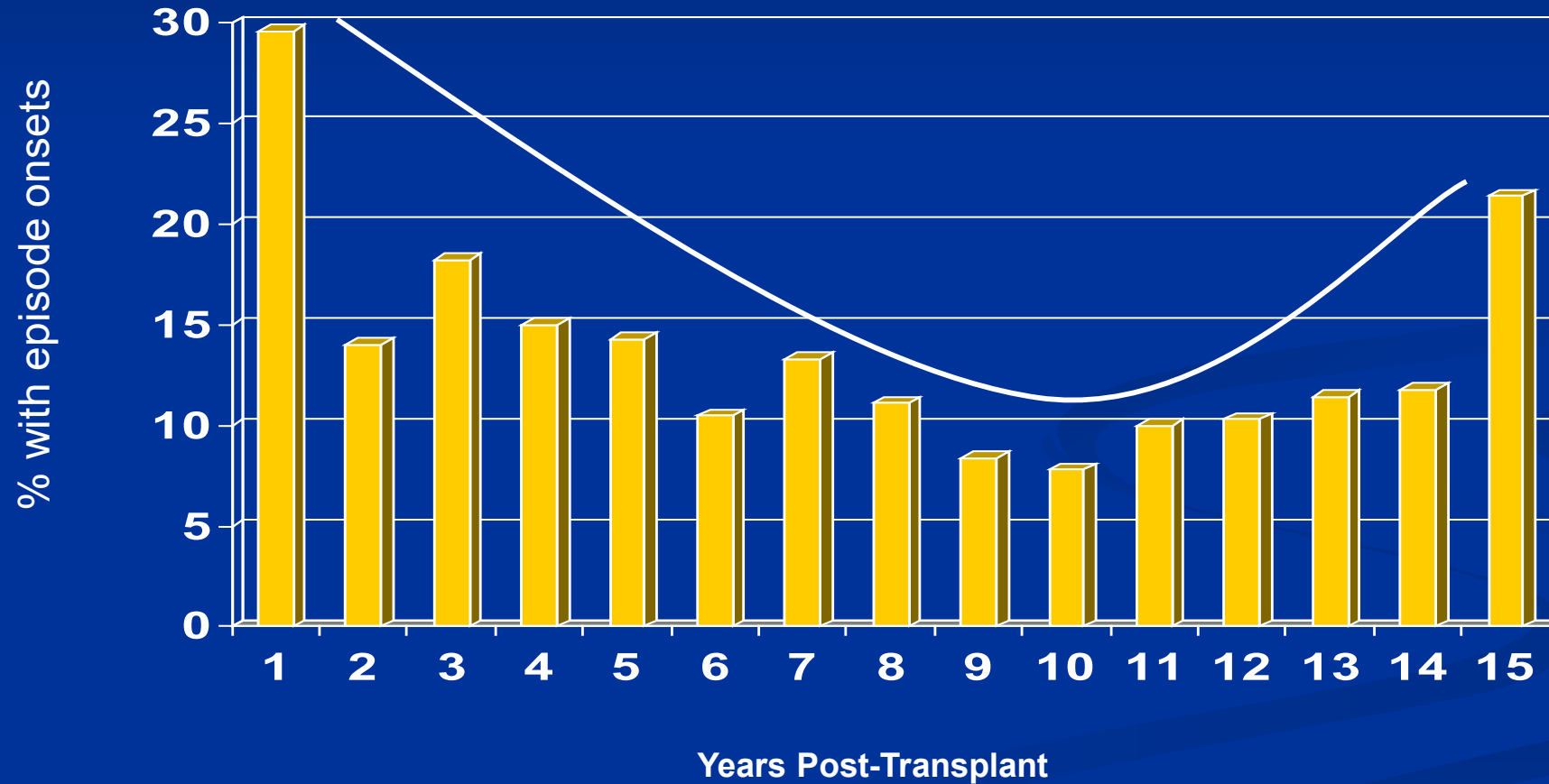
	All Organ types
Tobacco	3.4
Alcohol	3.6
Illicit drug use	0.9

These rates are substantially lower than in the general population of treatment seeking individuals

Prevalence of any depressive or anxiety disorder:*

Rates per year of follow-up

135 heart recipients



*Dew, Psychosomatics, 2001.

Mental Health: Medical Outcomes and Return to Work

- Depression is not healthy:
Meta-analysis, 26 studies, across all organ types
Depression increased mortality risk by 65%
Depression increased graft loss by 65%
- Anxiety may be associated with mortality
- Possible correlation between post-transplant depression and post-liver transplant unemployment

Strategies to Improve Mental Health Outcomes

■ Pre-Transplant:

- Thorough assessment of mental health prior to transplant with attention to mental health stabilization prior to surgery
- Adequate resources for mental health treatment and social support
- Pre-transplant preparation including realistic expectations for outcome with plans on return to work, if indicated

■ Post-Transplant:

- Early identification and treatment of mental health issues following transplant
- Early treatment of depression with antidepressant therapy may reduce mortality risk*

What Interventions Exist for Clinicians to Assist Recipients in Return to Work?

- Thorough assessment of mental health, motivation, desire, and ability to return to work
- Formal neuropsychological testing and cognitive rehabilitation if indicated
- Physical rehabilitation can improve physical functioning through structured exercise training and/or physical rehabilitation
- For those returning to a prior job, emotional support may help in the transition
- Employment counseling
- One observational study using a multipronged QOL intervention after kidney transplant, of which employment/vocational counseling was one component, found 86% of those employed prior to transplant returned to work by 6 months after transplantation*

*Chang 2004

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