

**2018 ANNA NATIONAL SYMPOSIUM**  
APRIL 15-18 ~ WESTGATE LAS VEGAS RESORT, LAS VEGAS, NV

**Depression and Medication Adherence in Patients on Hemodialysis**

*Zorica Kauric-Klein, APRN-BC, PhD, Associate Professor - Oakland University, Rochester, MI*

**Background:** Depression is highly prevalent in End Stage Renal Disease (ESRD) and is the most common psychiatric disorder in this population. Depression is associated with a lack of adherence to hemodialysis (HD) treatment regimens and increased morbidity and mortality.

**Methods:** A descriptive secondary correlational analysis of 118 patients on chronic HD was conducted to determine the prevalence of depression and its relationship to adherence to blood pressure (BP) regimens (fluid adherence, HD and BP medication adherence).

**Results:** Approximately 80% of the sample was found to have moderate depression. Depression was found to be a significant predictor of BP medication nonadherence at baseline ( $r = .239, p = .01$ ) and at 12 weeks ( $r = .20, p = .027$ ). BP medication adherence was also significantly correlated to average systolic BP ( $r = .203, p = .027$ ) and average diastolic BP ( $r = .258, p = .005$ ) at 12 weeks.

**Conclusion:** Given the high prevalence of depression and its association with BP medication nonadherence, patients on chronic HD should be routinely assessed for depression and offered validated treatment regimens. Depression is a modifiable risk factor, and interventions that address depression in conjunction with adherence to BP regimens need to be tested in the HD population.

*Abstract selected for presentation at ANNA National Symposium, Las Vegas, 2018*