

Psychiatric Aspects of Organ Transplantation in Critical Care

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ICU teams are a critical part of the solid organ transplant process. Although kidney transplant recipients usually do not require recovery time in the ICU, virtually all other solid organ recipients receive care from these teams at some point either pretransplantation or posttransplantation. The ICU team is essential in the preparation, stabilization, and recovery of patients undergoing these extraordinary surgical procedures. In addition, transplant recipients may experience medical decompensation requiring ICU treatment years following the initial transplant hospitalization. The psychosocial issues involved during these critical periods of transplantation are important for intensive care physicians and clinicians to understand to provide comprehensive care to transplant patients.

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This article provides a brief overview of transplant epidemiology, followed by a review of the psychosocial issues relevant to the phases of the transplant process. Considered are the pretransplant evaluation phase, psychiatric disorders in transplant patients, and cognitive impairments and delirium with additional issues specific to particular organs. Also covered is the side effects of immunosuppressive medications and special issues arising with living donors. The relevance of these issues to ICU care is emphasized.

Epidemiology of organ transplantation in the United States

For most organ types the numbers of candidates added to the wait list each year exceeds the numbers receiving transplants (Fig. 1) [1]. In some areas (eg, kidney, liver, lung transplantation) living organ donation has become one option to address the organ shortage (see later section on special issues in living donors). Without an identified living donor, transplant candidates routinely wait for years for an organ, and living donation is not a possibility for all types of transplantation (eg, heart). For all major organ types over 40% of United States wait-listed candidates waited 2 years or more for an organ [2]. Although only 0.5% become medically unsuitable and are removed from the wait-list, 2% refuse transplant after being wait-listed, and 10% to 18% die on the wait-list [2].

Although most transplant candidates are not in the ICU before transplantation, the ICU staff occasionally cares for critically ill transplant candidates on the wait list (see later pretransplant section). For example, the highest transplant status listing for liver and heart transplant candidates is defined as requiring critical care and these patients have the highest priority to receive donated organs. For liver candidates, less than 0.01% is in the highest status (status 1A or B). Less than 10% of heart candidates have the status (status 1A). Of the status 1 liver candidates (fulminant failure not expected to survive 7 days), over 50% receive an organ within a week and 10% die. Of the status

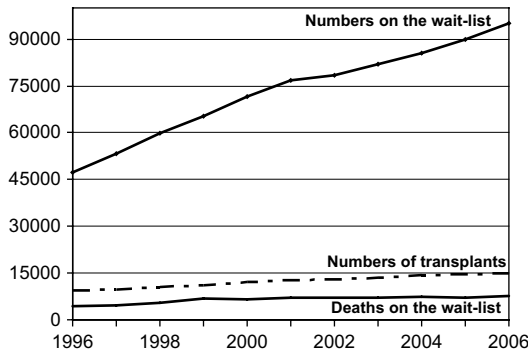


Fig. 1. Waiting list statistics in United States: 1996–2006.

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