

Original Research Report

A Prospective Study of the Reliability and Validity of the Live Donor Assessment Tool



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Background: *The psychosocial evaluation is an important part of the live organ donor evaluation process, yet this is not standardized across institutions.*

Objective: *This study was designed to prospectively test the reliability and validity of a semistructured psychosocial evaluation tool that was recently developed and reported in the literature (the Live Donor Assessment Tool [LDAT]).* **Methods:** *A total of 248 live donor candidates who presented for evaluation were invited to participate in a study that involved the LDAT being scored as part of the standard psychosocial evaluation process; 222 provided informed consent. Evaluations were conducted by staff experienced with psychosocial evaluation of living donors and trained in the use of the LDAT. Furthermore, 123 donor candidates were evaluated twice, as per routine standard of care, and had 2 LDATs administered. Reliability of the LDAT was*

assessed by calculating the internal consistency of the LDAT items and inter-rater reliability. Validity was assessed by comparing LDAT scores across the risk-group categories (the traditional outcome designation of the psychosocial evaluation) and in 86 eventual donors, associations between LDAT scores, and indicators of psychosocial outcomes post-donation. **Results:** *The LDAT was found to have good internal consistency, strong inter-rater reliability, and showed signs of validity: LDAT scores differentiated the traditional risk-group categories, and a significant association between LDAT score and treatment adherence post-donation was revealed.* **Conclusions:** *The LDAT demonstrated good reliability and validity, but future research on the LDAT and the ability to implement the LDAT across institutions is warranted.*

(Psychosomatics 2017; 58:519–526)

Key words: Live donors, Organ, Psychosocial, Assessment, Donation.

INTRODUCTION

Live organ donors are a vital source of donor organs for transplantation. Live kidney donation for patients with chronic kidney failure has been performed for over 5 decades. Kidney donation has been shown to be safe, with kidney donors exhibiting minimal risk of end-stage renal disease provided they lead a healthy lifestyle.^{1–3} Live liver donation has been performed in adults since 1998, most often at large centers in geographical areas with deceased donor shortages.

Studies of medical outcomes have shown that although liver donation portends a higher risk than

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kidney donation, it is still safe enough to perform at experienced centers.^{4,5}

Psychologic outcomes for liver and kidney donors have also been investigated. These studies have shown that donors often report a better quality of life compared to age-matched healthy adults, and most donors indicate that they would donate again.⁶⁻⁸ Studies have also demonstrated that live donors exhibit adaptive personality traits (agreeableness, conscientiousness, and lower neuroticism) to a greater degree compared than age-matched healthy adults who are equally as resilient as the general population, are significantly more resilient than primary care patients, and who score very highly on measures of Purpose in Life and Growth after donation.⁹ However, there are also reports of less-frequent negative outcomes associated with live organ donation, including suicides and serious psychiatric complications,¹⁰ often associated with pre-donation psychiatric histories. Perhaps transplant studies are biased toward favorable outcome results by the inclusion of patients who make it through the selection process. That being said, despite the current screening process, some donors report negative psychosocial outcomes, including depression, anxiety, and regret.⁸ Further, 9% ($n = 231$) of kidney donors in the RELIVE study reported one or more of the following poor psychosocial outcomes: fair or poor overall donor experience, financial burden, regret or discomfort with decision to donate, or psychologic difficulties since donation.¹¹ Many donors require counseling in the year after donation,¹² with a smaller number needing pharmacotherapy for depression or anxiety. Organ donation can be a stressful experience for the donors and their family. Identifying a strong social support system is important for resilient outcomes.¹³ Taken together, consideration of the psychosocial risk factors, in addition to the medical risk factors, is critical for prediction of patients who will have positive vs negative donation experiences and outcomes, despite screening processes that may already bias studies toward favorable results.

The psychosocial evaluation of live organ donors has traditionally relied on a clinical interview to investigate the presence or absence of pre-donation psychosocial stressors and underlying psychological disorders. However, the psychosocial evaluation of live donors has not yet been standardized and can vary widely across providers and institutions,¹⁴ and there are no validated measures available to determine

psychosocial risks for donation. There are several tools used to assess organ recipients: the Stanford Integrated Psychosocial Assessment for Transplantation,¹⁵ the Psychosocial Assessment of Candidates for Transplantation,¹⁶ the Transplant Evaluation Rating Scale,¹⁷ and the Structured Interview for Renal Transplantation.¹⁸ The Stanford Integrated Psychosocial Assessment for Transplantation is the newest of these tools; its strengths include its comprehensive nature and standardization of the information collected during the psychosocial evaluation process. Although it did not predict the primary outcomes of graft failure and mortality, the Stanford Integrated Psychosocial Assessment for Transplantation was shown to have excellent inter-rater reliability and to be predictive of the transplant recipient's rejection episodes, rehospitalization rate, psychiatric decompensation, and social support failure.¹⁹ This type of assessment tool is needed for the psychosocial assessment of live organ donors.

One semistructured psychosocial assessment tool has been developed and reported in the literature: the Live Donor Assessment Tool (LDAT²⁰). The LDAT is a tool for psychiatrists, psychologists, social workers, and other clinicians involved in the evaluation process to quantify the degree of psychosocial appropriateness vs riskiness of potential donors. Comprising 29 items scored 0-2 or 0-3 across 9 domains (motivations for donation, knowledge about donation process, relationship with the recipient, support available to the donor, donor's feelings about donation, post-donation expectations, stability in life, psychiatric history, and alcohol and substance use), the LDAT is scored such that higher scores indicate greater psychosocial appropriateness for donation. A retrospective chart-review study using the LDAT revealed preliminary indications of very good inter-rater reliability between 2 independent raters, and validity in LDAT scores being consistent with the risk category designation resulting from the traditional psychosocial evaluation.²⁰ The purpose of the project reported in this article was to prospectively test the reliability and validity of the LDAT as a semistructured psychosocial assessment tool in a sample of live organ donor candidates presenting for evaluation at a large, urban medical center. Reliability was assessed by investigating inter-rater reliability of the LDAT scores obtained by 2 independent raters; validity was assessed by investigating associations between the LDAT score

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