

Psychiatric Aspects of Organ Transplantation in Critical Care: An Update

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KEYWORDS

• Psychiatric • Organ transplantation • Critical care • Update

KEY POINTS

- Transplant patients face challenging medical journeys, with many detours to the intensive care unit.
- Before and after transplantation they have significant psychological and cognitive comorbidities, which decrease their quality of life and potentially compromise their medical outcomes.
- Critical care staff are essential in these journeys.
- Being cognizant of relevant psychosocial and mental health aspects of transplant patients' experiences can help critical care personnel to take comprehensive care of these patients.

INTRODUCTION

Intensive care unit (ICU) teams play an integral part in the medical journeys of transplant patients. They stabilize patients prior and after transplant surgery and provide care to patients with rejections or other complications. Appreciating psychosocial and psychiatric aspects of these patients' journeys is crucial to provide comprehensive care. Few advancements have been published since the excellent review on this topic was written in 2009 by DiMartini and colleagues.¹ Thus, this review aims to inform the reader with the most up-to-date information on the psychosocial aspects of transplant patients in the ICU, including pretransplant evaluation, psychological considerations of assist devices in the ICU, peri-transplant mood and cognitive disorders, and relevant psychopharmacology.

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EPIDEMIOLOGY OF TRANSPLANTATION

Based on the Organ Procurement and Transplantation Network data as of November 2016, 119,857 patients were waiting on the transplant list in the United States.² Many patients wait on the transplant list before an appropriate organ is identified, and others die before ever receiving such an organ. Living donation has become an option for many candidates, improving survival. Yet, there are more patients in need of a life-saving donation than donors available. To date, every 10 minutes one patient is added to the transplant list, and 22 patients die every day waiting on the transplant list.²

Following the tremendous surgical and medication improvements in the last decades, patients' survival after transplantation has continued to improve. As of December 2012, 83.4% of deceased and 92.0% of live-donor kidney recipients survive more than 5 years.² Similarly, 74.3% of patients receiving a liver from deceased donors and 81.3% of patients receiving a liver from live donors survive more than 5 years. Although 76.8% of heart recipients survive beyond 5 years, only 55.2% of all lung recipients live beyond 5 years.

PRETRANSPLANT PERIOD

Psychosocial Transplant Evaluation

Patients considered for transplantation require psychosocial evaluation focused on cognitive, psychological, behavioral, and social aspects of their life, which may influence the success of transplantation. The primary goal of this evaluation is to recognize patients' strengths and to identify their vulnerabilities with the goal of designing a multimodal plan to maximize patients' candidacy and ensure posttransplant success. Studies have shown that psychosocial evaluation can predict posttransplant morbidity and mortality.³⁻⁶ Psychosocial risk factors most recognized as correlated with post-transplant morbidity and mortality include lack of functional social support and nonadherence to the posttransplant regimen. Other factors that may adversely influence the outcome of transplantation include uncontrolled psychiatric disorders and substance use disorders (SUDs).

Several psychosocial rating tools have been created to standardize such assessments and to ensure fairness in patient selection. Older tools include the Transplant Evaluation Rating Scale, adapted from the Psychosocial Levels System,⁷ and the Psychosocial Assessment of Candidates for Transplantation.⁸ The most recently developed tool is the Stanford Integrated Psychosocial Assessment for Transplantation.^{4,5} Dedicated transplant social workers are usually the first clinicians to conduct such evaluations, usually leaving the most complex cases to the transplant psychiatrists. In addition to direct patient evaluation, a comprehensive transplant evaluation seeks to obtain collateral information from family caregivers and health care providers.

When patients are evaluated for transplantation in the ICU, the critical care staff can provide a crucial role in the evaluation process. Through their own interactions, during their customary provision of care, the staff is able to observe how patients and caregivers deal with the extreme stress of ICU hospitalization and each other (eg, observe family structure and dynamics). This information is important to build on, as patients will require strong and reliable caregivers after transplantation to ensure their well-being and success.

Waiting Period

The waiting period can be extremely challenging for many patients. Recipients often feel in a state of limbo, with their lives frozen into survival mode, waiting for the call

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