PARALLEL SESSION 2 – THURSDAY JUNE 20TH 2019, 17h45 – 19h15
Biopsychosocial assessment and quality of life of kidney living donors

- F. Vitinius, et al.: Influence of hand-assisted retro-peritoneoscopic donor nephrectomy (HARP) on health related quality of life after living donation: First results of the QoLid-Study
- T. Schneekloth, et al.: Outcomes at one year in kidney donors with substance use disorders
- Sh. Niazi, et al.: Undiagnosed Hypertension in potential kidney donors and case for comprehensive medical and psychosocial assessment
- Y. Erim, K. Schieber: Common Pitfalls in the Psychosomatic Evaluation and Selection of Living Organ Donors
- Mucsi: Monitoring patient reported outcome measures in live kidney and liver donors using the Patient Reported Outcome Measurement Information System (PROMIS) computer adaptive testing (CAT) item banks

Theme
From an ethical perspective, living kidney donation requires that donors' biological, psychological, and social harm has to be minimized as much as possible. Therefore pretransplant biopsychosocial assessment has to be performed in a very comprehensive manner. We present different assessment aspects and procedures, e.g. computer testing (I. Mucsi), biological aspects like the impact of surgical techniques (F. Vitinius), the medical risk of hypertension (Sh. Niazi) and relapse regarding substance abuse (T. Schneekloth). Last but not least common pitfalls in the psychosomatic evaluation and selection are discussed (Y. Erim).

Takeaways
Practitioners in the field of Psychosomatic Medicine need to have medical background to carefully analyze both the medical and psychosocial risk factors. PROMIS computer adaptive testing item banks could be a useful tool to monitor psychosocial outcomes and certain symptoms in live solid organ donors. Furthermore, we demonstrate the impact of surgical technique on physical aspects of QoL.

Chair: Frank Vitinius, Assistant medical director, University Hospital of Cologne, DE
Co-chair: Yesim Erim, Director, University Hospital of Erlangen, DE
Influence of hand-assisted retroperitoneoscopic donor nephrectomy (HARP) on health related quality of life after living donation - First results of the QoLid-Study

Aim
Living kidney donation (LKD) is essential for the future of transplantation in Germany and should be optimized continuously. Health-related quality of life (HRQoL) and psychosocial aspects are important for the donor. The influence of the surgical technique on HRQoL is still unclear. Long-time data regarding especially the HARP-technique are scarce. To increase evidence the QoLid-study (Quality Of live in Living kidney Donors) was implemented. Aim of this part of the study was to evaluate a status-quon HRQoL and psycho-social aspects in living kidney donors and to evaluate the influence of the HARP-technique during the long time follow-up.

Methods
Single-center cross-sectional study, SF-36.

Results
100 living donors were included with complete analysis of the in 96 cases. 28 donors were operated with open anterior approach (AA) donor nephrectomy, 68 donors with HARP. Follow-up time was 33.3±20.6 months (AA 58.7±13.9 vs. HARP 22.6±11.7, p<0.005). Age was 54.9±8.9 (HARP) vs. 59.2±9.9 (AA, p=ns). Post-operative eGFR was 61.5±13.5ml/min (HARP) vs. 63.8±12.2 ml/min (AA, p=ns). Length of the scar was 10.8±2.2cm (HARP) vs.19.4±4.1cm (AA, p>0.005). There were no major surgical complications (≥3a° Clavien-Dindo). HRQoL (SF-36-questionnaire) was significantly higher in the HARP group (physical health sum score, HARP vs. AA: 53.9 ±7.6 vs. 48.6±8.5, p=0.006). There was difference in the mental health sum score (HARP vs. AA: 45.8±12.3 vs. 50.4±7.6, p=0.85). There was no significant difference in the multidimensional fatigue inventory (MFI-20) or hospital anxiety and depression scale (HADS).

Conclusion
HARP seems to optimize physical health of living kidney donors in the long-time follow up.

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Outcomes at one year in kidney donors with substance use disorders

Aim
Substance use disorders (SUDs) may pose a contraindication from serving as a living kidney donor (KD). Issues of concern include the potential for relapse to active substance use and associated negative health effects on the donor. Health risks likely depend upon the substance and its direct versus indirect effects on the remaining kidney, as well as the severity of the SUD. This presentation will review the primary outcomes of posttransplant abstinence, depression, chronic pain and other negative medical outcomes in living KDs with active SUDs within 2 years prior to donation.

Methods
This is an IRB approved retrospective review of KDs with a diagnosis of active SUD within two years of donation. Data from kidney donations between 1/1/2010 and 12/31/2018 was abstracted from an electronic medical record. Variables included demographic factors, substance use disorders, smoking, length of abstinence, addiction treatment and AA/NA attendance, support system, psychopathology, and post-transplant clinical outcomes. Data analysis consisted of descriptive statistics.

Results
Data collection is underway of all kidney donors over the past 9 years with diagnoses of substance use disorders. Full analysis of the relapse rate, depression, chronic pain, other medical morbidities, and their associations with demographic and clinical factors, will be presented at the time of the symposium.

Conclusion
Kidney donation from candidates with recently active substance use disorders remains controversial given potential for increased long-term health risks to the donor. This analysis provides a review of donor outcomes over nearly a decade in a high volume kidney transplantation program.

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Undiagnosed Hypertension in potential kidney donors and case for comprehensive medical and psychosocial assessment.

Aim
Among kidney donors, it is critical to identify risk factors that impact post-kidney donation outcomes. Undiagnosed hypertension (HTN) may impact future kidney health. Office blood pressure (OBP) measurement is not always reliable but 24-hours ambulatory BP monitoring (ABPM) can help diagnose HTN and uncover white-coat HTN and masked HTN. We studied the utility of ABPM in identifying kidney donors not previously diagnosed with HTN.

Methods
We conducted a retrospective review of 303 potential kidney donors from 1/1/2012 to 12/31/2017 who completed ABPM. Categorical variables were summarized with N (%) and continuous variables were summarized with median (range). Differences amongst groups were assessed using the Kruskal-Wallis rank sum test for continuous measures and the Pearson Chi-Square test for categorical measures. All tests were two-sided and performed at the 0.05 significance level.

Results
Twenty-four (7.9%) subjects had prior diagnosis of HTN. Among 279 potential donor candidates without prior HTN, 70 (25.2%) were newly diagnosed with HTN with ABPM. OBP was elevated only in 9 out of 70 (12.9%) of newly diagnosed HTN subjects. Overall, 34 (12.9%) had masked hypertension and 14 (5.3%) had white coat hypertension. Comparison of group 1 (newly diagnosed HTN with ABP) with Group 2 (normal ABP) showed more males in group 1 (55.7% vs 34.5%, p=0.001). Fewer donors were accepted to be donors in group 1 (34.8% vs 56.4% p=0.002).

Conclusion
1 out of 4 potential kidney donors had undiagnosed HTN. Evaluators providing psychosocial assessments should take into account the nature of medical assessment completed when reviewing risk benefit ratio.

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Common Pitfalls in the Psychosomatic Evaluation and Selection of Living Organ Donors

Aim
Living organ donation becomes more and more important as the number of patients needing transplantation is increasing. Generally and also in surveys of our working group living kidney donors report high satisfaction and confirm their readiness to donate again (Erim 2015, Schieber 2018). However around 25% report ongoing physical problems due to nephrectomy. The good mental health outcome after kidney donation is ensured by the psychosocial assessment and selection of candidates. The donor selection process has been pointed out as an important limitation factor of living donor transplantation. In our surveys, previous mental illness or ongoing signs of mental instability were then most frequent causes of exclusion, together with nonrelated donors whose personal relationship to the donor could not be ascertained. The aim of this contribution is to define unresolved problem cases in psychosocial evaluation.

Methods
The legal situation in Germany is described and casuistic vignettes are presented to illuminate the respective questions. Problematic cases include the assessment of mental stability and the prognosis of the donors with chronic mental illness; assessment of proximity of unrelated donors to the recipient; medical excuse; assessment of foreign donors.

Results
Despite the medical, social and legal significance, these cases are not sufficiently discussed in the literature.

Conclusion
An international consensus and common guidelines are needed in these problematic cases.

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Monitoring patient reported outcome measures in live kidney and liver donors using the Patient Reported Outcome Measurement Information System (PROMIS) computer adaptive testing (CAT) item banks

Aim
Live donor kidney and liver transplant is the best treatment of end-stage kidney or liver disease for many patients. Although the overall experience of most live donors and the psychosocial outcome of donation is positive, some donors experience anxiety, depression, pain or reduced health related quality of life at varying times after donation. There is very limited data from systematic peri-operative monitoring about physical and psychosocial symptoms after live organ donation. Evidence about these outcomes will better inform donor candidates about the time course of these symptoms, and will identify individuals who experience negative outcomes.

Methods
The Multiorgan Transplant Program at the University Health Network (UHN) in Toronto, Canada performs more than 100 live donor transplants annually. The recently established Centre for Living Organ Donation at UHN aims to improve donation outcomes and provide comprehensive follow-up and care for live donors by creating a “Living Donor Aftercare program” that will include systematic monitoring of several patient reported outcome domains (e.g. anxiety, depression, fatigue, physical and social functioning) within the first six months post-donation, using PROMIS CAT item banks.

Results
We have recently validated these item banks in kidney transplant recipients. Validation is currently underway among liver transplant recipients. The PROMIS item banks have been extensively validated among the general population.

Conclusion
This information will enable us to precisely delineate the trajectory of the domains measured to better inform donor candidates and to identify individuals who experience less than optimal outcomes post-donation, so that appropriate support can be offered.

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