

The background of the slide is a spiral-bound notebook with a light beige, textured cover and a silver metal spiral binding on the left side. The text is centered on the page.

Psychiatrist as a member of organ transplantation team

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The need for psychiatric intervention

- Tow area requires psychiatric input:

- Patients

- Donors

The need for psychiatric intervention

- Psychiatrist are typically asked to:
 - Predict compliance
 - Treat pre-operative and post-operative psychiatric syndromes

Preoperative Psychiatric Considerations

Hope Versus Loss

- For many transplantation represents a prospect for autonomy and prolongation of life.

Preoperative Psychiatric Considerations

Hope Versus Loss

- A transplant evaluation also implies there will be no spontaneous remission from organ failure.

Preoperative Psychiatric Considerations

Hope Versus Loss

- While the patient tries to accept his or her need for transplantation, grief (which varies in intensity with the severity of organ failure and with styles of adaptive function) is manifest.

Preoperative Psychiatric Considerations

Preparation for Living Versus Dying

- **The challenge to families who simultaneously prepared for the alternative outcomes of survival and death for loved ones facing heart transplantation.**

Preoperative Psychiatric Considerations

Preparation for Living Versus Dying

- One group reported the case of a successful liver transplant candidate whose family was making funeral arrangements when he was placed on the list.

Preoperative Psychiatric Considerations

False Starts

- **Patients awaiting transplantation experience considerable stress.**
- **For some, the long preparation for transplantation is followed by a call to the hospital for an organ that never materializes.**

Preoperative Psychiatric Considerations

False Starts

- These false starts are expectedly unsettling.
- In one instance, a patient underwent anesthesia, but the heart transplantation was aborted because the donor organ was inadequate. This patient died before he got a second chance.

Preoperative Psychiatric Considerations

Guilt

- Need for an organ-a need that can only be filled by another person's death
- Some patients feel sadness for those who continue to wait for a graft, guilt because they received the organ first
- The stress that their illness imposes on family members

Preoperative Psychiatric Considerations

Depression

- **Predispose to postoperative morbidity**
- **It is important to ascertain to what extent mood disturbances have affected compliance with prescribed medications and procedures**

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Preoperative Psychiatric Considerations

Anxiety

- Preoperative anxiety levels were high and tended to persist for several days following the operation.
- The hope for an organ is typically followed by anxiety when a graft finally becomes available.
- On rare occasions such anxiety may lead a patient to turn down an organ.

Preoperative Psychiatric Considerations

Personality Impairment

- Trust is essential to successful organ transplantation because of its attendant uncertainties

Preoperative Psychiatric Considerations

Personality Impairment

- Patients with personality disorders present a pattern of strained relationships, and they are at higher risk for transplantation complications. Overall the best predictor of postoperative compliance is preoperative compliance.

Preoperative Psychiatric Considerations

Informed Consent

- **Teaching and informed consent are the cornerstones of preoperative care**
- **Hospital care may be prolonged and that recurrent admissions may be necessitated by rejection, infection, and other post-transplant complications.**

Preoperative Psychiatric Considerations

Teaching Venues

- a family meeting**
- a standard series of visits is arranged with surgery, nursing, psychiatry, social service, anesthesiology, and other medical and paramedical subspecialists**
- patient- patient interactions**

Preoperative Psychiatric Considerations

Psychotherapy

- **Patients with Axis I or Axis II psychiatric disorders should be encouraged to receive essential psychiatric care in preparation for transplantation**

Preoperative Psychiatric Considerations

Psychotherapy

- **When compliance is a concern and when debilitating emotional symptoms exist, requires active treatment before the patient is listed.**

Preoperative Psychiatric Considerations

Psychopharmacologic Treatment

- **The judicious use of psychotropic can be life-saving.**
- **The pretransplant evaluation provides an excellent chance to learn what agents patients have responded best to and to hear of idiosyncratic drug reactions.**

Preoperative Psychiatric Considerations

Psychopharmacologic Treatment

- Some patients give histories of intolerance to benzodiazepines or narcoleptics : this information may prove invaluable in subsequent admissions if the patient's ability to communicate effectively is compromised.

Preoperative Psychiatric Considerations

Social Service Intervention

- The social worker is an invaluable source of patient and family support and plays a pivotal role in ensuring that the patient will be able to access needed health care preoperatively.

Preoperative Psychiatric Considerations

Recreation and Audiovisual Material

- Activities such as card games, board games**
- Relaxation videotapes**
- Movies , music, and books on tape may reduce tension**

Preoperative Psychiatric Considerations

Patient Selection

- **Active substance abuse, dementia, current suicidality, past multiple suicide attempts, or severe mental retardation**

Preoperative Psychiatric Considerations

Patient Selection

- Olbrisch developed the psychosocial assessment of candidates for transplantation (PACT) :
- Social support
- Psychological health
- Lifestyle factors
- Understanding of transplant and follow-up

Noncompliance

- **Noncompliance is an important source of secondary graft failure, with a reported incidence of up to 5% among renal transplant recipients**
- **Including missed appointments, failure to report important clinical changes in a timely fashion, dietary abuse, and missed medications.**
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Noncompliance

- Documentation of compliance must precede transplantation**
- Factors in noncompliance include depression, substance abuse, cognitive impairment, and personality disorder**

Noncompliance

- Patients are at increased risk when they live at a distance from the transplant center and when there is insufficient social and financial support.**
- Youth is another risk factor**

Postoperative Psychiatric Considerations

Improvement in psychological function

- Rapidly after renal transplantation, and it is often evident within the first 2 days following transplantation because blood urea nitrogen and creatinine levels decrease.

Postoperative Psychiatric Considerations

Improvement in psychological function

- **Riether et al. found marked improvement in depression and anxiety within the first 3 months following heart transplantation.**

Postoperative Psychiatric Considerations

Improvement in psychological function

- Liver recipients improve more slowly
- However, some patients have manifest marked progress in well-being as early as 2 to 3 weeks following transplantation

Postoperative Psychiatric Considerations

Organic Brain syndromes

- **Factors contributing to postoperative delirium include metabolic impairment, infection, and effects of medications.**
- **Prednisone may cause sleep disturbance, emotional lability, and perceptual abnormalities**

Postoperative Psychiatric Considerations

Anxiety

- Filled expectations**
- Rejection during recovery**
- Decreased amounts of medical supervision**
- IV pulses of corticosteroids**
- Cyclosporine toxicity**
- Post transplant biopsy procedures**
- Delays in hospital discharge**

Postoperative Psychiatric Considerations

Body Image Distortions

- Cushingoid changes prednisone**
- Cyclosporinehirsutism**
- Common warts disfiguring**
- psychological impact of the transplant recipient's incorporation of a body part from the donor**
- Cadaveric organ: cannibalism**

Postoperative Psychiatric Considerations

Depression

- recurrence of affective illness**
- Steroid-induced depression**
- Rejection is another common cause of depression**
- link between depression and infection**

Postoperative Psychiatric Considerations

Psychological Rejection

- **Psychologically based rejection results from noncompliance caused by depression, memory impairment, substance abuse, or adjustment reaction related to psychosocial stress or by altered body image**

Postoperative Psychiatric Considerations

Intervention

- **Psychotherapy may include the reframing of expectations. For example, a patient who is recovering from a prolonged ICU stay will need help with assessment of his or her progress, which may be measured by absence of a monitor, reduction of IV lines, and signs of early mobilization**

Postoperative Psychiatric Considerations

Intervention

- **Daily visits to delirious or acutely depressed patients are advisable and may be a source of relief to the patients, the family, and the surgical staff**
- **Behavioral interventions may be designed with the nursing staff to assist in the management of excessive dependency, hostility, or resistance**
- **Group therapy is of value for many patients and family members**

Conclusion

- **Psychiatrist consultation on the transplant unit is highly rewarding and places the psychiatrist in a pivotal role as a member of a multidisciplinary team**

Conclusion

- The transplant unit is a challenging setting in which a full range of psychiatric skills and sensitivity are employed**
- The dearth of available organs necessitates a thoughtful and constructive approach to candidate selection**

The End 😊