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Introduction

Severe lung disease has significant effects on mental health. This can be exacerbated by the stress of awaiting lung transplantation.

The prevalence of depression and anxiety in lung transplantation candidates and the effects of these disorders on health-related quality of life have not been well described.

Purpose

Describe the rates of depression and anxiety amongst lung transplantation candidates and assess their associations with health-related quality of life.

Methods

Study

The Frailty and Sarcopenia in Organ Transplantation study (FROST) is a prospective single-center cohort study of 240 adults listed for solid organ transplantation. The current analysis is a cross-sectional study of subjects in the cohort listed for lung transplantation.

Population

Of 70 subjects on the lung transplant list, we evaluated the 65 with complete data.

Mental Health Measures

Prior to transplant, these patients completed:

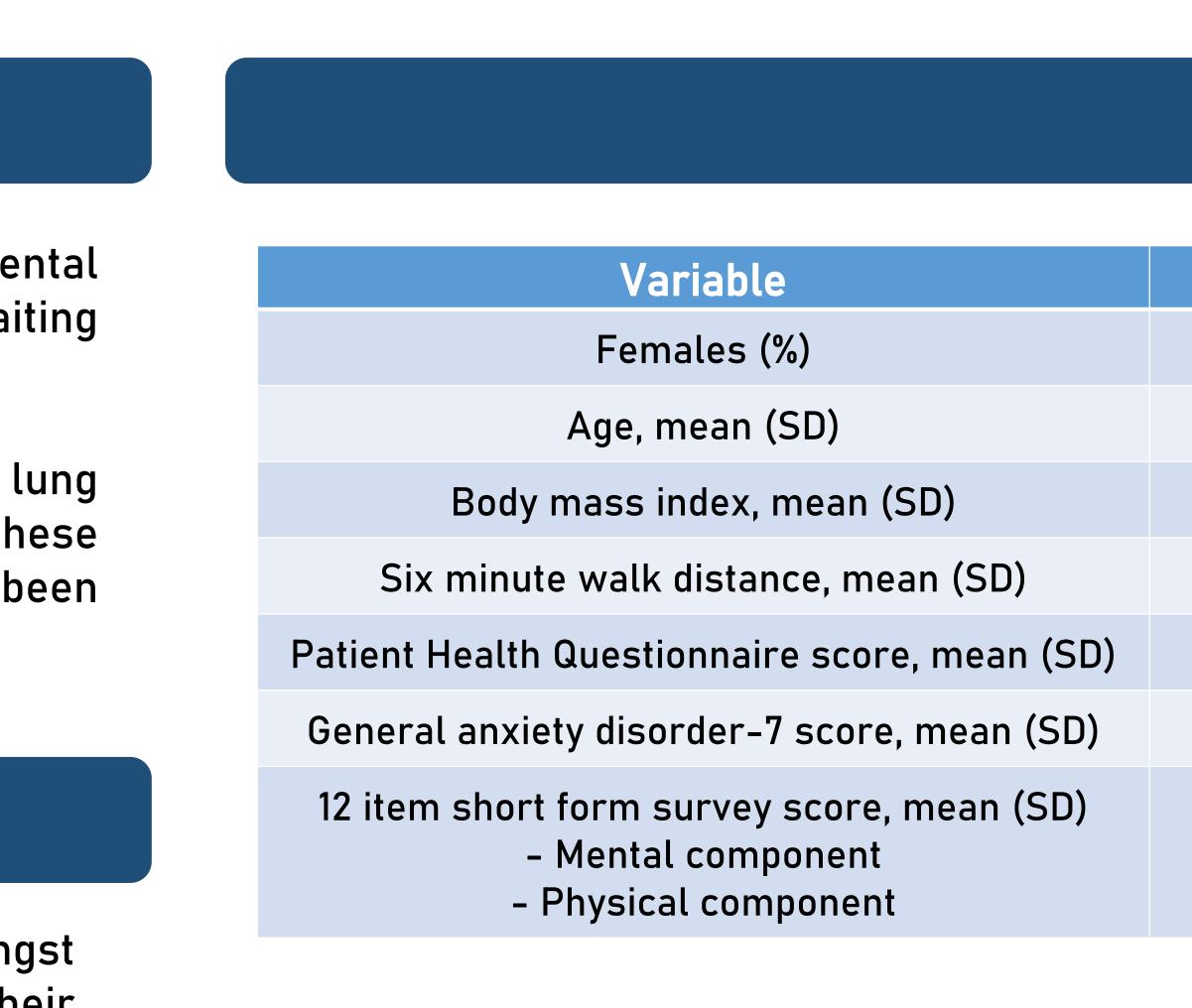
- The Patient Health Questionnaire (PHQ-9), a 9 item questionnaire to establish severity of depression
- The Generalized Anxiety Disorder scale (GAD-7), a 7 item questionnaire to screen for anxiety

Outcome Health-related quality of life, as measured by the 12-item short form health survey (SF12) with physical and mental component summary scores (PCS & MCS) assessed at the same time as the mental health measures.

Statistical Analysis

Using multiple linear regression adjusted for age, gender, and diagnosis, we identified whether depression or anxiety was associated with the SF12 MCS or PCS.

Influence of depression and anxiety on health-related quality of life while awaiting lung transplantation Ahmed WS^{1*}, Chowdhury N², Mathur S³, Abbey SE⁴, Singer LG⁵





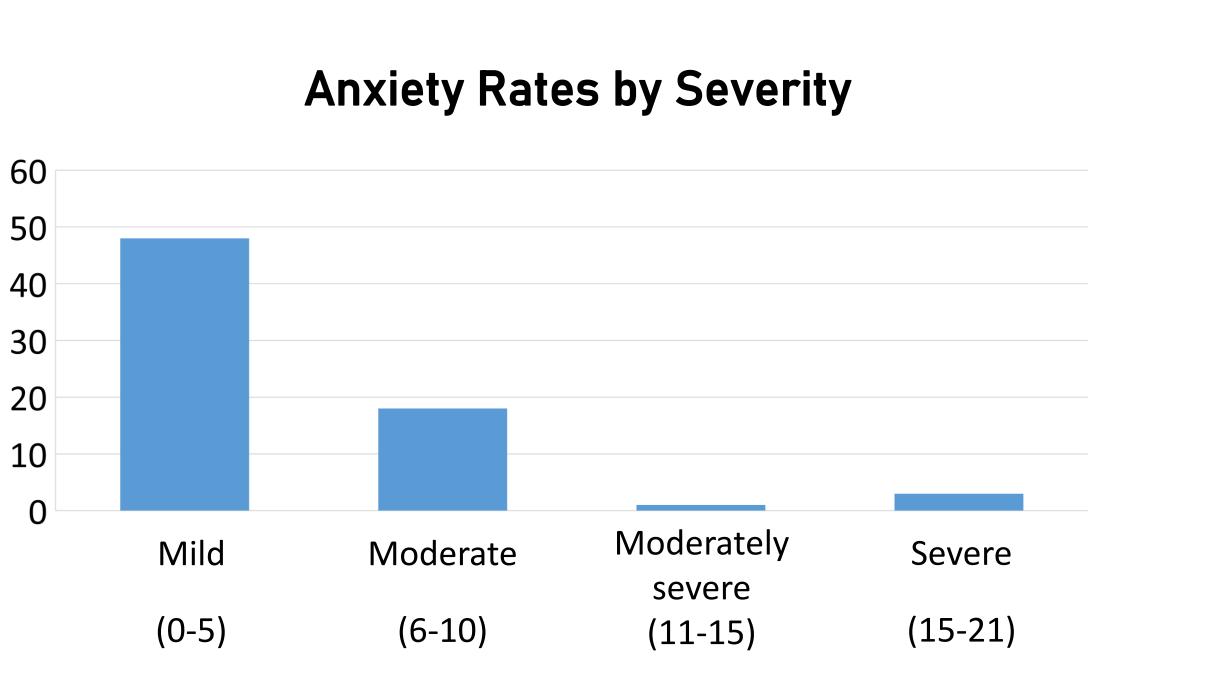


Figure 3. Number of patients with anxiety (GAD7).

Multiple regression evaluating the effect of depression and anxiety on HRQL

	β coefficient	95% confidence interval	p-value
Depression (PHQ-9)	-1.36	-1.78, -0.94	0.0001
Anxiety (GAD-9)	-1.34	-1.78, -0.90	0.0001

*Model adjusted for age, gender, and lung diagnosis

Figure 5. Health-related quality of life as measured by the SF12 mental composite score (MCS) as a function of depression & anxiety.



Results

32 (49%) 59.2 (13.6) 25 (4) 366.9 (84.2) 7.2 (4.5) 4.3 (4.4) 80.7 (10) 49 (9.7) 31.7 (5.4)	
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25 (4) 366.9 (84.2) 7.2 (4.5) 4.3 (4.4) 80.7 (10) 49 (9.7)	32 (49%)
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7.2 (4.5) 4.3 (4.4) 80.7 (10) 49 (9.7)	25 (4)
4.3 (4.4) 80.7 (10) 49 (9.7)	366.9 (84.2)
80.7 (10) 49 (9.7)	7.2 (4.5)
49 (9.7)	4.3 (4.4)
	49 (9.7)

Bronchiectasis COPD n=23 (34%)

Figure 2. Lung diseases leading to transplantation.

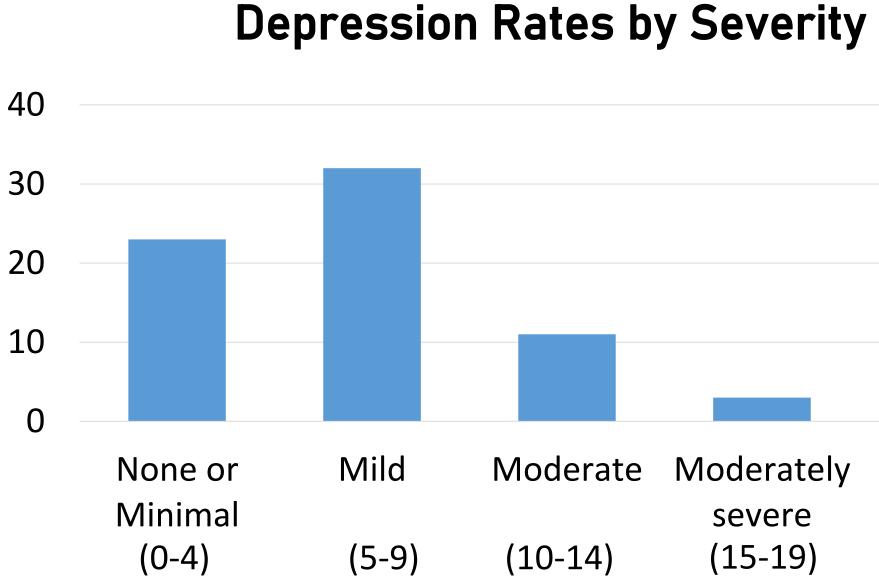


Figure 4. Number of patients with depression (PHQ9).

Conclusions

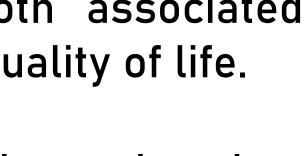
Depression and anxiety were both associated with lower mental health-related quality of life.

Screening for and treating depression and anxiety may represent avenues for improving HRQL amongst transplant candidates.

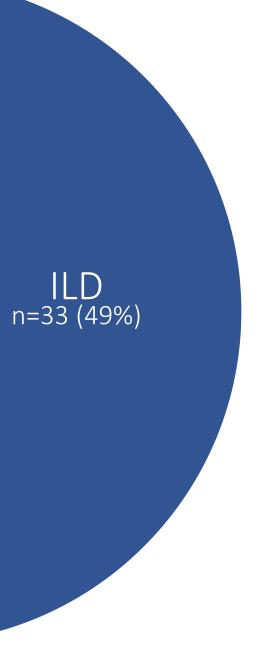
References

[1] Singer LG, Chowdhury NA, Faughnan ME, Granton J, Keshavjee S, Marras TK, Tullis DE, Waddell TK, Tomlinson G. Effects of Recipient Age and Diagnosis on Health-related Qualityof-Life Benefit of Lung Transplantation. American Journal of Respiratory and Critical Care Medicine 2015; 192:965-73. 10.1164/rccm.201501-01260C.

[2] Rozenberg D, Mathur S, Wickerson L, Chowdhury NA, Singer LG. Frailty and clinical benefits with lung transplantation. The Journal of Heart and Lung Transplantation 2018;37(10):1245-1253.



Severe severe (15-19) (20-27)



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