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Introduction: Psychosocial Issues in Kidney Disease



There is a form of Cartesian duality that pervades much of Western medicine in deciphering whether a particular presentation is biomedical or psychiatric in nature. This determination then dictates the patient's diagnosis, treatment, and even care team members. Despite early calls from champions of patient-centered nephrology care,¹ the modern practice of nephrology still lags behind other medical subspecialties (eg, oncology, cardiology) in the systematic application of a broad biopsychosocial approach. Although there has been increasing recognition of the importance of identifying and treating depression² in patients with advanced kidney disease, this represents one step forward in a larger effort to comprehensively address the needs of patients. One dramatic current example of the complex ways science, medicine, and public policy interact with people's personal and cultural beliefs is in people's attitude toward coronavirus disease vaccination. Developing the vaccine was an amazing feat of modern science, but, as we have witnessed, the messaging, education, and accessibility of the vaccine also are essential components to its uptake.

The true relationship between psychosocial and biomedical factors probably can best be described as interdependent and complex.³ The person's psychosocial milieu can impact almost every decision they make across the nephrology care continuum: how active they will be in monitoring and treating early stages of the disease; their willingness to trust and partner with their care team; their perception of their propriety for treatment at home, in-center, or through transplantation; and how aggressively they will pursue active treatment in the face of increasing medical illness. The decisions patients make at these choice points are the result of the varied messages they are receiving from their care team, their culture, community, social circles, and own individual beliefs.

Because of the complex presentation of comorbid psychiatric conditions, it can be difficult for the care team, and even the patient themselves, to identify their psychic reaction as pathologic and often see it as a

natural response to the medical reality. If we are able to look past etiological inferences, we would be more apt to identify the patients' low mood, anxiety, pain, sexual dysfunction, or sleep difficulty as an independent problem worthy of clinical attention. As an example, we can look more closely at the relationship between depression and chronic kidney disease. For people in early stages of kidney disease, intervening on their depression may mitigate against the impact their low mood/motivation will have on their ability to stay healthy through adherence to exercise and dietary recommendations. For patients with advanced kidney disease, the negative impact depression can have on quality of life, self-care behaviors, and even morbidity and mortality has been better studied. With increased attention, hopefully novel treatments will be identified and demonstrated.

In this special issue of *Seminars in Nephrology* devoted to psychosocial issues in kidney disease, the reader will explore state-of-the-science updates to many of the essential key biopsychosocial issues at the forefront of nephrology. With the ever-increasing number of people with advancing CKD, developing successful models for supporting self-care behaviors is essential. The article "A Biopsychosocial Framework of Chronic Illness Care for Durable Behavior Change in Kidney Disease" constructs a novel conceptual model of the key components in supporting self-care behaviors. The next series of articles focus on the salient challenges facing patients with CKD. "Diagnosis and Management of Depression in Patients with Kidney Disease" provides the reader with an up-to-date review of depression and offers pragmatic strategies for its treatment. In "Anxiety Presentations and Treatments in Populations with Kidney Disease," the authors highlight this often-overlooked psychiatric comorbidity and provide treatment guidelines and recommendations. Similarly, in "Emerging Treatments for Insomnia, Sleep Apnea, and Restless Leg Syndrome Among Dialysis Patients," there is a comprehensive review of the literature leading to expert guidelines and treatment recommendations for the most common sleep disturbances. In the article, "Sexual Dysfunction Among Patients With Chronic Kidney Disease," the reader will find a discussion of the complex etiological factors leading to sexual dysfunction in men and women with kidney disease, as well as an overview

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of current treatment strategies. “Emerging Patient-Centered Concepts in Pain Among Adults With Chronic Kidney Disease, Maintenance Dialysis, and Kidney Transplant” provides an overview of the literature on pain in patients with CKD, with an emphasis on novel pharmacologic and nonpharmacologic treatment approaches. The next articles focus on the patient’s broader social context and “Disparities in Mental Health and Well-Being Among Black and Latinx Patients With Kidney Disease” addresses the nexus of mental health, discrimination, and nephrology health disparities in both the black and Latinx communities. “Social Support, Caregivers, and Chronic Kidney Disease” reviews the literature on the benefits of social support and the toll caregiving can exact on one’s social network. The issue concludes with “The Role of Kidney Supportive Care and Active Medical Management Without Dialysis in Supporting Well-Being in Kidney Care,” which is a scholarly review of nondialysis treatment and palliative care options for patients with kidney disease with and without comorbid mental health difficulty.

We are just at the beginning of observing the mental health toll of the coronavirus disease 2019 pandemic.

The prolonged fear and isolation have touched everyone, and we have witnessed remarkable resilience as well as the depths of the struggle under its weighty burden. The topics addressed in this special issue are especially timely and hopefully will serve to bolster the comprehensive care of patients with kidney disease.

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