TRIGGERS TO PSYCHIATRIC REFERRAL IN
RENAL TRANSPLANT ASSESSMENT

(cadaveric kidney, combined kidney & pancreas, live donor kidney transplant)

Pre-transplant assessments cover a potentially wide range of factors, including at times psychological and psychiatric problems. The following are suggested as factors which may require patients to be referred on for psychiatric assessment, either in the Department of Psychological Medicine at the Royal Infirmary (where Dr Potts will see most cases), or to local psychiatric services for those living at a distance from Edinburgh. The aims of these assessments are:

1. to identify patients who may need additional support before or after transplantation and to engage them with appropriate local support services.
2. to identify patients for whom transplantation may be inappropriate on psychosocial grounds.

FACTORS TO CONSIDER:

1. Active current substance misuse (where current means within the last six months)
   a) Alcohol – either
      - (i) high levels of consumption without harm;
      - (ii) harmful use
      - (iii) dependence
   b) Illicit drug misuse
   c) Dependence on prescribed medication (particularly for example opiates and/pr benzodiazepines)

2. Evidence of problematic non-compliance with current or previous medical treatments (including for example, insulin and other treatments for diabetes, anti-hypertensives, antibiotics and so on, and non-attendance at appointments in hospital clinics and primary care).

3. Evidence of mental illness which is either:
   a) current
   b) recurrent
   c) previous but severe

4. Most commonly any such mental illness will be depression, which can vary widely in severity but the following count as severe, even if currently stable and require further psychiatric referral:
   i) bipolar affective disorder
   ii) schizophrenia or other psychotic illness
   iii) learning disability or other cognitive impairments
5. Previous deliberate self-harm (either overdose or self-mutilation). Any episode within the last 5 years or a life total of more than 5 episodes should act as factors to trigger psychiatric referral.

6. Live Donors

Evidence of:
   a) Any of the above factors affecting potential donors, as well as recipients or
   b) Significantly dysfunctional family relationships particularly between the recipient and prospective donors.

If there is doubt about whether a psychiatric referral is appropriate or not, Dr Potts would be happy to discuss this.

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