## ALTRUISTIC KIDNEY DONATION

South Africa, 28th SATS \& SATiBA
September 2019
Willij Zuidema

## The Netherlands



## South Africa and The Netherlands


121.912 km
55.000.000 inhabitants

11 languages
Football, cricket rugby and boxing
Desert, sub-tropical
Elephant, lion, rhino, hippopotamus, leopard


41.526 km
17.000.000 inhabitants

2 languages
Football, skating, cycling and swimming
Moderate maritime climate
Cow


## SCOPE OF THE EUROPEAN PROBLEM

| 120.000 | On dialysis |
| :---: | :--- |
| 65.000 | Waiting for a transplant |
| 25.000 | Transplanted per year |
| $3-5$ years | Wait time |


5.500 Die on wait list per year
?? Removed from wait list
?? Not even on wait list

## EUROTRANSPLANT KIDNEY WAITLIST



## EUROTRANSPLANT KIDNEY WAITLIST 2018

Waitlist: $11.105 \rightarrow 10.791$

| Inflow: | 5.999 |
| :--- | :--- |
| Outflow: | 6.313 |

Outflow:
$3.480+1.326=4.806$ transplants
1.507 dead/delisted/NT (24\%)

## DUTCH KIDNEY WAITLIST 2018

Waitlist: $673 \rightarrow 741$

Inflow:
Outflow:
1.433

Outflow:
$512+532=1.044$ transplants
389 dead/delisted/NT $(27 \%)$


## INCREASE THE DONOR POOL

- Expand deceased donor criteria
- Opt out legal system
- Active promotion of living donation


## ALIVE WITH FUNCTIONING KIDNEY



## PRE-EMPTIVE TRANSPLANTATION



## INCREASE THE LIVING DONOR POOL

## ALTERNATIVE PROGRAMS

- Genetically related
- Genetically unrelated
- Kidney exchange
- Unspecified donation
- Domino-paired chains
- ABOi, HLAi, densensitization



## DIRECT TO WAITLIST RECIPIENT



## DOMINO-PAIRED TRANSPLANTS



## SMALL CITY IN BIG CITY



Erasmus MC Rotterdam

## RESULTS



## UNSPECIFIED DONATION ROTTERDAM ${ }_{(\text {²0 } 2 \text { 禺 }}$

| REQUEST | SCREENING | ACCEPTED | DONATED |
| :--- | :--- | :--- | :--- |
| 390 |  |  |  |
|  | 258 |  |  |
|  |  | 172 | 160 |

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## DONOR CHARACTERISTICS

|  | Unspecified |
| :--- | :---: |
| N | 160 |
| Male/Female | $76 / 84$ |
| Age of donor | $58(21-89)$ |

## RESULTS

| PERFORMED | N | TotaL <br> TXP |
| :--- | :---: | :---: |
| Doublet | 76 | 152 |
| Triplet | 12 | 36 |
| Quartet | 4 | 16 |
| TOTAL | 92 | 204 |
| 1-1 | 68 | 68 |
| TOTAL | $\mathbf{1 6 0}$ | $\mathbf{2 7 2}$ |

## MOTIVATION

Way of life, blood donor, voluntary work
Kidney disease in their environment
Stories in the media about organ shortage
Serious illness in their environment
Prefer to give by life
Bereavement and give new life
Moral duty

## Religion

Give something back to the medical staff as gratefulness

## MENTAL HEALTH AMONG UNSPECIFIED LIVING KIDNEY DONORS AFTER DONATION

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## AIM

1. To investigate the mental health after anonymous kidney donation (quantitative)
2. To investigate the experience of anonymous donation (qualitative)
$>$ anonymity
> impact on life, physical and mental health
> attribution of problems to donation

## RESEARCH QUESTIONS (quantitative)

- How many donors reported positive psychological well-being after donation?
- How many donors reported psychological symptoms after donation?
- How many donors received a psychiatric diagnosis after donation?
- Which diagnoses are reported?
- Did this develop before or after donation?
- Does the donor attribute psychological problems to donation?


## METHODS - PARTICIPANTS \& PROCEDURE

## Participants

> Anonymous donation between 2000-2016, > 18 years

## Procedure

> IRB approval
$>$ Invited for an interview \& questionnaires
> Interviews in the hospital or at home (Feb 2018 - August 2019)
> Audio recorded \& transcribed

## METHODS - MEASURES

## Questionnaires

Psychological well-being
> Dutch Mental Health Continuum short-form

## Psychological complaints

> The Symptom Checklist SCL-90

## Interview

Psychiatric diagnosis
> Step 1. M.I.N.I. screen (interviewer)
> Step 2. on indication M.I.N.I. plus (psychologist)

## METHODS - INTERVIEW

## Recorded interview with open questions regarding 3 moments:

\(\left.\begin{array}{l}Screening <br>
Donation <br>

Follow-up\end{array}\right\}\)| - Experiences |
| :--- |
| - Expectancies |
| - Reaction from the social network |
| - Anonymity |
| - Psychopathology |
| - Psychotropic medication use |

## DONATION 2000-2016

| Performed | N altr | Totaal Transplants |
| :--- | :---: | :---: |
| Doublet | 68 | 136 |
| Triplet | 10 | 30 |
| Quartet | 3 | 12 |
| TOTAL | $\mathbf{8 1}$ | $\mathbf{1 7 8}$ |
| $1-1$ | 66 | 66 |
| TOTAL | $\mathbf{1 4 7}$ | $\mathbf{2 4 4}$ |

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## RESULTS

> 147 unspecified donors in study period
11 donors died not related to the donation procedure, after a median follow-up of 51 (7-164) months
> 136 eligible
114 consented to participate
52 male and 62 female.
The age at time interview was median 66.5 years (25-94)
Follow up time median 76.5 (24-178) months

## Results - positive wellbeing

| (Dutch) Mental Health Continuum (N=114) | Mean <br> Unspec <br> donors | Average <br> score <br> gen pop* |
| :--- | :--- | :--- |
| Emotional well-being <br> (positive emotions and life satisfaction) | 3.91 | $3.67^{*}$ |
| Socal well-being <br> (social acceptance, contribution, integration) | 2.73 | $2.33^{* * *}$ |
| Psychological well-being <br> (personal growth, self-acceptance, autonomy) | 3.31 | 3.18 |
| Total positive well-being | 3.24 | $2.98^{*}$ |

## Results - psychological symptoms



■ very low-average
■ above average-very high

## Results - psychological symptoms

Responses to specific questions of interest:
\% responding quite a lot / very much in the past week
$>$ Feeling lonely $=3$
> Feelings of guilt $=2$
$>$ The idea that something is wrong with your mind $=2$
$>$ Thoughts about dead or dying $=7$
$>$ Thoughts about ending your life $=4$

## RESULTS - MINI Screen

114 MINI Screen interviews completed

- NO indication for M.I.N.I. plus interview $=60$ (53\%)
- YES an indication for M.I.N.I. plus interview $=54$ ( $47 \%$ )
- Diagnosis from Mini PLUS = 36 (32\%)


## Results - MINI Plus

## 36 (32\%) actual diagnosis(es)

|  | Sub-scales | N | \% Yes | Sub-scales | N | \% Yes |
| :---: | :---: | :---: | :---: | :---: | :---: | :---: |
| 6 Risk low <br> 4 Risk moderate | Depressive disorder - present | 5 | 4.5 | Obsessive Compulsive Disorder | 0 | 0 |
|  | Depressive disorder -past | 11 | 10 | Post-traumatic Stress Disorder | 14 | 11 |
|  | Dysthymia | 10 | 9 | Alcohol abuse - present | 1 | 1 |
|  | Suicidality | 10 | 9 | Alcohol abuse - past | 3 | 3 |
|  | (Hypo-) Manic episode - past | 3 | 3 | Substance abuse - past | 1 | 1 |
|  | Panic disorder - present | 1 | 1 | Psychotic Disorder - NOS | 1 | 1 |
|  | Panic disorder - past | 3 | 3 | Bulimia nervosa - past | 1 | 1 |
|  | Agoraphobia - present | 3 | 3 | Generalized Anxiety Disorder | 7 | 6 |
|  | Agoraphobia - past | 1 | 1 | ADHD | 6 | 5 |
|  | Social phobia | 1 | 1 | Adaptation disorder | 2 | 2 |

## RESULTS - TREATMENT

| N=114 | BEFORE <br> DONATION | AFTER <br> DONATION |
| :--- | :--- | :--- |
| Psychological/psychiatric treatment | $45(40 \%)$ | $17(15 \%)$ |
| Admission psychiatric clinic | $19(17 \%)$ | $1(1 \%)$ |
| Psychotropic medication | $38(33 \%)$ | $31(27 \%)$ |

## FIRST IMPRESSION

## EXPERIENCES AND EXPECTANCIES

- 5 donors were guilty of serious crimes before donation
- A number of donors reported incest or sexual abuse before the donation
- One donor had planned euthanasia and cancelled this after the donation


## CONCLUSION

- High willingness to participate (84\%)
- Psychological symptoms and psychiatric diagnosis comparable with prevalence in general population/norm scores
- There is an underreporting before donation of psychiatric diagnosis and criminality
- Psychological well-being generally appears high
- No psychological harm, potentially benefits, even among those with a psychiatric diagnosis before donation


# Thank you <br> Any questions ? 

