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Arabic Summary		

5HT	(Sertonin)
A.A	(Amino Acids)
ACE Is	(Angiotensin converting enzyme inhibitors)
ADMA	(A symmetrical dimethyl arginine)
AL	(Aluminum)
APCs	(Antigen presenting cells)
ARBs	(Angiotensin Receptor blockers)
BDI	(Beck depression inventory)
BDNP	(Brain derived neutrophic factor)
BFU-E	(Burst forming unit- Erythroid)
BMI	(Body mass index)
BUN	(Blood urea nitrogen)
C EPO	(Cabamylated Erythropoietin)
CDI	(Children depression Inventory)
CES-D	(Center for epidemiology studies Depression screaning scale)
CES-DC	(Center for epidemiology studies Depression screaning children scale)
CFU-E	(Colony forming unit erythroid)
CHF	(Chronic heart failure)
CIs	(Cytokines inducible)
CKD	(Chronic kidney disease)

CNS	(Central nervous system)
Creat	(Creatinine)
CRP	(C reactive protein)
DBP	(Diastolic blood pressure)
DM	(Diabetes mellitus)
DMT1	(Divalent metal transporter)
DOPPS	(Dialysis outcomes and practice patterns study)
DSM III	(Diagnostic and statistical manual of mental disorders type III)
ECG	(Electrocardiogram)
EEG	(Electroencephalogram)
EMA	(European medicine Agency)
ENOS	(Endothelial nitric oxide synthetase)
EPO	(Erythropoietin)
EPOR	(Erythropoietin receptor)
ERI	(Erythropoietin resistant index)
ESA	(Erythropoietin stimulating agent)
ESRD	(End stage renal disease)
ET-1	(vasoconstrictor endothelial-1)
FDA	(Food and drug administration)
HADS	(Hamilton Anxiety depression rating scale)
Hb	(Hemoglobin)
HCP	(Hematopoietic cell phosphate)

HCT	(Hematocrit)
HD	(Hemodialysis)
HF-HD	(High flux hemodialysis)
HTN	(Hypertension)
INOS	(Inducable nitric oxide synthetase)
ISHD	(Ischemic heart disease)
IV	(Intravenous)
JAK2	(Janus kinase 2)
KDIGO	(Kidney disease improving global outcomes)
KDOQI	(Kidney Disease Outcomes Quality Initiative organization)
LF-HD	(Low flux hemodialysis)
MAP	(Mitogen- activated protein)
MCH	(Mean corpuscular hemoglobin)
MCHC	(Mean corpuscular hemoglobin concentration)
MCV	(Mean corpuscular volume)
MHI-S	(subscale of medical outcome study short form 36 index)
NE	(Nor Epinephrine)
NF KB	(Nuclear factor Kappa B)
NKF	(National kidney foundation)
OL-HDF	(Online hemodiafiltration)
PGF 2X	(Prostaglandin 2X)
PGI2	(Vasodilator Prostacyclin)

Phosph	(Phosphorus)
PI3K	(Phosphatidyll inositol 3 kinase)
PLT	(Platelets)
PTH	(Parathyroid hormone)
rhEPo	(recombinant human Erythropoietin)
RhEPO	(Recombinant human Erythropoietin)
SBP	(Systolic blood pressure)
SC	(Subcutanous)
SNRIs	(Serotonin/Nor epinephrine reuptake inhibitors)
SOCs	(Suppressor of cytokine signaling)
SSRIs	(Selective serotonin reuptake inhibitors)
STATs	(Signal transducer and activator of transcriptions)
TCAs	(Tricyclic antidepressants)
TFR	(Transferrin receptor)
TIBC	(Total iron binding capacity)
TSAT	(Transferrin saturation)
TSH	(Thyroid stimulating hormone)
TXB2	(Thromboxane B2)
URR	(Urea reduction ratio)
WBCs	(White blood cells)
WISE	(Woman's ischemic syndrome evaluation)

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THE RELATIONSHIP BETWEEN DEPRESSIVE SYMPTOMS AND ERYTHROPOIETIN RESISTANCE IN HEMODIALYSIS PATIENTS

THESIS

Submitted for Partial Fulfillment of Master Degree
In internal Medicine

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العلاقة بين أعراض الاكتئاب والمقاومة للإريثروبويتين في مرضى الأستصفاء الدموى المزمن

رسالة

توطئه للحصول على درجه الماجستير في أمراض الباطنه العامه

airab air

الطبيبة/ زينب جابر عبد الراضى بكالوريوس الطب و الجراحه جامعة عين شمس

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> كلية الطب جامعة عين شمس ٢٠١٥



First of all, thanks to *Allah* whose magnificent help was the main factor in completing this work.

I would like to express my deep gratitude to **PROF. DR. IMAN IBRAHIM SARHAN**, Professor of Internal Medicine and Nephrology, Faculty of Medicine, Ain Shams University, for her guidance, continuous encouragement and great help to get this work done. I would like to deeply thank her for her guidance, patience, understanding and valuable time she spared in completing this work.

Words cannot express my appreciation to **DR. MAHA ABD EL MONEIM BEHAIRY**, Lecturer of Internal Medicine and Nephrology, Faculty of Medicine, Ain Shams University for everything she has done with me during the time of this study.

No words can express my deep sincere feelings Towards **DR. REEM EL SAYED MOHAMED HASHEM**, Lecturer of Psychiatry, Faculty of Medicine, Ain Shams University for her continuous encouragement, guidance and support he gave me throughout the whole work.

Last but not least, sincere gratitude to *My Family* for their continuous encouragement and spiritual support.



سورة البقرة الآية: ٣٢

Introduction

End stage renal disease (ESRD) has a significant impact on not only the physical but also the psychological aspects of the patient's life. Depression is generally accepted to be the commonest psychological problem encountered in patients with ESRD (Saeed et al., 2012).

The prevalence of depression among dialysis patients varies from 8.1% to 65.4%. Depression was strongly associated with mortality and hospitalizations in a large cohort of prevalent hemodialysis (HD) patients maintained on dialysis for a median time of >2.4 years (**Eduardo L et al., 2012**).

Patients on HD are thought to be highly susceptible to emotional problems because of the chronic stress-related to disease burden, dietary restrictions, functional limitations, associated chronic illnesses, adverse effects of medications, changes in self-perception and fear of death (**Kojima et al., 2010**).

The mechanisms linking depressive symptoms with poorer outcomes in patients receiving hemodialysis are not fully understood. A proposed framework linking depressive symptoms along two pathways, one biological and one behavioral. The biological pathway involves the

inflammatory response, which can be associated with poorer nutritional stores and the development of atherosclerotic cardiovascular disease. The behavioral pathway includes the effect of depressive symptoms on adherence to treatment regimens (**Khalil et al., 2010**).

Anemia is a common complication in hemodialysis (HD) patients, mainly due to the insufficient production of erythropoietin (EPO) by the failing kidneys. Anemia itself can worsens cardiac function, cognitive function, exercise capacity, quality of life, and it has been independently associated with increased mortality and progression of renal disease (José et al., 2013).

The introduction of recombinant human EPO (rhEPO) therapy to treat anemia of chronic kidney disease (CKD) patients improves patients' quality of life. However, 5-10% of patients develop resistance to rhEPO therapy (Gaweda et al., 2010).

Resistance to rhEPO therapy has been associated to inflammation, oxidative stress and "functional" iron deficiency, as major causes (Gaweda et al., 2010).

Erythropoietin (Epo) has interesting properties, as a novel therapeutic agent in neuropsychiatric diseases because of its direct neurobiological actions mediated through a non-haematopoietic Epo receptor system in

Introduction

the brain and several complex biochemical pathways mediate these actions (Michael et al., 2005).

Resistance to erythropoietin (EPO) treatment has been associated with inflammation and malnutrition in hemodialysis (HD) patients. Depression has also been associated with both inflammation and malnutrition; however, the specific relationship between depressive symptoms and EPO resistance is not known (Afsar, 2013).