Psychosocial Aftercare After Organ Transplantation

In addition to the organ pathology following organ transplantation that is described in the article, allotransplantation may be associated with a multitude of psychological stress reactions and disorders.

Physically severely ill patients associate their organ transplantation procedure with their hopes for health and wellbeing. For many patients, the need for lifelong drug treatment, the possibility of organ failure, the damage to other organ systems as a result of immunosuppression, or the associated risk of developing cancer are not compatible with a life free from fear and anxiety and a sufficiently high quality of life. In order to be able to experience the donor organ and the associated lifestyle changes not as a threat but a life enhancing event, patients often need to completely deny the existence of such risks in their everyday lives. The possible result includes problems with adherence, meaning: the ability and willingness of a patient to participate actively in the implementation of a therapeutic regimen. This entails, for example, the reliable administration of the prescribed immunosuppressive drugs. Non-adherence has been shown to be associated with an increased risk for acute rejection, infections, and chronic rejection of the transplanted organ (1, 2).

After a transplantation procedure, the fear of transplant rejection and failure is a stressor that can trigger anxiety related and depressive adjustment disorders after the operation. Equally, psychological acceptance of the donor organ can present a formidable difficulty and may manifest as depressive symptoms or identity disorders. Recent studies have therefore pointed out a need for more psychosocial aftercare in transplant patients (3).

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In Reply:

From our own experience we wholeheartedly support Dr. Wutzler and Dr. Venner's request for psychosocial aftercare. We obviously did not dedicate enough space to this important subject in our article. Prof. Floege and Dr. Brandenburg emphasize the importance of customizing therapy to the patient if complex bone disease develops and with regard to the recommended fluid intake. We thank the authors for this valuable addition to our article. We also thank Prof. Gürtler for pointing out that an article such as ours needs to focus on our readers in Germany in a country specific way. We cannot but agree, and have to concede, that the box on page 154 contains information that is primarily relevant for the US, but probably rather less so for Germany. We thank Prof. Gürtler for his helpful comments to your readers. The whole subject of aftercare after organ transplantation is wide and is characterized by a multitude of interdisciplinary interfaces. In our everyday experience, we continue to learn that this task can be tackled and handled successfully only by means of interdisciplinary collaboration and cooperation. The same is true for our article and the reader's responses to it.

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Conflict of interest statement

The authors of all contributions declare that no conflict of interest exists according to the guidelines of the International Committee of Medical Journal Editors.