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Clinical family pre-transplant interviews: An efficient way to predict psychosocial difficulties after paediatric liver transplantation with a living donor

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Abstract

Introduction: From 1984 to 2018, 1115 paediatric liver transplantations (PLTs) have been performed, of which 433 with living donors (LD). In 2000, the Live Organ Donor Consensus Group has formulated a statement according to which “a psychological evaluation is necessary for each potential donor” [i]. Accordingly, we systematically conduct pre-transplant psychological interviews, which consist at least in a clinical family interview. We hypothesize that such approach may predict psychosocial difficulties for families in the course of the transplant. Methods: Content analysis of 130 pre-transplant reports written between 1/07/2014 and 31/10/2018 were reviewed, as well as personal prospective notes by the psychologist, in the follow-up of the families after transplantation during the same period, together with interviews with the co-ordinator of the transplant program, the surgeon, and the chief nurse, to triangulate the data from our own personal notes. Results: The results hereafter are based on the systematic analysis of the first 54 situations of living donor paediatric transplantation. After transplantation, 39/54 (72%) families did not experience particular psychosocial difficulties whereas 15 (28%) needed psychosocial support. Only 9 of these 15 situations had been identified as being at risk, through our clinical interview before transplantation. The red flags identified by the psychologist in relation to these families were in adequacy with the type of difficulties experienced after transplantation, such as tensions within the parental couple, psychosocial fragility of one parent, and previous death of children. Looking at the remaining 6 (11%) whose psychosocial risk had not been identified we analysed whether it would have been possible to predict post-operative psychosocial events or adjustments, based on our pre-transplant

psychological assessment. In 3 situations, medical complications and a long hospitalization were the main determinant of the subsequent psychosocial difficulties, which were therefore not predictable. In 3 situations however, the risk might have been predicted if we had investigated more in-depth the larger environment and history of the family, for instance a previous loss of a child in one family, a history of long period of mother-child separation in another, and a complex relationship between a donor candidate and his recent girlfriend. Conclusion: Our results based on the systematic analysis of 54 psychological pre-transplant reports suggests that a systemic approach with at least a clinical family interview predicts in 48/54 (89%) psychosocial risks and points of attention for living donor candidates and their family before paediatric liver transplantation. In the 6/54 (11%) remaining situations, we hypothesize that a more in-depth systemic approach may improve our prediction of psychosocial difficulties.

Disease terms

complication

Other terms

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