Pielęgniarstwo w opiece długoterminowej
Kwartalnik międzynarodowy

LONG-TERM CARE NURSING
INTERNATIONAL QUARTERLY

ISSN 2450-8624 e-ISSN 2544-2538
tom 5, rok 2020, numer 4, s. 315-324 vol. 5, year 2020, issue 4, p. 315-324

DOI: 10.19251/pwod/2020.4(5)

Maciej Leki[1],A-F, Katarzyna Juszczak[1],E

A MODEL OF NURSING CARE FOR A PATIENT WITH DEPRESSED ELDERLY – CASE STUDY

Model opieki pielęgniarskiej nad pacjentem z depresją wieku podeszłego studium przypadku

[1]Wydział Nauk o Zdrowiu – Katedra Pielęgniarstwa, Państwowa Wyższa Szkoła Zawodowa w Kaliszu, Polska

A – Koncepcja i projekt badania, B – Gromadzenie i/lub zestawianie danych, C – Analiza i interpretacja danych, D – Napisanie artykułu, E – Krytyczne zrecenzowanie artykułu, F – Zatwierdzenie ostatecznej wersji artykułu

Abstract (in Polish):
Depresja wieku podeszłego dotyczy coraz większej liczby pacjentów, zwłaszcza obciążonych wywiadem chorób somatycznych, takich jak przebyty udar mózgu, choroba nowotworowa i inne. Chorzy w wieku podeszłym częściej koncentrują się na objawach somatycznych depresji, zgłaszając liczne dysfunkcje, co także jest związane z częstszym ryzykiem samobójstw niż w pozostałych grupach wiekowych. Problematyka depresji wieku podeszłego w świetle najnowszej literatury przedmiotu, opisywana jest w grupie wiekowej 65 lat i powyżej stanowiąc jeden z najpoważniejszych problemów zdrowotnych związanych z zaburzeniami nastroju, biorąc pod uwagę częstość rozpowszechniania w ciągu życia. Prezentowany opis przypadku przedstawia mnogość problemów pielęgnacyjnych, które mogą wystąpić u każdego pacjenta z depresją wieku podeszłego. Deficyt w zakresie samoopieki, izolacja i wycofanie społeczne, trudności w nawiązywaniu kontaktu, zaburzenia procesów poznawczych, zaburzenia snu, utrata apetytu, zwiększone ryzyko popełnienia samobójstwa to problemy do rozwiązania, w których pacjent potrzebuje wsparcia personelu pielęgniarskiego. Prawidłowo zaplanowane i realizowane interwencje pielęgniarskie pozwolą pacjentowi na szybszy powrót do samodzielności i podjęcia ról społecznych.

Abstract (in English):
Elderly depression is affecting an increasing number of patients, especially those with a history of somatic diseases such as past stroke, cancer and others. Elderly patients are more likely to focus on the somatic symptoms of depression, reporting multiple dysfunctions, which is also associated with a higher risk of suicide than in other age groups. The issue of elderly depression in the light of the most recent literature on the subject is described in the age group of 65 years and above and is one of the most serious health problems related to with mood disorders, given the frequency of distribution throughout life. This case study presents the multitude of care problems that can occur in any patient with depression in old age. Self-care deficit, social isolation and withdrawal, difficulties in establishing contact, cognitive processes disorders, sleep disorders, loss of appetite, increased risk of committing suicide are the problems to be solved in which the patient needs the support of nursing staff. Properly planned and implemented nursing interventions will allow the patient to return to independence and assume social roles more quickly.

Słowa kluczowe (j. polski):
opieka pielęgniarska, problemy pielęgnacyjne, depresja wieku podeszłego.

Keywords ((in English):
nursing care, elderly depression, grooming problems.

Received: 2020-03-26
Revised: 2020-09-07
Accepted: 2020-11-17
Final review: 2020-09-25

Short title
Model opieki pielęgniarskiej nad pacjentem z depresją.

Corresponding author
Maciej Leki, Wydział Nauk o Zdrowiu – Katedra Pielęgniarstwa, Państwowa Wyższa Szkoła Zawodowa w Kaliszu, Polska; email: m.janosik@wp.pl

Authors (short)
M. Leki, K. Juszczak

Introduction

Elderly depression is affecting an increasing number of patients, especially those with a history of somatic diseases such as past stroke, cancer and others. Elderly patients are more likely to focus on the somatic symptoms of depression, reporting multiple dysfunctions, which is also associated with a higher risk of suicide than in other age groups. The issue of elderly depression in the light of the most recent literature on the subject is described in the age group of 65 years and above and is one of the most serious health problems related to with mood disorders, given the frequency of distribution throughout life [1,2,3].

Depression is a disorder affecting 15% of the population of the described age group, and the frequency of deep depressive states is 2-4%. In recent years, the incidence of depression has increased worldwide and an increased percentage of depression is still observed in Poland [4].

From the point of view of epidemiological and diagnostic reports, it is puzzling that the prevalence of disease symptoms among women in this group is higher, who have already had depressive states before. Symptoms of depression in old age very often occur in CNS diseases and injuries, such as Parkinson's disease in 30-50% of patients or Alzheimer's disease in 20-30% of patients, which suggests a link between these diseases and causes difficulties in diagnosis and differentiation[5].

The aim of this paper is to present the nursing care of a patient with elderly depression based on a case study.

Case presentation

Mr. A. K. – 79 years old

Medical diagnosis:

Depressive syndrome with complex activity disorder.

Patient admitted to the hospital ward due to physical and mental incapacity, weakness and withdrawal from active life. As a result of the medical examination and the collected history, it was established that the patient's condition has deteriorated over the last few months, which the doctor described in his medical records as: depressive syndrome associated with complex activity disorders. On admission, the patient reported:

- a lowered mood,
- a feeling of sadness and indifference,
- a constant feeling of anxiety, growing in the last days before admission to the psychiatric ward,
- sleep disturbances and decreased life activity,
- a growing lack of appetite.

The patient is currently on day three of hospitalization.

Nursing diagnosis

Patient's conscious. The patient shows difficulties in establishing and maintaining verbal and extraverbal contact, isolates himself from the environment and presents a withdrawal attitude. There are symptoms of a disturbed daily rhythm. Patient reports difficulties with falling asleep, wakes up at night. The hospitalised person is partially deficient in self-care and self-management. Due to hygienic negligence, the patient requires support and help with care activities. The patient in a visibly reduced mood, represents a low level of self-esteem, presents a catastrophic vision of the future and no prospects for further life. The patient also suffers from a disorder of cognitive processes associated with a misperception of reality. In recent weeks, the patient has developed a loss of appetite and aversion to meals, which resulted in weight loss and physical weakness. The patient has no knowledge of the disease and shows a total lack of criticism. He also does not know the methods of proper management in the situation of exacerbation of disease symptoms and methods of elimination of anxiety. The disease is a serious obstacle in the patient's life functioning. The hospitalised person is reluctant to cooperate with the medical personnel. Starting from the first day of his or her stay in the ward, the patient is treated and supported in mental and physical activation, but refuses to participate in treatment and rehabilitation proceedings.

The patient is a retired military officer. He runs an independent household.

Measurements taken of the patient's physical condition:

- heart rate: 74 beats per minute, steady, properly tensioned,
- blood pressure: 100/60 mmHg,
- breath: 16 breaths/min, steady, medium deep, performed with moderate effort,
- body temperature: 36.4°C,
- weight: 56 kg,
- height: 180 cm.

Nursing care model

The following nursing problems were identified during patient care:

Care problem 1: Deficit in self-care and self-care due to deterioration of adaptive mechanisms and disruption of cognitive processes.

The purpose of care:

- to meet the needs of everyday life and motivate the patient to take initiative in this area,
- to give the patient a sense of security.

Nursing interventions:

- to assess the extent of the patient's self-reliance and need for care,
- to establish a daily activity plan together with the patient,
- to accompany the patient and show support,
- to help you do the whole-body toilet,
- helping you change your underwear and bed linen,
- to help make the bed,
- to give the patient a sense of intimacy,
- controlling the patient while he's eating,
- evaluation of the calorific and water-electrolyte balance,
- encouraging the patient to cooperate and act independently,
- explaining to the patient the purpose of the activities.

Evaluation of actions taken:

- the patient shows more independence in performing daily activities,
- the patient feels taken care of and safe.

Care problem 2: Isolation and social withdrawal due to weakened interpersonal relationships.

The purpose of care:

- strengthening and improving interpersonal relations.

Nursing interventions:

- ensuring the patient's individual relationship with members of the therapeutic team,
- encouraging participation in group activities,
- supporting the patient during group activities,
- to show respect and acceptance,

- to give positive feedback,
- to draw the patient's attention to the current reality,
- to maintain distance and care when using the "therapeutic touch".
- motivating the patient to establish relationships with others,
- motivating the patient to undertake social activities,
- using relaxing exercises,
- participation of a nurse in a psychiatric rehabilitation program,
- the participation of a nurse in pharmacological treatment.

Evaluation of actions taken:

- interpersonal relations have improved significantly,
- the patient shows correct behaviour in social contacts.

Care problem 3: Difficulties in establishing and maintaining contact due to growing anxiety and under-estimation.

The purpose of care:

- improving and maintaining the ability to communicate in a socially acceptable way.

Nursing interventions:

- to create the right conditions for contact with a sick person,
- establishing individual contact with the patient, also at non-verbal level,
- positive perception of the patient and self-sacrifice,
- applying the principles of authenticity and openness in contact with the patient,
- to focus on the patient's experience,
- providing feedback,
- the use of therapeutic techniques (e.g. clarifying, paraphrasing, mirroring),
- applying clear rules of conduct in contact with the patient,
- to provide support and assistance in meeting patient needs,
- encouraging the participation of positive experiences in training,
- developing communication skills during group classes (e.g. music therapy, choreotherapy).

Evaluation of actions taken:

- the process of communicating with the patient is characterised by no disruption of information,
- the patient in relation to the staff maintains eye contact and describes his or her own experiences.

Care problem 4: Cognitive process disorders in the course of somatisation and depressive symptoms.

The purpose of care:

- assistance and support in restoring a correct assessment of reality,
- helping to control negative emotions and symptoms.

Nursing interventions:

- distraction from negative experiences and somatization,
- looking for sources of negative emotions,
- creating the right conditions to react to negative emotions,
- observing the patient for worrying somatization symptoms,
- to reduce the intensity of stimuli in the patient's environment,
- to accompany the patient when the symptoms of anxiety are getting worse,
- to convey short and factual messages,
- encouraging the patient to describe his experiences,
- to discuss how to prevent situations that increase anxiety,
- using methods to reduce the feeling of anxiety (e.g. breathing exercises, relaxation),
- distracting attention from negative experiences and directing it towards the surrounding reality,
- encouraging the patient to participate in cognitive therapy,
- encouraging the patient to actively participate in pharmacotherapy.

Evaluation of actions taken:
- cognitive process disorders still visible, patient reports problems with the memory and the execution of complex activities,
- correct assessment of reality shaken.

Care problem 5: Feeling low self-esteem due to negative self-esteem and loss of life roles.
The purpose of care:
- to support the patient in building positive self-esteem,
- to strengthen positively expected social behaviour.

Nursing interventions:
- to maintain frequent contact with the patient,
- developing communication skills and assertiveness,
- to have a therapeutic conversation,
- encouraging the patient to focus on their character's strengths,
- encouraging participation and participation in group activities (e.g. occupational therapy),
- the use of positive reinforcement,
- to include the patient in the responsibility for his or her own self-management activities,
- to set realistic goals for the future with the patient.
-

Evaluation of actions taken:
- a patient who is positive about the proposed actions,
- the patient during the group activities rebuilds a positive self-image and his self-esteem is increasing.

Care problem 6: Sleep disturbances hampering functioning as a result of exacerbating disease symptoms.

The purpose of care:

- improving the quality of sleep and normalizing circadian rhythms,
- to take action to restore the proper amount of sleep.

Nursing interventions:

- monitoring sleep and wakefulness,
- to review the ways of dealing with insomnia,
- encouraging the patient to follow the rules of sleep hygiene,
- controlling that the patient gets up at the same time and avoids naps during the day,
- organizing active leisure activities during the day,
- to eliminate sleep disturbing factors,
- to ensure a suitable microclimate in the sickroom,
- to bed before bedtime,
- assistance in performing hygienic activities and satisfying physiological needs,
- to inform the patient about the need to avoid, eat hard to digest meals and drink more liquids before bedtime,
- using methods before bedtime that have a calming and relaxing effect (e.g. reading, talking, listening to gentle music),
- participation of a nurse in pharmacological treatment and administration of medicines in accordance with a doctor's order.

Evaluation of actions taken:

- the individual circumstances of the patient related to with a need for sleep,
- the around-the-clock rhythm has improved, the patient follows the nurse's instructions.

Care problem 7: Loss of appetite due to deepening depressive moods and the lack of meaning in life.

The purpose of care:

- to improve the patient's appetite,
- maintaining proper body weight and supplementing nutritional deficiencies.

Nursing interventions:

- ensuring a well-balanced diet according to the body's metabolic needs,
- encouraging the patient to take the meals he or she likes,
- controlling and observing the patient for the amount of food consumed,
- keeping a calorific balance of the meals taken,
- to accompany the patient while he's eating,
- education of the patient on the importance of proper nutrition and physical activity,
- weight measurement,
- controlling nutritional deficiencies.

Evaluation of actions taken:

- the patient willingly accepts meals in the company of the nursing staff,
- body weight kept within physiological norm.

Care problem 8: Increased risk of suicide due to lack of future prospects, under-estimation and a sense of hopelessness.

The purpose of care:

- to ensure safety,
- preventing suicidal thoughts and suicidal tendencies,
- to minimise the risk of suicide.

Nursing interventions:

- conducting patient-oriented observation in terms of severity of disease symptoms,
- observing and analysing motor and intellectual activity,
- placing the patient in a room for close observation,
- to identify the causes of patient deterioration,
- restricting access to dangerous objects,
- to limit the number and intensity of external stimuli,
- to provide the patient with individual contact with the nursing staff,
- showing empathy and understanding to the patient,
- making the patient aware of his possibilities and significance for others,
- to accompany the patient at a time of worsening symptoms,
- the use of therapeutic behaviour aimed at preventing the development of autoimmunity,
- to maintain calm and composure in the relationship with the patient,
- using a soft tone of voice,
- respect for the dignity and rights of the patient,
- avoiding showing advantage and judging in the relationship with the patient,
- encouraging the patient to describe his experiences,
- discussing with the patient how to deal with suicidal thoughts and tendencies,
- identifying opportunities for professional support after leaving the hospital (e.g. community psychiatric care team).

Evaluation of actions taken:

- the patient declares his willingness to take action to obtain self-control and keep him safe,
- the patient successfully uses methods to deal with suicidal thoughts and tendencies, effectively distracting attention from negative experiences.

Discussion

Old age depression is associated with limitations in the patient's daily functioning. The problems occurring in a patient with depressive disorders result from deficits in daily activity and psychosocial disorders [6].

Research has shown that depression is one of the most common syndromes occurring in the group of people in the aging population, and senile age is a period conducive to the development of depression due to the occurrence of unfavorable symptoms, such as: deterioration of efficiency and health, changes in social roles, or loss of people from the immediate vicinity [7].

Researchers also indicate that extracerebral factors such as genetic factors are important in the process of ageing and depression. The very specificity of the aging process in the aetiology of depressive

symptoms is also significant. They describe a number of changes in the aging brain: from morphological changes to neural network disorders [7].

In Poland as well as in the whole Europe, the International Classification of Diseases is used to diagnose depression. Currently, the ICD 10 criteria are in force. According to the current classification, a depressive state lasts for various lengths of time, although the criteria assume at least two weeks, assuming that during this period the patient's functioning is clearly different from the previous one, and that the symptoms appearing significantly disorganize everyday life. Diagnosis and diagnosis of depression is sometimes associated with difficulties in recognizing it, which may be caused by a multitude of symptoms and differentiation from other somatic disorders. The basis for diagnosis is always a detailed psychiatric examination preceded by a detailed interview. Laboratory tests or tests are an auxiliary element. The main criterion in the diagnosis of depression is to find at least two basic symptoms, two to four "other" symptoms and at least four "somatic" symptoms [2].

The correct diagnosis of depression is the main factor enabling the patient to understand the symptoms and implement appropriate treatment and rehabilitation, which will improve the quality of life of the patient and his family [4].

The basic principle that applies when treating depressive disorders of people in old age, it is to start therapy with small doses of drugs, slowly increase them and strive for the smallest therapeutically effective doses. According to current medical knowledge, selective serotonin reuptake inhibitors are recommended as effective and safe drugs and others (e.g.: myanserine, myrtasapine) [4].

As supportive and therapeutic treatment, individual and group therapy, cognitive function therapy, as well as a wide range of arthritis classes are used. The presented case report presents a multitude of care problems that can occur in every patient with depression in old age. Self-care deficit, social isolation and withdrawal, difficulties in establishing contact, cognitive processes disorders, sleep disorders, loss of appetite, increased risk of committing suicide are the problems to be solved in which the patient needs the support of nursing staff.

Properly planned and implemented nursing interventions will allow the patient to quickly return to independence and take on social roles.

Conclusions

1. Elderly depression significantly reduces the patient's functioning in all areas of life.
2. The complex situation causes a number of health problems and thus the need for a holistic and interdisciplinary approach to the patient.
3. Working with the nursing process method allows to prepare the patient for self-care. and self--control.

References

1. Kiejna A. Misiak B. Epidemiologia depresji w wieku podeszłym. [in:] Parnowski Tadeusz (ed.) Depresja w wieku podeszłym. Przyczyny, diagnoza, leczenie. Warszawa: Wyd. Medical Education sp. z o.o. sp. k.; 2016
2. Koszewska I. Habrat – Pragłowska E. (ed.) O depresji, o manii, o nawracających zaburzeniach nastroju. Warszawa: Wyd. Lekarskie PZWL; 2003
3. Jaracz J. Zaburzenia psychiczne wieku podeszłego F00 – F09. [in:] Jaracz J. Patrzała A. (ed.) Psychiatria w praktyce ratownika medycznego. Warszawa: Wyd. Lekarskie PZWL; 2014

4. Pruszyński J. Podstawy kliniczne i opieka pielęgniarska w wybranych zaburzeniach psychicznych wieku podeszłego. Available at:
5. Parnowski T. Depresja. [in:] Wieczorowska – Tobis K. Talarska D. (ed.) Geriatria i pielęgniarstwo geriatryczne. Podręcznik dla studiów medycznych. Warszawa: Wyd. Lekarskie PZWL; 2008
6. Górna K. Patrzała A. Inne zaburzenia psychiczne wieku podeszłego. Opieka pielęgniarska. [in:] Górna K. Jaracz K. Rybakowski J. (ed.) Pielęgniarstwo psychiatryczne. Podręcznik dla studiów medycznych. Warszawa: Wyd. Lekarskie PZWL; 2012
7. Broczek. K. Starzenie się a depresja. [in:] Parnowski T. (ed.) Depresja w wieku podeszłym. Przyczyny, diagnoza, leczenie. Warszawa: Wyd. Medical Education sp. z o.o. sp. k.; 2016