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Depression - an interdisciplinary problem of modern nursing. Case study

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Abstract

Introduction. Depression has become a civilization illness in recent years. Epidemiological data show an upward trend in the incidence of this illness, being often of unknown causality. Treatment of depression is multi-faceted, focused on minimizing the symptoms of the illness and psychological support. The nurse as a member of a therapeutic team is required to perform specific professional roles, i.e. therapeutic, remedial, educational, preventive and that of health promotion.

Aim of the study. The aim of the study was to define the nurse's tasks regarding a patient with depression.

Materials and methodology. The study was based on the case study method. An interview, nursing observation, measurement and documentation analysis were used as study techniques, and the study tools applied comprised: patient data collection guide, Beck Depression Inventory (BDI), Scale of Acceptance of Illness (AIS), The Nurses' Global Assessment of Suicide Risk (NGASR), MSE (Mental Status Examination) test, Body Evaluation Esteem Scale (BES).

Findings. During the research process, 11 NANDA nursing diagnoses were determined regarding the patient's health problems. Due to the specificity and the course of the illness, the nursing plan, based on NIC, focuses more on the patient's mental state than on the aspects of somatic origin.

Conclusions. The physical, social and mental condition of the patient with depression depends on the severity of the illness. Nursing problems result from the found clinical

symptoms of the illness. The use of NNN (NANDA, NIC, NOC) allows the use of nursing interventions based on scientific evidence.

Key words: depression, a nurse, NANDA, NIC, NOC

Introduction

Depression is becoming one of the most serious civilization illnesss in the modern world [1], it occupies the infamous first place among the psychological causes of suicides. Unfortunately, it is a illness entity that is not always understood and accepted, but often neglected or ignored by the surrounding environment. As it is commonly known, depression is a illness of the whole system, it affects not only the psychological sphere of a patient, but also more and more often the somatics of the system. It is a chronic disorder, whose treatment, unfortunately, does not result in certain clinical improvement in many cases [2, 3, 4].

Depression is one of the most widespread illnesses in the world. It is estimated that in Poland, 3% of the population suffers from this illness, the European index is higher by one percentage point. Unfortunately, these statistics do not include masked depression. Considering every form of this illness entity, we approach the level of almost 10 percent of the whole world population. The highest incidence rate is in old age (65-85 years), followed by the period of maturity (35-45 years). Unfortunately, there is no detailed research on the occurrence of the illness in adolescence. In addition, women suffer twice as often as men, but every year the index decreases. Due to the stigmatization and social isolation of patients, more than 50% of them do not see a specialist, and thus they are not provided with an adequate therapy. It is also worth highlighting that only in 7% of patients with depression the illness does not remit in the future. Whereas, 25-50% of people suffering from this mental disorder try to commit suicide or do self-self [5, 6, 7].

In the process of diagnosing depression, psychiatrists often turn to cooperative genetic predispositions, physical state of the patient's body and many stressful factors [8].

Causality of depression

The causality of depression is rather unclear, heterogeneous. Most probable seems to be a concept of the biological pathomechanism of depression [9], showing the effect of catecholamine deficiency - noradrenaline (NA), dopamine (DA) and serotonin (5-HT). Abnormalities in the functioning of neurotransmitters were documented by neurochemical, neuroimaging and molecular-genetic research. The researchers were most interested in the influence of stress factors on serotonin transporter polymorphism in patients with depression [8].

One of the most significant roles in depression are also played by genetic factors. Research showed the occurrence of depression in 40-50% of monozygotic twins and 25% in dizygotic twins. The same analyses showed the risk of depression in first degree relatives – i.e. in parents, children or siblings. They were estimated to be 10-25% [8].

The occurrence of depression is also caused by psychological factors such as personality, character traits, response to stress-inducing situations, attitude towards your own self, other people, picture of one's own person and faith in one's own strength. The psychological concept of depression pathogenesis was developed by Aaron Beck - focusing on incorrect cognitive processes concerning one’s own self.

Symptoms of depression

Patients suffering from a mental disorder called depression can experience various symptoms of a varied nature of severity and course. Among the most typical symptoms of depression the following can be distinguished: affective symptoms (depressed mood, sadness, affliction, indifference, loss of interest in the surrounding world, disappearance of social

contacts), cognitive symptoms (negative assessment of one's own self, one's actions and past achievements, guilt, lack of hope), behavioral symptoms (dysfunction in the social group, lower psychomotor propulsion, agitation, anxiety and fear, memory impairment, slow thinking processes), somatic and vegetative symptoms (sleep disorders, chronic fatigue, lack of appetite, weight loss, menstrual disorders, dry mouth, constipation, diarrhea, palpitations, decreased sex drive) [10].

A feature of depression, which undoubtedly cannot be ignored is suicidal thoughts generated by the depressive picture of oneself and the surrounding reality [8]. The cause of death in 15-25% of a depressed patient is a suicide attempt itself. The act of suicide, in the acute phase of depression, can take a special, drastic form in the form of the so-called extended suicide - it results from the patient's conviction that not only their life is meaningless, but also that of their relatives (e.g. family).

Depression is a illness that requires specialized and long-term treatment. Over the years and after conducting many scientific studies, psychiatry has developed effective methods of therapy [3].

Treatment of depression

Pharmacological treatment is the primary treatment for depression [8], which in the acute phase of the illness and in the course of diagnosis should be conducted by a psychiatry doctor, then it can be continued by a general practitioner [12]. Considering such factors as, for example, exacerbation of depression or a suicide risk, a doctor can decide on a treatment mode for a patient - an ambulatory one or hospitalization. Properly conducted pharmacotherapy comprise three stages: diagnosis and treatment of acute phase, maintenance treatment and prevention of remission [12, 3]. Unfortunately, there are not many patients who can receive successful therapeutic help with antidepressants. After two or more correct treatments prove to have been ineffective, such depression is considered drug-resistant. An increasingly popular form of therapy in this case is electroshocks. They show very high efficacy, and the treatment itself is performed under general anesthesia and with muscular relaxation of the patient [8]. This form of treatment is also applied in the case of depression with a high suicide risk, psychotic depression, and when incorporation of pharmacotherapy is contraindicated (e.g. pregnancy) [13].

Psychotherapy is a method supporting pharmacological treatment. There is, of course, a necessity of a diversified use of it in relation to the type and severity of the illness. It should be conducted by experienced members of a psychotherapeutic team and targeted at the patient together with his family [14].

The role of a nurse in diagnosing and treatment process of a patient with depression

All the actions of a nurse taken towards the care of a depressed patient should involve the severity of the illness, accompanying symptoms, a current somatic state, a risk of self-harm or suicide, and environmental conditions of the patient [3]. A nurse, as a member of a therapeutic team, takes an active part in all stages of psychiatric care, whose main goal is to inhibit the acute phase of the illness [15]. The role of a nurse in care of a patient with depression is significant and involves mainly the following functions: therapy, remedy, prevention and health promotion [16].

A nurse, through the *therapeutic function* performs all the tasks aimed at assessing the condition of a patient for the purpose of diagnosing [16]. Thorough observation of the physical and mental condition of a patient as well as the way they react is a necessary condition for diagnosis and treatment [17]. It is of extreme importance for nursing staff to participate in the pharmacotherapy process of a depressed patient. Psychotropic drugs exert specific effects on the structures of the central nervous system, resulting in a great number of side effects and complications.

Symptoms of depression contribute significantly to the deterioration of a patient's performance [10, 18]. Many patients are not able to function in a social group, cope with household duties and even satisfy basic life needs. In acute phases of the illness, it can even lead to life threatening [14].

In the acute phase of the illness, a nurse should repeatedly assess the deficit in the patient's self-care, which can be done using the Katz scale, or by assessing activities of daily living. The implementation of the nursing and care functions may be manifested by helping the patient with daily hygiene activities, caring for good nutrition and hydration of the patient's body and restoring the proper sleep rhythm of the patient.

Treatment of depression and other mental illnesss often requires long-term *therapeutic* and *remedial actions*. Nursing personnel perform one of the most vital functions here, because it is them who spend most of the time with a patient. The scope of remedy as such involves, among others, forms of psychotherapy for a patient together with education for their family. A nurse ought to use any method possible to teach a patient how to cope with stress and situations that overload them and help them to understand their own feelings, emotions and conduct.

The *educational function* is one of the most important elements of modern healthcare. Patients and their families quite often show little knowledge of the essence, procedure and prevention of remission [3]. The education process should consist of two stages. In the first one a nurse should explain the essence of depression, present the causes and characteristic symptoms of the illness, irregular intake of medicines and treatment abandonment are also worth mentioning. The second stage of educating a patient is focused on their psychical and social spheres. The basic tasks of nursing personnel are educating a patient towards the skill of coping with stressful situations, encouraging their family to support them constantly, even after the illness symptoms have remitted.

A nurse performs their *prophylactic function* based on recognizing the health status of a patient. They should plan and realize any activities limiting the risk of the occurrence of potential complications connected with therapy of depression.

Within the framework of a health promotion program, a nurse should promote information on pro-health behaviors and lifestyle. As part of this function, they should prepare a patient to monitor their own health condition effectively, encourage them to undergo regular prophylactic treatment and check-ups in a mental health center, to spend their leisure time actively and maintain mental health hygiene – with adequate amount of time devoted to work, sleep, study and leisure.

Aim of the study, methods and materials

The subject of this study is the role of a nurse in caring for a patient with a mental disorder in the form of depression, while the aim is to determine the role of a nurse in caring for a patient diagnosed with depression.

The case study method was used, and the study techniques included the interview, nursing observation, measurement and documentation analysis. As for the study tools, a patient data collection guide, Beck Depression Inventory *(BDI)* and Scale of Acceptance of Illness *(AIS)*, The Nurses' Global Assessment of Suicide Risk, *NGASR*, MSE test *(Mental Status Examination)* and Body Evaluation *Scale (SOC)* were incorporated.

The study was conducted in the patient's home environment from 04/02/2017 to 06/02/2017. In addition, on 6/05/2017 the patient was paid another visit in order to verify the recommended care plan and perform a health check. Before the start of the study, the patient's consent for participation in it was obtained, she was familiarized with its purpose and course. The study process took place with respect for the dignity and rights of the patient.

Characteristics of the examined patient

The respondent is a thirty-six-year-old woman, a divorcee who has one child and lives in the city. She is the oldest sibling out of the group of four. She has quite a strong emotional bond with her mother. The patient recalls her childhood as quite a painful period, with nervous atmosphere at home. The woman's father is an alcoholic and the mother is co-dependent on her husband. She mentions the feeling of lack of acceptance from both her parents. Her father has always been aggressive and had problems in controlling anger, especially after alcohol abuse, she used to be afraid of him. The patient, as a child, was the victim of sexual harassment from her uncle, just like her cousins. There are many things she cannot remember any more and admits that for many years she has repressed them. Memories came back when the victims of sexual abuse dared to refer the case to the prosecutor's office after many years. The patient has never used the services of a psychologist, justifying it with the belief that there is no possibility of getting help from professionals. The woman recalls that she has always been worried about her siblings, and then about her daughter. She never happened to leave her daughter under the care of a man, not even her brother.

The patient experienced difficulties in her marriage relationship. Her husband abused alcohol, he was negative about the patient, did not respect her, knew about the harassment and thought that it "spoiled" the patient, and that is why he had problems with her. When she got separated with her husband, she focused all her attention on her daughter, neglecting her own health status. With each passing year, the anxiety and fear associated with the future intensified, the woman felt more and more lonely. As time went by, she had less and less energy, gave up her passion and hobby – photography and book reading. In the meantime, she was diagnosed with anemia and a breast tumor that was cut out in 2012.

The patient was unable to work, she was repeatedly absent at work, she complained of severe migraine headaches, during which she even lost contact with the external environment for 2 - 3 days. She claims she used to eat very little for many years, she thinks she lost her appetite or felt no need to eat. Her BMI was below the norm, which indicates malnutrition. She had less and less strength, complained of muscle pain, dizziness and dyspnea.

During that time, the patient began to see another man, who was a big support for her. Back then she believed that she could be important to someone, valuable, and that it was worth gaining strength and take care of her health for someone. She believed she deserved good things. Unfortunately, the emotionally strong relationship ended after the former husband of the patient had learned about it. As a result, he began to persecute her and abuse her verbally. The patient began to convince herself that she did not bring anything positive to the lives of other people, not even that of her daughter.

By the end of March 2016, the victims of the harassment reported the matter to the prosecutor's office. At that point, all the negative memories revived. The patient did not wish to be among people, she tended to isolate herself from others, and her relationship with her daughter deteriorated. She was unable to take decisions, she felt worthless, helpless and as she calls it - emotionally empty. She felt that everyone had disappointed her, that she failed them all as well. The patient started to undergo regular treatment in the Psychological Outpatient Clinic as part of the Crime Victims Assistance Center. She did not experience any improvement in her psychic condition, and the feeling of loneliness only increased. She complained about the sense of abuse and loss of trust in people. Despite regular appointments at the psychologist’s, new symptoms of depression appeared, such as memory, concentration and attention disorders, slowness of movement, and chronic reluctance to live. The patient suffered from sleepless nights. She often cried during the day, even several dozen times a day.

In May 2016, the patient went to the psychiatrist’s. Initially, the patient took trazodone (Trittico CR 75 mg), which is used to treat depression with a strong sense of anxiety and sleep disorders, one tablet a day before bedtime. Unfortunately, she complained about many side

effects, mostly drowsiness during the day and apathy. It felt as if her condition was getting worse. The doctor continued modifying the pharmacological treatment until he applied sertraline (Zotral 50 mg) starting pharmacotherapy with a dose of 25 mg per day.

Together with the increase of the dose of the medicine and regular participation in psychotherapy, the patient cried less, began to come out of dementia, autism, fell asleep more effectively as time went by, did not wake up in fear, and her concentration improved. She is currently taking sertraline 200 mg a day (2x100mg). The patient began to talk to her family and her daughter about her illness. She admitted that she was no longer able to cope, could not function this way and asked for help and support. As she states now - I can even enjoy myself.

Unfortunately, the patient still sees her future as uncertain, worries about her daughter and her health. She believes that full happiness is beyond her reach, and from time to time there appear attacks of anxiety and fear.

Findings

From the empirical data obtained in the study process, 6 nursing diagnoses were developed using the international classification of NANDA [19].

<table>
<tr><td colspan="3">Diagnosis 1. Chronic low self-esteem</td></tr>
<tr><td colspan="3">Cause: Inefficient adaptation to loss and noticeable disrespect from others</td></tr>
<tr><td colspan="3">Definition: Long-term negative evaluation of oneself and one’s own abilities</td></tr>
<tr><td rowspan="2">Symptoms</td><td>Subjective</td><td>Objective</td></tr>
<tr><td>- negative self-esteem
- passivity</td><td>- expressing a sense of guilt
- rejecting positive feedback about oneself</td></tr>
<tr><td colspan="3">Aim: Increasing the patient's self-esteem</td></tr>
<tr><td colspan="2">Nursing actions</td><td>Empirical explanation</td></tr>
<tr><td colspan="2">* Active listening and respect for the patient.</td><td>EBN: Listening and nursing are important aspects of care.</td></tr>
<tr><td colspan="2">* Assessment of environmental and daily stressors in the patient, including concerns about physical health and possible abuse of relationships.</td><td>EBN: It is difficult to determine whether depressive symptoms in a woman are associated with physical abuse or other risk factors.</td></tr>
<tr><td colspan="2">* Reinforcement of personal strengths and positive self-perceptions possessed by the patient.</td><td>EBN: Patients with low self-esteem need confirmation of their life and values.</td></tr>
</table>

* Encouraging the patient's family to provide support and feedback on the patient's values and assessments.	**EBN:** There are significant associations between the health-related behaviors practiced (...), self-efficacy in these behaviors, the ability of self-care and systems of their support.
The result of care: Increased self-acceptance through positive self-confirmation about yourself.	

Diagnosis 2. Insomnia		
Cause: Fear and anxiety in the course of depression		
Definition: Reduction in the amount and quality of sleep that lead to functional disorders		
Symptoms	**Subjective**	**Objective**
	- feeling of lack of energy - changes in mood	- increasing the number of absences at work - waking up during the night
Aim: The patient will fall asleep without problems and wake up relaxed		
Nursing actions	**Empirical explanation**	
* Gathering interview details regarding sleep patterns and medications taken	The assessment of sleep-related behaviors and sleep patterns is an important part of examining each person's health condition	
* Avoiding negative associations with the ability to sleep	Fear of insomnia can interfere with falling asleep and remaining in this condition	
* Anxiety level assessment and the use of relaxation techniques	**EB and EBN:** A systematic review shows that the use of relaxation techniques to improve sleep in people with somnifobia turned out to be effective	
* Assessment of the patient for symptoms of depression: depressed mood, lack of appetite, sense of hopelessness.	Many of the symptoms associated with sleep disorders result from excessive CNS excitation in patients with depression	
The result of care: The patient falls asleep without problems		

<table>
<tr><td colspan="3">Diagnosis 3. Significantly increased helplessness</td></tr>
<tr><td colspan="3">Cause: Diagram of management related to the illness</td></tr>
<tr><td colspan="3">Definition: The conviction that the actions taken will not affect the outcome of the treatment</td></tr>
<tr><td rowspan="2">Symptoms</td><td>Subjective</td><td>Objective</td></tr>
<tr><td>- lack of satisfaction with the actions taken
- feeling guilty</td><td>- apathy
- expressing frustration</td></tr>
<tr><td colspan="3">Aim: The appearance of hope and the meaning of life</td></tr>
<tr><td colspan="2">Nursing actions</td><td>Empirical explanation</td></tr>
<tr><td colspan="2">* Control of factors responsible for the emergence of helplessness</td><td>EBN: The essence of the lack of health is helplessness, the emerging feeling of being trapped by circumstances and emotional suffering</td></tr>
<tr><td colspan="2">* Establishing a therapeutic relationship with the patient.</td><td>EBN: Patients report that their internal resources are increasing by receiving support from (...) health care team</td></tr>
<tr><td colspan="2">* Encouraging the patient to share beliefs, thoughts and expectations regarding their illness.</td><td>Observations and expectations about the illness motivate the patient to take preventive actions</td></tr>
<tr><td colspan="2">* Teaching family members how they can help with the patient care to strengthen family support.</td><td>EB: Family members of patients with a mental illness (...) identified their internal resources as an important factor in the ability to cope with the patient’s behavior</td></tr>
<tr><td colspan="3">The result of care: The patient informs about the appearance of hope and meaning due to participating in the treatment of the illness</td></tr>
</table>

Diagnosis 4. Risk of suicide		
Cause: Psychiatric disorders		
Definition: The risk of doing oneself a life-threatening injury		
Symptoms	**Subjective**	**Objective**
	- feeling of guilt - no hope -behavioral changes	- NGASR score - social isolation
Aim: The patient reveals suicidal thoughts, talks about them and looks for help		
Nursing actions	**Empirical explanation**	
* Assessment of the patient for suicidal ideation - NGASR scale	**EBN:** Patients experiencing chronic pain who suffered from (...) depression expressed suicidal thoughts	
* Assessment of the patient's ability to conclude a contract bounding them not to commit suicide. Conclusion of an oral or written contract with the patient	**EB:** Lack of will to reveal their feelings turned out to be a feature that allows distinguishing people with serious suicidal tendencies from people with suicidal thoughts	
* Observing any mood or behavioral changes that may increase the risk of a suicide attempt	**EB:** Suicidal thoughts do not last incessantly, their severity may decrease and then increase in response to negative stimuli.	
* Conducting increased monitoring of the patient after initiating administration of antidepressants or increasing the dose of medication.	During that period, the patient's energy level may increase, although the symptoms of depression have not yet remitted	
* Helping the patient to identify the personal support network and resources that they can use (clerics, family, attendants)	**EB:** Patients with suicidal ideation often feel alienated and benefit from activities that help family and friends to give support to them	
* Teaching the family to recognize the increase in the risk of suicide (changes in behavior, withdrawal, sudden remission of depression)	**EB and EBN:** The patient may be calm because they have already developed a plan to commit suicide but have no energy to implement it.	
The result of care: The patient reveals the occurrence of suicidal thoughts and talks about them seeking help		

Diagnosis 5. Nutrition imbalance
Cause: Psychological factors

Definition: Intake of nutrients in the amount insufficient to satisfy metabolic demand		
Symptoms	**Subjective**	**Objective**
	- spastic stomachache - lack of interest in food	- body weight 20% below the norm
Aim: The patient gradually gains weight		
Nursing actions	**Empirical explanation**	
* Conducting observations for malnutrition - brittle, quick hair fall, bruises, dry skin and smooth, red tongue		
* Encouraging the patient to run a daily nutrition planner to determine current food intake and calculate caloric demand	Running a daily nutrition planner is helpful for both the patient and nurse to determine (...) the presence of dietary deficiencies.	
* Comparing current nutrition with the food pyramid, paying attention to deprecation or exclusion of food groups.	Deprecation of whole food groups in the diet increases the risk of deficiencies.	
* Serving small but frequent doses of energy- and protein-rich foods, served in an attractive way	**EB:** Patients accepted enriched foods as long as they tasted like common ones	
* Making use of the strengths of the dietary habits of the patient and their family. Adaptation of changes to the current habits of the patient.		
The result of care: The patient is gradually gaining weight		

Diagnosis 6. Ineffective maintenance of health		
Cause: Mental disintegration		
Definition: Inability to identify, manage and search for help to maintain good health		
Symptoms	**Subjective**	**Objective**
	- lack of interest in improving health behaviors	- cognitive disorders -unsuccessful management by the individual
Aim: The patient follows a jointly agreed plan on health care		
Nursing actions	**Empirical explanation**	

* Evaluation of the patient's feelings, values and reasons for not following the prescribed care plan	**EBN:** The assessment of the individual's preferences regarding participation in decision making will allow involvement in decision making at the preferred level
* Help the patient reduce stress	**EBN:** In people with high levels of stress, there is a much greater risk of the likelihood of non-compliance with the treatment regime
* Identification of support groups struggling with the same illness process	**EBN:** Units that attend support groups show better illness management and improve quality of life
* Help the patient reinforce their faith in their own ability to cope with their health condition	**EB:** Education in the field of self-management (...) improves coping techniques and diminishes the use of healthcare
The result of care: The patient achieves the aims of maintaining health care	

Conclusions

1. The physical, social and psychological state of the patient with depression depends on the severity of the illness.
2. Nursing problems result from clinical symptoms of the illness such as insomnia, anhedonia, depressed mood, sense of emptiness and helplessness, difficulties in decision making, cognitive distortions or suicidal thoughts.
3. The application of the international classification of nursing diagnoses NANDA in the planning of the nursing process allows the proper use of nursing interventions confirmed by scientific evidence.

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