

Psychosocial Care of a Type 2 Diabetes and Hypertension Diagnosed Patient: A Case Report

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Abstract

The aim of this study is to determine the effect of psychosocial nursing approach application with the motivational interview method on the negative disease perception and the adaptation behavior to the treatment regimen of an elderly female patient diagnosed with Type 2 diabetes and hypertension. The patient and her spouse were the subjects of the interviews contemplated in the form of home visits. Both subjects were informed about the interview process before their written and verbal consents were obtained. In order to promote therapeutic cooperation with the subjects and help them gain a healthy behavior, a program based on motivational interviewing principles was engaged. This program consisted of successive four interviews each lasting 40 minutes on average. The basic principles of motivational interview, such as showing empathy, revealing contradictions, ambivalence, change speech, supporting self-efficacy, were included in the interview process. The patient with ineffective management of treatment regimen was communicated about its reasons and the methods of coping with it throughout this interview process. At the end of the interview process, the patient gained a healthy behavior. In terms of patient's dietary habits, areas for possible improvements and handicaps for change were joint-evaluated and respective action planning was made. The patient, who was unable to carry on outside exercises on her own, was motivated to continue with home exercises to the maximum extent possible. On the other hand, her husband took active part in responsibilities such as running errands, accompanying physician checks, assisting drug applications so that the patient could sustain a healthy lifestyle effectively.

Introduction

A significant change in demographics of the world has occurred by the increase in the elderly population over the past 40-50 years, which posed a great deal of problem for developed countries in particular. The number of elderly people in the world is estimated to be twice the number of children by the year 2050 [1]. In addition, an increase in the chronic diseases has been observed in all societies in correlation with increasing environmental and social factors. In Turkey, there have been notable changes in the past 50-60 years in terms of common diseases and leading causes of death. Whilst infectious diseases such as tuberculosis, pneumonia, and diarrhea were listed as the top causes of death in 1930s and 1940s, nowadays heart diseases, cancers and strokes allocate the top of the list in Turkey [2]. Chronic and degenerative diseases such as cardiovascular diseases and cancers are enumerated as the main causes of death globally [3]. According to the World Health Organization Report, ischemic heart diseases are the leading causes of death in the world followed by cerebrovascular diseases, chronic obstructive pulmonary diseases, lower respiratory tract infections, trachea, bronchus, lung cancers, diabetes mellitus, hypertension induced heart diseases, gastric cancer, tuberculosis, colon and rectum cancers, respectively [4]. Elderly people with chronic illnesses have to continue their lives with various diseases. Since chronic illnesses are long-term, one must cope with it for years [5]. Congruently, the patients need to be treated holistically and evaluated psychosocially in order to understand and interfere with patients with physical illnesses [2,6]. In this context, while planning the health services, this issue should be considered. And the health reforms should be planned to control of chronic diseases, and care of elderly individuals and also people who have functional loss because of chronic diseases [5].

Physical and mental aspects of health are interrelated, thus they should be considered as a whole. Disease is a multidimensional phenomenon, which consolidates biological, psychological, social, environmental, familial, psychosocial, and psychosexual aspects. Utterly it is a life, identity and existence crisis for an individual. Consultation Liaison Psychiatry (CLP) aims to carry bio-psycho-social mentality into effect and integrate physical care and treatment with psychiatric treatment and psychosocial care [6,7]. This discipline, with respect to the scientific caveat that a patient cannot be cured unless the illness is well construed, helps individuals in dealing with their physical, spiritual, and social integrity. The main objective is to prevent, recognize and treat psychiatric morbidity in the medical departments and to render services rational and holistic by identifying the psychosocial factors pertain to emergence, course, treatment and care of illnesses [7].

When addressed in this context, establishment of a multidisciplinary team approach between the patients/their families and caregivers is required to meet defined needs and furnish appropriate care for the patients [2]. CLP nursing is a sub-specialization of psychiatric nursing which provide nurse training and research in the field of psychiatric medicine. Moreover, patients and their families, whom served by the health care system for an actual or potential physical dysfunction, develop “emotional, philosophical, developmental, cognitive and behavioral” reactions that may manifest itself anytime within a wide-range of timeline starting from primary care to treatment, care, nursing and rehabilitation process. Herein, CLP Nursing aims to define these reactions, identify psychological and psychosocial problems and accordingly take part in their treatment, care and follow-ups [8].

According to Robinson, a CLP nurse helps in patient disease adaptation and focuses on nurse-patient relationship problems rather than the disease pathology itself. In this respect, a CLP nurse is required to furnish supportive care for the improvement of problem-solving capacity of patients, guide patients in attainment of effective coping skills. Moreover, a CLP nurse should be alert for the effects and side effects of treatment medication, help identify the strengths of one's personality, increase the level of health and “help seeking behavior” of the patient. Finally a CLP nurse is expected to provide clinic nurses with recommendations and create nursing care plans accordingly [9,10].

In order to support active participation of the patient in the treatment process, the psychiatric nurses are expected to establish therapeutic relationships, which prepare patients for a change by utilizing concepts of respect, sincerity, empathy and hope [11,12]. Patient behaviors or reactions originating from health problems are the premises of all nursing practices. Motivating patients for a behavioral change at this point is an important nursing task [11]. A psychiatric nurse should aim for a “change speech” in a motivational interview. Meanwhile, the pros and cons of a change should be addressed. Ultimately, it is the goal for a patient to make a definite decision, thus gain a healthy behavior. Therefore, a psychiatric nurse should be able to demonstrate a consultative role by combining appropriate therapeutic approach principles and communication skills along with the basic principles and skills of the motivational interview method [12,13].

Motivational interviewing programs have been generated by taking account of models such as individual-centered counseling, cognitive behavioral therapy, social cognitive theory, health belief model and trans-theoretical model [14]. Motivational interviewing aims at securing a behavioral change emphatically by means of aiding individuals in the resolution of self-contradictions [14]. In that sense, motivational interviewing helps in propping intrinsic motivation for a change thru determination of an individual's feelings and thoughts. In a motivational interview, the counselor should create a change-helping environment.

This study contemplates an elderly female patient whom was diagnosed with Type 2 Diabetes and Hypertension and registered at the State of Bolu Elderly Center. The negative experiences of the patient due to her illness and inability to maintain adequate health care by herself along with the adjustment process of the patient's disease process, family and social dynamics were evaluated in the

context of nursing care. The interviews in the form of home visits included the patient and her spouse.

Case

The female patient named G.Ö. is 69 years old and has a moderate level of socioeconomic income. The patient has 3 children and currently lives with her spouse. The patient has been diagnosed with Type 2 diabetes and hypertension 13 years ago and reported being admitted to emergency occasionally due to insulin coma. Blood glucose level was measured above 150 when taken both at home and the elderly center. Neuropathy symptoms were observed in her right foot. Redness at her fingertips, decreased feeling and numbness on her entire foot and itching was reported. The patient concurrently suffers from obesity and complains about not being able to change her diet though it is a matter of requisite to cope with her chronic diseases. Her diet has comprised fat and carbohydrate rich nutrients served either at home as a treat for visiting relatives and friends or in the event of friend gatherings. It was determined that the patient had compliance problems with the treatment and treatment regimen.

The spouse was included in the interview process for joint evaluation. The patient, whom had been admitted several times to hospital due various reasons in the past years, was urged to change her diet and keep it under control in order to help physicians level her blood glucose. The patient expressed her situation with the following words: “For years, doctors and nurses have complained about my high blood glucose and over-weights, and accordingly prescribed eating less and advised making exercises otherwise I shall end up losing my leg eventually. However, my foot suffers from plantar fasciitis. No matter how much I like to make walking exercises, after a few steps a pain strikes my foot and I end up rubbing it allnight to ease my pain in the expense of my night sleep. Therein, either I choose to stay home or go nearby neighbours at the most. Given these circumstances, how am I supposed to lose weight or eat less?”

Interview Process and Context

A content utilizing motivational interview principles was created in order to increase therapeutic cooperation of the patient and her family during home visits. This program consisted of successive four interviews, each taking an average of 40 minutes. The basic principles of motivational interview, such as showing empathy, revealing contradictions, ambivalence, change speech, supporting self-efficacy, were all included in the interview process. Following topics were addressed in the context of motivational interview principles:

1st Interview

The patient's view on her illness, treatment process, inconsistency with the treatment regimen and the factors lay under were articulated. Besides, the patient's nutrition habit was evaluated and pertaining exercise topics were covered. In this context, while being informed about these issues, the patient's resistance to the treatment regimen was also revealed.

2nd Interview

Objectives of this interview were finding out the symptoms of Type 2 diabetes and hypertension, getting to know the medicines prescribed for these illnesses, getting the patient familiar with the factors impeding regular medicine use, and weighing up the pros and

cons of the treatment. At this stage, the patient's opposing feelings (emotional contrast) with respect to treatment regimen adaptation were uncovered.

3rd Interview

In this interview, the patient was asked to answer open-ended and reflective questions so that the patient could get an in-depth grasp of her illnesses. In addition, both the patient and her spouse were given home-assignments that involved studying the side effects of her prescribed drugs. Thus, the benefits of treatment and the importance of attaining behavior in consistence with the treatment regimen were emphasized.

4th Interview

The patient and her spouse decided on implementing the planning, constructed within the supervision of the interviewer, in order to prevent recurring hospital admissions and play current roles. Finally, the patient did undergo change to gain healthy behavior.

Conclusion

Elder people with diabetes and hypertension may have complex environmental, social, behavioral, and emotional factors. These psychosocial factors influence the patients from different aspects during the treatment. In this case, patients with diabetes and their families are challenged with multidimensional issues when integrating care of disease into daily life. For promoting optimal medical outcomes and psychological well-being, patient-centered care is essential [15] and therefore the process can benefit by exploiting the CLP Nursing capabilities.

In this case study, the interviewer, trained in CLP Nursing and Motivational Interviewing Methods, informed the patient, suffering from ineffective management of the treatment regimen, about the *raison d'être* of ineffectiveness and the methods of coping with it. The 'pros and cons' and importance of changing the number of insulin injections, without the knowledge of her physician, from twice to one a day due to reasons such as pain and disgust feelings were joint evaluated with the patient and her spouse who gave the injections. By identifying this condition, the patient was encouraged to ask her physician to re-plan her treatment regimen considering the new condition. The patient and her spouse were asked to monitor blood glucose and blood pressure on a daily basis and record readings on the provided charts along with the underlying reasons. At each home visit, these records were joint evaluated and the patient was encouraged to become aware of her nutritional habit and take the responsibility on her own. A plan was made with the patient by joint evaluating the problems inhibiting treatment adherence. In terms of patient's dietary habits, areas for possible improvements and handicaps for change were joint evaluated and respective action planning was made. The patient, who was unable to do outside exercises on her own, have started home exercises. On the other hand, during home visit evaluations the necessity of her spouse's active participation in responsibilities such as running errands, accompanying physician checks, assisting drug applications was emphasized so that the patient could sustain a healthy lifestyle effectively.

This case study showed that CLP Nurses, whose involvement are benign for the treatment of patient incomppliance and patients with chronic diseases, should be knowledgeable with Motivational Interviewing methods.

In this study, the creation of a custom motivational interview taking into account the requirements of patient and the past education of the researcher on the subject of MI had positive impact on the interview process. On the other hand, setting up a time for the home visits were challenging due to fact that the researcher was allocated with her full-time job at the institution.

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