

CARE OF PATIENT WITH DEPRESSION

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Abstract

Mood swings are normal in life. However, if the symptom of sadness is long-lasting then it leads to depression. Depression is intense feeling of a depressed, down mood. The appearance of a depressed person can often be a strong clue to feelings and diagnosis. Nurses will be able to assess the depressed patient through their symptoms such as feeling lonely and guilty. Hopelessness, powerlessness, spiritual distress, self-esteem disturbances, social isolation, self-care deficit, sleep pattern disturbances are common manifestation of depressed patients. Nurses are to care the patient in the hospital, carryout discharge planning and participate in follow up of the patient in the community. The care includes: administration of medication, encouraging the patient to attend regular counseling, personal habits, Nutrition, sleep hygiene, stress management, warning signs.

Keywords :Depression, care of Depression, Nurses role.

Introduction:

Depression is a state wherein an individual experiences a profound sadness. It is a mental state or chronic mental disorder characterized by feelings of sadness, loneliness, despair, low self-esteem, and self-reproach accompanying signs include psychomotor retardation (or less frequently disturbance), withdrawal from social contact, and vegetative states such as loss of appetite and disturbance in sleep¹.



Factors related to Depression:

The causes of depression are complex. It may be genetic, biological, and environmental factors. One or more factors can lead to

depression. Each factor is discussed below:

Biochemical factors: Abnormalities in the levels of certain chemicals in the brain such as Serotonin which is called as neurotransmitters plays vital role in depression. Increase in Serotonin may increase the risk of depression.

Heredity: Certain types of depression seem to run in some families genetically from one generation to another.

Personality: People with negative thinking, pessimism, excess worry, low self-esteem, hypersensitivity to perceived rejection, conflict, overdependence on others, a sense of superiority or alienation from others and ineffective responses to stress are more likely to suffer with depression.

Environmental factor: The environmental factors such as, difficult life events may be death or loss or change leads to persistent stress and can cause levels of neurotransmitters to become unbalanced, which may lead to depression. Even events that tend to be major happy occasions, such as getting married, starting new job, pregnancy and childbirth can cause

changes in hormone levels, be stressful and cause clinical depression.

Medical conditions: Depression is more likely to occur with certain medical illnesses such as, heart disease, stroke, diabetes, cancer, hormonal disorders (especially perimenopause or hypothyroidism, known as "low thyroid"), Parkinson's disease, and Alzheimer's disease.

Medications: Some medications used for long periods, such as prednisone, certain blood pressure medicines, sleeping pills, antibiotics and even birth control pills in some cases, can cause depression or make an existing depression worse.

Substance abuse: Misuse of alcohol and drugs such as sleeping medications, medication for panic or anxiety or cocaine can trigger depression.

Abuse: Past physical, sexual or emotional abuse can cause depression later in life.

Diet: Deficiencies in certain vitamins, such as folic acid and B-12, may cause depression.

Common signs and symptoms of depression:

Feelings of helplessness hopelessness and worthless: Helpless is the sense that one has no control over life events and hopeless is the sense that no one can do anything about life events. Worthlessness is self-loathing i.e. harshly criticize self for perceived faults and mistakes. Helplessness, hopelessness and worthlessness are the major symptoms of depression which make the client to feel sad, down or empty.

Loss of interest in daily activities: Generally patients with depression show no interest in previous hobbies, pastimes, social activities, or sex. Commonly, they loss the ability to feel

joy and pleasure and also decreased capacity and performance in work and job.

Appetite or weight changes: Significantly, weight loss or weight gain is a change of more than 5% of body weight in a month can be seen in the patients with depression.

Sleep changes: Sleep disturbances such as either insomnia, especially waking in the early hours of the morning, or oversleeping (also known as hypersomnia) are seen in the depression state.

Anger or irritability: Irritability, feeling agitated, restless, or even violent is symptoms observed with short temper, nervousness and low tolerance capacity.

Loss of energy: Feeling fatigue, sluggish, and physically drained can be seen with whole body heaviness and even small tasks are exhausting or take longer to complete the task which is given.

Reckless behavior: To escape from uncontrolled situation depressed patients may use escapist behavior such as substance abuse, compulsive gambling, reckless driving, or dangerous sports as a defense mechanism.

Concentration problems: During depressed situation, the person may show the symptom of trouble focusing, making decisions, or remembering things.

Unexplained aches and pains: An increase in physical complaints such as headaches, back pain, aching muscles, and stomach pain can be shown as depressed symptoms.

Patient will show the significance of attempted suicide. It can be identified by the following symptoms such as:

- Talking about killing or harming one's self
- Calling or visiting people to say goodbye
- Getting affairs in order (giving away prized possession, tying up loose ends)
- Expressing strong feeling of

hopelessness or being trapped.

- An unusual preoccupation with death or dying.
- Acting recklessly, as if they have lights.
- Increase use of alcohol or drugs.
- Saying things like “ everyone would be better off without me” or “I want out”
- A sudden switch from being extremely depressed to act calm and happy.

The impact of depression:

Depression can cause:

Academic (school pressure)and social impairment

An increased risk of suicide and substance use

Family problems such as conflict, divorce.

Problems with peers

Repeated episodes of depression

Care of Patient With Depression



1. Administration of medication:

Commonly anti-depression is prescribed for the patients for 4 to 9 months and may then be discontinued. Many clients should remain on anti-depressants indefinitely. It is based on the severity of illness. The role of a nurse is to administer the drugs as directed. Instruct to the patients and their family members not to stop the medication without doctor's

permission. After giving medicines, verify does the patient swallow the medicines by asking him to open mouth. Observe for the side-effects and report to the doctor if any. The nurse must be aware of the common side effects of anti-depressants such as weight gain, sleep disturbances, sexual dysfunction, dry mouth, postural blood pressure changes, constipation, difficulty in urinating, blurred vision or drowsiness.

2. Patient and family counseling:

As a nurse, discuss about importance of counseling. State that counseling sessions help to reduce the symptoms of depression and helps to understand life situations that make depression worse. It also essential to teach effective ways to cope with the illness. If the depression is under control, regular counseling can reduce the risk which may aggravate the symptoms return.

3. Life style modification:

Lifestyle modification is necessary to reduce the impact of disease and therefore instruct the patient and their relatives to modify the risk life styles. Inform them not to drink alcohol and not to smoke. Regular exercise can make the person fresh. Do not isolate the patient and focus on the activities that makes him feel better. Ask the patient to take part in activities with others. Maintain a regular sleep schedule.

4. Nutrition for patient with Depression:

Balanced diet is required for all the individuals. However, a healthy diet with low in fat is most appropriate. Strategies for a healthy diet include: Limit intake of fat (30% of total calories) and 10% to 15% of total calories should be in the form of monounsaturated fats, such as olive oil, canola oil and peanut oil. Ask the patients to consume only unsaturated fats that are low in cholesterol and also instruct the patient to consume less than 300 milligrams of cholesterol a day. Advise the patient to eat the food rich in dietary fibers such as whole grains, green leafy vegetables which can prevent constipation. The patients who are taking Mono Amine Oxidase (MAO) inhibitor antidepressants are to completely

avoid taking cheese, smoked, dried, pickled, preserved meat and fishes, yeast extracts, wine and beer. Avoid fad diets, chocolate and coffee. Vitamin B supplements help the patient for nerve stability.

5. Sleep hygiene:

Adequate rest is needed for depressed patient. However certain precautions need to be practiced such as, avoid the heavy meals, smoking, alcohol, caffeine, and colas prior to sleep. A light snack prior to bedtime may be effective. Daytime napping to be avoided because it makes hard to fall asleep at night. Advise patient not to drink fluids before bedtime because this may cause him to awake to urinate at night. It is better not to go to bed too early and to go to bed when feels sleepy. Make the patient to find a way to relax before and see that trying to sleep such as reading, watching TV or take a warm bath. Avoid reading or watching TV in bed. Keep the lights as dim as possible because it must get out of bed. Bright lights inhibit the brain to continue sleep and leads to sleep disturbance. Not to watch TV because the light is too bright and may inhibit sleep pattern. Limit the stress whenever possible. Make sure that the bedroom is a comfortable temperature. A room that is cool and well ventilated is best. Regular exercise can benefit sleep but heavy exercise close to bedtime can delay sleep. Exercise prior to dinner may make sleepy when its bedtime. Sleeping pills should only be used for short-term insomnia. Long-term use of these drugs can cause more problems. Try to follow a regular bedtime and sleep cycle. Remain in bed, with the lights out and keep eyes closed if awoken during the night. This will help sleep return and will not affect your normal sleep-wake cycle

6. Stress management:

Stress is a stimulus that an individual perceives as challenging and harmful. Stress is a factor which may trigger depression. Nurse should identify the stressful factor of the patient with depression. Ask the patient to accept which makes to feel sad or melancholy. The patient to ventilate his bottled up feelings and ask him to consider life as challenges to seek not obstacles to avoid.

As a nurse the following instructions to be given for the patient as a stress management techniques. It is also helpful to prevent risk of depression:

Do not be dominated by one thing such as work or relationships.

Do not feel guilty when you have to say "no" to extra duties or tasks. Respect your limitations.

Energize your body with regular exercise.

Engage in hobbies.

Find the joy in giving.

Fuel your body with healthy foods and avoid drugs and alcohol.

Get a regular fresh air and sunshine.

Have the courage to be imperfect.

Keep your sleep habits regular.

Make a list of all the stresses that cause you distress. Dispose of the ones you can and reduce your exposure to the others as much as possible.

Pamper yourself with simple pleasures that give you joy.

Practice relaxation and meditation.

Realize that you are responsible for how you feel.

Re-evaluate and rearrange your priorities.

Schedule time for fun. Laughter dissolves tension.

Seek professional help to solve problems.

Take a few minutes of quiet time each day just for you to rejuvenate.

While talking with someone your trust can be the best medicine.

Try new experiences.

Strictly avoid stimulants such as:

- Caffeine
- Nicotine

- Alcohol
- Decongestants
- Allergy medications
- Amphetamines
- Diet pills (e.g. phentermine)

7. Personal Hygiene:

Usually, self care deficit can be observed from the depressed patients. It is that the client is unable to perform basic activities of daily living and hygiene. For many depressed individuals, early morning awakening with inability to fall asleep and feeling of never being rested would lead to self care deficit or poor performance of activities of daily living. The nurse needs to keep in mind and to remind the client or motivate the client to do activities of daily living such as: brushing, toileting, bathing and dressing etc.

7. Depression Warning Signs:

The warning signs to be informed to the patients as well as to the family members. The significant warning signs are: Thoughts of harming self and harm by someone else, Inability to function at home for work, inability to take prescribed medications. The Worsening symptoms of depression are also to be informed to the patients and their caregivers. The worsening symptoms are hallucinations. The hallucination is a false perception of something that does not exist. Commonly seen hallucinations in depressed patients are visual hallucination and auditory hallucination. Visual hallucinations are seeing things that do not exist and auditory hallucinations are hearing sounds or voices

that do not exist.

Conclusion: To conclude, nurses role are vital to identify the priority diagnoses for the client and establishing a plan of care directed towards the condition. Supportive nursing care is essential in taking care of depressed patients. Caring touches, listening with empathy, helping the client to identify personal strengths help the depressed patient to overcome his problems and can lead a healthy life.

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