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RESEARCH

NURSING CARE ACCORDING TO THE OREM'S THEORY: CARE FOR A PATIENT WITH BIPOLAR AFFECTIVE DISORDER

CUIDADO DE ENFERMAGEM SEGUNDO A TEORIA DE OREM: ASSISTÊNCIA A PACIENTE COM TRANSTORNO AFETIVO BIPOLAR

ATENCIÓN DE ENFERMERÍA SEGÚN LA TEORÍA DE OREM: ASISTENCIA A UN PACIENTE CON TRASTORNO AFECTIVO BIPOLAR

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ABSTRACT
Objective: Analyze the systematization of nursing care (SNC) provided to an elderly woman with bipolar affective disorder (BAD), having the precepts of Orem's Self-Care Theory as a basis. **Methods:** During home care, one conducted ten home visits to patients, in order to prepare a care plan directly involving the family. In this context, one evaluated the family and the patient, through the Calgary Family Assessment Model (CFAM), and care procedures were planned using SNC. **Results:** One found out that the patient understands the importance of her family for her care and that, although there're discussions, the affection bond is strong, and one observes the need for including more conversations in daily life. **Conclusion:** One understands the importance of interventions along with the patient and the family, in order to minimize the effects of disease in their relationships. Besides, it's a fact that elderly people with BAD often have different treatment needs when compared to young individuals. **Descriptors:** Elderly person, Bipolar disorder, Nursing.

RESUMO
Objetivo: Analisar a sistematização da assistência de enfermagem (SAE) oferecida a uma idosa portadora de transtorno afetivo bipolar (TAB), norteando-se pelos preceitos da Teoria do Autocuidado de Orem. **Métodos:** Durante a assistência domiciliar foram realizadas dez visitas domiciliares à paciente, para elaborar um plano de cuidados envolvendo diretamente a família. Nesse contexto, foram avaliadas a família e a paciente, por meio do Modelo Calgary de Avaliação Familiar (MCAF), e foram planejados cuidados utilizando a SAE. **Resultados:** Constatou-se que a paciente compreende a importância da sua família para seu cuidado e que, apesar das discussões, o vínculo de afeto é forte, sendo observada a necessidade de incluir mais conversas no dia a dia. **Conclusão:** Compreende-se a importância de intervenções junto ao paciente e a família, para minimizar os efeitos da doença em seu relacionamento. Além disso, é fato que idosos portadores de TAB frequentemente tenham diferentes necessidades de tratamento em comparação com indivíduos jovens. **Descritores:** Idoso, Transtorno bipolar, Enfermagem.

RESUMEN
Objetivo: Analizar la sistematización de la asistencia de enfermería (SAE) ofrecida a una anciana con trastorno afectivo bipolar (TAB), se norteando por los preceptos de la Teoría del Autocuidado de Orem. **Métodos:** Durante la atención domiciliaria se realizaron diez visitas domiciliarias a la paciente, para preparar un plan de atención envolviendo directamente a la familia. En ese contexto, fueron analizadas la familia y la paciente, por medio del Modelo Calgary de Evaluación Familiar (MCEF), y fueron diseñados cuidados utilizando la SAE. **Resultados:** Se constató que la paciente comprende la importancia de su familia para su cuidado y que, a pesar de las discusiones, el vínculo de afecto es fuerte, y se observó la necesidad de incluir más conversaciones en el día a día. **Conclusión:** Se comprende la importancia de intervenciones con el paciente y la familia, para minimizar los efectos de la enfermedad en su relación. Además, es un hecho que los ancianos con TAB a menudo tengan diferentes necesidades de tratamiento en comparación con los individuos jóvenes. **Descritores:** Anciano, Trastorno bipolar, Enfermería.

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INTRODUCTION

Population aging is a worldwide phenomenon. In Brazil, there was an increase in the number of elderly people from 8.8% to 11.1% between 1998 and 2008. It's estimated that there're in the country 21 million individuals aged 60 years or over.[1] Aging is inherent to all individuals and the biological and social changes are directly related to their lifestyle, their culture, their socioeconomic status, and, besides, their intrafamilial environment.

One of the consequences of population aging is the increased prevalence of diseases characteristic of old age. Elderly people present demands for health care procedures which are different from those of the rest of the population, such as greater investment in health resources and social security. Thus, Brazil is faced with the challenge of preparing more effective public policies, in order to provide its growing elderly population with better living and health conditions.[2]

Among the usual health problems in old age, one finds mental disorders, which affect about 1/3 of the elderly population.[3] This way, one worries about the quality of services provided to patients and their relatives in mental health services, in order to progressively reduce hospitalizations and gradually empower patients to reintegrate themselves into society, expanding their opportunities by identifying themselves in this new context.[4]

Bipolar affective disorder (BAD) is a major public health problem and it represents a huge challenge for clinical treatment, especially in old age.[5] In Brazil, there're no accurate data on the incidence and prevalence of BAD in old age. However, BAD diagnosis among elderly people stands out as a cause of psychiatric hospitalizations in this group.[6]

BAD is known for its chronicity, complexity, and the high morbidity and mortality rates, being characterized by mania or hypomania episodes, alternating with periods of depression and/or euthymia. In general, the manifestation of the first symptoms occurs during adolescence, more specifically between 18 and 22 years.[7]

Nursing is a health area aimed at preventing and relieving human suffering, and the interaction process is the basis for nursing actions and key to the effective therapeutic process. Thus, knowledge, ability to communicate, and understanding of behavior, as well as the relationship with the patient, are crucial for the nurse who deals with a patient with mental disorder.[8]

One of the methodologies to promote this therapeutic relationship between an elderly person and the nurse is the home visit, which has the goal of working out health protection by means of an inter-relational and educative approach, developing the individual and collective potentials for fighting the disease. In this strategy, the client has the opportunity to broaden understanding on her/his problem and reflect on the intervention on the reality in which she/he lives, favoring the promotion of her/his autonomy.[9]

By regarding BAD as a chronic disease which emerges in early adulthood, modifying the person's relationship with the environment in which she/he is included, and which goes along with the person throughout aging, one justifies studying an elderly woman with BAD in her coexistence environment from the perspective of nursing. Thus, one aims to analyze the systematization of nursing care (SNC) provided to an elderly woman with BAD, having the precepts of Orem's Self-Care Theory as a basis.

METHODOLOGY

This is a descriptive and exploratory study with a qualitative approach, under the form of a case study. Home care was conducted in ten home visits to the patient, in order to prepare a care plan directly involving the family. In this context, one evaluated the family and the patient using the Calgary Family Assessment Model (CFAM) and care procedures were planned through SNC.

One used a genogram and an eco-map as tools for understanding the family structure and its support systems. Genogram is a diagram illustrating the family composition over the generations and the stages of family life cycle, besides the emotional movements associated to it. The information gathered through this drawing of family life may include genetic, medical, social, behavioral, and cultural aspects of the family, and the following data are shown: names and ages of all family members; exact date of births, marriages, separations, divorces, deaths, abortions, and other significant events; indication of the date of activities, occupations, illnesses, places of residence, and changes in vital development; and the relationships between family members.[10] The methodology of the eco-map is visual impact. Its goal is representing the relationships of family members to larger systems, i.e. representing an overview of the family status, portraying the important education relationships or those overwhelmed by conflicts between the family and the world. It demonstrates the flow or lack of resources and the family's deprivations.[11]

One followed the aspects contained in the Resolution 196/96, from the National Health Council, related to research involving human beings, and one also respected the basic principles of bioethics, which include beneficence, non-maleficence, autonomy, justice, and equity. It's worthy stressing that this study is part of a larger research project, named "Characterization of elderly people accompanied by undergraduate students from the Nursing course of Universidade Estadual Vale do Acarau" and it was approved by the Research Ethics Committee of Universidade Estadual Vale do Acarau, in Sobral, Ceara, Brazil, through the CAAE 2534.0.000.039-10.

RESULTS AND DISCUSSION

Patient, 62 years, woman, single, spiritist, complete Higher Education, retired, lives with her mother and foster brother. Diagnosed with BAD at the age of 25 years during a hospitalization episode. The institution to which she was admitted is called rest home by her, however, she means those where patients with mental disorders were referred to.

She was monitored by the Psychosocial Care Center (CAPS), however, she gave up the treatment in this unit, since, according to her, the medicines made her "doped" and, even after requests from her mother, the psychiatrist didn't change medication. For this reason, she changed the public by the private service, continuing treatment with a psychiatrist who had the family's trust and a bond with the patient. She used the following medicines: propranolol, for the treating systemic arterial hypertension (SAH), besides Lithium (antimanic), Pimozide (antipsychotic), Clobazam (hypnotic sedative), Biperiden (central anticholinergic antiparkinsonian). They act to control the mental disorder.

Figure 1 presents the eco-map and genogram of the family concerned.

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Figure 1. The family's eco-map and genogram.

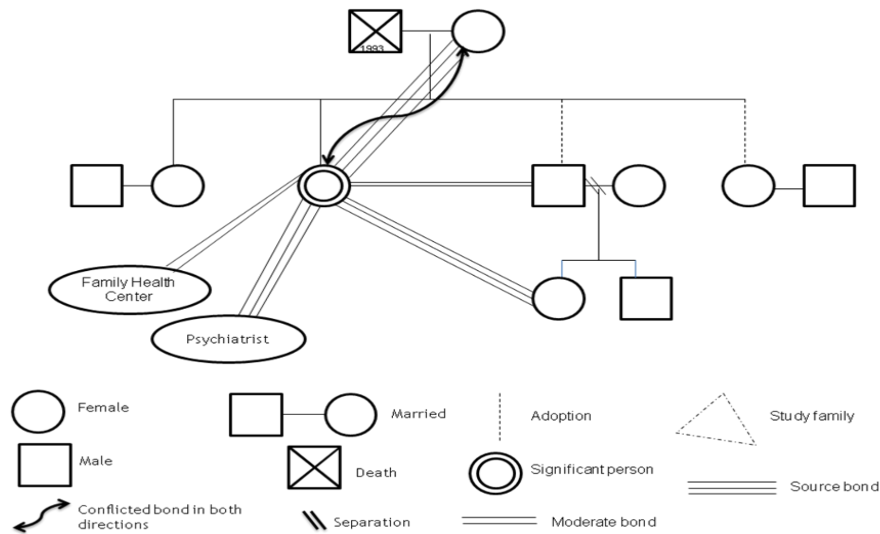

Figure 1 presents the patient's family structure, along with the context in which she's included, with its relationships and bonds, where one notices the strong bond with her mother and niece, however, the relationship is conflicted with her mother in both directions; meanwhile, the bond with her foster brother, who lives in the same house, is moderate. Regarding the health services, one perceives a moderate bond with the Family Health Center and a strong bond with the private psychiatrist, something which explains the adhesion to treatment in the private system.

One used instruments of the Primary Care Notebook from the Ministry of Health: Aging and the elderly person's health; Family functioning assessment script; and Daily life activity.

SNC was grounded on Orem's Theory, indicating that self-care is an individual's activity apprehended by her/himself and directed towards a goal. It's an action performed in real life situations which the individual aims at her/himself or uses to regulate the factors affecting her/his own development, activities for the benefit of life, health, and well-being.

Table 1 presents the main nursing diagnoses, as well as the nursing prescription and evolution.

Table 1. Nursing diagnoses, prescriptions, and evolution, according to Orem, designed to a patient with bipolar affective disorder. Sobral, Ceara, Brazil, 2009.

Nursing diagnoses	Nursing prescriptions	Evolution
Impaired home maintenance, due to emotional or cognitive impairment, evidenced by the quarrels observed.	Discuss the obstacles to effective management of home maintenance with the patient and the family, to develop an understanding of the potential and actual health and the safety risks.	The patient understood that her aging and her mother's aging, along with the chronicity of diseases, impaired their relationship, however, she reports that her mother is the family's strength and foundation.
Leisure deficit related to the absence of environmental stimuli, evidenced by the account of daily routine.	Encourage, previously, the discussion of appreciated hobbies, interests, or skills, to direct the planning of activities.	The patient decided to start sewing again, since she would modify some old clothes, and bought some fabric for making clothes for herself.

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Risk of poisoning.	Instruct the patient or relative with regard to the medication regimen, including reasons for taking medicines, safety precautions.	The patient wrote in a sheet of paper the medications she was taking, the schedule, and the amount; after the checking of medical prescriptions by the undergraduate student, the sheet of paper was attached to the refrigerator, thus reducing the risk of medication exchange.
Readiness for improving communication, related to the well-being diagnosis.	Help the patient to keep an accurate and effective system to monitor the medication regimen, such as a calendar for checking or the separation of labeled boxes with pills for each day of the week, to minimize errors. Use verbal and nonverbal communication patterns which include affection, sincerity, empathy, and respect, to facilitate power and the patient's development in building a relationship.	During the visits, the patient reported with greater ease and empathy with her difficulties and the improvements which occurred throughout the days.

The therapeutic requirement of self-care comprises all actions inherent to caring for oneself to be performed for some time, in order to meet the self-care needs using valid methods and related sets of actions and operations.[12]

It's understood that losses in the inference of mental states presented by bipolar patients seen to compromise their abilities to relate in a healthy way with relatives, employers, and other people who coexist with them, creating tension and worsening of their condition's morbidity by increasing the risk of relapses and recurrences of mood-related episodes.[13]

One also observes that the family not only participates in the sickening process, but primarily cares for the ill person, being affected and undergoing deep implications in its dynamics, organization, and lifestyle when a chronic condition occurs to one of its members.[14] One notices that there's a patient's understanding of the importance of her family for her care and that, although there're discussions, the affection bond is strong, and there's a need for including more conversations in daily life.

Thus, one understands the importance of interventions along with the patient and the family to minimize the disease's effects on their relationship. Moreover, it's a fact that elderly people with BAD often have different treatment needs when compared to young individuals. They're a result of typical factors of old age: physical comorbidities, social isolation, cognitive losses, poly-pharmacy, and age-related variations in response to therapy, among others.[15]

SNC also allowed one to find out some risks, such as poisoning due to the amount of medicines of the treatment, however, the patient has the self-care of accepting treatment, knowing about the medicines she should take daily and with no refusals. This way, the needed intervention is systematizing medicines so that there're no changes in dosages and schedules,

thus allowing her some independence and a responsibility upon herself. Besides, the importance of this intervention is due to reactions to medicines; lithium carbonate, a mood stabilizer commonly used for controlling BAD, because of its narrow therapeutic window, presents a serious risk of poisoning and requires strict blood dosage control, in addition to a series of daily care procedures, on the part of the patient, causing changes in her daily actions.[16]

CONCLUSION

One concludes that the patient showed improvements with regard to daily well-being after the home visits and, with the care plan, one realized that the commitment between the nurse and the patient is needed to the provision of care, and it occurs through their therapeutic relationship. Thus, in the development of a therapeutic relationship, the nurse must demonstrate a genuine interest by the patient, seeking to commit with her and being interested in her thoughts, her life status, her suffering, besides being willing to help her to find answers or solutions for problems which can be solved.[17]

One found out benefits in the nursing process, which deals with the patient and the family in a holistic way, as it organizes professional work with regard to the method, the personnel, and the instruments and constitutes an instrument guiding care and the documentation of professional practice.[18] One observes that, by preparing the prescription, there's an interaction with the client, a listening, an understanding. This is a way of awakening knowledge, helping the other to recover, and, why not say, helping to resume the nursing professional's autonomy.[19]

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