Journal of Nursing
Revista de Enfermagem
UFPE On Line
ISSN: 1981-8963

CASE REPORT ARTICLE

PSYCHIATRIC COMORBIDITY IN DEPENDENT ON CRACK AND OTHER DRUGS: CASE STUDIES

COMORBIDADE PSIQUIÁTRICA EM DEPENDENTE DE *CRACK* E OUTRAS DROGAS: UM RELATO DE EXPERIÊNCIA

LA COMORBILIDAD PSIQUIÁTRICA DEPENDIENTE DE CRACK Y OTRAS DROGAS: ESTUDIOS DE CASO

Márcia Astrês Fernandes[1], Kayo Henrique Jardel Feitosa Sousa[2], Samantha Alves Fernandes[3], Aline Raquel de Sousa Ibiapina[4], Ana Lívia Castelo Branco de Oliveira[5]

ABSTRACT

Objective: reporting the students experience of undergraduate nursing in the care of a patient with psychiatric comorbidity of psychosis type (schizophrenia) plus the use of illegal drugs (crack and marijuana). ***Method:*** a descriptive study of type case estudies of a qualitative approach. The experience was experienced during the months of August and September 2013, on the premises of the psychiatric hospital in the city of Teresina (PI), Brazil. ***Results:*** the nursing process was applied to the experienced clinical and psychiatric condition, in all its completeness. The therapeutic relationship, individualized care and better health in evidence-based practices are essential for a good prognosis. ***Conclusion:*** the experience with a chemical dependency framework, followed by psychotic symptoms helped us to understand the importance of the nurse's role and its work object, the systematization of nursing care. ***Descriptors:*** Psychiatric Nursing; Nursing Care; Crack; Comorbidity.

RESUMO

***Objetivo*:** relatar a experiência de discentes da graduação em enfermagem no cuidado a uma paciente portadora de comorbidade psiquiátrica do tipo psicose (esquizofrenia) somada a uso de drogas ilícitas (*crack* e maconha). ***Método*:** estudo descritivo, do tipo relato de experiência, de abordagem qualitativa. A experiência foi vivenciada durante os meses de agosto e setembro de 2013, nas dependências do hospital psiquiátrico do município de Teresina (PI), Brasil. ***Resultados*:** o processo de enfermagem foi aplicado ao quadro clínico-psiquiátrico vivenciado, em toda sua completude. O relacionamento terapêutico, o cuidado individualizado e as melhores práticas em saúde baseadas em evidências são essenciais para um bom prognóstico. ***Conclusão*:** a experiência com um quadro de dependência química, acompanhada de sintomas psicóticos contribuiu para que compreendêssemos a importância do papel do enfermeiro e de seu objeto de trabalho, a Sistematização da Assistência de Enfermagem. ***Descritores*:** Enfermagem Psiquiátrica; Cuidados de Enfermagem; Crack; Comorbidade.

RESUMEN

Objetivo: reportar la experiencia de los estudiantes de pregrado en enfermería en el cuidado de un paciente con comorbilidad psiquiátrica tipo de paciente psicosis (esquizofrenia), más el uso de drogas ilegales (de crack y marihuana). ***Método:*** un estudio descriptivo del tipo informe de la experiencia de un enfoque cualitativo. La experiencia se vivió durante los meses de agosto y septiembre de 2013, en las instalaciones del hospital psiquiátrico de la ciudad de Teresina (PI), Brasil. ***Resultados:*** el proceso de enfermería se aplicó a la condición clínica y psiquiátrica con experiencia, en toda su integridad. La relación terapéutica, la atención individualizada y una mejor salud en las prácticas basadas en la evidencia son esenciales para un buen pronóstico. ***Conclusión:*** la experiencia con un marco de dependencia química, acompañada de síntomas psicóticos nos ayudó a entender la importancia del papel de la enfermera y su objeto de trabajo, la sistematización de la atención de enfermería. ***Descriptores:*** Enfermería Psiquiátrica; Cuidados de Enfermería; Crack; La Comorbilidad.

[1]Nurse, Professor of Sciences, Federal University of Piauí/UFPI. Teresina (PI), Brazil. Email: m.astres@ufpi.edu.br; [2]Nurse, Master's Student, Graduate Nursing Program, Nursing School Anna Nery, Federal University of Rio de Janeiro EEAN/UFRJ. Rio de Janeiro (RJ), Brazil. Email: kayohenriquejardel@hotmail.com; [3]Student, Graduate Nursing Program, University Center Uninovafapi. Teresina (PI), Brazil. Email: samanthaalves2@outlook.com; [4]Nurse, Specialist in Mental Health, Master of Nursing, Egress, Federal University of Piauí/UFPI. Teresina (PI), Brazil. Email: alineraquel8@hotmail.com; [5]Nurse, Master's Student, Graduate Nursing Program, Federal University of Piauí/UFPI. Teresina (PI), Brazil. Email: analiviacbranco@hotmail.com

INTRODUCTION

In Brazil there was an increase in the consumption of licit or illicit drugs. Additionally, an increase of cases of violence, prostitution, theft, trafficking, homicides, and sexually transmitted infections (STIs).[1] Among these drugs, draws attention crack, produced by adding water, baking soda, gasoline and kerosene to cocaine hydrochloride.[2]

Date of 1984/85 in the slums of Los Angeles, New York and Miami (USA) the emergence of crack, used by people, especially young people, living in precarious conditions of abandonment, attracted mostly by rapid effect and low cost. Its name comes alluding to pop (cracking) of the crystals when smoked in pipes. In Brazil, however, and unfortunately, only in the 1990s it was observed using crack, initially on the east side of São Paulo/SP.[3]

It appears that, generally, crack is not the first drug use, and alcohol and tobacco, illegal drugs, responsible for the initiation process; observes also that marijuana, in most cases, is the drug of the second moment of experience.[3] Study[4] also reveals that the majority of crack users start smoking and alcohol consumption, early and heavily, reaching the early crack, so age is a determining factor, the younger the worse the prognosis initiation.

Crack is responsible for increasing marginalization, crime and vulnerability, in part for their physical and psychological effects. The effects of their use are felt in all dimensions of the individual, namely: biological, economic, and social.[2] From the biological point of view it is cited reduced appetite and expiration capacity; the economic is observed that people start to need more drug than the previous day, due to the addictive process, resulting, for example, the use of money to support the family, in addition to selling their clothes and appliances; the share due to the feeling of pleasure the individual increases of their network of friends, but in a matter of days, you feel alone, anxious, generating an unbridled sense of emptiness to which only the crack can fill in addition to the aspects mentioned above such as crime, delinquency and misdemeanors.[5]

Because of these consequences and considering that health existential question as part of all segments of society, we can consider the crack as a public health problem. Where the high prevalence of psychiatric comorbidities is a determining factor therefore increases the severity of the symptoms, the risk of recurrence and worsen so prognosis. It is understood psychiatric comorbidity as concurrency of psychiatric disorders and alcohol and other drugs.[6-7]

The relevance of the study is based on the intention to propose a systematization of Nursing Assistance (SAE) as a methodology and organized treatment option, humane and efficient, aimed at socialization and reducing the harm caused by the use of these substances and pathological schizophrenia process. In this perspective came the motivation to carry out this study, which aims to:

- Reporting the students experience of undergraduate nursing in the care of a patient with psychiatric comorbidity patient type psychosis (schizophrenia) plus the use of illegal drugs (crack and marijuana).

METHODOLOGY

This is a descriptive study of a qualitative approach of the type experience report. Thus, there was a description by means of memorization and documentation of students' experience of undergraduate nursing of a university center of Teresina (PI) during the academic activities of the Mental Health discipline in the Specialized Services, offered on the 6th period of theoretical-practical character and mandatory in the undergraduate curriculum.

On the first day, the service, objectives and guidelines was presented, and was provided to students a schedule of activities to be developed, suggested references and a roadmap for implementation of SAE.

During implementation of the planned activities, patients there were defined to be monitored routinely by students during the two months, August and September 2013, supervised practice.

The operationalization of the SAE occurred through the implementation of all phases of the process, namely: history of nursing, which have been raised customer needs through interviews and physical examination; nursing diagnosis, obtained through the interpretation and analysis of information, identifying the defining characteristics and risk factors or in connection with the foundation of the experience of students, teaching and specialized literature in the field; planning, implementation and evaluation of nursing actions as priority needs of the client. After the operation of SAE was up by students evaluated the activities.

CASE STUDIES

The systematization of nursing care is a methodology for organizing and conducting the care grounded in the principles of the scientific method, requiring a dynamic and inter-relationship of its phases, in order to assist the customer in its needs, providing security in planning, implementation and evaluation of nursing behaviors, individualization of care, visibility and autonomy to the nurse. Thus, the Nursing Process properly used in Mental Health provides order and direction to the care provided, constituting the essence of nursing practice, as a methodological tool.[8-10]

Following the instructions given by the teacher operated nursing consultation, in which it was used in a directed history and physical examination. Based on previous knowledge and practical experience, it rose the following conclusions about the biological standards and health promotion: living with HIV/AIDS, starvation, bulimia, constipation, loss of patterns of sleep and rest, frequency nightmares, compromised hygiene, dehydration, self-care deficit and poor treatment adherence.

In subsequent visits analyzed the medical records of the client in order to get more information, because, nursing query data were not sufficient for communication difficulties, such as slurred speech and flight of ideas.

With regard to psychosocial standards met: impaired family composition, ineffective family relationships, monthly income incompatible with basic human needs, use of illegal drugs (crack and marijuana), aggression, agitation, excessive talkativeness, psychotic episodes, delusions recurring, confused ideas, disorientation and social isolation.

It should be noted, is a frame that has a poor prognosis; therefore, present a range of negative symptoms, among them, incoherent communication and impoverished, slowing and psychomotor impoverishment, neglected appearance, extreme social disorder, hypobulia, and emotional blunting, concurrent with positive symptoms, like, disorganized hyperactivity, bizarre behavior, incoherent and broken thoughts, sexual delusions and auditory hallucinations; observing the pattern of findings, was diagnosed (medical-psychiatric diagnosis) Hebephrenic schizophrenia.

It clearly presents a range of risk factors, and other range of stressors, these, in line with a weak ego, makes the individual adjustment mechanisms insufficient, generating a poor response, which will produce an initial psychotic episode and further exacerbation of schizophrenic symptoms, and from this historic priority needs were raised to this table, prescribed and implemented the following care as nursing diagnostics (DE) based on the NANDA taxonomy and in the literature (Figure 1).

Problems	DE	Expected Results	Prescribed Care
Delusional thinking	Change in thought processes	Customer will eliminate delusional thinking patterns.	Encouraging the client to keep in fact, enjoying every touch with him; not discuss nor deny the belief. Use reasonable doubt; fulfill the promises made.
Audiovisual hallucinations; anxiety	Auditory and visual sensory-perceptive change	Recognizes that the perceptions arising from the hallucinations are unreal; demonstrates control of anxiety.	Observing the client when the signs of hallucinations; avoid touching the client without warning; don't reinforce the hallucination; help the customer to understand the connection between anxiety and hallucinations; try to keep it focused on specific issues or activities.
Isolation and social withdrawal; difficulty of communication	Social isolation	Client will voluntarily spend time with other clients and team members in group activities of the unit.	Offering to stay with the client during the activities; give recognition and positive reinforcement to the positive interactions and client with other volunteers.
Immune compromised	Altered protection	The safety and comfort of client will	Implementing universal precautions as the blood and body

condition		be maximized.	fluids; monitor the signs and symptoms of opportunistic infections; teach the client and persons significant, at discharge.
History of violent and aggressive behavior	Risk of violence: directed to others and autorun	Does not express self-aggressivity or hetero-aggressivity reactions.	Maintaining a low level of stimulation in the customer environment; observe the behavior of the client; remove dangerous objects of the customer environment; redirect violent behavior by physical means to give vent to anxiety.
Poor hygiene	Self care deficit	Client will demonstrate ability to learn independently, self-care needs.	Investigating patterns of disposal; Verify that you receive a balanced diet; encourage the client to take power when this refusal; give aid/encourage the client to run independently so many activities as you are possible.
Emaciated; dehydrated; malnourished	Altered nutrition: below the body needs	Client will not display signs or symptoms of malnutrition.	Providing food and nutritional drinks and easy to digest, which could be consumed on the move; provide the favorite foods.
Insomnia	Disturbed sleep pattern	Sleep and rest balanced pattern.	Providing periodic rest.

Figure 1. Psychiatric nursing Process, Teresina (PI),

Study finds "healing devices by speech, the technique of free association, floating attention, the transference relationship and listening"[11:198] are effective mechanisms in the treatment and customer tracking dependent on psychoactive substances and psychotic disorders. After the follow-up period, in which they made use of all the mechanisms that were within reach, there was a reassessment of the frame, in which it realized considerable improvement, culminating in multi-client high that presented the framework for analysis. It was observed that the therapeutic relationship, the individualized care and best health practices based on short importance of evidence to a good prognosis.

FINAL NOTES

Systematization of Psychiatric Nursing Care presents itself as a model that includes the patterns of human responses focusing on its core sound full of mental patients, leaving aside the obsolete paradigm of planning the psychiatric nursing actions with the background of mental illness, representing a viable psychosocial rehabilitation of the efforts undertaken to date.

In the care of mentally ill, it was noted, be necessary to identify the compromises emerging emotional origin or due to hospitalizations and illnesses, together with the data of the physical examination, to support and improve the comprehensive care of each patient as needed thus enabling more targeted follow-up in the pursuit of their well-being.

Thus the nurse who works in a psychiatric hospital, has a growing challenge and complex, implies the ability of effective action along with other professionals, but dependent on it. He has to be able to intimately know the mentally ill so that his performance is effectively ethical, objective, reliable, inflectional, creative and humane.

Experience with a chemical dependency framework, followed by psychotic symptoms contributed to our thinking and practice of nursing process, in addition to the observance of the difficulties in treating schizophrenic clients and the implementation of the Systematization of Nursing Care. Thus, the association effectively from theory to practice for the understanding of psychiatric nursing should move, aimed at qualification of nurses to provide a care based on a methodology that considers the effectiveness of this care, such as SAE.

REFERENCES

1. Oliveira LG, Nappo SA. Characterization of the crack cocaine in the city of the São Paulo: a controlled pattern of use. Rev Saude Publica [Internet]. 2008 [cited 2014 June 20];15(1):42(4):664-71. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-89102008000400012

2. Branco FMFC, Sobrinho LBJ, Sousa LM, Pereira TL, Medeiros JM, Silva Junior FJG, Monteiro CFS. Atuação da equipe de enfermagem na atenção ao usuário de crack, álcool e outras drogas. J Health Sci Inst [Internet]. 2013 [cited 2014 June 20];31(2):161-5. Available from: http://www.unip.br/comunicacao/publicacoes/ics/edicoes/2013/02_abr-jun/V31_n2_2013_p161a165.pdf.

3. Perrenoud LO, Ribeiro M. Histórico do consumo de crack no Brasil. In: Ribeiro M, Laranjeira R. O tratamento do usuário de crack. São Paulo: Editora Casa Leitura Médica; 2010.

4. Guimarães CF, Santos DVV, Freitas RC, Araujo RB. Perfil do usuário de crack e fatores relacionados à criminalidade em unidade de internação para desintoxicação no Hospital Psiquiátrico São Pedro de Porto Alegre (RS). Rev Psiquiatr RS [Internet]. 2008 [cited 2014 June 20]; 30(2):101-8. Available from: http://www.scielo.br/scielo.php?pid=S0101-81082008000300005&script=sci_arttext.

5. Magalhães DEF, Silva MRS. Cuidados requeridos por usuários de crack internados em uma instituição hospitalar. Rev Min Enferm [Internet]. 2010 [cited 2014 June 20];1(3):408-15. Available from: http://bases.bireme.br/cgi-bin/wxislind.exe/iah/online/?IsisScript=iah/iah.xis&src=google&base=BDENF&lang=p&nextAction=lnk&exprSearch=19562&indexSearch=ID.

6. Wandekoken KD, Siqueira MM. Aplicação do Processo de Enfermagem a usuário de crack fundamentado no modelo de Betty Neuman. Rev Bras Enferm [Internet]. 2014 [cited 2014 June 20];67(1):62-71. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672014000100062.

7. Ribeiro M, Marques ACPR. Avaliação psiquiátrica e comorbidades. In: Ribeiro M, Laranjeira R. O tratamento do usuário de crack. São Paulo: Editora Casa Leitura Médica, 2010.

8. Conselho Federal de Enfermagem. Resolução Cofen nº 358/2009. Dispõe sobre a Sistematização da Assistência de Enfermagem e a implementação do Processo de Enfermagem em ambientes, públicos ou privados, em que ocorre o cuidado profissional de Enfermagem.

9. Truppel TC, Meler MJ, Calixto RC, Peruzzo SA, Crozeta K. Sistematização da Assistência de Enfermagem em Unidade de Terapia Intensiva. Rev Bras Enferm [Internet]. 2009 [cited 2014 June 20]; 62(2): 221-7. Available from: http://www.scielo.br/scielo.php?script=sci_arttext&pid=S0034-71672009000200008.

10. Townsend MC. Enfermagem psiquiátrica: conceitos de cuidados. 3ed. Rio de Janeiro: Guanabara Koogan; 2002.

11. Guerreiro EM, Silveira LC, Cunha BMC, Vieira AN. A clínica de enfermagem no cuidado ao sujeito psicótico a partir da psicanálise. J Nurs UFPE online [Internet]. 2014 [cited 2014 June 20];8(1):192-200. Available from: http://www.revista.ufpe.br/revistaenfermagem/index.php/revista/article/view/5456/pdf_4479.

Submission: 2015/11/07
Accepted: 2016/01/07
Published: 15/02/2016

Correspondence Address

Márcia Astrês Fernandes
Campus Universitário Ministro Petrônio Portela
Bairro Ininga, Bloco 12
CEP 64049-550 — Teresina (PI), Brasil