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ARTICLE CLINICAL CASE REPORT

SYSTEMATIZATION OF NURSING CARE TO THE ELDERLY WITH ALZHEIMER'S DISEASE AND DEPRESSIVE DISORDERS

SISTEMATIZAÇÃO DA ASSISTÊNCIA DE ENFERMAGEM AO IDOSO COM DOENÇA DE ALZHEIMER E TRANSTORNOS DEPRESSIVOS

SISTEMATIZACIÓN DE ATENCIÓN DE ENFERMERÍA AL ANCIANO CON LA ENFERMEDAD DE ALZHEIMER Y LOS TRASTORNOS DEPRESIVOS

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ABSTRACT

Objectives: to develop a plan of care to the elderly with depressive disorders and Alzheimer's disease and demonstrate the effectiveness of the systematization of nursing care. ***Method:*** clinical case report, conducted in qualitative approach, with client 65 years old female in Nursing Program in Health Care of the Elderly and Their Caregivers in 2009. The project was approved by the Research Ethics Committee under No. 062/2009. We used a form, beyond the record. The analysis proceeded according to Risner of clinical reasoning. ***Results:*** the main nursing diagnoses were identified according to the North American Nursing Diagnosis Association, held a survey of nursing interventions, Nursing Intervention Classification according to and the results were evaluated from the Nursing Outcomes Classification. To evaluate nursing actions were described NOC results in the pre-and post-intervention. ***Conclusion:*** nursing care based on these classifications allows effective customer care. ***Descriptors:*** Nursing Process; Alzheimer's Disease; Adjustment Disorders.

RESUMO

***Objetivos*:** elaborar um plano assistencial ao idoso portador de transtornos depressivos e doença de Alzheimer e evidenciar a efetividade da sistematização do cuidado de enfermagem. ***Método*:** estudo de caso, de abordagem qualitativa, realizada com cliente de 65 anos, sexo feminino, no Programa A Enfermagem na Atenção à Saúde do Idoso e Seus Cuidadores, em 2009. O projeto foi aprovado pelo Comitê de Ética em Pesquisa sob nº 062/2009. Utilizou-se um formulário, além do prontuário. A análise procedeu-se segundo o raciocínio clínico de Risner. ***Resultados*:** identificados os principais diagnósticos de enfermagem segundo a North American Nursing Diagnosis Association, realizou-se o levantamento das intervenções de enfermagem, segundo a Nursing Intervention Classification e os resultados foram avaliados a partir da Nursing Outcomes Classification. Para avaliar as ações de enfermagem, foram descritos os resultados do NOC nos períodos pré e pós-intervenções. ***Conclusão*:** a assistência de enfermagem baseada nessas classificações permite cuidado efetivo ao cliente. ***Descritores*:** Processos de Enfermagem; Doença de Alzheimer; Transtornos de Adaptação.

RESUMEN

Objetivos: desarrollar un plan de atención a las personas mayores con trastornos depresivos y la enfermedad de Alzheimer y demostrar la eficacia de la sistematización de la asistencia de enfermería. ***Método:*** estudio de caso, el enfoque cualitativo, realizado con el cliente de 65 años de edad las mujeres en el Programa de Enfermería en el Cuidado de la Salud de los ancianos y sus cuidadores en el 2009. El proyecto fue aprobado por el Comité Ético de Investigación bajo el número 062/2009. Se utilizó un formulario, más allá del registro. El análisis realizado de acuerdo a Risner de razonamiento clínico. ***Resultados:*** se identifican los principales diagnósticos de enfermería según la Asociación North American Nursing Diagnosis, llevó a cabo una encuesta de las intervenciones de enfermería, enfermería Clasificación de Intervenciones de acuerdo y se evaluaron los resultados de la Clasificación de Resultados de Enfermería. Para evaluar las acciones de enfermería se describieron los resultados NOC en el pre-y post-intervención. ***Conclusión:*** la atención de enfermería basada en esta clasificación permite el cuidado eficaz del cliente. ***Descriptores:*** Procesos de Enfermería; Enfermedad de Alzheimer; Trastornos de Adaptación.

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INTRODUCTION

In the last decades of the twentieth century, Alzheimer's disease (AD) was often related to the aging process. It is characterized by a type of dementia are more likely to develop in older ages, and aging is the main risk factor for developing the disease, since both aging and dementia share qualitatively the same neuro-pathological changes however these changes in AD occur with greater intensity. [1]

This disease affects initially the hippocampal formation that is the center of short-term memory, with subsequent impairment of associative cortical areas. Thus, in addition to memory impairment, damage occurs in orientation, attention, speech, problem solving skills and to perform activities of daily living. The degeneration is progressive and variable; it is possible to characterize the stages of the dementing process in mild, moderate and severe, even considering the individual differences that may exist. [2]

The diagnosis of dementia is based on the presence of memory decline and other cognitive functions. Besides the history and physical examination, several instruments have been developed in recent years in order to assist in the investigation of possible cognitive deficits in individuals at risk, such as the elderly. However the Mini-Mental State Examination (MMSE) is the scale most widely used cognitive assessment in order to differentiate patients with psychiatric Figures of organic functional. Over the time scale is now used as a tool to guide the evaluation of patients with dementia, and its use is recommended to perform both the diagnosis of dementia such as Alzheimer's disease. [3;4]

Other instruments used to evaluate the customer carrier DA are the Katz Index, which assesses basic activities such as bathing, dressing, personal hygiene, continence and feeding instrumental activities while using telephone, shopping, clean the house, wash clothes, take medications, make payments are measured by the scale of Lawton. The evaluation of these tools are efficient to analyze the degree of dependence and therefore the activities that this elder is able to perform. Thus, the client should be encouraged to train their memories through games, readings or activities that give you pleasure as painting, drawing and even encourage them to carry out their activities independently (self-care).

Note that mood disorders affect a significant percentage of individuals with AD, at some point in the evolution of dementia. Depressive symptoms affect up to 40-50% of the clients, while depressive disorders are observed in approximately 10-20% of cases. [5]

Depressive symptoms and dementia often overlap in geriatric patients, being checked so frequent in elderly depressed, complaints of memory failures. The occurrence of depression in old age or even before it has been considered a possible risk factor for dementia, although in recent research with a sample of 1,045 individuals living in the community, there was no association between the occurrence of depressive symptoms and high risk of cognitive decline after three years of evolution. [7]

Mood disorders observed in patients with dementia are usually intermittent, brief and amplitude decreased with depressive ideas unstructured and transient. The most frequent manifestations are: Dysphoria and apathy, hopelessness, feelings of worthlessness and dependency, somatic concerns, anhedonia and fatigue correspond to additional symptoms. Statements or expressions of self-deprecating wish to die should be evaluated cautiously, as the presence of suicidal ideation. Disturbance of sleep and appetite, although they may be present in dementia without depression, are reinforcing this diagnosis, the presence of other depressive symptoms. In doubtful situations, the search for personal or family history of mood disorders may provide additional clues to the diagnosis of depression in a patient with dementia. [8]

However, depression in patients with advanced dementia can be a difficult condition to detect, especially in the presence of language impairment and communication, or other cognitive functions are severely affected. The presentation will, in most cases, have behavioral apathy and social withdrawal, irritability and aggression are early signs plus the presence of affective impoverishment, reduction of spontaneous speech, psychomotor retardation and neuro-vegetative phenomena (insomnia, anorexia). Abrupt changes in behavior, severe anxiety or regression of functional abilities, without apparent medical reason or environmental stress, may suggest the onset of a depressive Figure [8]

The Geriatric Depression Scale ('CES' - GDS) is one of the most frequently used for the detection of depression in the elderly. In addition to using this scale for depression diagnosis can also be made from detailed history with family members and caregivers. This becomes important because a superficial or incorrect reporting of symptoms by

patients, due to their cognitive status, can lead to false interpretations, so it is convenient to include impressions of family members or caregivers. [9]

Being THE most common cause of degenerative dementia, affecting approximately 15 million people worldwide, with its incidence increased by approximately 0.5% per year, the population older than 65, to 8% / year, more than 85 years and major depression affecting about 5-8% of patients with DA.10 Added possibility to aid the client about the valuation of their self-esteem and improved social interaction, which prompted us to carry out such a study.

The nursing care provided to patients were administered through the nursing process, in which the language was adopted in accordance with the diagnostic classifications of North American Nursing Diagnosis Association - NANDA, we apply the interventions recommended by the Nursing Intervention Classification - NIC and analyze our conduct Nursing according to Outcomes Classification - NOC.

From these considerations characterized as general goal: Develop a care plan for the patient elderly with depressive disorders and Alzheimer's disease and specific objectives: to identify the nursing diagnoses based on NANDA classification, list the interventions according to the NIC, and pointing the expected results according to the NOC.

METHOD

This study arose from the lived experience as nursing students from Universidade Federal Fluminense, for theoretical and practical, in Nursing Outreach Program in Health Care of the Elderly and Their Caregivers (eASIC / UFF), where data were obtained from a patient of 65 years with depressive disorders and Alzheimer's disease between the months of September and October 2009.

The chosen method was the case study, because it is an investigation of a single event, a case in which one seeks the depth of the data, with no concern about the frequency of their occurrence, in the case of a job well a qualitative and exploratory. It is essential that nursing observation is present in our everyday life because this is one of the most frequent subjects for understanding, things, events and situations. With regard to people, we can directly observe their behaviors as: actions, gestures and words, and indirectly their thoughts and feelings, since they manifest themselves in the form of words, gestures and actions. "Likewise indirect, we can also observe the attitudes of someone, that is your point of view and predisposition towards certain things, people, events, etc".[11]

Data collection was performed by the nursing consultation, which used a script semi-structured interview, which is characterized by the existence of previously prepared a guide that serves as a hub for research development adviser. Thus, we adopted the form proposed by Carpenito, beyond documentary survey by analyzing the records in this institution for documentary survey.

In case of nursing diagnosis was chosen analysis Risner, for whom the diagnosis is perceived as time for separation of all material parts, which carries out a critical examination of the data, defining its essential components and relationships. Risner divides it into two stages: Stage 1 stages of data analysis and synthesis comprising data categorization and 2nd redactional construction of diagnoses, from a taxonomy. The first phase is a moment more detailed analysis of this, because it brings together the evidence on patterns, compares patterns with theories, concepts and norms, making a clinical judgment - from identifying opportunities where the expected responses proposed by the nurse the patient. This phase ends with the proposition of the root causes are identified where the factors that influenced or contributed to the changes inferred. The second step consists in writing of the diagnosis in a taxonomy. Chose to Taxonomy Nanda - NIC - NOC.

The subject of the case study was a female patient, aged 65 years of age, presenting a medical diagnosis of depressive disorder and disease Azheimer Program eASIC participating in Mequinho (outpatient clinic of the University Hospital Antonio Pedro - Federal Fluminense University).

The study was approved by the Ethics Committee of HUAP / UFF under number 062/2008, to be part of the outreach program. After clarification about the study, the patient agreed to sign the Statement of Clarification free according to Resolution 196/96 of the National Health Council, which regulates research involving human subjects.

RESULTS

The analysis according to Risner[13] is shown in Figure 1:

Analysis	Synthesis		
Categorization	Comparison	Inference	Etiology (Relationship)
Elderly, female, 65 years old	Age is arguably the most important risk factor for development of dementia in general and AD in particular, verifiable by the progressive increase of dementia from sixty years old.[14]	Risk for self-care deficits and cognitive impairment	Related Dementia Alzheimer's
Experiences of forgetfulness, inability to recall events, inability to retain new information.	Memory is impaired by definition the inability to remember or remember bits of information or behavioral skills.[15]	Symptoms of early stage AD[2].	Related Dementia Alzheimer's
Confusion disease characterized by clinical evidence of organic injury. Related by Alzheimer's disease.	Memory is impaired by definition the inability to remember or remember bits of information or behavioral skills.[16]	Confusion related to chronic AD.	Related Dementia Alzheimer's
Lack of physical conditioning and choice of a daily routine without exercising.	The regular practice of physical exercise has been cited as an important factor for reducing fall.[17]	Sedentary lifestyle, strengthens the muscle changes characteristic of aging	Related habits
Environment with furniture and objects in excess, presence of carpets on the floor, absence of anti-slip material in the shower.	Besides the intrinsic factors, studies show that a significant percentage of falls occur in the home environment of the elderly, and the most used rooms.[18]	Risk for Falls	Related to factors that predispose to falls in elderly
Difficulty walking	The march is one of the functions most affected with aging.[19]	Risk of falls	Related to the aging process
Visually impaired	In the elderly, the visual impairment is usually due to chronic eye diseases that diminish the vision of a progressive manner. [20]	Risk of falls	Related to the aging process
Mental status downgraded	The state mental lowered, which results in limitations Cognitive function constitutes a major problem for elderly patients and can increase the risk of falls.[21]	Risk of falls	Related AD
Unable to admitting the impact disease's standard of living	"...coping with men and women facing the disease, the observation of socio-cultural influences that are part of the structural formation of the individual ego, causing it to take certain postures of confrontation." [22]	Risk denial	Related to biopsicoespiritual
Fear of invalidity	"Older adults who suffer from such chronic diseases converge dimensions: loss of welfare and social support, and meda disability and death in the family..."[23]	Related to autonomy and independence	Related to cope with chronic diseases
Refusal health care at the expense of the same.	It is estimated that approximately 50% of patients with chronic diseases in developed countries did not adhere significantly to therapy, leading to negative impacts for both the patient and for the state.[24]	Related to changing habits	to cope with chronic diseases

Figure 1. Diagnostic Reasoning according to Risner.

After data collection and application of nursing process, we identified and listed the main nursing diagnoses according to the language of NANDA, highlighting the first NOC. Afterwards, raised the nursing interventions NIC. And lastly, the results were evaluated through the NOC end. Thus, the main findings were listed in Figure 2:

Nursing Diagnoses (NANDA)	Nursing Outcomes (NOC)	Nursing Interventions (NIC)	Nursing Results (NOC)
Impaired memory, related to neurological disorders. Characterized by experiences of forgetfulness, inability to recall events, inability to retain new information.	Concentration: • Spells world backwards (1) • Maintain attention (3) Memory: • Remind immediate information accurately (2)	Memory Training: • Encourage memory through repetition, the last thought that the patient expressed when appropriate; • Give a simple guideline at a time; • Lead the implementation of games that stimulate memory.	(3) (5) (3)
Confusion disease characterized by clinical evidence of organic injury. Related by Alzheimer's disease.	Concentration: • Spells world backwards (1) • Maintain attention (3) Memory: • Remind immediate information accurately (2) Cognitive orientation • Identifies current location (3) • Identifies the correct year (2) • Identifies the correct month (2)	Control of dementia • Include family members in the planning, delivery and evaluation of care; • Determine the physical history, social and psychological client, common habits and routines. • Determine the type and extent of cognitive deficit using a standardized instrument; • Give one direction at a time; • Provide guidance for the conduct of activities that give you pleasure, both individual and group; • Provide guidance for conducting domestic activities and performing short walks;	(3) (5) (3) (5) (4) (4)
Denial ineffective related anxiety, threat reality unpleasant and fear of loss of autonomy, characterized by be unable to admitting the impact 's disease standard of living, minimize symptoms afraid to admit disability and denied health care at the expense of the same.	Acceptance of health status • Searching for information (2) • Recognition of the reality of health status (3) • Control of Anxiety (2) • Search for information to reduce anxiety (3) • Maintain social relations (3)	Reduction of anxiety • Provide factual information about diagnosis, treatment and prognosis; • Explain all procedures, including sensations that the patient probably will have during and after the procedure; • Use periods of silence to show interest, as appropriate; • Transmit recognition of achievements during intercourse	(3) (5) (4) (5) (4)
Risk of falls, related to environment with furniture and objects in excess, presence of carpets on the floor, absence of anti-slip material in the shower, walking difficulties, visual impairments, mental status downgraded.	Knowledge: Preventing falls • description of the use of anti-slip mat (1) Behavior fall prevention • Use features of vision correction (1) • Removal of carpet (3)	Fall prevention • Monitor the way you walk, the equilibrium level and fatigue with ambulation • Place personal items reach the patient • Use the side of the bed with adequate length and height to prevent falls, as needed • Avoid cluster of objects on the ground • Provide non-slip surface in the shower.	(5) (5) (5)

Figure 2. Plan nursing care. EASIC / UFF, Niterói / RJ Brazil.

DISCUSSION

During the approach the client to perform the nursing consultation, this proved to be eager, responsive only requests made by reporting has been referenced by the neurologist Antonio Pedro University Hospital for better monitoring of Alzheimer's Disease in eASIC / UFF.

In this first consultation initially talked about how the elderly operated nursing consultation on the therapies that were offered by the program to the client with the disease and also monitoring that was conducted with the caregiver.

After this time, a form was applied in order to collect some information about the client and perform tests MMSE, which corresponds to a scale of assessment recommended both for diagnosis of dementia as AD, the KATZ, which evaluates the activities basic individual, such as bathing, dressing, personal hygiene, feeding and continence, LAWTON, which is related to the assessment of instrumental activities such as phone use, clean the house, shop, among others, and the EDG, which is a widely used instrument in diagnosis of depression. Then, we performed a physical examination of the client, scheduling the date for the forthcoming consultation and direction

of the companion to the realization of a nursing consultation more appropriate.

The nurse educator role in health caregivers must provide information regarding the choice of alternatives available, during the phase when caring for patients without this function entails in damage to your health. Thus, it is believed that the nurse's main function play a role of facilitator, already providing care near the ill person / lay caregiver, and directly participate in matters involving health education.

We performed the construction of the nursing diagnosis from the proposed Risner, this being a distinct movement in our practice who has made significant contributions. This way of building the nursing diagnosis shows up in a way that facilitates academic and didactic visualization of problems and fortifying them from scientific principles. Thus, the main objective of the process of nursing education is to prepare nurses for the planning and execution of care, this way it was possible to offer students more knowledge about the systematization of nursing care. [26]

By following the steps proposed by Risner was possible to draw (05) five nursing diagnoses. The arrangement of data in a Figure with categorization, comparison, inference and relationship problems facilitated the visualization of the elderly, not only through the consultation findings during nursing, but also as a foundation school students from the time it becomes necessary to look at the state of the art literature. [27]

Moreover, one can identify that it is a job to be developed that takes time, but not always in daily nurse their actions are geared to the needs of customers, but also other managerial activities and involving activities along with other professionals, often nurses away from their assignments.

Later, the construction of the 1st phase Risner (analysis and synthesis of data), drafted in the nursing diagnosis taxonomy Nanda, Noc and Nic. The construction of the nursing care plan using the Taxonomy of Nanda facilitates the provision of the problems with a nurse's own terminology. Despite the time that this taxonomy is in Brazil, its development still requires time since their terminology and understanding have not yet been incorporated into healthcare practice, as this is more time spent due to lack of familiarity with the process of care system, the it fits well in implementing the Taxonomy of Nanda. And its use requires improvement are still needed its standardization.

By analyzing the nursing diagnosis was possible to demonstrate the issues through her own terminology, grouping them with titles of diagnosis, requiring that we were not only attentive to the signs and symptoms of the disease, but the repercussions of this person's life. So build the care plan using the Taxonomy Nanda, Nic Noc was instrumental in providing care. Thus, after the delimitation of the care plan from the taxonomies cited above, we performed the application of these nursing interventions in subsequent query, and applying again the tests of multidimensional assessment of the elderly.

Analyzing the diagnoses listed according to taxonomy Nanda, we highlight two, namely: chronic impaired memory and confusion. For both diagnoses we opted for a more cautious approach of interventions since the client had a deficit in attention and memory for immediate information as a result of their disease. Thus, we prioritize the use of a standardized instrument to determine the extent of cognitive impairment, the concrete analysis of the history of the patient, the orientation of both the caregiver and the client on the participation of existing therapies in the unit, in addition to conducting activities that would provide pleasure.

The diagnosis of fall prevention was inserted because this client had great difficulty in walking, being reported by the caregiver that the patient had a history of previous falls. In this perspective, we believe it is important to insert this diagnosis. Regarding the diagnosis of denial ineffective seek to offer the client the necessary information about the disease and its prognosis, in order to clarify all doubts against the diagnosis of AD and depression in order to reduce anxiety.

In the second query, it was realized that the client had become less anxious and more attentive guidance provided by reporting have attended two meetings therapies along with your caregiver where concocted some handmade items.

At the end of the consultation was conducted exposure and prescribing certain guidelines to client as: diet rich in vegetables and fruits, as had a diet rich in fats and carbohydrates, skin hydration, because it had dried up a bit, especially in lower limbs, performing short walks and therapeutic games like crossword puzzles, among others. Despite the likelihood of developing certain diseases increase with age, it is essential to clarify that one can not imagine that aging is synonymous

with illness, especially when people develop healthy lifestyle habits.[30]

CONCLUSION

With this research we can understand the physical, biological and psychosocial involving elderly patients from the physical examination, medical history, tests and any methodology employed in nursing care, besides demonstrating a part of our expertise and experience in the field of theoretical practical nursing consultation in the elderly.

As the initial premise of the work was to develop a patient care plan elderly with depressive disorders and Alzheimer's disease and to identify nursing diagnoses based on NANDA classification, list the interventions according to the NIC, and pointing out the expected results according to the NOC, it is concluded that was made in the same.

Nursing care needs to be performed from a healthcare methodology and taxonomy Nanda, Nic Noc is compatible with the various methodologies and theoretical concepts. Thus, using this taxonomy based on the construction of diagnosis in understanding Risner was shown as a facilitator of care and an educational tool for teaching, because this work methodology underlies scientifically characterizations of diagnosis. Strengthening and consolidating care practice providing visibility of nursing actions through a terminology.

So the choice for the use of ratings NANDA, NIC and NOC allowed us a direction of nursing actions for all queries, enabling the realization of an individualized care, i.e., as a biopsychosocial being, culminating in an effective care for the client .

But a limitation of Taxonomy is the practical application in the clinic, since demand time, we serve the elderly in the company of his family and \ or caregiver need joint consultation and construction of it, because after that another consultation will follow. A challenge and then elaborate a tool that is applicable in a more practical.

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