

Exploring the Effect of Continuity Care on the Psychological Condition and Self-Care Ability of Senile Dementia Patients

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Keywords: Continuity of care, senile dementia, psychological status, self-care ability

Abstract: Objective: The effect of seniledementia patients receiving continuity care on patients' psychological status and self-care ability. Methods: Seventy-four cases of Alzheimer's patients in our hospital were studied, randomly divided into conventional group and study group, and different nursing care was given to the two groups of patients. Results: Under the continuous care measures, the scores of patients in the study group: HAMA, HAMD, and PSMS scores were better than those in the conventional group ($P < 0.05$); the satisfaction rate of this nursing care in the study group was 97.30%, which was higher than that of the conventional group 86.49% ($P < 0.05$). Conclusion: The social function of seniledementia patients can be improved under the continuous care measures, which have the value of clinical promotion and application.

1. Introduction

Clinical seniledementia refers specifically to Alzheimer's disease, which has an insidious onset and can be alleviated by medications and nursing interventions to control the disease course. And no drugs have emerged that can reverse cognitive deficits. The onset of the disease leads to neurodegeneration, and gradually develops into memory impairment, aphasia, and inability to live on their own. At this time, patients are unable to recognize familiar objects through specific senses. All of these affect patients' social functions seriously. It can also affect patients' lungs, urinary tract, and other organs of the body, and cause serious complications. Alzheimer's disease is classified into the early, middle, and late stages. The earlier the intervention, the better treatment and care plans can be made for the patient. The continuous care is an effective out-of-hospital care, which can give patients the necessary medication care, emotional care, life care and other comprehensive nursing interventions after the patient is out of hospital, which can help to keep the patients' health stable in the long-term and out-of-hospital treatment. Based on the above, this paper will investigate the positive effect of continuity care on the maintenance of patients' social functions, and the data are reported as follows.

2. Information and Methods

2.1 General Information

Seventy-four patients with senile dementia treated in our hospital from June 2019 to July 2021 were included in this study. The general information of the patients in the two groups were no statistical difference ($P > 0.05$) and were comparable. For details, see Table 1.

Table 1: General Information of Two Groups of Patients

Year	Case	Male(cases)	Female(cases)	Average Age(years)	Average Disease Duration(years)
Conventional Group	37	17	20	69.24±2.15	2.51±0.24
Study Group	37	19	18	72.15±2.11	2.62±0.51

2.2 Methods

Patients in the conventional group were given general nursing care, including medication guidance, health education, dietary care, and psychological care. Patients in the study group were given continuity care. (1) Establish patient files, including basic patient information, family information, clinical data, and understand patient's past medical history and specific treatment for later nursing care. (2) Establish the continuity of care intervention team with the attending doctor as the leader and professionally qualified medical staffs who have patience and strong sense of responsibility as its member, take the team as a unit, and organize training on continuity of care interventions, including the purposes and methods of continuous care and the workflow that needs to be noticed in follow-up visits.^[1] The corresponding measures of continuity of care are developed according to the differences in clinical symptoms of individual patients in the patient files. (3) Nursing care interventions were given to patients in a three-month cycle. The specific steps are as follows: ① Two telephone follow-up visits per week to know the patient's disease process and changes, and to give appropriate guidance. ② Two monthly home care visits to observe the patient in the field, such as medication safety, disease process, etc. Corrections should be given to the patient's family in case of improper handling to ensure that the patient can receive the best care. Inform the patient's family of the need to timely observe the patient's cognitive function and the presence of medication effects or side effects, and to seek medical attention in the event of an exacerbation. (4) Psychological care. For those with serious clinical symptoms, the number of telephones and home follow-up visits or the duration of each visit should be increased. Besides, during the follow-up visits, patients' emotions should be analyzed actively, and once there are negative emotions, communication should be made with patients' families to relieve patients' negative emotions through music, calligraphy, dance, and family companionship.^[5] If it is necessary, a sharing session should be organized, in which patients with a good prognosis after effective nursing care are invited to share with the study group and their families, so as to improve the confidence of patients and families in nursing care and reduce their anxiety and depression. (5) Rehabilitation care. During the follow-up visit, communication should also be made with the patient and the patient's families about the rehabilitation training that can be done at home at any time to avoid further degeneration of the patient's memory as well as limbs.^[4] In addition, if the patient's physical condition allows, 150 minutes of moderate-intensity aerobic exercise per week is beneficial to the patient's health, such as Tai Chi, brisk walking, jogging, etc. (6) Dietary guidance. Instruct patients to eat small and frequent meals, taking beans and coarse grains as staple foods,

with high-quality proteins such as fish and poultry, reducing saturated fat and trans fat intake, and taking appropriate vitamin E supplements.

2.3 Judgment Criteria

HAMA, HAMD, and PSMS were used to assess patients' anxiety and depression levels. The HAMA is the Hamilton Anxiety Inventory and the HAMA is the Psychological Status Rating Scale.^[2] And the higher score indicates the higher levels of anxiety and depression. The PSMS is the Physical Self-Maintenance Scale that provides an all-around score of 30 points on whether patients can take care of themselves in daily life, with higher scores indicating greater self-care ability.

2.4 Statistical Analysis

Data were processed by SPSS22.0, the statistical analysis software. The measurement data were expressed as percentages (%), and the comparisons between groups were done by the χ^2 (chi-square test); the count data were expressed as mean \pm standard deviation ($\bar{x} \pm s$), and the pairwise comparison between groups was performed by the independent samples t test.^[3] And if $P < 0.05$, it means that the difference is statistically significant.

3. Results

3.1 Comparison of HAMA, HAMD and PSMS Scores between Two Groups of Patients

The HAMA, HAMD, and PSMS scores of patients in the study group were better than those of patients in the conventional group, with significant differences ($P < 0.05$). For details, see Table 2.

Table 2: Comparison of HAMA, HAMD, and PSMS Scores between Two Groups of Patients ($\bar{x} \pm s$, $n=37$)

Group	n	HAMA Scores		HAMD Scores	
		Pre-Nursing	3 Months after Nursing	Pre-Nursing	3 Months after Nursing
Study Group	37	15.39 \pm 2.98	11.53 \pm 2.12	13.99 \pm 3.01	8.66 \pm 1.23
Conventional Group	37	15.45 \pm 2.75	14.68 \pm 2.59	13.98 \pm 3.35	12.08 \pm 1.98
t	-	0.483	6.118	0.237	3.138
P	-	>0.05	<0.05	>0.05	<0.05

Table 2: (Continued)

Group	n	PSMS Scores	
		Pre-Nursing	3 Months after Nursing
Study Group	37	14.32 \pm 2.28	24.53 \pm 2.86
Conventional Group	37	14.22 \pm 2.43	19.77 \pm 2.69
t	-	0.306	7.865
P	-	>0.05	<0.05

3.2 Comparison of Patient's Satisfaction towards Nursing Care between Two Groups

In the study group, one patient expressed dissatisfaction with this nursing care, and the final nursing care satisfaction was 97.30%, which was significantly higher than the conventional group's nursing care satisfaction of 86.49%, with a significant difference ($P < 0.05$). For details, see Table 3.

Table 3: Comparison of Patient's Satisfaction towards Nursing Care between Two Groups(n, %)

Group	Case	Very Satisfied	Satisfied	Dissatisfied	Total Satisfaction Rate
Study Group	37	21	15	1	36(97.3)
Control Group	37	12	20	5	32(86.49)
X^2	-	-	-	-	-
P	-	<0.05	<0.05	<0.05	<0.05

4. Discussion

Senile dementia causes cognitive impairment and memory damage, leading to a gradual deterioration of social function. It may also lead to complications such as pneumonia, bedsores, urinary tract infections, malnutrition, and systemic failure, which can have a very negative impact on the patient, both physically and psychologically. In clinical treatment, senile dementia does not require hospitalization.^[6] The majority of cases rely on family members to observe and care for their conditions. Therefore, the continuity of care intervention is needed to provide professional guidance to patients at any time. And it is essential to adjust the treatment plan timely, according to patients' progression. In this study, the changes in HAMA, HAMD, and PSMS scores of patients in the study group were better than those of patients in the conventional group ($P < 0.05$); in the study group, one patient expressed dissatisfaction with this nursing care. The results of the study showed that the continuity of care intervention was highly accepted and conducive to the continuity of out-of-hospital care, timely detection of poor daily living and rehabilitation habits of patients with senile dementia, and timely correction and improvement to slow down the course of the disease and improve their quality of life. In addition, continuity of care interventions also focuses on patient psychological interventions to avoid patients' emotional abnormalities as the disease progresses, and good psychological interventions can largely reduce adverse emotions. In conclusion, continuous nursing care for patients with senile dementia can significantly improve patients' social functions and has clinical promotion value.

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