Psychotherapeutic Interventions in a Context of Dementia with Delusional Psychosis Outbreak: Clinical Case

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Abstract: Thinking about specialized care that respects vulnerabilities leads to a high and continuous requirement in quality standards. In this clinical case, dementia and delusional psychosis are addressed from a descriptive, participatory and reflective perspective. The role of nurses who specialize in mental health and psychiatry nursing in the monitoring of the target individual of nursing care, based on the patient’s specific needs and the exploitation of psychotherapeutic interventions to be prescribed in this specific case demonstrates that this therapeutic process is a path of change, presenting itself as a complementary method that compensates for the investments made. This structured process that values the relationship between the professional and the care target allows them to develop skills that allow him to continue his life path.

Key words: Nurses specializing in mental health and psychiatry, dementia, delusional psychosis.

1. Introduction

Dementia is a pathology, which is manifested by the progressive and global deterioration of cognitive, emotional and social functions. It is a delusional psychosis of common hallucinations and delusions. Therefore, intervention strategies, mental health and psychiatry were designed according to the skills of specialist nurses [1].

The skills of nurses specialized in mental health and psychiatry are attributed to significant humanization with regard to vulnerabilities [2].

The problem of the provision of specialized care leads to reflection on practices, with a continuous requirement of high-quality standards, which represents a challenge.

In this clinical case, the history of a patient with dementia in the initial process is approached, along with a situation of delusional psychosis.

2. Propose

This paper is to recognize the role of nurses specialized in mental health nursing and psychiatry in the follow-up of the target individual for care; plan and develop nursing care practices, based on the specific needs of an individual with psychiatric pathology; explore psychotherapeutic interventions to be prescribed in the specific case of dementia and delusional psychosis.

3. Methods

The descriptive method and reflexive analysis of the situation are used, with participant observation.

4. Results

M. L. is a 70-year-old woman, self-employed, retired and childless.

She lives alone in an old, rented house with poor hygiene, healthiness and no bathroom (she says she bathes in a bowl in the middle of the kitchen). She likes to walk alone, by the beach.

She was admitted at the Emergency Office,
accompanied by her niece, with behavioral changes, with a discourse that transpires a delusional activity persecutory with visual, olfactory and kinesthetic hallucinations with 3 months of evolution: “my neighbor gets in my bed and has sex with me... messed up the whole house... puts a bad smell at home... peeks through the windows... watches me in the shower, gropes me and lifts me out at night... is a neighbor who hides and lives there... he puts my pets in my bed at night, which appear under the floor and sting me and then run away through the walls... from time to time puts me liquid on the ground and it comes all to my side... I walk the whole house full of humidity and he is the one who is to blame...”

The niece says that the aunt has no neighbors and that she presents changes in memory. She is always forgetting everything, and she sometimes has aggressive behavior when she is upset.

The patient with poor speech “having nerves and sadness... I am mad at my sister-in-law. She says she tells me things, but it is a lie, she does not tell me anything I am sure, she is a liar.” She refers to insomnia but has preserved her appetite. She has been followed in psychiatric consultations for several years for the consequences of a shock on an electricity pole to which she tried to climb, but according to her niece, she has not attended the consultations for some time now. Her family history reveals that her father and brother were alcoholics and her sister had psychiatric pathology.

Complementary diagnostic tests X-chest, analytical study and brain CT performed revealed compatibility with the age group. She is hospitalized with a diagnosis of delusional psychosis under study and mild cognitive deficit in the context of dementia in the initial process. Nursing diagnoses consist: (a) in altered mood (tendency towards isolation and mutism), in which nursing interventions include—the presence of nurses, the establishment of the relationship of trust, the promotion of active listening and the valorization of emotions; (b) decreased communication (little interaction with the group), in which interventions go through—avoiding barriers to communication, promoting participation in group activities, speaking calmly and managing communication; (c) in the altered thinking (with delusional contents), in which nursing interventions go through—managing the physical environment, monitoring episodes of hetero aggressiveness, avoiding the strengthening of delusional ideas without calling them into question, and unfolding them so that the patient recognizes your truthfulness [3].

It is verified that the patient presents improvements throughout hospitalization, both at the level of humor and at the level of group interaction, demonstrating a greater will for nurses and other patients. She participates in manicure, collage sessions and interactive games, with no delirious activity visible during activities. She says “I am quieter I can go home. My niece says the scoundrel has gone away.” This showed that the patient does not recognize delirium as unreal but acquired a way around him.

Scheduled activities were performed with the patient, at the level of psychotherapeutic interventions inherent to the competencies of nurses who specialized in mental health and psychiatry, such as:

(a) application of the Mini Mental State Examination, since the patient presents a clear deterioration in the ability to pay attention, at the level of concentration, in learning new information and retaining them, it presents short-term memory failure, remembering whether from the past;

(b) cognitive stimulation based on reminiscence guidance therapy and with the variant of orientation to reality, with the objective of stimulating the memory of information (for example, the patient was asked to report culinary recipes, tours that she went to the beach. This was done in a group to stimulate social interaction);

(c) ludotherapy sessions with task training action, using image games for memory stimulation (with a domino style game, with images of fruits, boats and
animals, was explained to the patient that she would have to pair with equal images. It checks with her difficulty in accomplishing this task, because, for example, it joins the image of the chicken with that of the apple). It was proposed to her to teach the other patients the rules of the game to be able to play in group interventional action to carry out training for tasks. Despite having been able to improve social integration and interaction, with decreased hetero aggressiveness it was found that the patient, at the level of cognitive functions, did not present significant improvement, a situation compatible with the dementia state of the patient, even at the initial stage.

Curious fact, and to finish, it was at the time of discharge, the patient asked to take the game home, because she wanted to explain it to her 5-year-old nephew.

5. Conclusions

The interventions of nurses specialized in mental health and psychiatry, as a therapeutic process, are a path of change, presenting them as a complementary method, compensating the investments made. The basis of a good intervention is in the therapeutic relationship that is established, this being a structured process that values the relationship between the professional and the care target, so that these skills develop them, allowing them to continue their life path [4].

Non-pharmacological interventions focus on a holistic approach by which the individual is treated with dignity and respect, so, interventions such as guidance for reality, reminiscence therapy and ludotherapy aim at a higher quality of life for the sick individual [2].

References

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