

Psychiatric Disorders Impacting Critical Illness

Laura M. Struble, PhD, RN, GNP-BC^{a,*},
Barbara J. Sullivan, PhD, RN, APRN-BC, NP^a,
Laurie S. Hartman, DNP, RN, ACNP-BC^b

KEYWORDS

• Psychiatric disorders • Older adults • Critical care • Medical illness

KEY POINTS

- Complications from psychiatric disorders along with medical disorders treated in critical care are often reciprocally complicating.
- Psychiatric patients' stability may be challenged by the speed, chaos, and physical intrusions imposed by medical treatments in a medical emergency department or intensive care unit (ICU).
- Newly stabilized medical/surgical ICU patients may become quickly destabilized by the their paranoid delusions brought on by unanticipated medication interactions.
- Treatment of each is complex; treatment of both simultaneously is an art.
- Prehospitalization preparation, family communication, team collaboration, and a calm focus on the patients' mental status are essential to minimizing additional stress for all involved.
- Patients' treatment can be seriously compromised after discharge if families do not consider themselves allies in the treatment.

INTRODUCTION

More than 40% of older adults, aged 65 years and older, will have a major psychiatric illness by the year 2030.¹ This heterogeneous group has an extreme range of symptoms and illness severity. Although many older patients develop a psychiatric disorder in their teens or young adulthood, some older adults do not experience their first symptoms until after the age of 65 years. As older adults with psychiatric disorders face the challenges of aging, they also have premature mortality and poor outcomes

The authors have nothing to disclose.

^a Division of Acute, Critical and Long-Term Care, University of Michigan School of Nursing, 400 North Ingalls Building, Ann Arbor, MI 48109, USA; ^b University of Michigan Hospitals and Health System, University of Michigan School of Nursing, 400 North Ingalls Building, Ann Arbor, MI 48109, USA

* Corresponding author. Division of Acute, Critical and Long-Term Care, University of Michigan School of Nursing, 400 North Ingalls Building, Ann Arbor, MI 48109, USA

E-mail address: lstruble@umich.edu

Crit Care Nurs Clin N Am 26 (2014) 115–138

<http://dx.doi.org/10.1016/j.ccell.2013.10.002>

ccnursing.theclinics.com

0899-5885/14/\$ – see front matter © 2014 Elsevier Inc. All rights reserved.

because of their comorbid medical diseases, poor health behaviors, and inadequate health care.^{2,3} Health-related side effects of antipsychotic medications are also associated with increased rates of medical illness.⁴ An astounding 30% to 50% of older patients who are hospitalized for a medical condition also have a psychiatric disorder.^{5,6} Patients trying to adjust to multiple stressors related to an acute medical illness, new and chaotic environment, pain syndromes, aging sensory deficits, and limited coping strategies leads to an exacerbation of their psychiatric disorder and, in turn, increases the behavioral and psychiatric symptoms, length of stay, and medical complications.⁷

Typically, hospitalized older adults with psychiatric disorders have physical and cognitive impairments as well as social and financial challenges that add to the complexity in treating an acute medical illness. In addition, psychiatric disorders in older adults are also overwhelming underdiagnosed and undertreated. The hospital setting may aggravate the older person's symptoms of mental illness, and a psychiatric disorder may first be recognized in an acute medical illness situation. It is important for the astute critical care nurse to identify baseline signs and symptoms of psychiatric disorders in older patients, identify exacerbations in symptoms, seek resources, treat appropriately, and provide continuity of care during discharge planning. The intent of this article is to prepare acute care nurses to meet the mental health needs of older adults with a critical illness and prevent untoward sequelae of medical events. This article discusses the importance of baseline assessment data, addresses issues related to informed consent, and identifies successful strategies for maintaining patient safety during acute exacerbations of an acute medical illness. Common psychiatric disorders that are seen in the acute care settings are described, and strategies to improve patient outcomes are discussed.

GOALS OF CARE

Critical care nurses need to be aware of psychiatric symptoms because somatic complaints may be mistakenly attributed to a medical illness instead of the psychiatric disorder, leading to more aggressive care than may be indicated. In addition, clinicians need to recognize exacerbation of psychiatric symptoms to prevent escalations in behaviors that will make it difficult for patients to adhere to medical procedures and treatments.

Goals of care for older adults with mental illness in the acute care setting include the following:

1. Routinely assess for undiagnosed psychiatric illness in all older adults and exacerbations of psychiatric symptoms for those with an established diagnoses.
2. Recognize the special needs and unique presentation of psychiatric disorders.
3. Create an environment of safety.
4. Maintain functional abilities and strength.
5. Prevent excess disability.
6. Improve quality of life.
7. Provide continuity of care and use outpatient mental health services.

THE STIGMA OF PSYCHIATRIC DISORDERS

Psychiatric stereotypes and stigma are prevalent in today's society. Health care professionals may form strong opinions and emotional reactions to a patient's psychiatric disorder diagnosis, and his or her physical appearance or unusual behaviors may get in the way of appropriate care. Stereotypes that critical care nurses should be aware of

Download English Version:

<https://daneshyari.com/en/article/3109175>

Download Persian Version:

<https://daneshyari.com/article/3109175>

[Daneshyari.com](https://daneshyari.com)