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INTERVENTION FOR SUICIDAL BEHAVIOR IN A PATIENT WITH POSTSTROKE DEPRESSION: A SUCCESSFUL CASE REPORT

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INTRODUCTION

Poststroke Depression (PSD) is an organic mood disorder that is a type of emotional disorder (Starkstein & Hayhow, 2019). The prevalence rate of PSD ranges from 25% to 80% (Andersen et al. 1996). Approximately 20–79% of stroke patients were diagnosed with depression, and PSD occurred 1–18 months after stroke (Zhang et al. 2020). PSD is closely related to a poor prognosis, leading to a prolonged hospital stay, neurological dysfunction, loss of confidence in living independently, and increased mortality (Zulim et al. 2019). With the increase in PSD research, nursing staff in China should determine patients' values, provide comprehensive guidance for patients' mental health, and establish practice standards for PSD nursing. This article summarizes the nursing experience of a patient with poststroke depression.

CASE PRESENTATION

General Information

The patient was a 41-year-old married female of Han nationality admitted to our hospital on April 12, 2019, due to a "sudden headache five months after intracranial aneurysm embolization." She was hospitalized and diagnosed with a "ruptured anterior communicating aneurysm with subarachnoid hemorrhage and hydrocephalus." On the second day, whole cerebral angiography and embolization of the left anterior communicating aneurysm were performed under general anesthesia. External drainage through a borehole in the right ventricle was performed under local anesthesia. After the operation, the patient's symptoms gradually improved. However, her cognitive dysfunction was still apparent, limb muscle tension was high, and she was unable to get out of bed normally.

Diagnosis and treatment

The patient was silent, depressed, extremely impatient with her family members, and exhibited irritating behavior. Due to the long course of her illness and repeated hospitalization, the patient tried to refuse treatment and food to kill herself. The Hamilton Depression Scale was used for psychological measurement, and the score was 26 points, indicating mild to moderate depression. See Table 1 for the assessment of functional health morphology.

CARE

General Nursing

First, we established a continuous caring relationship with her. Second, the patient's feelings, needs, and questions were acknowledged and understood, and predictive care for specific problems was provided. Third, the patient's psychological condition and risk factors were continuously evaluated and dynamically recorded. There was a key handover and 24-hour surveillance of the patient.

Catharsis and Drainage

Establish a caring relationship initially

The patient's uncomfortable feelings about her body were solved in time using psychological therapy, and the patient's questions were answered in detail and with a sincere, patient attitude and talk. She was encouraged to express her feelings as much as possible, and we listened carefully to the patient talking to herself to understand the psychological problems so that she could discard her negative emotions. Additionally, we gave affirmation and praise for any small amount of progress in treatment (Moudatsou et al. 2020).

Select the appropriate intervention time and method

The psychological intervention time was arranged during active periods, conducted from 9:00–11:00, 16:00–17:00, and 19:00–21:00 every day.

- With the application of body contact communication (touch) that was acceptable to the patient, the author or the patient's relatives were instructed to pull the patient's hand with one hand and gently touch the forehead and hairline of the patient with the other hand.

Table 1. Main health patterns

Classification	Assessment results
Health awareness	Lack of understanding of health perception and lack of coordination in basic treatment
Nutrition-health type	BMI: 23.4; Well-proportioned; Appetite is general, occasionally have refuse to eat behavior
Rest - sleep pattern	Sleep duration about 5h per day; Nocturnal agitation; Poor sleep quality; Wake up early
Activity-motion pattern	The muscle strength of the extremities is about grade IV with high tension; Passive position; Inability to walk on one's own
Cognitive - sensory pattern	Cognitive decline, poor understanding of health and disease
The role-relationship type	Cannot adapt to the role of the patient and is irritable. Often verbally and physically assaulting her husband
Coping - stress patterns	Unwilling to speak of their own discomfort, the hospital environment abhorrence
The value-belief pattern	I am not clear about my outlook on life, values and future goals. I think the most important thing in life is to survive, but I don't want to survive. Blame god for not being fair

- Guided positive communication is communication with patients about things of great interest. The patient was guided to develop a positive sense of self by combining relaxation, meditation, and other skills.
- An appropriate correction was given for incorrect knowledge and concepts to help identify negative thinking and logic errors.
- The patient was properly guided to avoid turning frustration into anger at herself. Patients should be guided to vent their emotions.
- The author conducted case tracking and completed daily psychological counseling.

Safety and risk management

Ensure environmental safety

The patient was placed in a ward that was easily observed by the staff. Dangerous goods (knives, scissors, ropes, etc.) were appropriately stored. The patient was strictly forbidden to go out without a good reason. The observation and nursing of the patient were strengthened, and we were vigilant of the patient's nsSI (nonsuicidal self-injury).

Correct nurses' understanding of the psychological importance of paying attention to patients

Guidelines should be established for the process of psychological assessment, and the psychological state of patients should be assessed at admission, identifying critical areas for psychological support and implementing various measures (Van Zyl & Rothmann 2019). For patients with a high risk of suicide, the self-rating Depression Scale and Anxiety Scale should be used regularly to evaluate the psychological status of patients.

Conduct safety education for caregivers, and check the acceptance level and implementation status

Mental health knowledge should be explained to caregivers in plain language to help them have a proper understanding of PSD and relieve negative emotions. Simultaneously, round-the-clock nursing will be carried out to teach the caregivers to recognize the warning signs of suicide at an early stage.

Social Support

Successful patients were invited to give examples and build up confidence in overcoming the disease. The patient's relatives were communicated with and created a warm and harmonious family environment for patients, encouraging them to make contact through social and interpersonal communication.

Functional rehabilitation

A detailed and personalized functional rehabilitation nursing plan for the patient was worked out (Neurology Branch of Chinese Medical Association, Neurorehabilitation Group of Chinese Neurological Association, and Cerebrovascular Disease Group of the Chinese Neurological Association, 2017), and measures were taken one by one, such as maintaining the functional position of the limbs and passive movement after stable vital signs. After the vital signs were stable, active exercise was carried out in bed to facilitate the recovery of limb function. The patient's mood changed, and the nursing scores are shown in Tables 2 and 3.

DISCUSSION

In this case, the patient's nursing was mainly based on the regaining of limb movement function so that the patient could see the hope of survival and have the courage to live through the rehabilitation process. Therefore, PSD patients should focus on one point of mental or physical functioning and evaluate and focus on their whole person.

Although cases of patients with PSD have been reported, few specific nursing opinions have been put forward, and there is no uniform standard of treatment (Paolucci 2017). In this paper, the author provides a case of the successful nursing of suicidal behavior, in this case, a patient with PSD, to provide a reference for medical workers in the future care of patients with PSD.

Table 2. Emotional changes in patient care

Time	Mood recording	Score (points)
Sep. 30	Hospitalized in the department of Neurological Rehabilitation. He continued to do rehabilitation exercises and his condition improved. He was willing to talk to me and accept my guidance	/
Oct. 02	Still in a low mood in conjunction with the exercise	/
Oct. 05	Tell about herself as she used to be	/
Oct. 10	Walked with my hands on the ground. I still had negative emotions, but I didn't say "let it go".	35
Oct. 17	Asked her husband, little sister (author) why not come, waiting to chat with me	/
Oct. 20	Use a walker and walks with the help of his family	/
Oct. 22	Saw his progress and looked forward to his recovery for the first time	50
Nov. 05	Asked his family to take his training and give up the idea of suicide completely	100

Table 3. Changes of various nursing scores of patients

Project	Date			
	Sep. 20	Oct. 10	Oct. 10	Nov. 05
HRSD depression Score (points)	28	18	/	7
ADL score (points)	25	35	50	100
The risk of suicide	High	High	Middle	Low
Limb muscle strength	Upper and lower limbs about grade IV; High tension	Upper and lower limbs IV+; High tension	Upper and lower limbs V-class; Tension slightly higher	Upper and lower limbs Grade V; No hypertonic reaction

The nursing and rehabilitation of patients with PSD in a hospital involves doctors, nurses, family members, cleaners, nursing workers, and other forms of collaboration; this should be the focus of the general practice of nursing. The hospital environment should be made safe to avoid patients being exposed to dangers, i.e., to prevent patients from having access to means of suicide. It is necessary to improve patients' psychological cognition, give psychological guidance, and inspire their spirit. Implementing a detailed personalized functional rehabilitation nursing plan for patients and ensuring measures are taken one step at a time can lead to patients taking the initiative to receive treatment and have a rekindled hope of rehabilitation.

CONCLUSION

The patient's psychological intervention and emotional care made her willing to take the initiative to receive rehabilitation treatment and to communicate with the caregivers. Eventually, the patient rekindled hope of recovery and set aside thoughts of suicide.

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This study was conducted in accordance with the Declaration of Helsinki and approved by the ethics committee of General Hospital of Southern Theatre Command.

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