### PSYCHOLOGICAL NURSING INTERVENTION COMBINED WITH FAMILY CARE FOR ELDERLY PATIENTS WITH GENERALIZED ANXIETY DISORDER

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#### **ABSTRACT**

**Objective**: This study aimed to investigate and analyze the efficacy of psychological nursing intervention combined with family care for elderly patients with generalized anxiety disorder.

Methods: The total of 800 elderly patients with generalized anxiety disorder were taken as the research subjects and randomly divided into the control group with a conventional nursing model and the research group with psychological nursing intervention combined with family care (400 cases in each group). Then, 8-week nursing was performed on both groups. Anxiety symptom improvement, living quality change, sleep quality score, and overall nursing satisfaction for patients in both groups were all observed and measured, respectively.

**Result**: After adopting different nursing strategies, anxiety symptoms, living quality, and sleep quality in the research group improved compared to the control group (P < 0.05). Comparing the nursing satisfaction for patients in both groups showed it to be significantly higher in the research group than the control group (P < 0.05).

**Conclusion**: During the nursing period for elderly patients with generalized anxiety disorder, psychological nursing intervention combined with family care has an ideal effect, obtaining high satisfaction and enhancing the living quality; this makes it worth being promoted and applicated.

 $\textbf{\textit{Keywords:}} \ P sychological \ nursing \ intervention, Family \ care, Elderly \ patients \ with \ generalized \ anxiety \ disorder, Nursing \ efficacy.$ 

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#### Introduction

In recent years, as the social economy is developing and living standard is gradually enhancing, the changes in living habit, dietary structure, and natural environment have highlighted the health and safety issues, as well as being psychological issues. As a common psychological disease in the clinic, patients with anxiety disorder take on a gradually increasing tendency at present. Meanwhile, the aggravation of aging phenomena in China also brings an increasing growth of elderly patients with generalized anxiety disorder,

which has become the present focus of attention. According to a relevant data survey, the prevalence of generalized anxiety disorder is 30% to 40%, which is considerably high.

Anxiety disorder is a neurosis with clinical manifestations of paroxysmal or persistent emotional anxiety/fear, vexation, tension, and insomnia. Generalized anxiety disorder (Fig. 1), a common anxiety disorder manifestation, is also called chronic anxiety. It has several symptoms, such as frequent or persistent excessive tension, fear, worry, and irritability with nonconformity with realistic situations. The tension and fear are not of

obvious content and object. Patients often suffer unbearable emotions due to anxiety, associated with vegetative nerve hyperfunction, excessive alertness, and movement unrest<sup>(1)</sup> (Figs. 2 and 3).

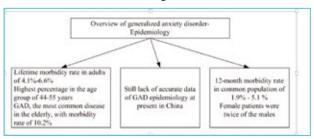


Fig. 1: Generalized anxiety disorder - Epidemiology.



Fig. 2: Geriatric generalized anxiety disorder.

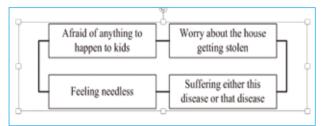


Fig. 3: Geriatric generalized anxiety disorder.

Generalized anxiety disorder in the elderly results in worse consciousness, solitude, and life dissatisfaction, more chronic physical diseases, and lower living quality compared with the non-elderly<sup>(2)</sup>. Improvements in nursing efficiency in the elderly should be prioritized. Therefore, this study investigates and analyzes the efficacy of psychological nursing intervention combined with family care in treating elderly patients with a generalized anxiety disorder to provide better guidance for clinical nursing, thus improving the life quality of such cases.

#### Materials and methods

### General information

Clinical data of 800 elderly patients with generalized anxiety disorder, who had undergone

treatment in our hospital from October 2013 and October 2016, were taken as the research subjects. All patients met the diagnostic criteria of generalized anxiety disorder according to Chinese Classification and Diagnosis of Mental Diseases. There was no serious psychotic disorder, nervous system disease, and other severe physical illnesses. 385, 127, and 288 cases were retired workers, cadres, and farmers, respectively. Further, 168, 202, 223, and 207 patients had an education degree of primary school, junior high school, senior high school, and junior college or above college degree, respectively. All cases had the right to be informed and randomly divided into the control and research groups (400 cases in each). In the research group, there were 236 males and 164 females, with an age range of 56-78 years and an average age of  $68.5 \pm 6.7$  years. In the control group, there were 203 males and 197 females, with an age range of 58-80 years and an average age of 66.9 ± 7.3 years. Comparison results of related information for patients in both groups showed comparability with P > 0.05.

#### Methods

The conventional nursing model was performed on patients in the control group, including environmental nursing, diet and sleep nursing, health education, psychological nursing, and medication guidance.

Based on the nursing in the control group, psychological nursing intervention combined with family care was performed on the patients in the research group as followings:

- Each nurse should fully regard patients as center service objects, provide enough respect and care, communicate kindly and warmly with patients, and decrease the distance with patients<sup>(3-7)</sup>.
- A warm, quiet, comfortable, and tidy ward environment should be set up. The uniform color in the ward was blue, including quilt cover, bedsheet, and pillow cover; also, the nurse uniform was blue. At the same time, bonsai, calligraphy and paintings, warm prompt, and motivational motto should be placed in the ward<sup>(8)</sup>;
- Based on the actual situation of patients, a specific psychological nursing intervention model and family care combining with a nursing pathway table were formulated to avail the management of nurses. Moreover, the patients should be timely informed of nursing intervention time.
- Communication and exchange with patients should be frequently made. Psychological guidance

for patients should be regularly implemented. In the psychological counseling period, the actual situation involving common anxiety, depression, solitude, and fear should be comprehensively considered. Simultaneously, the conversation was made in homestyle scientifically to listen to patients' obsession and pressure complaint<sup>(9-11)</sup>. In this process, nurses should specifically help patients recognize the pressure from public opinion and the faith of facing and conquering disease. Listening to music, watching movie, and doing appropriate exercise also were beneficial to relieve pressure. Besides, nurses should guide patients' families to provide more care and satisfy their psychological demands.

- Patients treated in the same period were divided into 4-patient groups. An intensive teaching method was adopted, and time was taken to make mutual communication among patients, enhance talking strategies, and further relieve anxiety and fear pressure interactively<sup>(12)</sup>.
- Behavioral or medication intervention was performed. Nurses should introduce the principle, purpose, and drug treatment efficacy in detail to enhance medication compliance. Besides, nurses should encourage patients to take proper exercise training, such as shadowbox, jogging, aerobics, and strolling, as well as having more fresh air, exact timetable, and ample sleep<sup>(13-18)</sup>.
- The effect of family care should be enhanced. Nurses should positively communicate with the relatives of the patients so that they also could participate in the care. Families should be informed of the importance of their care and love for patients to help them disperse the solitude and build positive emotions.
- Nursing guidance, evaluation, and lectures should be considered regularly to carefully observe the improvement of patients' condition and regulate the intervention strategy timely.

#### Observation indexes

Anxiety symptom improvement, living quality change, sleep quality score, and overall nursing satisfaction for patients in both groups were all observed and measured, respectively. The Self-rating Anxiety Scale (SAS), the World Health Organization Quality of Life Brief Scale (WHOQOF-BREF), and the Pittsburgh Sleep Quality Index (PSQI score) were used before and after nursing to evaluate anxiety symptoms improvement, living quality, and sleep quality score, respectively.

#### Statistical methods

SPSS statistics 21.0 was applied for the data process. Further,  $\pm s$  was used for representing data measurement, n, % for data enumeration, and t-and chi-square tests for intergroup comparison. P < 0.05 was considered statistically significant.

#### **Results**

### Comparison of SAS scores for patients in the two groups

As provided in Table 1, after nursing, anxiety symptom improvement in the research group was greater than the control group, with P < 0.05.

Group	Cases	Before nursing	After nursing
The research group	400	57.33 ± 4.12	$36.85 \pm 5.34$
The control group	400	56.55 ±4 .86	45.67 ± 3.98
t-value		0.15	10.64
P-value		> 0.05	< 0.05

**Table 1:** Comparison of SAS scores for patients in the two groups  $(\bar{x} \pm s)$ .

# Comparison of PSQI scores for patients in the two groups

As presented in Table 2, after using different nursing strategies, sleep quality in the research group had a significantly greater improvement than that in the control group, with P < 0.05.

Group	Cases	Before nursing	After nursing
The research group	400	12.45 ± 4.08	4.05 ± 0.87
The control group	400	12.43 ± 4.03	7.98 ± 1.21
t-value		0.23	9.45
P volue		> 0.05	-0.05

**Table 2:** Comparison of SAS scores for patients in the two groups  $(\bar{x}\pm s)$ .

# Comparison of WHOQOL-BREF scores for patients in the two groups $(x^-\pm s)$

As presented in Table 3, the WHOQOL-BREF score in the research group was significantly higher than the control group, with P < 0.05.

Group	Cases	Psychological domain	Environmental domain	Physical domain	Social relation domain
The research group	400	72.58 ± 7.71	72.98 ± 8.47	74.69 ± 8.34	73.45 ± 6.78
The control group	400	60.24 ± 5.67	63.26 ± 7.65	62.75 ± 7.82	62.37 ± 5.69
t-value		6.32	5.97	6.16	5.04
P-value		< 0.05	< 0.05	< 0.05	< 0.05

**Table 3:** Comparison of WHOQOL-BREF scores for patients in the two groups.

# Comparison of overall nursing satisfaction for patients in the two groups

As provided in Table 4, after applying different nursing strategies, overall nursing satisfaction in the research group was significantly higher than that in the control group, with P < 0.05.

Group	Cases	Great satisfaction	Satisfaction	Dissatisfaction	Overall satisfaction
The research group	400	286 (71.50)	96 (24.00)	18 (4.50)	382 (95.50)
The control group	400	126 (31.50)	194 (48.50)	80 (20.00)	320 (80.00)
t-value					14.06
P-value					< 0.05

**Table 4:** Comparison of overall nursing satisfaction for patients in the two groups [n (%)].

#### **Discussions**

Clinical researches have manifested that the etiology of generalized anxiety disorder mainly includes the biological (Fig. 4) psychosocial factors. As regards biological factors, it is considered that anxiety diffusion of generalized anxiety disorder is associated with  $\gamma$ - aminobutyric acid (Fig. 5) of the limbic system; also, the fear of panic disorder and fright are closely related to the locus coeruleus of the brain-stem system (Fig. 6)<sup>(19-22)</sup>.

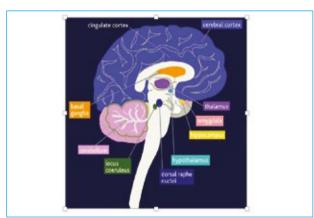
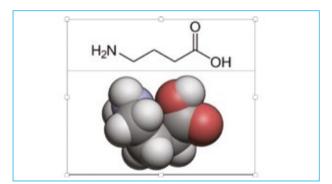


Fig. 4: Biological factor.



**Fig. 5:**  $\gamma$ - aminobutyric acid.

Generalized anxiety disorder can severely impact elderly patients' living quality; thus, it is widely considered in societies. It is of great importance to adopt active and effective nursing models in the nursing period. In this study, various indexes were applied in the research group with generalized anxiety disorder; according to the results,

psychological nursing intervention combined with family care had a significant impact on the studied items (compared with the control group). The nursing intervention could help patients establish correct disease cognition, disperse psychological pressure, and decrease anxiety and fear. Further, it helped patients promote the adaption balance between their mentality and behavior and build positive and healthy life habits and attitudes, thus enhancing treatment faith and compliance(23-27). Family care could allow patients' families to actively participate in the nursing process. Positive and good communication could provide patients more care and encouragement by families, thus further promoting the improvement of spirit, attitude, and physical function, dispersing unhealthy emotions, and enhancing living quality.

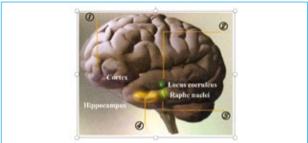


Fig. 6: Locus coeruleus of brain-stem system.

#### Conclusions

It is concluded that psychological nursing intervention combined with family care in elderly patients with a generalized anxiety disorder could significantly improve unhealthy emotions, such as anxiety, thus providing preferred nursing service. It also helps achieve general satisfaction and enhance patient living quality. Therefore, it deserves to be widely applied in practice.

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