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CASE REPORT



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A RESEARCH OF POST-TRAUMATIC STRESS AND DEPRESSION SYMPTOMS IN EMERGENCY AMBULANCE STAFF: DISTRICTS OF MERSIN CASE STUDY

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Abstract

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Lupus is a chronic disease that affects the young adult age group. However, it is an important health problem not only in young adulthood, but also throughout life. As in all chronic diseases in lupus with advancing age, in addition to the problems caused by aging; both the severity of the disease and the additional problems caused by the disease. This situation; deterioration of the quality of life of the individual, increased caregiver burden, high treatment and care costs are very important. In this study; by using Roy adaptation model, it is aimed to give care according to the care plan made to the patient. The patient was diagnosed with systemic lupus erythematosus for more than 30 years. The patient is female and 69 years old. A care plan was implemented using the Roy adaptation model and the patient was trained and evaluated. Data were collected by face to face interview method. Written informed consent was obtained from both the patient and his/her relatives at the first interview and physical examination of the patient was performed. Then, training plan was prepared according to the training needs of the patient. Each visit lasted approximately 45 minutes. It was found that the patient was willing to apply all the topics described and this application increased the motivation of the patient. In the light of all evaluations, it can be said that the Roy adaptation model is a model that can be used for the care of patients with systemic lupus erythematosus, facilitating the adaptation process of the patient, thus increasing motivation and facilitating compliance in the home environment.

Keywords: *Systemic lupus erythematosus, Roy adaptation model, nursing care*

Introduction

Systemic lupus erythematosus (SLE) is an autoimmune disease characterized by inflammation. It affects young women, who are usually 15-45 years of age, during their fertility period.^{1,2} The disease can lead to skin, hair, nail, mouth, respiratory, circulation problems. In patients with SLE, it is not desirable to have organ involvement and decrease quality of life in the future.³ A good nursing care is required for these to be provided.^{1,2,4} In this study; to share nursing care offered by Roy adaptation model.

Objectives

Roy adaptation model aims to adapt the individual to the disease. In this patient, a care plan was prepared in accordance

with the model.⁵ No case samples using this model were found in an individual with SLE. It is thought to contribute to both nursing students and nurses.

Methods

The children of the patient applied to our special counseling center for their mothers. Physical examination was performed on the first visit, anamnesis was taken and permission was obtained. A total of 6 home visits were made every two weeks. From the second visit, attempts were made for nursing diagnoses and evaluations were made. Each visit lasted a total of 45 minutes. Nursing diagnoses grouped according to the areas in the model were determined and interventions were applied.

Case Report

S.A; 69 years old, primary education graduate, retired, 3 children, married, living with her husband is a female patient. Since 1984, she has received different diagnoses (trans ischemic attack, asthma, pulmonary embolism, deep vein thrombosis, myocardial perfusion disorder, SLE) due to her health problems (fainting, loss of sensation, dizziness, skin, nail and hair problems, respiratory distress, light sensitivity, loss of sensation and motor) and different treatments have been applied. A special diet is not recommended, mainly vegetables, eat three meals a day and consume 3-4 glasses of water.

Vital signs and body mass index are normal. Chest, neck and back pain (Pain Scale score: 6/7), which starts with exertion, has respiratory distress. Hair loss, structural disorder in hair strands (pili torti/lupus hair), grittiness on her nails, dryness on her skin, butterfly rickets on her face and sun sensitivity are expressed. Oral hygiene is good, missing teeth present, voicing bleeding in the work flesh when brushing teeth. Intra-oral; 'oral mucose membrane integrity evaluation and monitoring form' is evaluated with 12 points. She has light sensitivity in her eyes, secretion in her lungs, and cough. It expresses a history of urinary incontinence and kidney stone reduction 4/5 times.

In the treatment of the patient, acetylsalicylic acid 100 mg; 1x1, hydroxychloroquine sulfate 200 mg; 2x1, apixaban 5 mg; 2x1, zinc sulfate 30 mg; 1x1, vitamin D3; 15 drops/day, montelukast sodium 10 mg; 1x1, atorvastatin 20 mg; 1x1, trandolapril, 2 mg; 1x1, trimetazidine dihydrochloride 20 mg; 3x1, salbutamol inhaler (in case of need), isosorbide dinitrate 5 mg (in case of need), budesonide + formoterol inhaler 12/400; 2x1 is used

Discussion

Systemic lupus erythematosus is a more common disease in women aged 15-45 years and is diagnosed late. Consistent with the literature, our patient was a 69-year-old woman.^{1,2} The patient here was also diagnosed late and other health problems were involved. Inadequate fluid intake is a common problem in the elderly compared to normal individuals.⁶ Inadequate fluid intake and associated secretion excretion are insufficient. SLE, inhaler drug use affects the integrity of the tissue in the mouth, is also present in our patient.⁷ Nearly 30% of elderly people have sleep problems.⁸ Our patient also expressed sleep problems. The risk of embolism increases in individuals with SLE and anticoagulants are used for treatment. In our patient, anticoagulants were used continuously.⁸ In SLE; butterfly rash, hair, scalp, eyebrow, eyelashes, nail structure deterioration can be seen.⁹ This patient also has all. It is important for individuals with SLE to be mobile because of the risk of embolism. Spiritual values make the individual feel good (prayer, worship, hope, love, creativity, etc.) and increase the joy of life.¹⁰ Our patient stated that she was relieved by worship, but was restless during worship because of urinary incontinence. Nursing interventions were applied to all problems. After the attempts; The patient's daily fluid intake and secretion excretion were increased, mouth sores were healed, night's sleep was increased, no bleeding signs were seen, and the scalp and skin were more comfortable. The patient avoids sudden movements and continues to pray.

In patients with SLE, nursing counseling, training to be given to the patient and his/her family and follow-up of the patients are important. This will also support early diagnosis. It can be said that Roy adaptation model is suitable for planning and implementation of SLE patients' care.

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