

Psycho-social care in critically ill patients

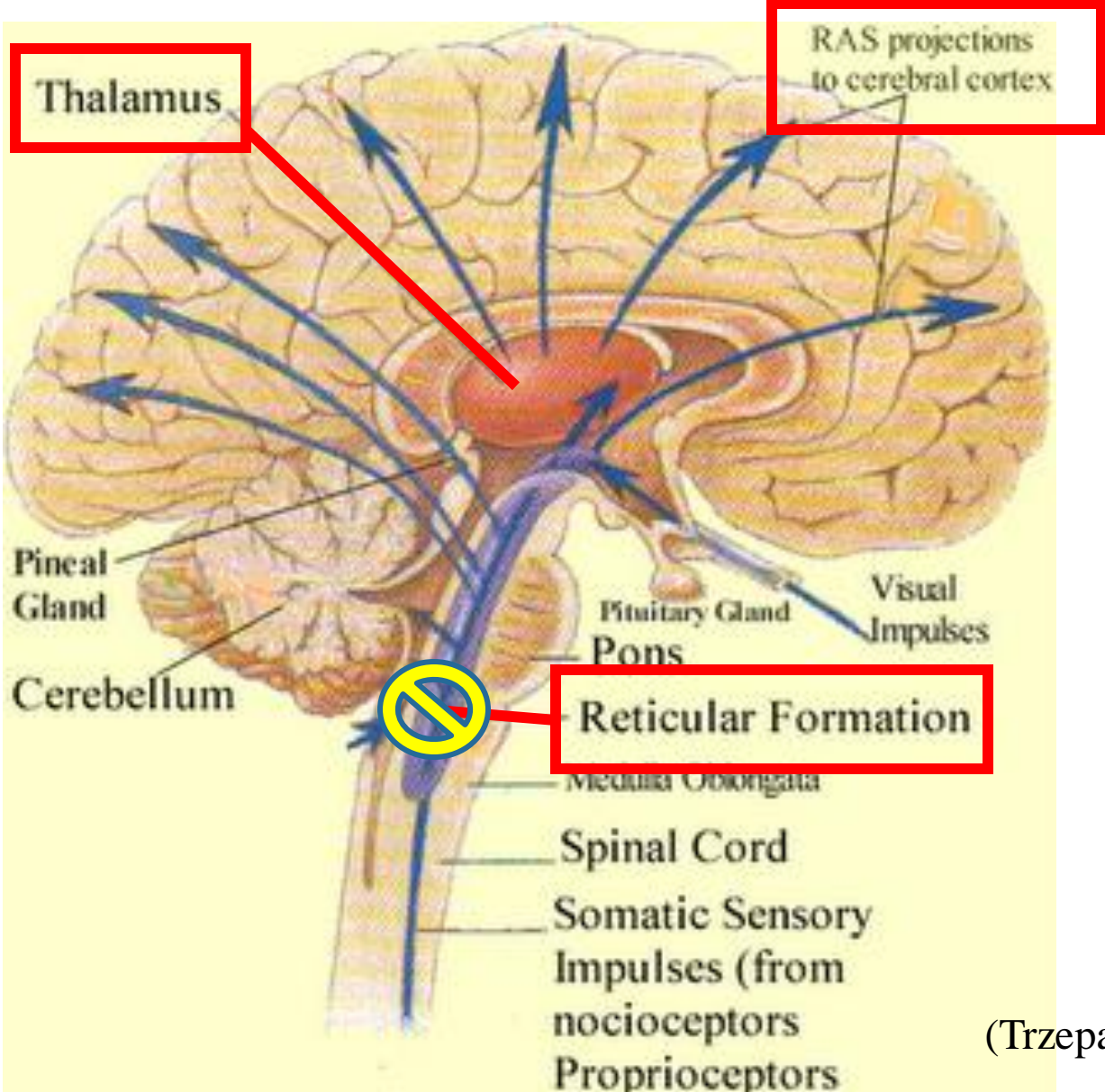
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Outline

- Delirium
- Depression
- Anxiety

Delirium

Neurotransmission of delirium



(Trzepacz PT, 2008)

Diagnosis of delirium

- Disturbance in attention and **awareness**
- Short period of time and fluctuate
- An additional disturbance in cognition
 - Disorientation
- Physiological consequence of medical condition or substance

(APA, 2013)

Delirium subtypes

- **Hyperactive subtype**
 - Restlessness
 - Agitation
- **Hypoactive subtype**
 - Drowsy
 - Respond slowly to questions
 - Misdiagnosis (depression)
 - Disturbance in level of alertness is helpful in diagnosis
- **Mixed subtype**

(Agar, 2015)

Delirium and pain

- In Coyle's study

- Patients with advanced cancer
 - Rapid increases in opioid medications without achieving relief
- They were noted to be occasionally confused
- Once delirium was considered
 - A trial of haloperidol given
- Pain complaints decreased

(Buffum et al., 2007)

Non-pharmacological interventions

- **Appropriate sensory stimulation**
 - Sleep hygiene
- **Orientation and cognition**
 - Calendar and clock
 - Reorient the patient frequently
 - Encourage cognitively stimulating activities
- **Safety**
 - One-to-one observation
- **Encourage early mobilization**

(Agar, 2015)

Antipsychotics for delirium

- Dopamine receptor antagonists
 - Haloperidol (tablet, solution, IM, SC, IC)
- Serotonin-dopamine receptor antagonists
 - Risperidone (tablet, solution, soluble)
 - Olanzapine (tablet, soluble)
 - Quetiapine (tablet)

Controversies in the management of terminal delirium

- **Unresponsive to antipsychotics**
 - Causes of delirium is ongoing, irreversible
 - 30% of dying patients do not have their symptoms controlled with antipsychotics
- **Palliative sedation**
 - Benzodiazepines (e.g. midazolam)
 - Opioid (sometimes)
- **Antipsychotic and benzodiazepine combinations**
- **Discussion with the family and patient**

Depression

Major depressive disorder

● Emotion

- Depressed mood
- Diminished interest or pleasure in activities
- Feeling of worthlessness or excessive guilt
- Recurrent thought of death

● Somatic symptoms

- Significant weight loss
- Insomnia or hypersomnia
- Psychomotor agitation or retardation
- Fatigue or loss of energy

● Cognitive function

- Diminished ability to think or concentrate

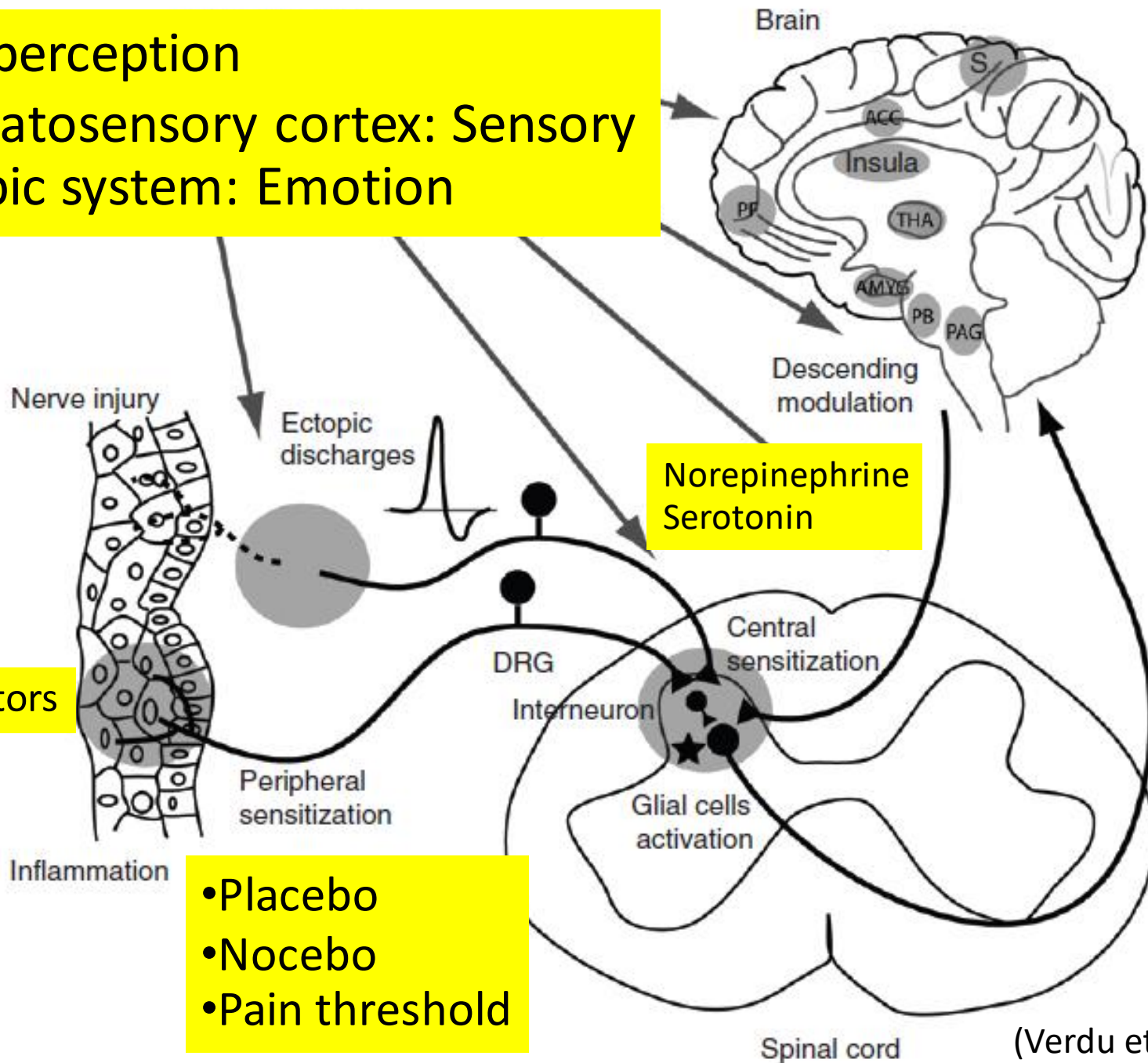
(Sadock et al. 2015)

Screening questions

- “คุณเคยรู้สึกเศร้าเสียใจ รู้สึกแยหคหู่ไม่แจ่มใส ตลอดทั้งวันหรือเกือบทั้งวันแทบทุกวันเป็นเวลาอย่างน้อย 1 สัปดาห์หรือไม่”
- “คุณเคยรู้สึกไม่สนุกหรือไม่เพลิดเพลินในเรื่องต่างๆที่คุณเคยสนุกหรือเคยชอบเป็นเวลาอย่างน้อย 1 สัปดาห์หรือไม่”
- For MDD
 - Sensitivity 81%, Specificity 85%
- For all types of depressive disorder
 - Sensitivity 73%, Specificity 90%

Pain perception

- Somatosensory cortex: Sensory
- Limbic system: Emotion



(Verdu et al., 2008)

Antidepressants

- Meta-analysis
 - SSRIs, TCAs, Mianserin
 - Mirtazapine (soluble)
- Effective in treating depression in palliative care
- No serious side effects
- However
 - Delayed onset of action (1-2 months)
 - **Need for early detection** so that antidepressants can be prescribed in time

Psychological interventions

- Emotional support and empathy
- Promoting hope and happiness
- Cognitive behavioral therapy

Emotional support and Empathy

NURSE	
Name	'I imagine this must be upsetting' (naming the emotion)
Understand	'I expect most people would feel that way in a situation like this'
Respect	'I'm impressed with how well you've handled such a tough situation'
Support	'I'll be here to help you through this'
Explore	'Tell me more about how you're feeling, and what this means for you'

Promoting hope and happiness

- Studies identifying strategies used by terminally ill patients
 - Setting goals
 - Love of family and friends
 - Positive relationships with professionals
 - Humor

(Buckley and Herth, 2004, Koffman et al., 2013)

Anxiety

Anxiety

- Psychological aspect
 - Overestimation of threat
 - Underestimation of coping abilities
- Biological aspect
 - Sympathetic hyperactivity

Anxiety disorders

Generalized anxiety disorder

- Excessive anxiety about several events
- Physical symptoms
 - Insomnia
 - Restlessness
 - Distractibility
 - Muscle tension
 - Fatigue
- 6-month period

Panic disorder

- Cardiovascular
 - Chest pain, Palpitations
- Respiratory
 - Shortness of breath, Choking
- Other
 - Sweating, Trembling, Dizziness

PTSD

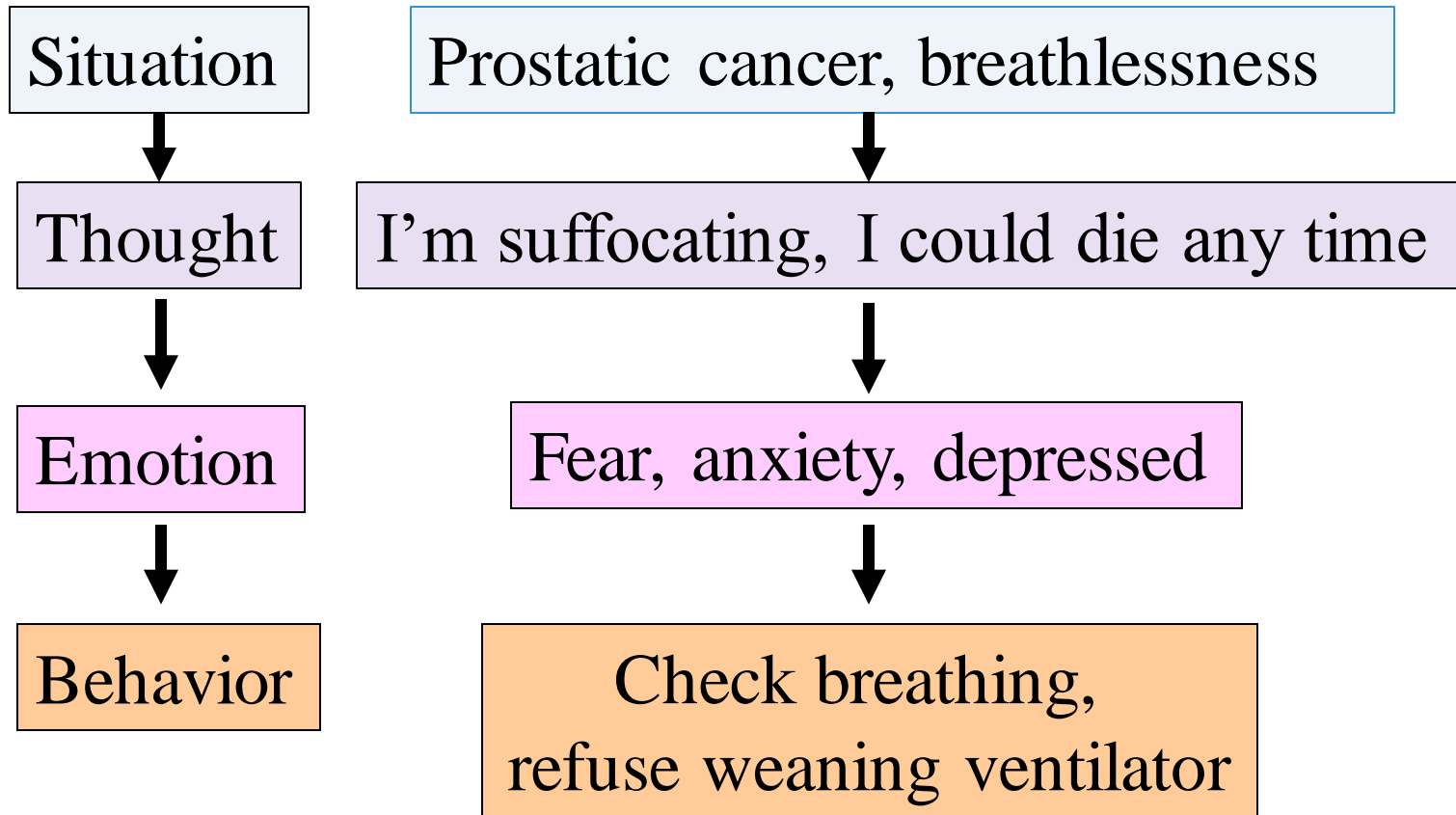
- Re-experience
- Hyperarousal
- Avoidance

(APA, 2013)

Pharmacotherapy

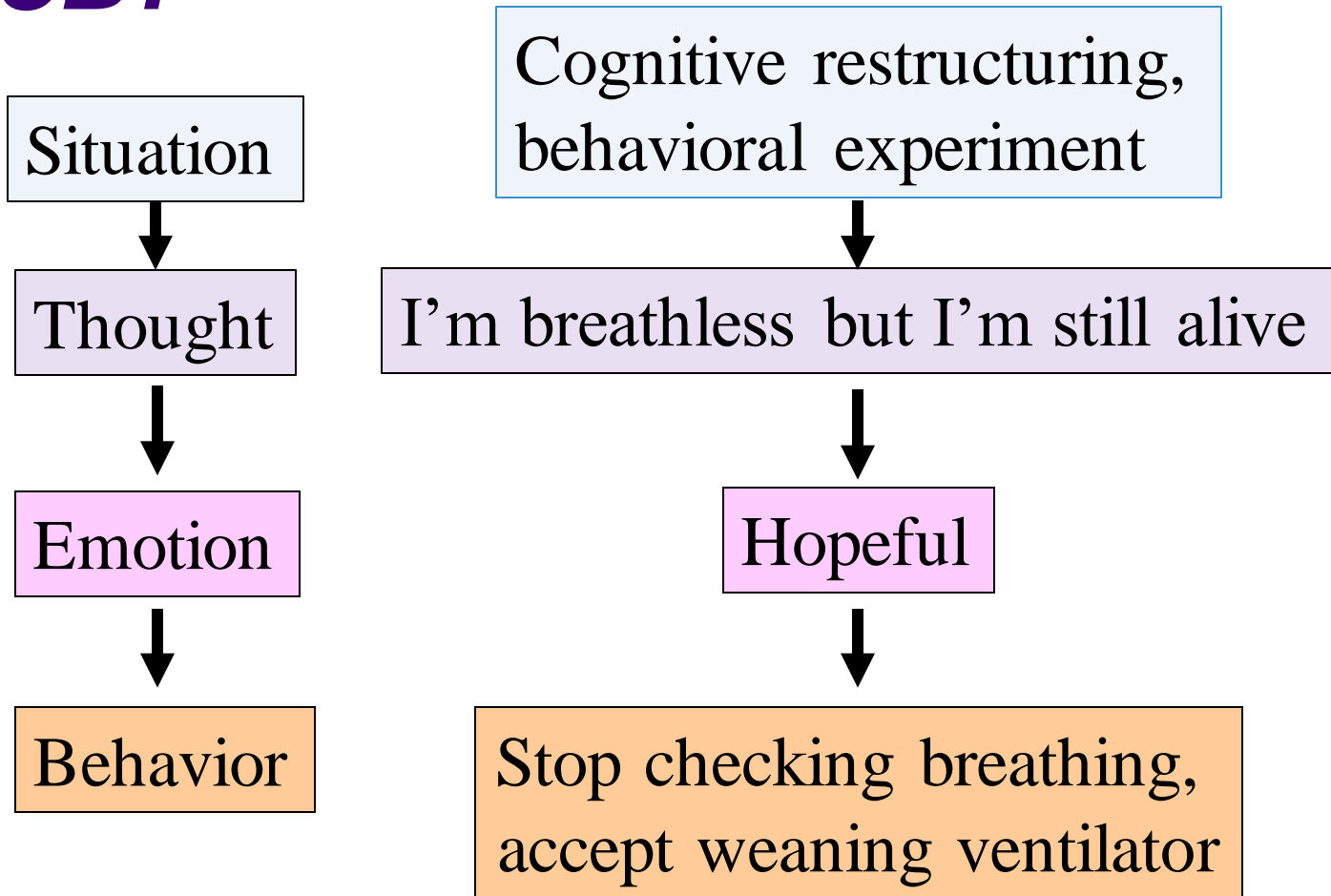
- SSRIs
 - Fluoxetine, sertraline
 - Escitalopram, paroxetine, fluvoxamine
- Benzodiazepines
 - Diazepam, clonazepam
 - Lorazepam, alprazolam

Cognitive Behavior Therapy (CBT)



(Beck, 1979, Moorey et al., 2012)

CBT



(Beck, 1979, Moorey et al., 2012)

Assessment in patients on ventilator

- Alertness and comprehension
- Calmness or agitation
- Facial expression/grimacing
- Crying
- Ventilator synchrony
- Instruments
 - Face anxiety scale
 - Adaptation to the Intensive Care Environment (ATICE)
 - COMFORT scale

Conclusion

- **Delirium**

- Disturbance in awareness
- Reorientation

- **Depression**

- 2-question screening for depression

- **Anxiety**

- Sympathetic hyperactivity

- **Psychological interventions**

- NURSE, hope and happiness
- CBT