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Efficacy of Nursing Intervention for Troublesome Behavior in a Patient with Cushing's Syndrome

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Behavior of patient is usually related to physiological conditions and psychological anxiety which develop from their illnesses. However, troublesome irritability or hysterical behavior of a patient might occasionally be attributable to poor relations between the patient and hospital workers. In this report, we describe a middle-aged woman with a longterm history of hypertension secondary to Cushing's syndrome whose behavior in the hospital disturbed many attendant nurses. We successfully solved most of her problems by carrying out a nursing plan which was made giving careful consideration to the patient's particular condition.

Case-Presentation

A 49-year-old housewife was admitted to Kyushu University Hospital on February 20, 1984, for evaluation and treatment of Cushing's syndrome. Her history revealed that she had had hypertension for almost 20 years. She had also experienced three episodes of cerebral hemorrhage, the last attack of which left her with right hemiplegia. After previously being treated for hypertension and motor dysfunction at Tagawa City Hospital, she entered that hospital again in July 1983, complaining of anorexia, general

fatigue, and paresthesia of her right foot. She was diagnosed as having Cushing's syndrome because of presence of central obesity, high blood pressure and diabetes mellitus. Her cortisol level was also high. The patient was referred to Kyushu University Hospital by her physician in charge.

On physical examination at the time of admission to Kyushu University Hospital, her blood pressure was 168/82 mmHg. She exhibited flaccid right hemiplegia, dysathria and decreased visual acuity. She also had signs which were compatible with hypersecretion of cortisol. These were moon-face, buffalo hump, truncal obesity and striae cutis on her chest and abdominal wall. Many petechias were observed on her whole body. Endocrinologic examination showed that plasma cortisol level was 26.3 $\mu\text{g}/\text{dl}$ and plasma ACTH was 61 pg/ml . An oral glucose tolerance test with IRI proved that she had secondary diabetes mellitus. Rentogenogram of bone revealed moderate osteoporosis in extremities.

The patient's immediate treatment was directed toward improving signs and symptoms caused by hypersecretion of cortisol and controlling hypertension and diabetes mellitus. When the diagnosis of Cushing's syndrome was established, op'DDD (Lysoderm) was given after each meal and consequently her

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cortisol level was kept below 20 $\mu\text{g}/\text{dl}$. In addition, exogenous insulin and hypotensive medication were initiated under two restrictions limiting daily caloric intake to 1600 kcal in order to control diabetes mellitus and limiting sodium intake in order to control hypertension.

Laboratory data indicated that the patient was progressing favorably. However, three days after admission, she began to complain of pain in her right foot. From April 14, there was marked pitting edema in her right lower extremity, and she had purulence of her right great toe. She was unable to walk. The physician in charge of her suspected that she had arterial thrombosis in the right lower extremity. Femoral angiography was performed on April 26, but the results were normal.

When she entered the hospital, she was assigned to a room with five other patients. The other patients, however, objected to loud noises she made in the night, so she was reassigned to a single room on March 14. From the time of admission, she was irritable and emotionally unstable. She collected toilet paper, washed her underwear in her room, and often rang for nurses.

Nursing Assessment and Nursing Care

The initial nursing evaluation included direct observation of the patient's illness, prevention of infection, checking for side effects of medication. Also, a post-insult care was directed toward maintaining her functional capacity. However, although her clinical course was seemingly getting better, her complaints became more complex and her troublesome behavior increased. An approach and assessment suitable for her basic personality and a search for the true causes of her problems was necessary at this time.

One of us (M.M) made a new nursing assessment. A student in the nursing school of Kyushu University (Y.K) was put in charge of this patient as practical training. The student was given new guidelines and encouraged to try to find solutions to the patient's problems. The following is our renewed nursing assessment concerning the patient's behavior:

- frequent urination and defecation,
- collection of toilet paper on the bedside table,
- washing underwear in the room in spite of paralysis of the right side,
- frequent and varied requests and complaints.

The attending nurses' responses, the student's observations, nursing interventions, and the patient's behavior modification are also described.

Frequent Urination and Defecation. Every 40 minutes she said she had to urinate and defecate. With the help of a nurse, she would sit on the toilet in her room and then take 15 minutes to pass 100 ml of urine. Every time she sat on the toilet, she demanded that a nurse stay beside her.

When called by the patient, the nurses would say, "I'll be there in a minute," but sometimes they wouldn't go at once because they were busy. Also, the nurses became angry at the patient and said things such as, "Not again! I wish she would shut up. Why is she always saying she has to urinate?"

The student said that when the patient passed urine she looked like she was in pain. One of us (M.M) suggested to the student that she assess for signs and symptoms of cystitis. The student listened to the patient's complaints carefully. Finding signs and

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symptoms of cystitis, the student recommended that a doctor examine the patient.

As expected, the examination led to a diagnosis of cystitis, so antibiotics were prescribed. Upon taking these, the patient's frequency of urination gradually decreased.

Collection of Toilet Paper. The patient kept 5 or 6 rolls of toilet paper on her bedside table. Saying, "I can't use it anymore" she would throw away rolls of toilet paper on which more than a third of the paper remained.

The nurses said to her, "You always waste toilet paper. Since you waste it, you should buy your own."

The student was told to think about why the patient collected toilet paper. She wondered if the patient had done so in the hospital she had stayed in before coming to Kyushu University Hospital. In that hospital, she had had to get her own toilet paper, so the student thought that perhaps she felt uneasy if she did not have toilet paper constantly at hand. The student also thought that because of her right hemiplegia she might have trouble handling rolls of toilet paper on which only a little paper remained.

The student exchanged partly used rolls of toilet paper for new ones. She also explained to the patient that the other patients needed it. The patient stopped collecting toilet paper.

Washing Her Underwear in Her Room. The patient washed her underwear in her room and afterwards would try to squeeze out the water by pressing the wet underwear against her chin with her left hand. In the process she spilled a lot of water on the floor. She would then hang the dripping wet underwear on the bed rail and still more water would

drip on the floor. The wet floor was slippery and dangerous to walk on. Moreover, she would try to dry it by pushing a towel around with her left foot, which was dangerous because it increased the likelihood of her falling down.

The nurses got angry at the patient and said, "The bed rails will get rusty if you hang your wet underwear on them. How many times do we have to tell you to stop it?"

The student thought the patient liked to be as clean as possible. The student explained to the patient that she should call a nurse when she got the floor wet. When the patient changed her underwear, the student kept the dirty underwear. Every other day the student took the dirty underwear to the hospital laundry and had it washed.

When the patient changed her underwear, she would say to the student, "Take this away at once, or I'll wash it myself." Eventually, the patient began to hand her dirty underwear over to the student.

Frequency of the Calls. The patient often called the nurses to complain about matters related to her meals and medication. She said things such as "I want you to set the table earlier," or "Please clear the table now." When the patient's medication was late, she demanded that the nurses bring it immediately. Also the patient often called the nurses and asked them to remove rubbish, such as dirty tissues, from her room.

The nurses would say, "Why are you so particular about your meals? There are many patients in this hospital. Can't you wait a little while?" Talking among themselves at the nurses' station, the nurses said that they would not answer the patient's calls because they had to take care of many other patients too.

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The patient seemed to be particularly sensitive to cleanliness by nature and this sensitivity seemed to have become even more acute because of her disease. Whenever the student saw rubbish of any sort in the room, she threw it away. The patient gradually began to thank the student for throwing the rubbish away.

The patient had been hospitalized for a long time. The student thought that the reason why the patient was excessively concerned with matters related to her meals was because she had realized that she would never be able to leave the hospital and resume a normal life--eating was one of her few pleasures.

The student was instructed to bring the patient her meals as soon as possible and her medication on time. The student also explained to the patient why the nurses were often about 20 minutes late in bringing her meals and medication. The reason was that the nurses distributed meals and medication to the patients in a fixed order. The patient called the nurses less and less frequently.

Discussion

Through taking action after careful interviewing and observation of the patient, we succeeded in solving the patient's problems, and improvement of her troublesome behavior followed. The interviewing was done by a nursing student who was studying practical nursing care in the ward. The student was guided mainly by one of us (M.M).

We thought that there were three probable causes of the patient's unstable mental condition. The first was Cushing's syndrome. It is well known that fifty percent of patients with Cushing's syndrome have mental disorders, most of which are due to hypersecretion of cortisol. The second probable cause was

frustration due to physical disability: the patient had paralysis of the right side, which made it difficult for her to keep clean. She seemed to be a person who by nature liked to stay as clean as possible, so the paralysis must have been particularly frustrating for her. The third cause seemed to be the nurses' emotional responses to the patient's behavior. The patient often called the nurses, making various requests and complaints. Not understanding that the patient's behavior was due to her diseases, the nurses often responded emotionally. They got angrier and angrier at her because of her calls. The patient, consequently, became increasingly dissatisfied and anxious, and her behavior problems grew worse.

Nursing interventions by the student helped to modify the patient's behavior because the student had based those interventions on careful consideration of the patient's complaints and determination of possible causes of them. The student learned to interview the patient effectively. The student said, "I had tended to ignore the patient's complaints because she complained so often. But there was a reason for her frequent urination--she had cystitis. This gave me quite a shock. I learned that the patient's complaints and behavior had specific causes and that as a nurse I must search for such causes."

With the aim of encouraging the student to take initiative in nursing intervention, we avoided telling her exactly what to do. We just pointed out evidence that the student did not notice herself, such as the possibility of cystitis.

Summary

The case of a patient with Cushing's syndrome whose behavior in the ward dis-

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tressed the attendant nurses is presented. The patient's complaints mainly originated from physical disability and poor relations with hospital workers. Careful interviewing and observation of the patient was performed by a nursing student under our guidance. Intervention based on the results of the interviews and on the student's observations was effective in reducing the frequency of the patient's complaints. The importance of basing the nursing assessment closely on the patient's particular condition is discussed.

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References

1. Lebow, M.D.: Behavior Modification--a significant method in nursing practice, Prentice-Hall, Inc., Englewood Cliffs, N.J., 1973
2. Orlando, I.J.: The Dynamic Nurse-Patient Relationship, G.P.Putnams' Sons, 1961
3. Shimizu, N.: Cushing disease. Shizume, K.: Pituitary disease, 241-259, Nankodo, 1976
4. Tilton, C.N. and Maloof, M.: Diagnosing the Problems in Stroke, Am.J.Nurs. 82:596-601, April 1982
5. Uchiyama, K.: Behavior Therapy, Bunkodo, 1978, 27-70