



Research Paper

A Study to Assess the Level of Distress Among Patients With Delirium At Smvmc&H, Puducherry

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ABSTRACT:

Delirium is a syndrome characterized by disturbances in attention, consciousness, and cognition, as well as other neurological deficits. Stress inferred internal state that can be classified into acute and chronic stress. The transition of stress to distress depends on several factors, including stressor duration and intensity, predictability and controllability, and the ability of the animal to control its environment. The main objective of the study to assess the level of distress among patient with delirium. Methodological research approach used for this study was quantitative research approach. A descriptive research design was adopted for this present study. By using purposive sampling technique, 30 delirium patients were selected for the present study. Result of the present study reveals that 15 (50%) patients have no distress, 11(26.7%) elevated distress and 4 (13.3%) high psychological distress. Among patient with delirium impairment majority 16(53.3%) had possible cognitive impairment, 7(23.3%) had possible delirium impairment and 7(23.3%) had severe delirium impairment. Conclusion of the study findings concluded that majority of patient had moderate level of stress and possible cognitive impairment.

Keywords: Delirium, distress, neurological deficits

I. INTRODUCTION :

Delirium is a syndrome characterized by disturbances in attention, consciousness, and cognition, as well as other neurological deficits. Predisposing factors include aging, cognitive impairment/dementia, physical comorbidity, psychiatric comorbidity, sensory impairment, functional dependence, dehydration/malnutrition, drugs and drug-dependence, and alcohol dependence. Common precipitating factors include prolonged sleep deprivation, environmental stress, inadequately controlled pain, admission to an intensive care unit, immobilization, use of physical restraints, urinary retention, use of bladder catheter, emotional stress, severe constipation/faecal impaction, medications, sedatives (benzodiazepines, opioids), anticholinergics, dopaminergic, corticosteroids, polypharmacy, general anaesthetic, substance intoxication or withdrawal, primary neurologic diseases, severe drop in blood pressure, stroke/transient ischemic attack(TIA), intracranial bleeding, meningitis, encephalitis, concurrent illness, and infections.

Stress is a feeling of emotional or physical tension. It can come from any event or thought that makes you feel frustrated, angry, or nervous. Stress is your body's reaction to a challenge or demand. In short bursts, stress can be positive, such as when it helps you avoid danger or meet a deadline. But when stress lasts for a long time, it may harm your health. Stress inferred internal state that can be classified into acute and chronic stress. The transition of stress to distress depends on several factors, including stressor duration and intensity, predictability and controllability, and the ability of the animal to control its environment.

Delirium exists as a stage of consciousness between normal awakesness/alertness and coma, requiring an acute disturbance in consciousness/attention and cognition. Clinical features include poor attention/vigilance, memory impairment, clouding of consciousness, disorientation, acute onset, disorganized thinking/thought disorder, diffuse cognitive impairment, language disorder, sleep disturbance, mood lability, psychomotor changes, delusions, and perceptual change/hallucinations. The transition of stress to distress depends on several factors. Of clear importance are stressor duration and intensity, either of which is likely to produce behavioral or physical signs of distress.

Treatment of delirium requires attention to multiple domains, including identifying and treating the underlying medical disorder or cause(s), optimizing physiology, optimizing conditions for brain recovery,

detecting and managing distress and behavioral disturbances, maintaining mobility, providing rehabilitation through cognitive engagement and mobilization, communicating effectively with the patient and their carers, and providing adequate follow-up. Multidomain interventions are the first steps in managing acute delirium, and there is no reliable evidence for use in non-alcohol-related delirium. Antidepressants like trazodone are occasionally used in the treatment of delirium, but they carry a risk of over-sedation and have not been well studied.

NEED FOR THE STUDY :

Delirium, a common condition in ICU patients, can lead to negative outcomes such as increased mechanical ventilation use, prolonged stays, increased mortality rates, and higher healthcare costs. However, there is a lack of research on its incidence in Oman. A multicentre prospective observational design was used to assess the incidence of delirium, its association with predisposing and precipitating factors, and its impact on ICU mortality and length of stay. In India, the prevalence of delirium varies between 4%-33.96%, with a higher prevalence of 64% among mechanically ventilated patients. In Puducherry, the prevalence of delirium is about 4%, indicating a significant public health problem according to Puducherry 2019.

STATEMENT OF THE PROBLEM :

A study to assess the level of distress among patient with delirium at SMVMC&H, Puducherry.

OBJECTIVES OF THE STUDY :

- To assess the level of distress among patient with delirium.
- To associate the level of distress among delirium clients with selected demographic variables.

II. RESEARCH METHODOLOGY:

A quantitative research approach and descriptive research design was selected for the present study. The present study was on 30 delirium patients in selected hospital, Puducherry who meet the inclusion criteria. Using purposive sampling technique, the samples were selected for the present study. The tool consists of demographic variables and delirium assessment scale and distress assessment scale. The data of the study was evaluated by using descriptive and inferential statistics.

MAJOR FINDING :

The study analyzed the distress levels among patients with delirium, revealing that 50% had no distress, 26.7% had elevated distress, and 13.3% had high psychological stress. Out of 30 samples, 53.3% had possible cognitive impairment, 23.3% had possible delirium impairment, and 23.3% had severe delirium impairment. The mean distress level was 10.70, with a standard deviation of 3.505. The mean distress level was also 2.70, with a standard deviation of 3.064.

The study found a statistically significant association between the distress level and demographic variables such as age, family type, number of children, source of knowledge on delirium, and psychiatric medication use. The level of delirium impairment was also significantly associated with age, number of children, and general hobbies. The mean distress level was 10.70+3.505, and the level of impairment was 2.70+3.064.

III. RESULTS AND DISCUSSION :

The study was conducted to assess the level of distress among patient with delirium at SMVMCH, Puducherry. The table 1 reveals the frequency and percentage wise distribution of the level of distress among patient with delirium. The result reveals that delirium on 15 (50%) patients have no distress, 11(26.7%) elevated distress and 4 (13.3%) high psychological distress.

The table 2 shows the the frequency and percentage wise distribution of the level of impairment among patient with delirium. The result reveals that 16(53.3%) had possible cognitive impairment, 7(23.3%) had possible delirium impairment and 7(23.3%) had severe delirium impairment.

The table 3 reveals the effectiveness of level of distress among patient with delirium on mean and standard deviation for level of distress among patient with delirium 10.70+3.505 whose significant p value is 0.5 and level of impairment among patient with delirium is 2.70+3.064 whose significant p value is 0.05.

Table 1: Frequency and percentage wise distribution for the level of distress among patient with delirium. N=30

S. NO	LEVEL OF DISTRESS AMONG PATIENT WITH DELIRIUM	FREQUENCY	PERCENTAGE
1.	Elevated distress	11	36.7
2.	High psychological distress	4	13.3
3.	No distress	15	50
	Total	30	100

Figure 1: Bar diagram represents the level of distress among patient with delirium

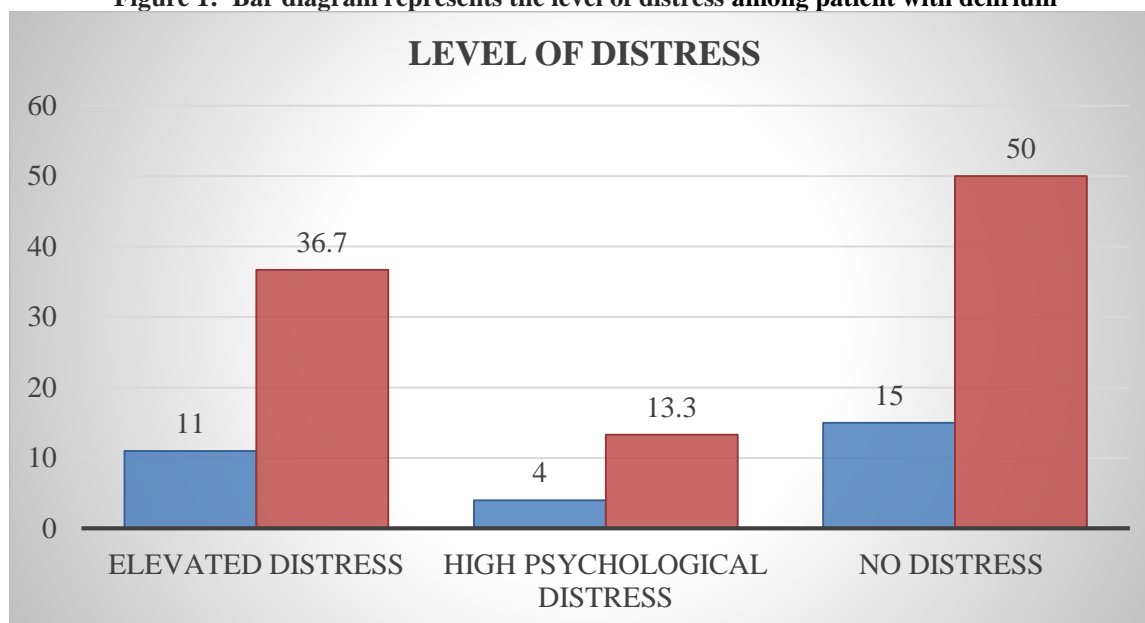


Table 2: Frequency and percentage wise distribution for the level of impairment among patient with delirium. N = 30

SL.NO	LEVEL OF IMPAIRMENT AMONG PATIENT WITH DELIRIUM	FREQUENCY	PERCENTAGE
1.	Possible cognitive impairment	16	53.3
2.	Possible delirium impairment	7	23.3
3.	Severe delirium impairment	7	23.3
	Total	30	100

Figure 2: Bar diagram bar diagram represents the level of impairment among patient with delirium

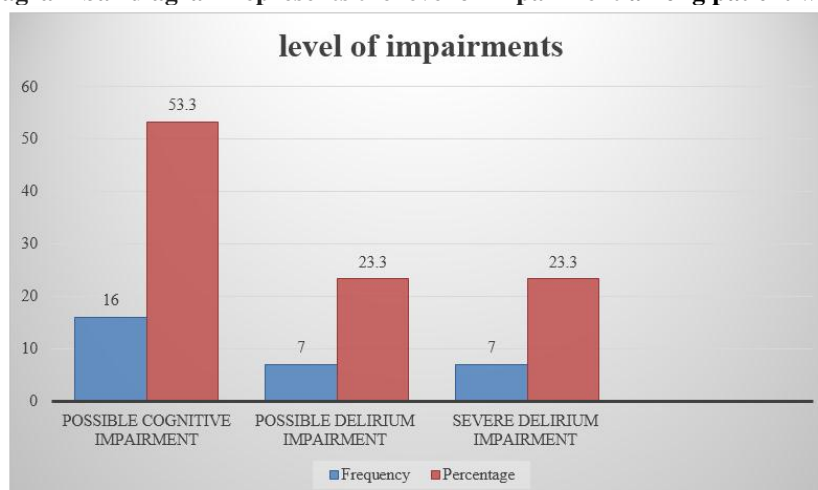


Table 3 : To evaluate the mean, standard deviation and P values on the level of distress and level of impairment. N = 30

SL.NO	Effectiveness on level of distress among patient with delirium	Mean	Standard deviation	P value
1.	Level of distress	10.70	3.505	0.5
2.	Level of delirium	2.70	3.064	0.05

Figure 3: Bar diagram represents the effectiveness of delirium

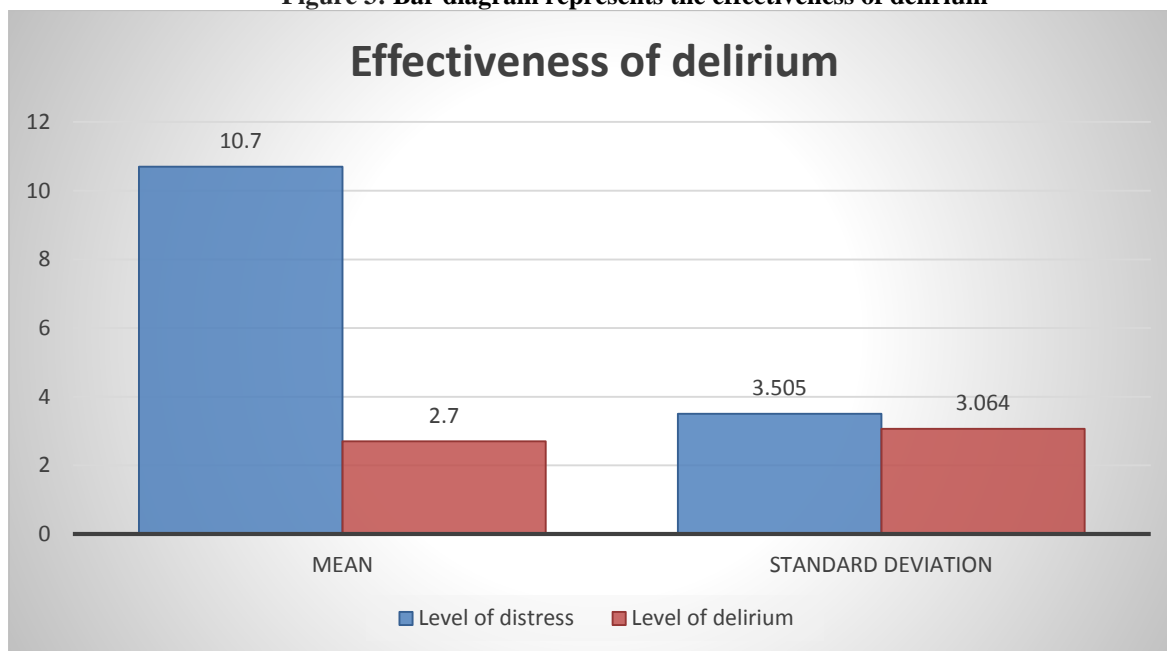


Table 4: Association between level of distress among patient with delirium at SMVNCH with their selected demographic variables. (N=30)

Sl.No	Demographic variables	Elevated		High		No		X ² Df P VALE
		N	%	N	%	N	%	
1.	Age in years							
	a) 30 - 35 years	2	6.7	0	0	1	3.3	6.042 6 0.419* S
	b) 36 - 40years	1	3.3	1	3.3	0	0	
	c) 41 - 45years	1	3.3	0	0	2	6.7	
	d) 46 and above	7	23.3	3	10	12	40	
2.	Gender							
	a) Male	5	16.7	3	10	9	30	1.179 2 0.555 (NS)
	b) Female	6	20	1	3.3	6	20	
	c) Transgender	0	0	0	0	0	0	
3.	Religion							
	a) Hindu	10	33.3	3	10	13	43.3	3.199 4 0.525 NS
	b) Christian	1	3.3	0	0	1	3.3	
	c) Muslim	0	0	1	3.3	1	3.3	
	d) Others	0	0	0	0	0	0	
4.	Educational Qualification							

5.	a) School	4	13.3	2	6.7	9	30	1.500 4 0.827 NS
	b) Undergraduate	3	10	1	3.3	3	10	
	c) Postgraduate	0	0	0	0	0	0	
	d) Illiterate	4	13.3	1	3.3	3	10	
	Family Monthly income							
6.	a) 5000 – 10,000/ month	9	30	3	10	13	43.3	3.859 6 0.696 NS
	b) 10,000 – 12,000/ month	1	3.3	1	3.3	1	3.3	
	c) 12,000 – 20,000/ month	0	0	0	0	1	3.3	
	d) 20,000 and above	1	3.3	0	0	0	0	
	Type of family							
7.	a) Joint family	5	16.7	3	10	4	13.3	3.289 2 0.193* S
	b) Nuclear family	6	20	1	3.3	11	36.7	
	Marital status							
8.	a) Married	10	33.3	3	10	14	46.7	1.195 2 0.550 (NS)
	b) Unmarried	1	3.3	1	3.3	1	3.3	
	c) Widow	0	0	0	0	0	0	
	Number of children							
9.	a) Only one child	1	3.3	0	0	4	13.3	3.811 4 0.432* S
	b) 2 – 3 child	7	23.3	3	10	10	33.3	
	c) No child	3	10	1	3.3	1	3.3	
	Residence of the patient							
10.	a) Urban	3	10	1	3.3	4	13.3	0.008 2 0.996 NS
	b) Rural	8	26.7	3	10	11	36.7	
	Living status							
11.	a) Alone	4	13.3	1	3.3	4	13.3	5.049 4 0.282* S
	b) Paying home	2	6.7	2	6.7	1	3.3	
	c) With family members	5	16.7	1	10	33.3		
	Whether the patient is going for job?							
12.	a) Yes	6	20	1	3.3	7	23.3	1.029 2 0.598 (NS)
	b) No	5	16.7	3	10	8	26.7	
	Source of knowledge on delirium							
13.	a) Television	6	20	1	3.3	9	30	4.826 4 0.306* (S)
	b) Internet	4	13.3	3	10	3	10	
	c) Books	1	3.3	0	0	3	10	
	General hobbies							
14.	a) Reading Books	3	10	0	0	2	6.7	2.692 4 0.611 NS
	b) Dance	0	0	0	0	0	0	
	c) Music	2	6.7	2	6.7	4	13.3	
	d) Others	6	20	2	6.7	9	30	
	Do you have previous history of medical illness							

15.	a) Yes	7	23.3	2	6.7	11	36.7	0.845 2 0.655 (NS)
	b) No	4	13.3	2	6.7	4	13.3	
Whether the patient is taking any psychiatric medication								
	a) Taken	2	6.7	2	6.7	3	10	1.846 2 0.397* (S)
	b) Not taken	9	30	2	6.7	12	40	

Table 5: Association between level of impairment distress among patient with delirium at SMVNCH with their selected demographic variables.

(N=30)

Sl.No	Demographic variables	Cognitive		Possible		Severe		X2 Df P VALE
		N	%	N	%	N	%	
1.	Age in years							
	a) 30 - 35 years	2	6.7	0	0	1	3.3	12.971 6 0.044* S
	b) 36 - 40years	0	0	0	0	2	6.7	
	c) 41 - 45years	0	0	2	6.7	1	3.3	
	d) 46 and above	14	46.7	5	16.7	3	10	
2.	Gender							
	a) Male	7	23.3	5	16.7	5	16.7	2.330 2 0.312 NS
	b) Female	9	30.0	2	6.7	2	6.7	
	c) Transgender	0	0	0	0	0	0	
3.	Religion							
	a) Hindu	15	50	6	20	5	16.7	3.647 4 0.456 NS
	b) Christian	1	3.3	0	0	1	3.3	
	c) Muslim	0	0	1	3.3	1	3.3	
	d) Others	0	0	0	0	0	0	
4.	Educational Qualification							
	a) School	7	23.3	5	16.7	3	10	3.881 4 0.422 NS
	b) Undergraduate	3	10	1	3.3	3	10	
	c) Postgraduate	0	0	0	0	0	0	
	d) Illiterate	6	20	1	3.3	1	3.3	
5.	Family Monthly income							
	a) 5000 – 10,000/ month	13	43.3	7	23.3	5	16.7	5.450 6 0.488 NS
	b) 10,000 – 12,000/ month	1	3.3	0	0	2	6.7	
	c) 12,000 – 20,000/ month	1	3.3	0	0	0	0	
	d) 20,000 and above	1	3.3	0	0	0	0	
6.	Type of family							
	a) Joint family	4	13.3	3	10	5	16.7	4.405 2 0.111 (NS)
	b) Nuclear family	12	40	4	13.3	2	6.7	
7.	Marital status							
	a) Married	14	46.7	7	23.3	6	20	1.302 2 0.597
	b) Unmarried	2	6.7	0	0	1	3.3	

	c) Widow	0	0	0	0	0	0	NS
8.	Number of children							
9.	a) Only one child	1	3.3	3	10	1	3.3	9.362 4 0.048* (S)
	b) 2 – 3 child	13	43.3	4	13.3	3	10	
	c) No child	2	6.7	0	0	0	0	
9.	Residence of the patient							
10.	a) Urban	5	16.7	1	3.3	2	6.7	0.734 2 0.693 (NS)
	b) Rural	11	36.7	6	20	5	16.7	
10.	Living status							
11.	a) Alone	6	20	2	6.7	1	3.3	5.702 4 0.223 NS
	b) Paying home	2	6.7	0	0	3	10	
	c) With family members	8	26.7	5	16.7	3	10	
11.	Whether the patient is going for job?							
12.	a) Yes	8	26.7	4	13.3	2	6.7	1.301 2 0.522 (NS)
	b) No	8	26.7	3	10	5	16.7	
12.	Source of knowledge on delirium							
13.	a) Television	10	33.3	4	13.3	2	6.7	4.875 4 0.300 (NS)
	b) Internet	5	16.7	1	3.3	4	13.3	
	c) Books	1	3.3	2	6.7	1	3.3	
13.	General hobbies							
14.	a) Reading Books	0	0	2	6.7	3	10	10.017 4 0.040* S
	b) Dance	0	0	0	0	0	0	
	c) Music	5	16.7	1	3.3	2	6.7	
	d) Others	11	36.7	4	13.3	2	6.7	
14.	Do you have previous history of medical illness							
15.	a) Yes	10	33.3	6	20	4	13.3	1.554 2 0.460 (NS)
	b) No	6	20	1	3.3	3	10	
15.	Whether the patient is taking any psychiatric medication							
	a) Taken	4	13.3	1	3.3	2	6.7	0.453 2 0.798 NS
	b) Not taken	12	40	6	20	5	16.7	

IV. CONCLUSION:

The study findings concluded that out of 30 samples, 15(50%) patients have no stress, 11(26.7%) is elevated distress and 4(13.3%) is high psychological distress. Majority of delirium patient having the high level of psychological distress 4 (13.3%). The chi square reveals that it is statistically association with age, number of children and general hobbies belongs to highly significant $**\text{-}p<0.001$, belongs to significant $*\text{-}p<0.05$, others are belongs to non-significance.

V. RECOMMENDATIONS:

- The study can do at the large number of samples.
- The study can be implemented at the various states of India.
- A Quasi experimental study can be conducted with control group for the effective comparison.

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