Analysis and Nursing of Cerebrovascular Disease Patients with Insomnia
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Mingyi Ma, Tao Peng, Juan Ding
Department of Neurology, the First Affiliated Hospital of Zhengzhou University, Zheng zhou, Henan 450052, China realptdq@126.com

Abstract: Objective: Investigate and analyze the insomnia type and insomnia causes of 152 patients with cerebrovascular disease, and explore effective measures for treating cerebrovascular disease patients with insomnia. Methods: PSQI, SAS, SDS, SCL-90 scale was used for evaluation. Results: Symptoms of insomnia include prolonged sleep latency, short sleep duration and sleep disorders; causes of insomnia include anxiety, depression, somatization factor, the environment and drug factors. Conclusion: Prevention of insomnia could not rely solely on the drug, the targeted measures based on the cause of the insomnia should be taken to improve the quality of patients' sleep.


Key words: acute cerebrovascular disease; insomnia; nurse

1. Introduction
Insomnia is a very common problem (Sateia, 2004), especially in patients with acute cerebrovascular disease. Dysfunction of language and body movement which affects quality of life is easy to produce physical and psychological discomfort and lead to insomnia. Insomnia would result in mental disorders, increased physical symptoms and affect the rehabilitation process (McCarberg, 2003). Therefore, improving the sleep quality of patients with cerebrovascular disease is particularly important for the promotion of rehabilitation. Nursing also plays an important role in improving the patient's sleep (Maher, 2004; Nadolski, 2005). A series of effective measures were taken to help patients with insomnia as follows through investigation and analysis of 152 cases with cerebrovascular disease and insomnia admitted from February 2011 to February 2012.

2. Materials and methods
2.1 Subject:
The group of 152 cases, 86 cases of male and 66 cases of female, age ranging from 42 to 92 years old; 124 cases of cerebral infarction, 13 cases of cerebral hemorrhage, 15 cases of subarachnoid hemorrhage (SAH). No conscious obstacles, Diagnosis was confirmed by the head CT/MRI scan.

2.2 Methods:
2.2.1 Pittsburgh Sleep Quality Index (PSQI): The PSQI (Buysse et al., 1989) is a 9-question, 19 item self-report instrument designed to measure sleep quality and disturbance over a 1-month period (Carpenter & Andrykowski, 1998). PSQI questions 1-4 request specific respondent information that is filled in by hand, such as customary bed time and length of time to fall asleep. PSQI questions 5-8 are answered on a 0-3 scale with 0 indicating no symptom presence and 3 representing symptom presence 3 or more times the past week. Question 9 is answered on a 0-3 scale with 0 meaning “very good” and 3 representing “very bad” (Carpenter & Andrykowski, 1998). All scores are combined according to the scoring criteria included with the form to produce a Global PSQI Score. Scores above 5 indicate clinically meaningfully disturbed or poor sleep (Holcomb, 2006).

2.2.2 SAS, SDS, SCL-90 scale assessment: Self-Rating Anxiety Scale (SAS), the standard score> 50 for clinical significance; Self-Rating Depression Scale (SDS), the standard score> 53 for meaningful; Symptom check list-90 (SCL90) scale, standard score> 2 is meaningful. Two would be choosed according to the patient among the above three types of methods, 1 week after hospitalization.

3. Results
3.1 Types of insomnia and incidence: prolonged sleep latency, shortened sleep duration and sleep disorders. The PSQI Investigation results showed that: 94 cases, of prolonged sleep latency, the incidence rate is 61.8%; 58 cases of short sleep duration, the rate is 38.2%; 36 cases of sleep disorders, the rate is 23.7%.

3.2 Causes of insomnia: evaluation results according to SAS, SDS, SCL-90 scale, causing the causes of insomnia are: 106 cases of anxiety and depression, accounting for 69.7%; 69 cases of somatization factor, accounting for 45.4%; 32 cases of environmental factors, accounting for 21.1%; 22 cases of the influence of drugs, accounting for 14.5%.

4. Discussion
4.1 Anxiety and (or) depression: With the constant awareness of depression and anxiety disorders, patient population was expanding, insomnia is one of the important symptoms (Voyer, 2005). The data showed that most common causes of insomnia of patients with cerebrovascular disease is anxiety and depression, 106 cases of 152 cases in this group, the incidence rate of
anxiety and pessimistic mood. Strengthen social in spirit to give comfort to eliminate the patient's ideological concerns, to avoid ir help patients to rational treatment of diseases, and lift physiological and other factors. Nurses should take the


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sleep based on the bio-integrated approach to imp clinical work, nurses should take the overall care and an meet the patient rest and sleep is a basic duty of care, In Henderson, the U.S. nursing experts, pointed out that to dose wou

nois environment, the sick room temperature and humidity, abdominal distension could cause sleep disruption nasal feeding tube and catheter, constipation and diabetes mel could lead to sleep disruption. Other incontinence, hemorrhage and subarachnoid hemorrhage, were often difficult to sleep due to headache. Other incontinence, diabetes mellitus, prostatic hypertrophy, stimulation of nasal feeding tube and catheter, constipation and abdominal distension could cause sleep disruption.

4.3 Environmental factors: fail to adapt to the new environment, the sick room temperature and humidity, noise in ward can affect sleep quality.

4.4 The influence of drugs: 22 patients of the group relied on estazolam for a long time have produced varying degrees of drug resistance. After admitted to the hospital the doctor's orders to stop or reduce the dose would leave the patients to produce insomnia.

5. Nursing

Henderson

5.1 Psychological care: insomnia in patients with cerebrovascular disease associated with depression and anxiety are closely related with the family, social, psychological, physiological and other factors. Nurses should take the initiative to give patients psychological support and help patients to rational treatment of diseases, and lift the ideological concerns of patients, to avoid irritation in spirit to give comfort to eliminate the patient's anxiety and pessimistic mood. Strengthen social support, to make patients understand that his friends and family who are concerned about them is their strong backing. Nurses and family members should be caring patient, so that patients feel the warmth of the family. Family members could participate in the activities of the rehabilitation of patients so that self-confidence of patients will be enhanced and better treatment and care will be achieved in a relaxed and harmonious environment. If encountered psychological problem cannot be solved, care nurses should guide them to focus thinking half an hour after dinner, and then learn to short-term forgetting, temporarily remove the interference in the mind, to reduce the affect of insomnia by excessive ideological concerns.

5.2 Create a good sleep environment and conditions: the sick room should be quiet, suitable temperature and humidity, the bed is not too soft, so as not to turn over with difficulties. At the same time, providing the individual environment closed to the family, for the purpose of convenience and comfort of the patient's is very important (Test, 2011). Avoid the implementation of treatment and care operations in a limited sleep time, the operation of the care must be performed in the natural awakening of the patients, so as not to reduce the number of passive awakening.

5.3 Reduce the impact of paralytic disease on the body: turn over every 2 h, and put the back side, put the involved limb in good limb position, the bed should be raised 15°~30° for cerebral hemorrhage patients, help patients to remove or alleviate the discomfort caused by various diseases before going to bed.

5.4 Sleep hygiene education: guide patients to develop good sleep habits and establish more regular activities and rest periods. Urge patients formulate time activities every morning regardless of sleep state, increase physical activity during the daytime and minimize daytime sleep time. In order to sleep good at night. Avoid exercise with excitability, smoking, the use of greasy food and alcoholic or caffeinated beverages and drugs before sleep. Recommend patients with a number of measures to promote sleep, such as drain urine 1 h before going to bed, wash with warm water before going to sleep, and drink hot milk (Valtonen, 2005)

5.5 Light treatment: place light box than can be issued 2 500 lux (equivalent to 200 times the indoor light) 1 m in front of patients, 2 to 3 h, continuous lightening in the early morning or evening, to change the sleep-wake rhythm, forward or delay the the human biological clock. The mechanism of light therapy is to suppress melatonin secretion, it is mainly applied to the sleep rhythm disorders and elderly patients.

5.6 Cognitive behavioral therapy: cognitive behavioral therapy is for intractable insomnia patients able to get out of bed (Vance, 2011), which includes: ① go to bed when feeling sleepy; ② bed and bedroom only for sleep, can not read, watching TV or working in bed; ③ If can

Corresponding Author:
Tao Peng
Department of Neurology
the First Affiliated Hospital of Zhengzhou University
Zheng zhou, Henan 450052, China
E-mail: realptdq@126.com

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