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**Review**

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# Problems of Families of Patients after Ischemic Stroke

# Problemy rodzin pacjentów po udarze niedokrwiennym mózgu

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### Abstract

Stroke is a clinical syndrome associated with sudden onset of focal or global brain dysfunction. Causes of stroke are disorders of blood circulation, resulting in brain damage. As a result, intra-cerebral imbalances occur.

A stroke has often resulted in neurological changes and, consequently, functional difficulties. The patient needs help with self-care and self-service. A significant role is played by the patient's family, which requires commitment to meet the needs and reduce deficits. Difficulties in the care of the patient include, but are not limited to, living conditions, family relationships, social roles and lack of knowledge about the disease. The role of the people taking care of the patient is to reduce deficits, meet needs and improve the quality of life of the patient.

The aim of the study is to identify the problems of the families of patients suffering from cerebral stroke. Literature analysis will show significant difficulties that arise from deficits and the need for immediate action in the area of patient care to improve the quality of life. **(JNNN 2017;6(3):126–129)**

**Key Words**: problem, family of patients, stroke ischemic brain

### Streszczenie

Udar mózgu jest zespołem klinicznym związanym z nagłym powstaniem ogniskowych bądź też globalnych zaburzeń czynności mózgowia. Przyczyną wystąpienia udaru są zaburzenia krążenia krwi, co skutkuje uszkodzeniem mózgu. W wyniku tego dochodzi do zaburzeń równowagi wewnątrzmózgowej.

Przebyty udar mózgu często skutkuje zmianami neurologicznym, a w konsekwencji trudnościami w sprawności funkcjonalnej. Pacjent wymaga pomocy w zakresie samoopieki i samopielęgnacji. Znaczącą rolę stanowi rodzina pacjenta, od której wymaga się zaangażowania w zaspakajaniu potrzeb i zmniejszaniu deficytów. Trudność w sprawowaniu opieki wynika między innymi z sytuacji życiowej, dotychczasowymi relacjami w rodzinie, pełnionymi rolami społecznymi oraz brakiem wiedzy o chorobie. Zadaniem osób sprawujących opiekę nad pacjentem jest zmniejszenie deficytów, zaspokojenie potrzeb oraz poprawa jakości życia pacjenta.

Celem pracy jest wskazanie problemów rodzin pacjentów po przebytym udarze mózgu. Analiza literatury pozwoli na ukazanie istotnych trudności, wynikających z deficytów oraz konieczności podjęcia natychmiastowych działań w zakresie opieki nad pacjentem w celu poprawy jakości życia. **(PNN 2017;6(3):126–129)**

**Słowa kluczowe**: problem, rodzina pacjenta, udar niedokrwienny

## Introduction

Stroke is a clinical syndrome associated with sudden onset of focal or global brain dysfunction. Causes of stroke are disorders of blood circulation, resulting in brain damage. As a result, intra-cerebral imbalances occur.

The World Health Organization (WHO) says stroke is the third leading cause of death (after heart disease and cancer) and the most common cause of major disability in people over 45. These changes result in important clinical, economic and social changes [1]. Researchers report that 1.1 million stroke are diagnosed in Europe and 750.000 in the United States whereas in Poland there are approximately 70 thousand cases. Despite advancement in medicine, mainly in the area of prevention, diagnosis and treatment of stroke, there is a high risk of patient's death [2]. According to the 2001 WHO data, about 85% of stroke deaths occurred in low — and middle — income countries. Data from the Ministry of Health in 2007 show that nearly 61.000 hospitalizations with ischemic stroke were reported in Poland, approximately15.000 with hemorrhagic stroke (including about 5.000 subarachnoid haemorrhages), and more than 12.000 strokes of unknown aetiology [3]. In Poland, 20–30% of patients with cerebral palsy are estimated to die within 12 months of diagnosis. Permanent neurological changes occur in 40% of patients and they cause problems in self-care and self-nursing. For these patients, assistance is needed from others due to existing deficits [4,5]. The data also show that 22% of stroke patients have difficulty in walking and need help in this area. This indicates a decrease in functional efficiency and thus in the quality of life. Demographic and epidemiological demographics show that the number of stroke diagnoses is going to increase. This suggests the need to increase the number of outlets aimed at helping these patients, including improvement in the functioning of hospitals as well as in care and treatment facilities [6].

Patients who have had a stroke need help improving their functioning in everyday life. After being hospitalized, the patient's family is to provide him/her with full care according to needs and deficits. Often, due to the situation of life, family relationships, social roles and lack of knowledge, the family of the patient finds it very difficult to function in a given situation. An important role for medical personnel is to prepare and educate the family as well as to provide mental support. Caregivers should have knowledge about possible forms of assistance addressed to the patient as well as on material, psychological and counseling support [7,8].

The aim of the study is to identify the problems faced by families of patients suffering from cerebral palsy. Literature analysis will allow to show the significant difficulties that arise from deficits and the need for immediate action in the area of patient care to improve the quality of life.

## Review

Patients' capacity is subject to decrease, as a result of the disease, and to translate into a biopsychosocial functioning. Patient's support should be considered in the broadest sense. They requires help during hospitalization [9]. Medical care performed by the personnel does not meet all your needs the patient' needs. The task of the family is to participate in the care while in hospital. An important task is to educate the family in the aspect of home care. Most families of patients do not have such knowledge on the possibility of helping the patient. Starting from the difficulty in arranging care conditions, which requires re-arranging the apartment and providing it with the necessary equipment.

Clinically, stroke results in significant consequences, which may affect subsequent treatment and translate into the quality of life for the patient. The effects are mainly seen in the neurological system, causing deficits in daily functioning. This is mainly due to difficulty in moving, dressing, taking meals [10]. In addition, deficits can occur in communication with patients, both verbal and nonverbal. Often patients who have had a stroke have difficulty with articulation of words. This is a barrier to reading patient's needs and can directly affect the patient's mental state. Reduced physical fitness can affect patient's mental state. With difficulty in performing day-to-day activities or dependence on the help from others, the patient may feel depressed, anxious and self-depressed. The mental state may deteriorate evenly with the growing needs of care, as well as with the lack of progress in rehabilitation. Patients with depression and anxiety for further treatment may undergo a depressive disorder [11,12]. In the case of mental deterioration, psychological and psychiatric help is required. Prolonged depressive conditions can also lead to a worsening of the general physical condition. Symptoms of depression such as lack of appetite and sleeplessness may, among other things, lead to dehydration, water-electrolyte disturbances, weight loss, and consequent destruction of the body.

During hospitalization, medical personnel are required to provide therapy to minimize or mitigate the impact of the stroke. As a result of the deficits in the biological, psychological and social fields, an interdisciplinary team is required. This includes a physician, nurse, physiotherapist, psychologist, speech therapist, dietitian and social worker. Help covers a wide range, depending on the condition of the patient, it is necessary to introduce therapy aimed at improving cerebral circulation, analgesic treatment, and reducing muscle tension. The physician's task is to select a personalized treatment based on the impact of a stroke and avoid further neurological changes. Nursing care should include support for basic nursing care [7,13]. As far as possible, the nurse should encourage the patient to attempt to perform the activity independently. The mistake made by the staff is not leaving the patient a self-fulfilling task.

From the beginning, the patient should try to eat or change his position independently. The consequence of not doing such a trial is the patient's difficulty in further functioning. In addition, the role of the nurse is to educate the patient and the patient's family towards self-service. Education should include the performance of such basic daily activities as dressing, eating, washing, moving, using the toilet. The family should be involved especially in the case of patients with higher deficits. The range of such activities includes changing patient's position in bed, feeding, encouraging the intake of food and fluids, moving the patient from bed to the wheelchair and vice versa, verticalisation, changing pant diapers, full body restoration, bedside rehabilitation and learning to react in difficult situations [14,15]. In addition, the family should be aware of the need for regular consultations with specialists, rehabilitation and follow-up examinations.

The patient's family plays a very important role in the care of the patient at home. Supporting the patient should be considered in the broadest sense. The first task of the family is to organize the care of the patient after leaving hospital. Beginning with the provision of care during the day, the patient should not remain unattended during the night. Sometimes a difficult role for the family is to rearrange their private and professional life in such an emergency [16,17]. A social worker during a stay in hospital or an employee of the Municipal Social Welfare Center has the opportunity to advise on an optimal solution. In case of difficulty in arranging home care, it is possible to place the patient in the Department of Care and Treatment for a definite or indefinite period of time. Certainly, the decision to be placed in such an institution should be taken jointly by the patient and the family.

Another problem for the patient's family is the lack of support after the patient's discharge home. In addition to the organization of time, families must also equip their living quarters with equipment that facilitates their functioning. Depending on the needs of the patient, the closest patient's surroundings should be supplemented with the most necessary equipment, including a bed with amenities, basic rehabilitation equipment, bathroom equipment to level the architectural barriers and additional equipment to facilitate basic daily activities. Unfortunately, for some families there are many factors that make it impossible to purchase even the most necessary equipment. That may result from the lack of financial resources due to the large expenditure on the current treatment, including rehabilitation.

Often the family after a little training in the hospital on the care and care activities is left without help. At home the patient needs proper care and activity. Incorrect performance of activities towards the patient can increase the feeling of helplessness and fear for the future. The family is struggling with equally difficult dilemmas, which also bears the consequences of the disease. The need for continuous support of the patient, providing a sense of security can cause anxiety if the caregivers can face the task they have set. In addition, physical fatigue increases the sense of fear for the future. Family struggles with the dilemma of the effectiveness of the actions taken. The mental state of the patient only exacerbates irritation and difficulty in care. In addition, depending on family relationships, there are additional problems in the form of conflicts between its individual members. One should realize that caregivers also need support both in caring and in the mental sphere. At the same time, it is important to mention the right organization of care and to provide caretakers with care breaks. The proper organization of care requires the involvement of more people and division of tasks.

## Conclusions

In conclusion, ischemic stroke, depending on many factors, often leaves irreversible changes in the somatic, mental and social dimensions [1]. Due to the condition of the patient during hospitalization, an interdisciplinary team, including a physician, nurse, physiotherapist, speech therapist, dietitian, and social worker is required. Recommendations for patient discharge from hospital include control in a neurological clinic and rehabilitation. The task of a nurse and a social worker is to prepare the patient and the patient's family to cope at home.

The consequence of the illness is the need to help the patient to function properly and to improve the quality of life. Help often includes many aspects of coping in one's daily life. The patient needs comprehensive help with self-service. Physical condition in this case can translate into mental and social state.

An important role in patient care is plated by the patient's family, whose role is to reduce deficits and to meet the needs of the patient. The scope of the activity includes care organization, separation of duties for individual family members and adaptation to the new situation [18]. Due to the patient's problems, often care around the clock is required. During the day, help includes self-service activities, including help in using the toilet, changing napkins, helping with meal preparation and feeding, helping with movement and positioning in bed, body toilet, changing lingerie and getting dressed. In addition, adjustment of the environment, within the bed, the room and the whole apartment is required. In the case of patients with difficulty in moving or lying, the family should provide appropriate ancillary equipment. Depending on the condition of the patient, the patient should be provided with a patient-adapted bed, proper toilet and bathroom accessories, as well as accessories used for basic self-service activities. In addition, the role of the family is to provide nursing care when needed and to organize consultations with specialist physicians. Due to the holistic approach to the patient, attention should be paid to the patient's mental state. As a result of self-service deficiencies, the patient may feel depressed, which may eventually become depressive [19].

Due to numerous factors, including the current situation of the caregivers or the caregiver's life, family relationships and lack of knowledge about illness, the family needs to be supported in the organization of the care towards the ill person. In the case of difficulty in caring for the patient, including the organization of such care assistance is provided by Municipal Social Welfare Centers. Families of patients who do not cope with care also have the possibility to place the patient in the Department of Nursing and Therapy for temporary or permanent stay.

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