



Neuropsychiatric Symptoms in Nursing Home Residents

Huang Pan*

Department of Primary and Community Care, Radboud University Medical Center, Netherlands.

Introduction

Neuropsychiatric symptoms in individuals 65 and older with severe acquired brain injury who live in nursing homes are poorly understood. We found six studies about NPS in patients younger than 65 years old with ABI in long-term care in our recent systematic review. Only two of these studies included data on the prevalence of psychotropic drug usage. NPS and PDU were found to be widespread, with depressive symptoms being the most commonly reported NPS and tranquilizers being the most commonly used psychotropic medications.

Description

ABI has been investigated more frequently in nursing home patients, primarily those with stroke and traumatic brain injury. Aggression and despair were shown to be more prevalent in these groups. Anxiety levels were shown to be higher in stroke patients and lower in TBI patients. NPS in patients with ABI are also widespread in other situations. Depression, irritability, and eating disorders were the most common NPS in hospitalized post stroke patients. Apathy and irritation were the most common NPS in individuals in rehabilitation programmes with severe traumatic brain damage [1,2].

Yet, little is known about the factors that influence NPS in ABI. Aggression and gender, duration of hospitalisation, hypoxia as a cause of ABI, impairment in activities of daily living, and the use of psychiatric medication have all been found to have statistically significant relationships. In patients, increasing levels of functional impairment have been demonstrated to have a statistically significant relationship with NPS. Long-term care facilities are frequently used to admit patients with severe ABI who are unable to live at home. Long-term care is a word used to describe health, social, and residential services provided to chronically disabled people over a long length of time. The presence of NPS is a common reason for admission. Patients, families, and nursing staff were all put under a lot of stress as a result of NPS. A loss of control, such as anger and violence, or a lack of drive, such as apathy, limited initiative, and low motivation, can cause behavioural abnormalities. NPS, notably verbal and physical aggression, hampered the provision of quality care and necessitated the development of proactive nursing techniques to protect safety for both patients with TBI and caregivers, according to a recent assessment of experiences giving and receiving care in TBI. NPS may, in fact, lead to the prescription of psychoactive medicines. Antipsychotics, on the other hand, are used to treat psychosis, agitation, and other mental illnesses.

Aggression, for example, has been proven to have negative impacts on cognition. Additionally, homogeneity in medication selection for the various NPS has been demonstrated to be limited. This could be owing to the severity of the NPS and a lack of resources guidelines for clinical practise. The total number of people affected by ABI and NPS is unclear. To achieve proper use of psychotropic medicines and promote psychosocial therapies, further knowledge of the prevalence and factors of NPS is needed, particularly for patients with ABI 65 years of age in long-term care. As a result, the goal of this research is to determine the prevalence of NPS in general and agitation/aggression in particular, as well as the determinants of NPS among patients with severe ABI who

are 65 years old and live in Dutch nursing homes. The NPI-NH was used to assess NPS in the Dutch version. The NPI-NH is a structured interview that includes 12 NPS: delusions, hallucinations, agitation, sadness, anxiety, euphoria, apathy, disinhibition, irritability, abnormal motor activity, nighttime disturbances, and appetite/eating change. A 4- and 3-point Likert-type scale is used to score the frequency and severity of each symptom. For each symptom, a score can be derived by multiplying the frequency and severity, yielding values ranging from 0 to 12. When an item's frequency severity score is 4 or higher, the NPS is regarded clinically relevant [3-5].

NPS were clustered after a study in nursing home patients with mental and physical multimorbidity, in which NPS were clustered after a study. Hyperactivity included irritability, agitation, and disinhibition; mood/apathy included depression, apathy, and anxiety; and psychosis included delusions and hallucinations. To describe and assess ADL impairments, the Dutch version of the DRS was employed. Eye opening, communication ability, motor response, feeding, toileting, grooming, level of functioning, and employability are the eight parts of the DRS. Each item is scored on a four-, five-, or six-point Likert scale. The overall DRS score goes from 0 to 29, with a higher number indicating more disability.

Conclusion

The electronic prescription system was used to retrieve the names, dosages, continuous and/or accidental usage, and prescription reasons for PDU. Anticonvulsants, antidepressants, antipsychotics, anxiolytics, and hypnotics were all categorized as PDU using the Anatomic Therapeutic Chemical classification. The treating physicians were advised to keep track of the PDU indications in order to see if patients were given psychiatric medicines as a result of NPS.

Acknowledgement

None

Conflict of Interest

None

References

1. Karthik K, Sivaraj S, Thangaswamy V (2013) Evaluation of implant success: A review of past and present concepts. *J Pharm Bioallied Sci* 5: 117-119.

*Corresponding author: Huang Pan, Department of Primary and Community Care, Radboud University Medical Center, Netherlands; E-mail: pan.h@9gmail.com

Received: 3-May-2022, Manuscript No: JCPHN-22-64653, **Editor assigned:** 6-May-2022, PreQC No: JCPHN-22-64653(PQ), **Reviewed:** 11-May-2022, QC No: JCPHN-22-6465, **Revised:** 17-May-2022, Manuscript No: JCPHN-22-64653(R) **Published:** 25-May-2022, DOI: 10.4172/2471-9846.1000345

Citation: Pan H (2022) Neuropsychiatric Symptoms in Nursing Home Residents. *J Comm Pub Health Nursing*, 8: 345.

Copyright: © 2022 Pan H. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

2. Romanos GE (2019) Implant Therapy: Clinical Approaches and Evidence of Success. *Impl Dent* 28: 522.
3. Narayan R (2012) Fundamentals of medical implant materials. *ASM handbook* 23: 1-16.
4. Smith DE, Zarb GA (1989) Criteria for success of osseointegrated endosseous implants. *J Prosthet Dent* 62:56.
5. McKinney R, Koth DL, St DE, k DE (1984) Clinical standards for dental implants. *Clinical Dentistry* 21: 1-11.