

Nursing Care of Patients with Rheumatoid Arthritis Complicated with Psychosomatic Symptoms Disorder

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Abstract: Objective: To analyze the prevalence and influencing factors of psychosomatic symptom disorder in patients with rheumatoid arthritis, a common disease in the department of rheumatology and immunology, and to provide corresponding nursing interventions to reduce disease burden and health care costs. **Methods:** About 200 patients with rheumatoid arthritis who were admitted to the Department of Rheumatology and Immunology in the past six months (January 2022 to June 2022) were selected, and the 2017 revised version (DCPR-R) scale was selected for the patients. Psychosomatic related disorders are investigated. According to the survey results, relevant nursing interventions were formulated, and the changes in the patients' psychological status, somatic symptom scores, and disease activity of rheumatoid arthritis were analyzed before and after the intervention. **Results:** The DCPR-R score of 200 patients was (164.38±27.45), indicating that all patients had different degrees of psychosomatic disorder; There were significant improvements before intervention, and the difference was statistically significant ($P<0.05$). **Conclusion:** The use of DCPR-R scale can well evaluate the psychological disorders and somatization symptoms of patients, help patients recover better and reduce the occurrence of influencing factors. At the same time, relevant nursing interventions are given to patients, which can effectively improve clinical symptoms and facilitate prognosis.

Keywords: Rheumatoid Arthritis; Psychosomatic Disorder; Nursing Intervention; Effect

Introduction

Rheumatoid arthritis is a chronic, inflammatory synovitis-based rheumatic immune disease of unknown etiology^[1]. Long-lasting and repeated synovitis can lead to the destruction of cartilage and bone in the joint, joint dysfunction, and even disability. Vasculitis lesions affect various organs throughout the body. In short, the disease not only affects the motor system, but also affects multiple organ systems. In recent years, many patients have various psychological disorders and somatization symptoms. If no effective treatment is taken, it will seriously affect their health and reduce their quality of life. Especially in patients with rheumatoid arthritis, their mental and psychological diseases are serious, and some patients may be accompanied by somatization symptoms, which complicates the clinical manifestations of patients and makes clinical treatment more difficult^[2-3]. In actual nursing work, it is found that depression is the most common mental symptom in patients with rheumatoid arthritis, and severe depression hinders the recovery of rheumatoid arthritis. In this regard, we carry out investigation and research on psychological disorders and somatization symptoms, and formulate corresponding nursing intervention measures according to their prevalence and influencing factors, focusing on psychological adjustment, so as to relax the patient's mood and promote the early recovery of the disease. The report is as follows:

1. Research materials and methods

1.1 Research materials

Selected patients with rheumatoid arthritis who had been inpatient and outpatient treatment in our hospital in the past six months. Among the 200 patients, there were 94 males and 106 females; the age ranged from 22 to 83 years (mean 52.54±0.18 years); the course of disease was 1 to 15 years (mean, 8.16±0.64 years).

1.2 Methods

All patients were assessed for health and also assessed using the 2017 revised semi-structured interview assessment DCPR-R scale. Based on the results of the above assessment, a series of nursing interventions are developed, as follows:

①First of all, a comprehensive assessment of his condition was performed, and the location of joint swelling and pain, the degree of activity limitation, and the duration of morning stiffness were recorded. According to the evaluation results, postural nursing was used to limit the movement of the affected joints and maintain the functional position in the acute phase. Ask them to lie flat on a hard bed, stretch their joints, and avoid flexion to avoid joint contractures. And encourage patients to soak the joints with warm or hot water in the morning. For those with long-lasting morning stiffness and obvious pain, painkillers can be prescribed by a doctor.

②Secondly, according to the degree of limited activities of the patient, life guidance is given, and humanistic care is implemented throughout the process. Commonly used items can be placed in the area where the patient can easily reach, and a pager can be prepared for the patient, so that the patient can call the nurse in time when needed. Make a scientific and reasonable diet plan for him, instruct him to eat more vegetables, fruits, and eat more high-quality, easily digestible protein. If the patient has symptoms of anemia, it is appropriate to supplement the diet with meat and blood. If the patient is overweight, they can lose weight appropriately and control their diet. In addition, a low-salt, low-fat diet is recommended due to prolonged use of NSAIDs and hormones. Clinically, it is found that many patients cannot eat because of the disease. We should strongly recommend a balanced diet for patients with rheumatoid arthritis, and do not strictly avoid food. At the same time, patients should be encouraged to exercise appropriately. For patients in the acute active stage, it is generally recommended to rest in bed until the swelling and pain of the joints disappear. If the condition allows, gradually carry out flexion and extension exercises or physical therapy of the hip, knee, and ankle joints, and then gradually increase the number of dressing, eating, and bathing. and other living ability exercises to prevent joint deformation. For those with stable disease, patients are encouraged to be more active, such as jogging, brisk walking, cycling, and Tai Chi exercises to improve local blood circulation, enhance physical fitness, and maintain joint function. Instruct him to do more activities that do not aggravate joint swelling and pain during the stable period, so as to enhance muscle exercise and prevent joint contracture, rigidity, and muscle disuse atrophy. During the period, the amount of joint activity should be determined according to the patient's tolerance to pain, and excessive strenuous activities are prohibited.

③ Rheumatoid arthritis is a long-term chronic disease that cannot be cured. It will inevitably bring mental stress to patients with rheumatoid arthritis. At this time, nurses should encourage patients to express their own feelings, understand the negative psychological emotions of patients, and inform patients that bad psychological emotions will aggravate the progression of the disease, affect the treatment effect, and be unfavorable for prognosis. And from the perspective of the patient to solve the problem, give more care, consideration and comfort, so that he can accept this reality psychologically. When necessary, some cases with good treatment can be described, so as to enhance the patient's confidence in overcoming the disease, and promote early, systematic and standardized diagnosis and treatment, so as to achieve the purpose of controlling the disease. Encourage patients to improve their self-care ability, give full play to their role, and help patients take the initiative to integrate into daily life and society, which is conducive to the treatment of diseases.

1.3 Statistical methods

The data were analyzed with statistical software (SPSS 23.0 version).

1.4 Observation Indicator

Determination of patient DCPR-R value. At the same time, the changes of psychological status, somatic symptom scores, and disease activity of rheumatoid arthritis were evaluated before and after the intervention.

2. Results

2.1 Nursing assessment

The results of this study showed that the DCPR-R value of 200 patients was (164.38±27.45).

2.2 Comparison of psychological status scores of patients before and after intervention

The results of this study showed that before intervention, patients had PHQ 9 scores (8.85±6.82) and GAD7 scores (8.84±7.95); after intervention, patients had PHQ 9 scores (4.17±1.63) and GAD7 scores (3.42±0.79). Among them, t value = 9.439, 9.594, P value = 0.001. It can be seen that the psychological status scores of the patients before and after the intervention were significantly different (P<0.05).

2.3 Comparison of somatization symptom scores of patients before and after intervention

The results of this study showed that the SCL-90 score of the patients before the intervention was (127.38±5.84), and the SCL-90 score of the patients after the intervention was (116.21±5.13). where t-value = 20.322, p-value = 0.001. It can be seen that the somatization symptom scores of the patients before and after the intervention were significantly different (P<0.05).

2.4 Comparison of disease activity in patients with rheumatoid arthritis before and after intervention

The results of this study showed that the DAS28 score of the patients before the intervention was (5.06±1.24), and the DAS28 score of the patients after the intervention was (2.21±0.34). where t-value=31.347, P-value=0.001. It can be seen that there was a significant difference in the disease activity of rheumatoid arthritis before and after the intervention (P<0.05).

3. Discussion

The pathogenesis of rheumatoid arthritis is not completely clear, but the current cause is the disorder of the immune mechanism^[4]. The main clinical manifestations are morning stiffness, pain, swelling, joint friction, movement disorder and joint deformity^[5]. In the early stage of the disease, joint swelling and pain are the main symptoms and signs of rheumatoid arthritis. As the disease progresses, if the treatment is not timely, patients will develop joint deformities that are characteristic of rheumatoid arthritis. In addition, some patients with complex and severe disease may also be accompanied by multiple organ damage. It has been clinically found that some patients who work in hot and cold environments for a long time or are exposed to chemical substances for a long time have a higher chance of causing rheumatoid arthritis, which has a great impact on many patients. In particular, some severe rheumatoid patients suffer from severe pain, and the repeated attacks of the disease bring great consumption to the patient's mental and physical strength, and seriously reduce their quality of life.

Clinical findings show that most patients may experience low self-esteem, anxiety, doubt, disappointment, depression, and even self-abandonment, which hinders the progress of treatment. Based on this, psychosomatic factors play a relevant role in an individual's perception of symptom severity, and the clinical management of their functional syndrome should be carefully evaluated. At present, although rheumatoid arthritis cannot be radically cured, as long as active treatment and regular follow-up can effectively control the progression of the disease, the patient's active period can be turned into a remission period, and then the quality of life can be improved. Especially for early stage patients, first of all, it is necessary to correctly understand the disease and establish confidence in overcoming the disease; realize that the treatment of rheumatoid arthritis requires a long-term process, and have a certain degree of patience; and always follow the doctor's advice, form a scientific and reasonable life behavior, and actively cooperate with the treatment. Combined with the above-mentioned

disease characteristics and psychological changes, the DCPR-R scale was used to evaluate and analyze it clinically, and a series of comprehensive nursing plans were implemented. While improving the patient's physical symptoms, relieve their negative psychological emotions, strengthen communication and communication with patients, provide psychological support, and introduce typical cases with good treatment effects to patients, which can make them feel at ease and actively cooperate with treatment. Combined with the patient's mental state, inform the patient that the disease is controllable, and actively cooperate with the treatment can delay the progression of the disease, make him always relax, and enhance the perseverance and confidence in treatment. During the period, nurses should strengthen their own literacy level, increase their trust with patients, and patiently answer patients' questions, so that patients can feel the nurse's sense of responsibility and love. At the same time, guide patients to correctly understand the nature and course of the disease, improve the correct understanding of the disease, eliminate the fear of the disease, and accept the reality of the disease. Be mentally prepared to fight the disease for a long time, and maintain a pleasant and stable psychological mood. In terms of diet, it is advisable to use foods containing vitamins to strengthen nutrition, and patients with anemia should take more foods containing iron. This study found that due to joint pain, decreased activity, and long-term medication, the appetite and digestive function will be affected to a certain extent. Therefore, adequate nutrition has a positive effect on the treatment and rehabilitation of the disease. At the same time, it is recommended that the diet should be varied to increase appetite. Avoid foods that can re-inflict arthritis and are bad for the condition. In terms of daily life, patients should be encouraged to participate in daily activities and help in daily life, so that they can be treated with peace of mind and recover quickly. Through activities, it can help maintain joint function and prevent the occurrence of various complications, thereby improving the treatment effect and improving the quality of life.

To sum up, patients with rheumatoid arthritis have a prolonged course of disease for many years, and the pain and dysfunction caused by the disease all cause different degrees of psychological problems to the patients. In severe cases, it will hinder the progress of treatment and is not conducive to disease control. However, as long as they actively cooperate with medical care and make them feel at ease in treatment, they can obtain a better quality of life. In this regard, we give scientific and effective nursing intervention, the patient's condition has been effectively controlled, and the mental health level has also been greatly improved, which is of high value to improve the quality of life.

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【Subject project】 : A survey of rheumatoid arthritis patients complicated with psychological disorder and psychosomatic symptom disorder

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