

Research Status of Psychological Nursing on Patients with Post-Stroke Depression

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Abstract: This article reviews the application of psychological care in patients with post-stroke depression. Affirm the positive role of psychological care in patients with post-stroke depression. In clinical practice, attention should be paid to psychological care in order to reduce the patients' depressive symptoms, help patients restore confidence and improve the quality of life.

Keywords: psychological care; stroke; depression

Stroke is currently one of the three major diseases causing human death, and in recent years, the incidence of stroke has been increasing year by year as aging continues to increase. Stroke not only affects the normal physiological function of patients, but also seriously jeopardizes their psychological health with adverse emotions such as anxiety and depression, while the presence of post-stroke depressive symptoms brings about certain effects on patients' recovery, quality of life and social life, and also increases the burden on families. Antidepressants are currently considered the treatment of choice for post-stroke depression, but their effectiveness and necessity remains controversial. In addition, the severity of stroke and the patient's psychiatric status are important risk factors for post-stroke depression^[1]. Therefore, close attention should be paid to the psychosomatic state of patients, early identification and measures of active psychological care should be taken to help patients reduce depressive symptoms and promote their recovery.

1. Related Concepts

1.1 Post-stroke Depression

Post-stroke depression (PSD) is one of the common complications after stroke, and its main clinical manifestations are depressed mood, lack of interest, low self-esteem, insomnia, loss of appetite, and other clinical symptoms. It often leads to significant mental and physical pain, increased family and social burden, and family problems that cannot be resolved peacefully^[2], and even suicidal tendencies. Meta-analysis by Li Shiming^[3] showed that the incidence of PSD in China was 39.4%, and the prevalence of depression was higher in female patients (41.6%) than in men (32.0%), and in patients with recurrent stroke (41.8%) than in patients with first stroke (30.8%). A study^[4] showed that the severity of post-stroke depression is closely related to the degree of neurological deficits and the degree of recovery of daily living ability. This suggests that we should pay attention to the care of post-stroke depressed patients in the clinical care process, timely identify patients who may have depressive conditions and give appropriate interventions to reduce their symptoms.

1.2 Psychological Care

Psychological nursing means that in the whole process of nursing, nurses actively influence patients' psychological activities through various ways and means (including the active use of psychological theories and skills) to help patients obtain the most appropriate physical and mental state in their own conditions^[5]. Psychological care is not only about using psychological theories and methods to care for patients, but also about using psychological methods to guide clinical practice, to study and solve the psychological problems of patients in the course of their illness, and to alleviate or

eliminate the psychological problems that exist in patients. The study^[6] showed that 23.84% of hospitalized patients were accompanied by psychological problems, including 8.94% for depression and 8.01% for anxiety, and the number of elderly people over 60 years of age and middle-aged people aged 40-59 with psychological problems was significantly higher than that of young people.

In recent years, the national health department has been paying more and more attention to psychological work, and in the "Health China 2030" planning outline, it is clearly proposed to promote mental health and strengthen the construction and standardized management of mental health service system^[7]. This shows that people are more and more concerned about their health, and mental health is also a concern, and psychological care becomes more and more important. Therefore, as clinical workers, they should strengthen the intervention of common psychological problems such as depression and anxiety in patients, and increase the early detection and timely intervention of psychological problems in key populations. Florence Nightingale pointed out that the object of nursing work is not cold stones, wood and paper, but human beings with hot blood and life^[8]. Psychological care can help patients break through psychological barriers, build confidence, improve their depressive symptoms, contribute to the overall recovery of patients, and help them regain self-confidence and return to normal social life.

2. Psychological Care Measures

2.1 Establishing a Good Nurse-patient Relationship

Establishing a good nurse-patient relationship can effectively reduce patients' inner anxiety and depression and make patients have more trust in nursing. A good nurse-patient relationship is the beginning of treatment and is conducive to the recovery of patients' conditions. Faced with an unfamiliar environment, patients will inevitably have worries and panic. At the time of admission, patients should be actively and proactively introduced to the environment of the department in detail to eliminate their unfamiliarity and fear of the hospital environment^[9]. Middle-aged and elderly people are the high incidence of stroke^[10], and most elderly patients will have a sense of loneliness and have problems such as slow movement and slower acceptance. When talking to patients, they should be humble and polite, and actively communicate with them to alleviate their uneasy psychological emotions and create good prerequisites for treatment and care.

2.2 Music Therapy

Music has unique physiological and psychological effects on the human body. Music therapy can help patients control their emotions and release their inner bad feelings. The advantages of music therapy are mainly that it has low side effects, can motivate rehabilitation by improving depression and anxiety^[11], and can effectively reduce patients' depression. Studies have shown^[12] that music therapy is highly effective in reducing depression in patients and may produce better effects the longer the treatment period. Zhao Zelin et al^[13] showed that music therapy has different effects on patients of different ages, and that music can stabilize the internal environment of patients and provide a safe and pleasant environment for depressed patients, which can awaken their motivation for life. Meta-analysis by Yu Yao^[14] et al showed that five element music therapy was superior to the control group in terms of clinical efficacy in the treatment of depression, improving patients' depression and anxiety symptoms and sleep quality. In a study by Chen Jianrong^[15], five elements music therapy was used for depressed patients, and different musical pieces were selected to match different types of patients, and the results showed that five elements music therapy could lead to significant relief of depressive symptoms and higher safety. This shows that music therapy can effectively improve the depressive symptoms of patients, and different music is selected according to the characteristics of the patient's disease, thus achieving the effect of treating the disease and promoting recovery.

2.3 Cognitive Behavior Therapy

Cognitive-behavioral therapy^[16] is a short course psychotherapeutic method to change adverse cognition by changing thinking and behavior to achieve the elimination of adverse mood and behavior. Su Jing^[17] et al used a combination of cognitive behavioral therapy for patients with recurrent depression and showed that it was effective in improving patients' depressed mood and helping them to regain social functioning as soon as possible. Wang Lei^[18] et al study targeted cognitive behavioral therapy in accordance with four aspects of cognitive therapy, behavioral therapy, interpersonal

relationships, and group talks in a standardized manner, which effectively reduced the relapse rate and promoted patients' recovery. Li Yingying^[19] et al showed that cognitive-behavioral therapy can effectively reduce patients' depression and morbid stigma about depression, mobilize patients' initiative and motivation, and can help patients find potential or neglected positive strengths. Therefore, the application of cognitive behavioral therapy to patients improves their quality of life, enhances the treatment of depressive symptoms, and mobilizes them to be motivated and confident in their lives.

2.4 Individualized Nursing Care

Individualized nursing interventions are patient-centered and targeted for each nursing task^[20]. Individualized nursing interventions implement the concept of "patient-centered" care^[21] and are applied to post-stroke depressed patients to reduce the occurrence of adverse effects and play a positive role in later recovery. Li Yang^[22] implemented early individualized psychological care for patients in a study, and the results showed that patients in the observation group had higher hope level scores than the control group, indicating that early individualized psychological care can enable patients to form positive and correct psychological cognition, which can help patients get through the emotional shock period. Gao Xiumei^[23] provided individualized psycho-educational guidance to patients during nursing care, which could effectively improve patients' emotions, and the results showed that patients in the experimental group had higher neurological recovery and mental health status than the control group. Staudacher^[24] et al showed that providing individualized nursing care not only reduced stroke recurrence and lowered the corresponding costs, but it is also well received by patients.

2.5 Supportive Psychological Care

Supportive psychological care can help patients reduce their psychological stress and effectively improve their prognosis. The implementation of supportive psychological care for patients in the study by Luo Shaoli^[25] made it easier to eliminate patients' anxiety compared to the traditional model of care. While providing supportive psychological care interventions to patients, Chen Yuzhen^[26] et al mobilized patients' families to participate in their treatment, which led to greater emotional closeness between patients and their families and had a positive impact on the recovery of patients' conditions. Supportive psychological care helps patients rebuild their confidence and improve their negative emotions by supporting them in their physical, psychological and social needs, which has a positive impact on disease recovery.

3. Psychological Care for Depressed Patients after Stroke in Different Age Groups

3.1 Psychological Care for Young Patients

In recent years, the incidence of stroke has gradually become younger with changes in lifestyle habits. For young people, they are more likely to develop psychological disorders in the face of functional impairment after stroke. Youth stroke is defined as stroke patients aged between 18 and 45 years^[27]. In China, youth stroke accounts for 13.44% of all strokes^[28]. Although the treatment can help patients improve their outcome, it also has an impact on their normal life and causes adverse psychological effects. Therefore, it is particularly important to use psychological care interventions for depressed patients after stroke in young people. Li Xujing^[29] found that a two-week cognitive-behavioral psychological care intervention was more effective in reducing depression in young post-stroke depressed patients by assessing depression, anxiety, and neurological functioning on the first day, Morita therapy on days 3-7, and occupational therapy on days 8-14. Qin Yuanling^[30] et al performed psychological care to assess patients' compliance, neurological functioning, and anxiety-depression, and the post-treatment results showed that the compliance of the intervention group was 95.65%, which was significantly higher than that of the conventional group. It is shown that psychological care can give full play to patients' initiative and has greater benefits for young stroke patients, increasing their compliance, reducing their anxiety and depressive state, and improving their life ability and neurological function. This shows that it is necessary to implement psychological care for young post-stroke depressed patients, which can fully mobilize patients' motivation and improve compliance, and thus can effectively improve patients' depression and quality of life.

3.2 Psychological Care of Middle-Aged and Elderly Patients

The slow recovery of physical functions after the onset of disease in elderly patients due to declining body functions can lead to increased psychological burden and lack of corresponding health knowledge education, thus affecting the psychological condition and rehabilitation progress of patients. Implementing psychological care for depressed elderly post-stroke patients can improve patients' perception of themselves, increase their awareness of the disease, reduce their psychological burden, and alleviate depression. One researcher^[31] implemented psychological care combined with acupressure for patients to repair damaged cells of nerves by stimulating nerve chakras, which in turn improved nerve function, and patients showed significant improvement in limb function after 6 months of treatment, which, together with comprehensive psychological care, enabled patients to face treatment with a positive and optimistic attitude and significantly promoted their recovery. By providing effective psychological care interventions to patients, Fu Fangyu^[32] et al showed that psychological care improved patients' psychological status, reduced depression, improved their prognostic quality of life, and enhanced their social adaptability. A study by Liu Meng^[33] observed the effect of early comprehensive psychological care on neurological recovery in depressed patients after stroke, comparing neurological deficits, daily living ability scores, psychological status and behavioral scores before and after care in both groups. The implementation of early comprehensive psychological care for patients is consistent with both neurobiological and social-psychological theories, which can mobilize patients' positive emotions and make their psychological state healthy.

4. Effect of Psychological Care on Depression after Stroke

4.1 Improvement of Adverse Mood

Psychological care in the treatment of patients with depressive symptoms mainly lies in stabilizing patients' emotions, keeping them in a good psychological state, reducing the generation of bad emotions, and creating a positive and optimistic atmosphere for patients to be in a stable state for a long time. Yao Meiling^[34] et al provided individualized guidance to patients and encouraged them to express their emotions, which effectively changed their negative behaviors and corrected their misperceptions. In a study by Wang Xingcheng^[35], it was noted that after psychological care of patients, not only did anxiety and depression improve significantly, but also self-esteem and self-acceptance of patients were significantly improved. In a study by Li Bing^[36], cognitive psychological care was implemented to help patients find their inner negative emotions and thoughts, and then intervene with them. The results of the study showed that the negative emotions of patients could be effectively improved and their psychological tolerance could be enhanced.

4.2 Improving Quality of Life

After stroke, patients will lose part of their neurological and motor functions, which will have a serious impact on their quality of life, and then affect their daily life and social activities. The functional abnormalities caused by the disease will cause patients to feel incomplete physically, and they will not be able to recover in a short period of time, which will have an impact on their mental health. Through psychological care, trust between nurses and patients is established to alleviate patients' low self-esteem and improve their quality of life. Teng Fang^[37] adopted psychological nursing interventions for patients to establish trust between nurses and patients based on respecting patients' privacy, and nursing staff took the initiative to make evidence-based and active interventions to improve patients' quality of life and nursing satisfaction and effectively improve patients' social, psychological, emotional, somatic and other life functions. Guo Bin^[38] performed psychological nursing interventions to assess patients' quality of life, subjective well-being, and neurological function-related indicators after 3 months, and improved patients' quality of life and subjective well-being by focusing on the impact of patients' psychological emotions on their condition and collaborating with family members to provide support during the intervention.

4.3 Prevention of Suicidal Tendency

The most serious consequence of depression is suicide, therefore, in the process of care, close attention should be paid to whether patients have suicidal tendencies to avoid serious adverse consequences. For patients with serious psychological problems, they should pay more attention to

patients, encourage family members to visit more often, organize various recreational activities to divert patients' attention, provide health education to family members, pay attention to patients' abnormal behaviors, identify whether they have suicidal precursor behaviors, inform medical personnel in time, and take active measures and stop them. Strengthen psychological care for patients, provide guidance for patients' psychological problems, listen patiently to patients, do not tear down patients' psychological defenses, and help patients get out of their inner dilemmas. Psychological care not only improves the anticipation of suicide, but also reduces the risk of suicide, and effective interventions can reduce the occurrence of adverse events such as suicide. The study^[39] showed that through psychological care, addressing patients' most serious negative thoughts, guiding patients to establish positive and optimistic psychological understanding, and normalizing and putting into action correct cognitive habits, changing patients' inherent thinking patterns and cognitive abilities can effectively alleviate patients' depressive conditions, improve suicidal thoughts, and have a profound impact on reducing suicidal behavior.

5. Conclusion

In conclusion, the impact of post-stroke depression on patients in terms of speech, physical, cognitive and neurological function cannot be ignored^[40]. Depression is prevalent in stroke patients and negatively affects their functional outcome^[41], and increased levels of depression can lead to decreased motivation and negatively affect the rehabilitation process and the level of disability experienced^[42]. The inability to cope with daily stress and independent activities causes a great deal of distress to patients, leading to the inability to perform normal life and social activities and severe depression. Psychological care, which is based on conventional care using the relevant theories and operations of psychology to positively influence patients' psychological activities through different ways and means, has a significant effect in the application to post-stroke depressed patients, reducing their depression and anxiety, improving their quality of life, and improving their social adaptation. Therefore, the implementation of psychological care for post-stroke depressed patients can effectively improve patients' depression, enhance patients' motivation to carry out post-stroke rehabilitation, encourage patients to actively participate in social activities, regain hope for life, and play a positive role in the rehabilitation of speech function, physical function, cognitive function, and neurological function.

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