

INTERNATIONAL JOURNAL OF NURSING DIDACTICS**RESEARCH PAPER****Therapeutic setting: Nursing care for patients with fibromyalgia**

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E-Mail: gabriel6785@hotmail.comDOI: <http://dx.doi.org/10.15520/ijnd.2015.vol5.iss01.35.28-30>**Abstract:**

Introduction: Fibromyalgia (FM) is a disease of unknown etiology characterized by chronic widespread pain the patient located in the musculoskeletal system, showing hypersensitivity to pain in trigger points. In addition to severe fatigue, sleep disturbances, numbness in extremities, depression, anxiety, stiffness, headaches and feeling of swelling in hands.

Objectives: Identify and make a proposal for nursing interventions to ensure provision of quality care to patients with fibromyalgia

Methodology: There has been a literature review, with timing in the last 5 years.

There has been a plan of care identified from Virginia Henderson model, using the NANDA, NIC, NOC languages.

Results: Care Plan:

NANDA: Chronic Pain. NIC: Pain Management, Administration of analgesics. NOC: Pain Control

NANDA: Fatigue. NIC: Energy Management, Promoting exercise. NOC: Energy Conservation.

NANDA: Impaired sleep pattern. NIC: Promote the dream. NOC: Dream.

NANDA: Anxiety. NIC: Decreased anxiety. NOC: Control of anxiety.

NANDA: ineffective Coping. NIC: Increase coping. NOC: Conduct search of health.

NANDA: Impaired adaptation. NIC: Support Groups. NOC: Acceptance: Health Status.

NANDA: Low self-esteem chronic. NIC: Enhancing self-esteem. NOC: Self-esteem.

Conclusions: Having a plan of care for patients with fibromyalgia helps reduce variability in clinical practice and improve the quality of care. Nursing care and accepting help manage the disease, improving the quality of life of patients.

Keywords: fibromyalgia , nursing, care , treatment.

Abbreviations:

NANDA : North American Nursing Diagnosis Association

NOC : Nursing outcomes classification

NIC : Nursing interventions classification

JUSTIFICATION:

Due to the high complexity of fibromyalgia syndrome and the impact on quality of life of sufferers, since their prevalence has become a major problem care, it is essential that nurses have the necessary skills to provide a comprehensive care; reason, this review is done in order to help strengthen patterns empirical, ethical and personal knowledge, that promote the realization of a careful disciplinary perspective, ie, scientific, technical, human and membership social.

OBJECTIVES:

Identify and make a proposal of nursing interventions that improve the quality of life and patients with fibromyalgia.

METHODOLOGY:

There has been a literature review. As search keywords have been used "fibromyalgia", "nursing". With timing in the last five years,

A care plan is carried out, using the NANDA, NIC, NOC languages.

INTRODUCTION:

According to the Spanish Association of Rheumatology Fibromyalgia (FM) "is a disease of unknown etiology characterized by chronic widespread pain the patient located in the musculoskeletal system. In addition to other symptoms such as severe fatigue, sleep disturbances, paresthesia in extremities, depression, anxiety, stiffness, headaches and feeling of swelling in hands ". Also often exhibit hypersensitivity to pain manifested by the appearance of a painful feeling pressure at multiple sites locomotor called trigger points, which is not observed in healthy subjects ¹.

The social sphere is also affected. Most patients are of working age, so that fibromyalgia is a major socioeconomic problem, associated with a decrease in labor and work activities, with an approximate cost of \$ 10,000 per patient per year ¹.

In 1990, the American College of Rheumatology (ACR) diagnostic criteria established as the presence of diffuse pain for more than three months duration and increased sensitivity to pain on pressure of about 4 kg, at least 11 of the 18 points painful or tender points (occipital, cervical low, trapezius, supraspinatus, second intercostal space at the costochondral junction, epicondyle, buttock, trochanter and

knee), in the absence of degenerative or inflammatory disorders.¹⁻³

In 1992 he was recognized by the World Health Organization (WHO) as rheumatic disease typified¹⁻⁵ and ICD-10 (International Classification of Diseases) with^{3,4} M79.0 code. In 1994 he was also recognized by the International Association for the Study of Pain (IASP)^{3,4}.

This is a common problem in clinical practice. Its prevalence in our country is estimated at 2-3% of the population over 20 years. It usually starts between 20 and 40 years of age, with a peak prevalence between 40 and 49 years. 90% are women. As would be between 800,000 and 1.2 million people across Spain.¹⁻⁵

FM patients account for 10-20% of rheumatology clinics and 5-6% of primary care. Generate high rates of utilization of health services and consumption of resources.³

At present the etiology and pathogenic mechanisms that act in this process are unknown. However, there are essays in this sense they are providing information on possible mechanisms involved: Genetics Theory, Theory of Muscle Disorders, Endocrine Disorders Theory, Theory of Neurohormonal Dysfunction, Impaired Immune Theory, Theory of Alteration Neurosensorial.²⁻⁴

RESULTS:

The goal of care is to decrease pain, increase physical function and improve quality of life. There is no specific treatment to control symptoms entirely.²

Treatment efficacy is in a broad approach, medication use, physical activity, massage, stretching, postural hygiene and psychological intervention.⁵

A nurse objective is to get the patient to adopt a positive attitude, getting involved in your treatment to jointly achieve the desired results. Patient cooperation is essential, since the improvement depends largely on it. Nursing research have demonstrated by performing nursing care in patients with FM, a reduction in perceived pain trigger points 40% improvement in health assessment 30% improvement in sleep quality 35%. Concluding that the nursing help to accept, manage and care for your illness improving their quality of giving education and information to the patient and family, develop a good learning exercises and techniques to help raise self-esteem life.¹

Nursing Care For People With Fibromyalgia:

Nursing care in fibromyalgia is palliative and educational. It should be emphasized that care requires a multidisciplinary team, as the disease affects all dimensions of human beings and cause interference with diverse needs in the biological, psychological and social levels.²

The main objective of nursing interventions should focus on trying to reduce the symptoms to improve the quality of life, in this sense, the educational work is oriented to the recognition that the syndrome is recognizable and treatable, and that their evolution is not progressive. Educational activities should guide on priority issues such as pain,

anxiety and changes in mood and how to treat them due to the large amount of pain medication required.²

Family involvement in the care and support is vital to control the symptoms, so it is possible to achieve attitudinal changes and that active participation in treatment is encouraged, done that would inevitably improve the expected outcomes of interventions.²

It has been shown that the main benefit of non-pharmacological interventions based on a change of attitude towards the disease, improved self-efficacy and self-management, which is necessary for patients and their families are very well informed about how the disease and its symptoms will cause consequences in their daily lives. In this vein, the nursing staff is a key link in the care and attention, since it intervenes in the process of satisfying needs and promotes adaptation and coping.²

Evaluation Of Nursing:

It is essential to determine the perception that patients have of their disease and the way they experience symptoms. Although there is no agreement on what aspects should be assessed, it is necessary that the application of a pain scale, a questionnaire measure of health, quantification of hyperalgesia and sometimes the determination of functional capacity is included in the assessment and psychological disorders.²

Diagnósticos Nursing:

As mentioned so far are various problems faced by patients with FM, however, in this review are taken as reference abnormalities most frequently reported in the literature. The North American Nursing Diagnosis Association (NANDA), offered as diagnostic labels: pain, fatigue, insomnia, intolerancia a física actividad deficit recreation, ineffective coping, anxiety, social isolation, the deficit self-care (feeding, bathing, hiegiene, dress) and poor knowledge.²

The fundamental principle of nursing interventions is based on the philosophy of care that promotes interaction and educational activities for patients to improve their quality of life, control the symptoms and understand the nature of the disease.²

Psychological intervention from the systemic approach can be effective in this regard is necessary for patients and their families are fully informed about the disease; parallel consideration of the processes and dynamics of the core are essential for the successful completion of a treatment plan that enhances individual and collective participation. From a psychoanalytic perspective, interventions may be aimed at reviewing traumatic experiences and the implementation of somato emotional release techniques, in which the actions of nurses can contribute through active listening and presence to release pent using information theoretical foundations as acceptance and commitment.²

Nursing Interventions:

The fundamental principle of nursing interventions is based on the philosophy of care that promotes interaction and educational activities and supportive therapy sessions for patients to improve their quality of life, control the symptoms and understand the nature of the disease.²

In the hospital environment performing therapeutic measures such as heat, massage, stretching and improved sleep are essential for improving the comfort and safety of patients. The scope of educational activities should extend outside the hospital, for which it is necessary that verbal instructions are given in writing to patients about the use of heat, exercises, stress reduction techniques and ingestion of prescribed medications.²

The scope of educational activities should extend outside the hospital, for which it is necessary that verbal instructions are given in writing to patients about the use of heat, exercises, stress reduction techniques and ingestion of prescribed medications.²

According to the Nursing Interventions Classification (NIC) at the University of Iowa, some of the labels used in the care plan could be: presence and accompaniment, simple massage, relaxation techniques, pain management, administration of analgesics, decreased anxiety, energy management, environmental management, improved sleep and coping.²

Evaluation And Determination Of Expected Results:

The implementation of interventions will be aimed at achieving an outcome on pain management, anxiety management, coping, conservation of energy, activity tolerance, relaxation and wellness; tags described Taxonomy Expected Outcomes (NOC), University of Iowa, which may be useful to verify the effectiveness of the actions of nurses.

Care Plan:

NANDA: Chronic Pain (0013)

NIC:

Pain Management (1400)

- a. Conduct a thorough pain assessment including location, characteristics, onset / duration, frequency, quality, intensity or severity.
- b. Determine the impact of the experience of pain on quality of life (sleep, appetite, activity, cognitive function, mood, relationships, work and responsibility).
- c. Provide information about pain, long lasting and discomforts expected due to procedures.
- d. Teaching the use of non-pharmacological techniques (relaxation, distraction, play therapy, application of heat / cold).
- e. Evaluate the effectiveness of pain relief through continuous assessment of pain experience.
- f. Administration of analgesics (2210)
- g. Check the doctor's orders regarding medication, dosage and frequency of analgesic prescribed.
- h. Choose the appropriate analgesic or combination of analgesics when prescribing more than one.
- i. Teaching analgesic use, strategies to decrease side effects and expectations of involvement in decisions about pain relief.
- j. NOC: Pain Management (1605)

Use preventive measures.

Use no analgesic relief measures.

Analgesics used appropriately.

Refer controlled pain.

NANDA: Impaired sleep pattern (00095)

NIC: Promote sleep (1850)

- a. Determine the pattern of sleep / wake the patient.
- b. Set the environment (light, noise, temperature, mattress and bed) to promote sleep.
- c. Encourage the patient to establish a routine for Bedtime to facilitate the transition from wakefulness to sleep.

NOC: Dream (0004)

Sleep Pattern.

Quality of sleep.

NANDA: Fatigue (00093)

NIC:

Energy Management (0180)

- a. Determine the physical limitations of the patient.
- b. Teaching techniques for organizing and time management activities to avoid fatigue.
- c. Promoting exercise (0200)
- d. Inform the patient about the health benefits and the psychological effects of exercise.
- e. Educate the patient about the frequency, duration and intensity of exercise desired program.
- f. Strengthen the program to enhance patient motivation.

NOC: Energy Conservation (0002)

Adapts lifestyle energy level.

NANDA: Anxiety (00146)

NIC: Decreased anxiety (5820)

- a. Provide objective information regarding the diagnosis, prognosis and treatment.
- b. Listen carefully.

NOC: Control of Anxiety (1402)

Controls the anxiety response

NANDA: AfrontamientoInefectivo (00069)

NIC: Increase coping (5230)

- a. Encourage family involvement.
- b. Help the patient to identify positive strategies to manage their limitations, and manage their lifestyle or their
- c. necessary role in it.

NOC: Search Behavior Health (1603)

Make prescribed health behavior when necessary

NANDA: Impaired adaptation (00070)

NIC: Consulting (5240)

- a. Establishing a therapeutic relationship based on trust and respect.
- b. Provide objective information, as necessary and appropriate.

NOC: Acceptance: Health Status (1300)

Making personal care tasks

NANDA: Chronic Low self-esteem (00119)

NIC: Enhancing self-esteem (5400)

- a. Help the patient to set realistic goals to achieve a high self esteem.
- b. Helping the patient to reexamine the negative perceptions of himself.

NOC: Esteem (1205)

Verbalizations of self-acceptance.

DISCUSSION:

Fibromyalgia is a condition that causes chronic pain difficult to control because there is no specific treatment for it. This leads to a diminished quality of life, both in the physical, psychological and social, of the person concerned. Therefore, nursing care in fibromyalgia should be

comprehensive, addressing the physical, psychological and social factors; to improve the quality of life of patients.

Nursing care for patients with fibromyalgia demand the establishment of a solid therapeutic relationship based on knowledge of the disease process, the application process and taxonomies of nursing as hermeneutical strategies to have knowledge about patients and their cultural, to conduct scientific, humane, efficient and effective problem solving interventions.

The nurse is the professional who is in constant contact with the patient with fibromyalgia, especially at times of exacerbation of the disease. Therefore, it is essential to know and understand this disease, as these patients often feel rejected and misunderstood. To do this, assess the pain of patients, expressed verbally or nonverbally, to avoid suffering and improve their quality of life. Avoid attitudes that sometimes have medical personnel to belittle and minimize the symptoms of fibromyalgia.

The care plan will address improving the quality of life, decrease their own and associated symptoms, helping to tackle the symptoms and achieve improved psychological well-being.

The overall objective is to achieve improved quality of life, through specific objectives to accept the disease, increasing knowledge about it, change the perception of quality of life, improve pain and associated symptoms and lessen dependence health services through maximum self.

CONCLUSIONS:

Having a plan of care for patients with fibromyalgia helps reduce variability in clinical practice and improve quality of care.

Nursing care help to accept and manage the disease, improving the quality of life of patients.

Nursing care must be done from a broad approach that sees the patient as a whole from the biological, psychological and social sphere, holistic health model.

The role of nursing lies in the advice and information on the care plan, to advise and assess the evolution of the process.

REFERENCES:

- [1]. Baquero Anson, P; Tomás, C; Fibromialgia. Tto. Antidepresivo y del Dolor VS. Antipsicótico. Universidad de Zaragoza 2012.
- [2]. Restrepo-Medrano JC, Rojas JG. Fibromialgia Qué deben saber y evaluar los profesionales de Enfermería? Invest Educ Enferm. 2011;29(2): 305 314.
- [3]. Marín López, J. Protocolo de Atención a Pacientes con Fibromialgia. Servicio Murciano de Salud, 2010.
- [4]. Argilés García S, Sabino Moreno R, Gómez Díaz M.P. Dolor Crónico en la Fibromialgia: aspectos físicos y psicológicos. Universidad Complutense de Madrid, 2012.
- [5]. Rodríguez Muñiz R.M., Orta González M.A., Amashta Nieto L.. Cuidados de enfermería a los pacientes con fibromialgia. Enferm. glob. 2010
- [6]. NANDA Nursing Diagnoses: Definitions & Clasification. Versión en español de la obra original en inglés. Madrid. Editorial Elsevier, 2012.
- [7]. Bulechek G.M, Butcher H.K, Docteman J.M, Wagne C.M. Nursing Interventions Clasification (NIC). Versión en español de la sexta edición de la obra original en inglés. Madrid. Editorial Elsevier, 2013.
- [8]. Moorhead, S; Jhonson, M; Maas, M; Swanson, E. Nursing Outcomes Classification (NOC). Versión en español de la 5ª edición de la obra original en inglés. Madrid. Editorial Elsevier, 2013.