PSYCHOLOGICAL ASSESSMENT IN PEDIATRIC INTENSIVE CARE UNIT PATIENTS AND THEIR FAMILIES

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Introduction

Admission to a Pediatric Intensive Care Unit (PICU) may adversely affect the development and psychological wellness of a child and their family.

Several actions have been made to improve hospital conditions and to provide an individual and coordinated care between different health professionals. This allows taking care of the physical, emotional and social needs of patients, considering the multidimensional nature of the human being.
Objectives

To assess the demographic characteristics, the psychological effects and the type of psychological interventions applied in patients and their families who remain in a PICU during prolonged hospitalization.
Methods

- 82 patients admitted for more than 10 days to Clínica Las Condes PICU between May 2009 and May 2010, were included and prospectively studied. The first intervention was done by a psychologist with parents or patients >2 years old. Each intervention was based on the needs identified by interviews and with reports of the health team.

- The psychological interventions used were: crisis intervention (CI), supportive therapy (ST) or psycho education (PE).

- In the CI, the patients and families were contained and thoughts, emotions and behaviors, were identified. Sense of humor, religious believes, social networks (family, work, school, friends, and neighbors), adaptability and others were encouraged, so they could recover their ability to daily cope with this new condition.
Methods (cont´)

✓ The ST expects that families and patients successfully confront the prolonged threat situation and support the family to be able to manage this new reality. It also aims to establish an appropriate relationship with the health team.

✓ The PE deals with irrational beliefs and fears about the disease, treatment and hospitalization.

✓ Depending on the daily conditions they showed, the type of intervention was changed.
Results

- Of the 82 patients, 60% were male. 35% were less than 2 years old, 27% between 2-5 years old, 35% between 6-15 years old and 3% between 16-18 years old. The main reason for admission were respiratory diseases (29%), neurological (14%), trauma (12%) and neurosurgical (11%) (Fig 1). Ninety three parents (68 mothers and 25 fathers) were interviewed.

- Forty nine of 82 patients (60%) received psychological intervention (12 of them through their parents), 27/82 (33%) were not assessed because of being infants, 5/82(6%) of parents denied assessment for their children and 1% of the patients wasn’t assessed due to critical conditions (Fig 2).
Results (cont’)

✓ The type of interventions with patients were: ST 33/37 (89%), PE 25/37 (68%) and CI 19/37 (51%) (Fig. 3).

✓ The main symptoms in patients were irritability 43/49 (88%), difficulty in social contact 39/49 (80%), fears and irrational thinking about hospitalization and illness 39/49 (80%) (Table 1).

✓ Seventy two of 82 parents (88%) received psychological intervention. ST 70/72 (97%) and CI 70/72 (97%) were the most commonly used with parents. PE was used in 46/72 (64%) (Fig. 3).

![Figure 3. Psychological Interventions of patients and parents](image)

<table>
<thead>
<tr>
<th>Emotional symptoms in patients</th>
<th>n = 49 (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Irritability</td>
<td>43 (88)</td>
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<tr>
<td>Difficulty in social contact</td>
<td>39 (80)</td>
</tr>
<tr>
<td>Fears ans irrational thinking about hospitalization and illness</td>
<td>39 (80)</td>
</tr>
<tr>
<td>Distress and/or anxiety for hospital stay</td>
<td>38 (77)</td>
</tr>
<tr>
<td>Low spirit</td>
<td>35 (71)</td>
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<tr>
<td>Regression to earlier stages of development</td>
<td>31 (63)</td>
</tr>
<tr>
<td>Loss of appetite</td>
<td>30 (61)</td>
</tr>
</tbody>
</table>

Table 1. Emotional symptoms in patients
Results (cont’)

✓ The main symptoms in parents were: high levels of anxiety and distress for hospital stay 64/72 (89%), distress and anxiety for illness 63/72 (87%), concern for their other children 51/72 (71%) and guiltiness 49/72 (68%) (Table 2).

✓ All oncologic patients and their parents received psychological intervention.

✓ No differences were found between type of intervention and age.

Table 2. Emotional symptoms in parents
Conclusions

✓ Our findings suggest the requirement of psychological support in PICU patients and their families.

✓ In patients, irritability, difficulty in social contact, irrational fears and ideas were detected.

✓ In parents we found a large percentage of anxiety and distress.

✓ We were able to identify these variables, make interventions and allowed us to develop an instrument, and quantify in the near future the effectiveness of psychological support in parents and patients in a control and study group.