

Analysis of Comprehensive Application of Diet and Psychological Counseling in Hepatobiliary Care

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Abstract: Objective: To analyze the comprehensive effect of diet and psychological counseling in hepatobiliary care. Methods: A total of 80 patients with hepatobiliary diseases admitted to our hospital were selected for the study. According to the natural classification, the patients were divided into observation group and control group, with 40 cases each. The observation group carried out diet and psychological counseling nursing mode, and the control group carried out routine nursing mode. The incidence of abdominal pain, nausea and vomiting, indigestion, low fever and jaundice were compared. HAMA and HAMD data before and after nursing were compared between the two groups. Compare patient satisfaction. Results: In the observation group, the incidence of abdominal pain, nausea and vomiting, indigestion, low fever and jaundice were in the regional control group. HAMA and HAMD data values of the observation group and the control group after nursing were better than those before nursing. The satisfaction of the observation group was higher than 90%. Conclusion: In the nursing of hepatobiliary diseases, starting from diet and psychological problems, it is helpful to improve the comprehensive quality of nursing.

1. Introduction

Liver disease and diseases with more ease, cold hysteresis hepatic veins, to some extent, related to liver disease and the patient's psychological activity, clinical examination, common have diseases in patients with symptoms of stomach, liver and spleen discord, nursing should begin from the aspects of diet, reduce the patients' diet of gas, spit acid water, don't digest may, so that the patients with smooth compensatory nutrition, through diet, emphasis on drugs, combined with proper psychological counseling to patients, reduce the time of the patients thought concerns, would help boost to the overall effect of the nursing.

2. Materials and Methods

2.1 General Materials

The observation and control groups each had 40 cases. The ratio of male to female in the observation group was: 22:18; The ratio of male to female in the control group was 23:17. The age of the patients in the observation group was 33-71 years. The average age was 51.26 ± 2.59 years. The age of patients in the control group was 34-70 years. The average age was 46.28 ± 7.46 years. Exclusion criteria: serious organ disease; A history of drug allergy; Mental illness; Exclude liver cancer patients; Illiteracy. Selection criteria: confirmed by blood biochemistry test and imaging test. There was no statistical difference in the classification of liver disease and biliary tract disease among the patients ($P > 0.05$).

2.2 Methods

The control group: preliminary improving patient health and nutrition level, provides the high quantity of heat, high protein, high vitamin diet, encourage patients to eat more fruits and vegetables, check the patient's diet, smoking patients with wine, and stimulates food taboos, tolerance should have disease, the patient education, environment layout of the hospital, the patient lived the pattern of the floor, check the patient's health status, adjust the room temperature about

patient's perceptions of the temperature, humidity, without special discomfort, encouraging the appropriate movement of patients in the hospital hallway nearby activities such as, enhance the cardiopulmonary function. Explain the doctor's advice and remind the patient to take the medicine. For the elderly patients to assess the risk of falls, launched a safety containment, combined with patients with motor disorders, cognitive impairment and other close monitoring.

The observation group:

Diet: in patients with liver disease situation is lighter, in disease recovery, while adverse symptoms of some, but not be restricted diet of patients, can choose generally easy to digest food, no stimulation, but should avoid patients is more oil such as Fried food, for intake has certain limitations, too full, prevent the diet should be moderate increase in three protein, add eggs, etc. Patients can choose food according to their preference. For patients with digestive problems, they should pay attention to choose food that is easier to chew and more conducive to digestion. Patients can change three meals into four meals and add afternoon tea. The rice and noodles they eat should be cooked as soft as possible. If the patient is not only poor digestive function, but also accompanied by obvious fever and other adverse symptoms, it is necessary to add semi-liquid food, because the semi-liquid food is easy to hungry, the patient can increase the number of times of diet, eat every three hours, or add fruit, choose porridge, chicken custard. If the patient has acute digestive problems, such as abdominal pain, nausea and vomiting, should choose milk, rice soup, fish soup and other nutritional supplements, and reduce the patient's stomach discomfort, should choose to stimulate the patient's appetite and easy to digest semi-liquid food.

Psychology: Nurse daily check, simply ask the patient's mental status, feeling, etc., recorded and instruct patients to rest, in the law of the patients every day to rest, chat of time, if you have any relatives in the side, the outreach activities, through the video effects, such as for patients to understand liver disease, help build up my confidence in the recovery of patients, mission in unfavorable choose professional information communication with patients, easy to cause the patient's fear, should choose such as cartoon video let courage disease seems is not terrible, explain its condition with the patient, and matters need to pay attention to, both can cause patients to the attention of the disease, pay attention to take medicine to comply with the doctor's advice, Want to avoid the generation of patient psychology pressure again. If the family is not in, the patient can be asked a little private questions, asking the patient urination, digestion, abdominal pain, etc., the corresponding professional nursing advice, so that the patient is at ease. In the patients with no abnormal problem, if the patient thought depression, distracting, can help patients through looked out the window to talk about the weather, close your eyes for meditation itself, a basic exercise, such as tai chi, yoga to reduce stress, let patients have drainage depression, such as playing chess, mobile phone games, we should pay attention to protect the privacy of patients, the patients' recognition, though in psychological nursing to strengthen communication, but should avoid affect rest, induce the patients express your inner feelings, on the basis of analysis on the nursing, introduced successful cases, prompting patients psychological comfort gradually.

2.3 Observation Indicators

The incidence of abdominal pain, nausea and vomiting, indigestion, low fever and jaundice were compared. HAMA and HAMD data before and after nursing were compared between the two groups. Compare patient satisfaction. The satisfaction range is <60 minutes. <80, >, 60; > 80 points.

2.4 Statistical Methods

In this medical data analysis, SPSS21.0 software was used for data statistics. The unit of data counting test was χ^2 , and the unit of measurement test was t. The mean value was $\bar{x} \pm s$ (mean \pm standard deviation), and $P < 0.05$ and $P > 0.05$ were used to evaluate the statistical difference between the two groups.

3. Results

In the observation group, there were 0 cases of abdominal pain, 0 cases of nausea and vomiting,

0 cases of indigestion, 1 case of low fever, 1 case of jaundice, the total proportion was 7.5%. In the control group, there were 5 cases of abdominal pain, 1 case of nausea and vomiting, 1 case of dyspepsia, 1 case of low fever, and 0 cases of jaundice, accounting for 20% of the total, $P < 0.05$.

Table 1 Comparison of Incidence of Adverse Symptoms between the Two Groups

group	stomachache	nausea and vomiting	dyspepsia	low-grade fever	jaundice	total rate
the observation group	1	0	0	1	1	7.5%
the control group	5	1	1	1	0	20%
X^2	-	2.355	4.125	2.635	5.312	3.475
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

Table 2 Statistical Results of Hamilton Anxiety and Depression Scale (Hama, Hamd) in the Two Groups

group	n	time	HAMA	HAMD
the observation group	40	before nursing	66.71±8.15	65.13±6.18
		after nursing	32.16±5.74	34.67±4.59
the control group	40	before nursing	69.74±8.16	67.48±4.26
		after nursing	41.26±5.49	44.52±6.52

Table 3 Comparison of Patients' Satisfaction in Nursing between the Two Groups

group	n	satisfaction	general satisfaction	dissatisfaction
the observation group	40	27	11	2
the control group	40	20	14	6
t	-	5.265	4.265	9.521

4. Discussion

Liver disease patients have different clinical manifestations, but more related to digestion, associated with mental activity, through the observation of the patient, the patient with liver disease, easy to produce the full stuffy chest often pain, underside sometimes pain, digestive ability is poor, generally with the recovery of liver disease, digestive ability is gradually restored, indigestion, patients may produce does not love to eat, the stomach has a purr, alternately thin and dry stool. In the psychological aspect, the patient will not only depression, patients can be seen from the facial expressions and body movements to loss of enthusiasm for life, in the treatment of inferiority, and also affects the patient's normal work and rest, some patients be agitated, often do not sleep, insomnia, nightmares, sleep wake up, and easily affected by external stimuli, breaking something, generally have a certain sense of adaptation, and the patient is very easy to panic, scream, conditioning, and shortness of breath, acid in the mouth, some patients because of the weak, will appear giddy eye line, lumbar debility, analysis the performance of the patients with liver disease, in nursing, Nature should pay attention to the patient's diet and psychology. In this nursing investigation, the incidence of abdominal pain, nausea and vomiting, indigestion, low fever and jaundice in the observation group were in the regional control group. HAMA and HAMD data values of the observation group and the control group after nursing were better than those before nursing. The satisfaction of the observation group was higher than 90%. It can be seen that the mode of diet + psychological nursing not only helps to reduce the probability of patients' adverse symptoms, but also can affect the patients' psychology and play a more comprehensive nursing effect. Clinically, should be specific analysis in patients with liver disease, focus on the patient's physical key performance, if patients with digestive problems, the key lies in the diet nursing observation, help patients with compensatory nutrition, if patients with digestive good, thoughtful, will focus on the patient's psychological activity, transfer of patients, help patients with depression to send interest formation, according to observation, liver and gallbladder disease produced more adverse problems for the cross, in turn, so care should constantly adjust the goal, select more tendency of nursing mode, early help patients relieve bad feelings, nursing staff should be looking

for the right opportunity, in patients with regular work and rest, Choose the right time to communicate with patients, guide patients to elaborate the true psychological feelings, not only to make patients clear causes, but also to make nurses clear patient needs, in order to improve the actual nursing effect.

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