

Study on the effect of nursing intervention in acute gout arthritis

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Abstract: Objective: To explore the effect of nursing intervention in acute gout arthritis nursing. **Methods:** 100 cases of acute gout arthritis patients in our hospital were randomly divided into the control group and the observation group with 50 cases each group, the control group took routine nursing, the observation group took comprehensive nursing. The visual analogue pain scale (VAS) was collated for data comparison, and the incidence of metabolic abnormalities, obesity (not congenital obesity), dizziness, numbness or paralysis in hands and feet and other adverse symptoms in nursing care were collated. The number and proportion of patients were also collated. **Results:** Based on visual analogue pain scale (VAS), 23 patients in the observation group had no pain and 20 patients in the control group. There were 10 cases of mild pain in the observation group and 7 cases in the control group. There were 15 cases of moderate pain in the observation group and 13 cases in the control group. There were 2 cases of severe pain in the observation group and 10 cases in the control group. In the observation group, there were 2 cases of abnormal metabolism, 1 case of obesity (non-congenital obesity), 2 cases of dizziness, 0 cases of numbness or paralysis in hands and feet. The control group had 3 cases, 2 cases, 1 case and 2 cases respectively. The overall satisfaction rate of the observation group was 96%, while that of the control group was 82%. There was significant difference between the two groups ($P < 0.05$). **Conclusion:** Patients with acute gouty arthritis is not treat as the same, not in accordance with the too uniform standard of care, should focus on the patient's disease status, strengthen the comprehensive care and added that helps in patients with acute gouty arthritis during improve its clinical adverse problems, correct the concurrent effects of acute gouty arthritis, improve the effect of nursing.

1. Introduction

Acute gouty arthritis attack should timely pain, care should be pay attention to patients' level of pain, and duration of pain, pain in the patients pain regularity and regularity, and considering the cured patients, chronic pain caused by the psychological distress, from the aspects of diet, psychological care, care for comprehensive consideration, pay attention to the reliability of the nursing, supplement in the traditional nursing, build more suitable for patients recovery environment, nursing effect is stronger.

2. Materials and Methods

2.1 General Materials

100 cases of patients with acute gout arthritis treated in our hospital were randomly divided into the control group and the observation group with 50 cases each group. The control group received routine nursing, while the observation group received comprehensive nursing. The patients in the observation group were the youngest 26 years old, the oldest 82 years old, the lowest 8 days and the longest 112 months of clinical course. The age of the patients in the control group ranged from 29 to 80 years old, with the lowest disease duration ranging from 7 days to 86 months. The excluded cases include: patients with myocardial infarction, diabetes, kidney stones, hypertension, congenital obesity, renal dysfunction and other serious complications. Patients are more active in receiving nursing care, have a preliminary understanding of the nursing form, have no feelings of rejection of

nursing care, and are not likely to use drugs randomly, but are conscious of using drugs.

2.2 Methods

2.2.1 Patients with routine nursing

Combination level of pain, in serious cases need absolute bed rest, while a lesser pain of patients can be properly exercise, let patients with limb elevation, cold under the will, when the patient pain, can be in bed or get out of bed to walk activities, dealing with patients for health education, require early to the attention of the disease, especially for understanding unclear pathogenesis of acute gouty arthritis soon, will explain, acute phase began to drop uric acid treatment, have been taking down uric acid attack does not need to stop using drugs, lest cause fluctuations in blood uric acid, prolonged attacks or caused by metastatic attack. According to the medication requirements of the patients, the patients were observed, blood glucose, blood pressure and body weight were monitored, dietary guidance was paid attention to, comfortable environment was created, sanitation and temperature and humidity control in the ward were paid attention to, patients' complaints were listened to, and documents were kept.

2.2.2 Comprehensive care

(1) Diet care: control the daily total energy intake, eat less carbohydrates, sucrose, honey. Vegetables in the young lentils, green broad beans, fresh peas high purine content, also want to limit food. Choose more milk, skim milk powder and eggs, they contain less purine; As far as possible less meat, poultry, seafood, such as to eat, should be boiled meat after abandoning soup edible. Avoid bean products. Eat alkaline food more: if vegetable, potato, fruit (green plum, lemon), watermelon, white gourd, pasta, can reduce the acidity of blood and urine.

(2) psychological nursing: Guide patients take the initiative to disclose their psychological feelings, clarify their associated feelings of pain, it's convenient, in the nursing records and discussed the nursing personnel can develop a plan of the pain, let the victim sign, browse plan is after the self-consciousness of complement and inquiries, thorough communication, nurses and patients and patients to understand the form of care, nursing staff and more in-depth understanding of patients complained of, can around the patient's condition to help patients pain, etc., can be combined with the patient's age during preferences, guide the patient to listen to music, listening to opera, such as distraction, encourage patients to form his own health hobby, can draw calmly, such as ease of evacuation heart, Remind patients to adhere to medication, pay attention to the rule of medication and diet, do a good job of self-care protection. Encourage patients to reasonably arrange a day's rest and rest, form regular activities, encourage patients to be more psychologically satisfied, reduce the generation of self-pity emotions.

(3) Sports care: long-term arthritis will lead to muscle atrophy, so patients usually have to frequently exercise to maintain and restore joint function, but in the exercise should pay attention to methods, time and intensity. The type of exercise should be appropriately selected according to the location of the arthritis, starting with a low intensity and not causing joint pain. In addition in the joint swelling period unfavorable exercise. Should according to patients' pain, proper exercise, choose "aerobic" form of sport, sport is checked before footgear of comfort, avoid sprains, bruises, don't carry key chain and other sharp objects, exercise can form such as tai chi, jogging, brisk walking, after motion should pay attention to reducing sugar intake, unfavorable eat sweet food, avoid increase patients' fatigue, and low energy. Guide the patient to breathe through the nose and exercise in a good air environment.

(4) Supplementary care: drink more water and take sodium bicarbonate orally. The daily drinking amount should exceed 2000 ml, and take sodium bicarbonate to alkalize urine and promote uric acid excretion. Regularly monitor the level of uric acid in blood and the PH of urine, and seek medical advice regularly. Do not stay up late, stay up late will make the body into an acidic environment, will not be conducive to uric acid excretion, on the contrary, may also cause gout.

2.3 Observation Indicators

The visual analogue pain scale (VAS) was collated for data comparison, and the incidence of metabolic abnormalities, obesity (not congenital obesity), dizziness, numbness or paralysis in hands and feet and other adverse symptoms in nursing care were collated. The number and proportion of patients were also collated.

2.4 Statistical Methods

Excel software such as medical office under the discrete data statistics and classified count (X^2 test, is used to infer that two or forming than there is difference between the overall rate), matching measurement data comparison between samples or groups (t test, observe the differences of this group of samples with overall), \bar{x} (average) $\pm s$ (Standard Deviation) said mean add and subtract Standard Deviation, the small probability event of statistical quality control ($P < 0.05$ said have significant difference (one hundred trials, the frequency is less than 5 times).

3. Results

Based on visual analogue pain scale (VAS)

Painless: 23 cases in the observation group, 20 cases in the control group;

Mild pain: 10 cases in the observation group, 7 cases in the control group;

Moderate pain: 15 cases in the observation group, 13 cases in the control group;

Severe pain: 2 cases in the observation group, 10 cases in the control group.

Table 1 comparison of VAS pain assessment between the two groups after nursing

group	Painless	Mild pain	Moderate pain	Severe pain
the observation group	23	10	15	2
the control group	20	7	13	10
t	6.248	6.752	6.329	5.298
P	<0.05	<0.05	<0.05	<0.05

In the observation group, there were 2 cases of abnormal metabolism, 1 case of obesity (non-congenital obesity), 2 cases of dizziness, 0 cases of numbness or paralysis in hands and feet. In the control group, there were 3 cases of abnormal metabolism, 2 cases of obesity (non-congenital obesity), 1 case of dizziness, 2 cases of numbness or paralysis in hands and feet.

Table 2 comparison of complications between the two groups during treatment and nursing

group	n	abnormal metabolism	obesity	dizziness	numbness or paralysis in hands and feet	total rate
the observation group	50	2	1	2	0	10%
the control group	50	3	2	1	2	16%
X^2	-	3.269	3.485	3.452	3.526	4.259
P	-	<0.05	<0.05	<0.05	<0.05	<0.05

The overall satisfaction rate of the observation group was 96%, while that of the control group was 82%.

Table 3 satisfaction scores of patients in the two groups during nursing [n(%)]

group	n	satisfaction	general satisfaction	dissatisfaction	total satisfaction rate
the observation group	50	26	22	2	48(96%)
the control group	50	22	19	9	41(82%)
X^2	-	5.263	5.942	4.185	4.295
P	-	<0.05	<0.05	<0.05	<0.05

4. Discussion

Is common in the elderly, acute gouty arthritis incidence trends in age groups gradually, and acute gouty arthritis younger gradually more common, especially in male patients with multiple, redness, fever patients before and after the onset of the section, the problem such as severe pain, leading to depression, pain for a long time, in addition to drug acetanilide, need more psychological support, develop healthy living habits, pay attention to the integration of nursing and improved, gout episodes is the essence of uric acid in the form of tiny crystals deposited in joints around slippery bursa, tendons, cartilage and joint and other organizations, A process in which a large number of white blood cells phagocytic uric acid is destroyed after crystallization, releasing internal lysase, destroying surrounding tissue cells, and causing local tissue congestion and edema. Acute gouty arthritis and a joint inflammation, traumatic disease, distinguish, its symptoms are more diversified, so consider the problem of difficult to unity in care, need more care from multiple perspectives, each perspective is the patient's situation, analysis the demand of the patients, strengthen the purine foods high limit on food, pay attention to in the movement strength of action is appropriate, pay attention to the psychological guidance for the patient, good communication, nurses and patients make all aspects of nursing care to patients, meet the clinical needs of different patients with multiple layers. Avoid overwork, tension, dampness, trauma, comfortable wear shoes, do not cause joint injury. Adjust good state of mind, maintain optimistic mood, build up confidence. Also reasonable arrangement sleep, keep energetic. In the nursing investigation of this paper, 23 patients in the observation group had no pain: 20 patients in the control group had no pain. 2 cases of severe pain in the observation group: 10 cases of severe pain in the control group: 2 cases of abnormal metabolism, 1 case of obesity (non-congenital obesity), 2 cases of dizziness, 0 cases of numbness or paralysis in hands and feet; In the control group, there were 3 cases of abnormal metabolism, 2 cases of obesity (non-congenital obesity), 1 case of dizziness, 2 cases of numbness or paralysis in hands and feet. The overall satisfaction rate of the observation group was 96%, while that of the control group was 82%. Under comprehensive care, the patients in the observation group had received timely pain relief, and the incidence of various clinical adverse symptoms was reduced. The patients had a higher evaluation of nursing before discharge, and the form of comprehensive nursing was better than routine nursing, and there were multiple nursing advantages, which were worthy of clinical promotion.

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