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Psychiatric Assistance in the Hospitalization of Adolescents with Chronic Diseases: A Case Report

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***Abstract*---**Hospitalization is an unpleasant experience for all patients, likewise for adolescent patients. The most common stressors experienced by adolescents undergoing hospitalization include loss of freedom, control, and privacy; fear of injury to the body or changes in self-image; fear of disability, pain, and death; as well as separation with peers, home, and school. The stressor can trigger mental and behavioral disorders, so it can ultimately affect the therapy process and outcome. The role of psychiatrists in adolescent hospitalization is to assist, detect mental disorders that may occur, and provide appropriate procedures to overcome the disorder and prevent worsening of symptoms. This case report describes a 17-year-old

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teenage girl patient who was consulted to the psychiatry department because she looked sad. Patient experienced long periods of hospitalization, including having been cared in isolation and intensive care room, and had invasive procedures as well. The patient was diagnosed with a Major Depressive Episode without Psychotic Symptoms. Pharmacological therapy with 0.5 mg Risperidone tablet every 24 h orally (evening), while the non-pharmacological therapy given was supportive psychotherapy and psychoeducation to the parent.

***Keywords*---**hospitalization, adolescent, depression, psychiatry, chronic diseases.

Introduction

World Health Organization (WHO) defines adolescent as individuals in the 10-19 years age group (WHO, 2021), while according to Indonesian Minister of Health Regulation No. 25 in 2014, adolescent are population in the age range of 10-18 years (Pusat Data dan Informasi Kementerian Kesehatan RI, 2014). Adolescence is a transition phase from childhood to adulthood. This phase is characterized by rapid changes in physical appearance, physiology, psychology, and social functioning driven by hormonal changes (Holland-Hall, 2020). The characteristic of adolescent development tasks according to Erik Erikson is identity versus role confusion. Failure to perform the task leads to a confusion of roles, namely a lack of cohesion or confidence in his identity (Martin & Pataki, 2017).

Hospitalization is a process for a planned or emergency reason, requiring patients to stay in the hospital, undergo therapy and treatment until being discharged (Bangun, 2020). Hospitalized adolescents usually experience frustration and anger. The most common stressors experienced by adolescents undergoing hospitalization include loss of freedom, control, and privacy; fear of injury to the body or changes in self-image; fear of disability, pain, and death; and separation from peers, home, and school (Ball, et al., 2017). During their hospitalization they want respect for privacy, autonomy, gender, and age, as well as communication by friendly hospital officials (Jamalimoghadam, et al., 2017).

In general, about 20% of children with chronic diseases have behavioral and emotional symptoms, which are twice as high as the general population (Turkel, et al., 2017). A study of adolescents in Thailand showed that adolescents with chronic diseases more often engage in risky behaviors and are prone to experiencing mental health problems and in learning (Leelathipkul, et al., 2018). The presence of chronic diseases can cause children to be more susceptible to stress, as well trigger psychiatric disorders and behavioral problems that existed before. A study of 50,000 hospitalizations in adolescents and young adults with chronic diseases showed that psychiatric comorbidities i.e. mood disorders, anxiety disorders, psychosis, behavioral disorders, were present in 23% of hospitalizations. These comorbidities significantly increase the length of hospitalization and the cost of treatment (Hasan & Nicolaidis, 2020).

Case Presentation

A 17-year-old girl, Balinese, was consulted to the psychiatry department on the 20th day of treatment because she looked sad. In the first interview she looked sad and often cried while speaking. She could communicate well and told the history of her illness correctly. She said that she feel sad because she had been treated for a long time and wanted to go home to see his grandmother and younger siblings. She felt lonely in the hospital, especially when she was treated in isolation ward and then in intensive care unit. She was easily tired, difficult to feel joy, and felt guilty to her younger siblings because both parents have to accompany her in the hospital. She also wondered why she could be sick, whereas 6 months earlier she was healthy and could do her activities as usual. She also felt anxious about the diseases whether it could heal and because the operation procedure. She has difficulty to sleep, often awakened, and lost her appetite. She even had dreamed of being visited by his younger siblings and they invited her to go home, but the dream did not repeat. Examination using the Child Depression Scale (CDI) scale obtained a score of 27 that interpreted as the patient was in depressive state.

Diagnosis of axis I was a Major Depressive Episode without Psychotic Symptoms according to the guidelines for classifying diagnosis of mental disorders in Indonesia (PPDGJ-III), axis II was anankastic personality trait with defense mechanism suppression, axis III was observation of HIV infection; community acquired pneumonia; pleural tuberculosis with pleural infection and pleural effusion, empyema of right and left lung post thoracostomy decortication post chest tube insertion; post confirmed COVID-19; mild heart failure caused by atrial septal defect left to right shunt, mild mitral regurgitation; hypocromic microcytic anemia caused by chronic diseases; severe PEM marasmus type in rehabilitation phase. She was given 0.5 mg Risperidone tablet every 24 h orally at evening with non-pharmacological therapy were supportive psychotherapy and psychoeducation to the parent.

After 15 day of psychiatric treatment (day 35th of total hospitalization) the patient showed up improvement. She didn't feel sad anymore, sleep is well, appetite improves, but she still could not consume solid food because she was in rehabilitation phase for protein energy malnutrition (PEM). She knew about her illness and medication. She started attending online class via mobile phone, did the assigned task and collected it online. According to his father, the patient's behavior has returned to before the illness, she looked happy and did jokes with her sister during a video call.

There was team meeting in day-35 of hospitalization, including doctor incharge from Pediatric department, Department of thoracic and cardiovascular surgery, Department of dermatology and venereology, Department of Radiology, Psichiatry department, and voluntary counseling and testing (VCT) counselor, because patient's HIV antibody test result was positive. The patient never received a blood transfusion, did not take drugs, never made a tattoo, and did not have sexual intercourse. The result of the meeting was that patient will be counseled by VCT counselor and psychiatrist, as well as an Obgyn examination. After counseling the patient and her parents agreed to an Obgyn examination. The examination result

was within normal limits with intact hymen. A repeat HIV antibody test then was performed with negative result and the patient was discharged after 42 days of hospitalization.

Discussion

Psychodynamic analysis in patients, from biological factors there were no genetic factors and medical conditions that have a role in causing psychiatric disorders directly. From psychological factors there were different parenting type between grandparents who tend to permissive and authoritative father. From the age of 7 years the patient was raised by her grandparents because their house is closer to her school and she was asked to accompany her grandmother. There is no separation anxiety disorder at the beginning of living in grandparent's home. She tends to be met with all her needs and is more often live with family, rarely socializes with peers, so that when she was hospitalized for long enough time, she felt lost of those that close to her, especially her younger sister and grandmother. From social factors, patient was worried that her school activities was disturbed because of her illness, moreover, she will take the high school graduation exam.

Long periods of hospitalization, which are usually experienced by adolescents with chronic diseases associated with emotional and behavioral problems (Turkel, et al., 2017). Psychiatric comorbidities i.e. mood disorders, anxiety disorders, psychosis, behavioral disorders, were present in 23% of hospitalizations (Hasan & Nicolaidis, 2020). Child Depression Inventory (CDI) that used as screening in this case can be used for depression screening in hospitalized pediatric patients (Esmaeeli, et al., 2014), and also for children with chronic diseases (Saoji, et al, 2018). Individual supportive therapy and family therapy can be beneficial in reducing anxiety and helping patients and their families have adaptive strategies used in dealing with the disease and its therapy (Turkel, et al., 2017).

Conclusion

This case report showed that adolescents with chronic diseases are at risk of psychiatric disorders. Psychiatric assistance could detect the presence of mental disorders and provide the therapy that patients need.

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Declaration

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