Revista Brasileira de Pesquisa em Ciências da Saúde

REVIEW

Nursing care provided for people with bipolar disorder: a systematic review

Cuidados de enfermagem frente o transtorno bipolar: uma revisão sistemática

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ABSTRACT

Objective: To describe nursing care for people with bipolar disorder. **Methods**: Basic study, with a mixed approach, carried out through a Systematic Review. Some strategies were used to ensure methodological quality, such as the PICO instrument and the PRISMA checklist. The searches took place using the descriptors Bipolar Disorder and Nursing Care. The inclusion criteria were: original research with nursing care for bipolar individuals published from 2010 to 2020, while the exclusion criteria were: observational studies, reviews and those that were not in agreement with the subject. The descriptors used were: Bipolar Disorder and Nursing Care. The research databases were: Regional Portal of the Virtual Health Library (VHL), PUBMED, Latin American and Caribbean Literature on Health Sciences (LILACS) and Scientific Electronic Library Online (SCIELO). Some tools were used to assess the quality of the results, such as: The CARE guidelines, Oxford Center for Evidence-based Medicine, Jadad Scale, Stetler classification and Review Manager 5.4.1 software. **Results**: Seven sources were obtained, the interventions that can be carried out by nursing to bipolar people are psychoeducation, the most used, nursing care plan and motivational interview, all presenting benefits and improvements for patients. **Conclusion**: Nursing has a wide possibility of intervention, they can use psychoeducation tools, a care plan based on the Systematization of Nursing Care and Motivational Interviewing in the care of bipolar individuals, but it is necessary to train professionals to properly develop their assistance to patients. patients with this disease.

RESUMO

Objetivo: Descrever os cuidados de enfermagem a pessoas acometidas por Transtorno Bipolar. **Métodos**: Estudo básico, de abordagem mista, realizado através de Revisão Sistemática. Utilizou-se algumas estratégias a fim de garantir a qualidade metodológica, como o instrumento PICO e o *checklist* PRISMA. As buscas ocorreram com o uso dos descritores Transtorno Bipolar e Cuidados de Enfermagem. Os critérios de inclusão foram: pesquisas originais com cuidados de enfermagem a indivíduos bipolares publicados de 2010 a 2020, já os de exclusão foram: estudos observacionais, revisões e os que não estavam de acordo com o assunto. Os descritores utilizados foram: Transtorno Bipolar e Cuidados de Enfermagem. As bases de dados pesquisas foram: Portal Regional da Biblioteca Virtual em Saúde (BVS), PUBMED, Literatura Latino-Americana e do Caribe em Ciências da Saúde (LILACS) e *Scientific Electronic Library Online* (SCIELO). Utilizou-se algumas ferramentas para avaliar a qualidade dos resultados, como: *The CARE guidelines*, *Oxford Centre for Evidence-based Medicine*, Escala de Jadad, classificação de Stetler e *software Review Manager* 5.4.1. **Resultados**: Foram obtidas 7 fontes, as intervenções que podem ser realizadas pela enfermagem a pessoas bipolares são a psicoeducação, mais utilizada, plano de cuidados de enfermagem e entrevista motivacional, todas apresentando benefícios e melhoras para os pacientes. **Conclusão**: A enfermagem possui ampla possibilidade de intervenção, podem utilizar as ferramentas de psicoeducação, plano de cuidados com base na Sistematização da Assistência de Enfermagem e Entrevista Motivacional no cuidado a indivíduos bipolares, mas é necessário a capacitação dos profissionais para desenvolverem adequadamente sua assistência aos pacientes com essa doença.

ARTICLE HISTORY
Submitted: 11 June 2021
Approved: 16 April 2022
Published: 27 June 2022

KEYWORDS
Bipolar disorder; Nursing care; Evidence-Based Nursing; Mental Health Assistance

Introduction

The psychiatric reform movement, which took place in the 1970s and 1980s, initiated a change in the way psychiatric patients were treated, with the deinstitutionalization of people with mental suffering and the application of treatments focused on the patient's quality of life. Changes also occurred in nursing care: care focused only on hygiene, drug administration, and coercive measures became based on the patient-professional-family-community relationship.[1,2]

Mental illnesses are a growing concern in the world, as they have a high number of diagnosed cases, around 12%.[3,4] This type of illness causes several damages, such as suffering in the individual and the family, impairments in quality of life, isolation, social welfare, occupational unproductivity, and growth in the use of health services, such as the increase in the use of psychoactive drugs, increasing costs for the health system.[5,6]

Among the diseases of the mind, there is Bipolar Disorder (BD). BD is defined by mood fluctuation with episodes of mania and depression, with alternating moments of euthymia. BD is differentiated into type I (mania) and type II (hypomania and depressive events). There is no defined number of episodes, and the number of occurrences is different from person to person, but depressive crises last longer and cause greater damage.[7,9]

Bipolar disorder afflicts between 1% and 4% of the world population.[10] It usually starts in adolescence or early adulthood and can harm the patient's physical and mental health, education, work, and interpersonal relationships.[11] BD type I has an estimated prevalence of

0.6%, whereas type II is 0.4% and affects more women.[12,13]

Most nurses do not feel able to provide care for the mentally ill. Professionals who have practice in general hospitals, when they go to work in centers that provide mental health services, are surprised by the little knowledge they have.[14] A problem encountered in the care of patients and families in the Psychosocial Care Network (PCN) is the lack of adequate preparation of health professionals.[15]

The nurses lack access to continuing education and preparation during the training period, which can create insecurity in the professional during clinical practice and even poor performance care.[2,16]

The topic addressed was chosen to eliminate a knowledge gap in the literature, as no other systematic review on the subject was found, which demonstrates new works to guide the practice of the nursing professionals, which have had deficits in knowledge since graduation. Therefore, the objective of the present study is to describe nursing care for individuals with BD.

Methods

This research is characterized by being of a basic nature, as it presents scientific knowledge without practices in humans,[17] it has a mixed approach and responds to the research objective in a quantitative-qualitative.[18,19]

The methodology that will be used is the Bibliographic Review of the Systematic Review (SR). SR is a relevant form of research in Evidence-Based Practice (EBP), as it synthesizes information from different sources and, helps the development of care.[20]

EBP method practiced of care according to the 3 points: scientific evidence, clinical practice, and patient's desire. Its application is relevant to achieving the necessary reliability, effectiveness, and safety during service.[21,22]

Altogether, the EBP has 7 stages, however, when performing an SR, only the first 4 are applied: 1- recognition of a clinical problem; 2- elaboration of an important and specific clinical question; 3- search for scientific texts and 4- analysis of available evidence. The PBE recommends that the research problem be organized using the PICO strategy, an acronym for Patient, Intervention, Comparison, and Outcome.[23]

PICO is a tool used to guide research questions. SR regularly makes use of them so that the research objective is well developed. This technique has a greater focus on questions about forms of treatment, but it can be used in prognostic or diagnostic studies.[24]

The 4 items of PICO are the fundamental elements;[23] according to the review method, some items may not be used.[25] Thus, the third item will not be used as there will be no comparison between the results.

Therefore, the PICO developed was as follows: patient - BD patients; intervention - nursing care; control or comparison - not applicable; outcome - summarize the nursing care provided to people with BD.

Methodological assessment

The checklist used to verify the adequacy of this SR was the Preferred Reporting Items for Systematic Reviews and Meta-Analysis (PRISMA). The PRISMA recommendations comprise a checklist of 27 checklists and a four-phase flow diagram.[26]

The methodological quality of the studies was analyzed using The CARE guidelines for case studies[27] and the Jadad Scale for Randomized Clinical Trials (RCT).[28] No scales were found to assess the quasi-experimental studies. The levels of evidence for RCTs were verified using the criteria established by the Oxford Center for Evidence-based Medicine[29] and for the other methodological designs, the classification developed by Stetler et al.[30] was used.

The CARE guideline was developed by a group of physicians, researchers, and journal editors to improve the quality of case studies, and to observe the adequacy of title, keywords, and abstract, among other items.[27,31]

The Jadad Scale analyzes 3 points: randomization, blinding, and reporting of losses and dropouts by part of the sample. The total score ranges from 0 to 5 points. The study can receive 1 point for each suitable item and 0 for inappropriate, and it is possible to still receive 1 point if for the 1st question the means to produce the randomization sequence was detailed and appropriate; or lose 1 point, if the procedure, even described, was inadequate and gain 1 point if, for the 2nd question, the double-blind method was retracted and was appropriate; or lose 1 point, if the form of blinding was inadequate.[28]

The Oxford Center for Evidence-based Medicine's evidence levels are: 1A, 1B, 1C, 2A, 2B, 2C, 3A, 3B, 4, and 5 for studies focused on treatments, prognosis, and diagnosis, among others. The rating ranges from the highest level, 1A (SR from RCTs), to the lowest, 5 (expert opinions).[29]

The classification developed by Stetler and collaborators has 6 hierarchical levels, divided into I) meta-analysis of RCTs; II) cross-sectional research; III) quasi-experimental study; IV) case study, non-experimental, descriptive or qualitative; V) case report, data obtained systematically, making it possible to verify the quality or program judgment study and VI) expert opinion.[30]

The bias levels of the RCTs were checked using the Review Manager 5.4.1 software from the Cochrane Collaboration. Studies can be classified as low, high or uncertain risk.[32] Only trials that presented at most 1 high level of bias were selected. As no instruments were found in the literature, the bias of other types of methodologies was not evaluated.

Search strategy

The synthesis was developed from 02/2021 to 04/2021. The Descriptors in Health Sciences (DeCS) were used to carry out the searches: Bipolar Disorder; Nursing care. The search strategies were: (Bipolar Disorder) AND (Nursing Care) AND (Year Range: [2010 to 2020]) and (Bipolar Disorder) AND (Nursing Care) AND (Year Range: [2010 to 2020]). The selected databases were: Regional Portal of the Virtual Health Library (VHL), PUBMED, Latin American and Caribbean Literature on Health Sciences (LILACS), and Scientific Electronic Library Online (SCIELO).

Inclusion criteria

The inclusion criteria used were: original studies, published in all languages and that presented nursing care to bipolar patients, and the exclusion criteria were: observational studies, reviews, and those that did not agree with the topic.

Results

The process of inclusion of the studies followed the order: initially, the titles and, if necessary, their abstracts were read. Observing that they were adequate to the inclusion criteria, they were read in their entirety; finally, if, after the analysis, it was observed that there are valuable data for the review, the studies were selected to compose the results. Information on the number of surveys included and excluded in each step is in the flowchart below (Figure 1).

The seven results obtained are from three continents of the globe. Most studies are on the American continent, followed by Asia and European. One article was produced in a transcontinental country, for this reason, the name “Asia/Europe” was used. The number of findings by region is shown in the graph below (Figure 2).

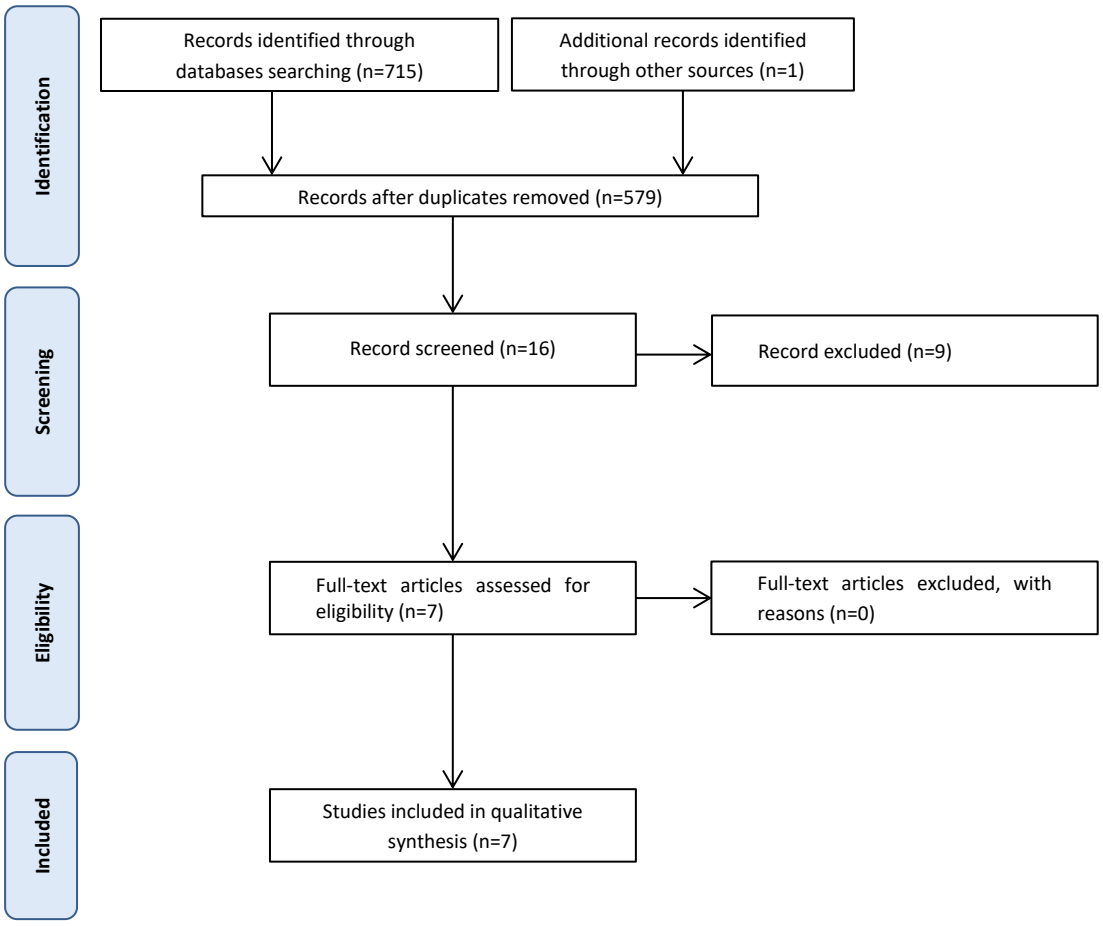
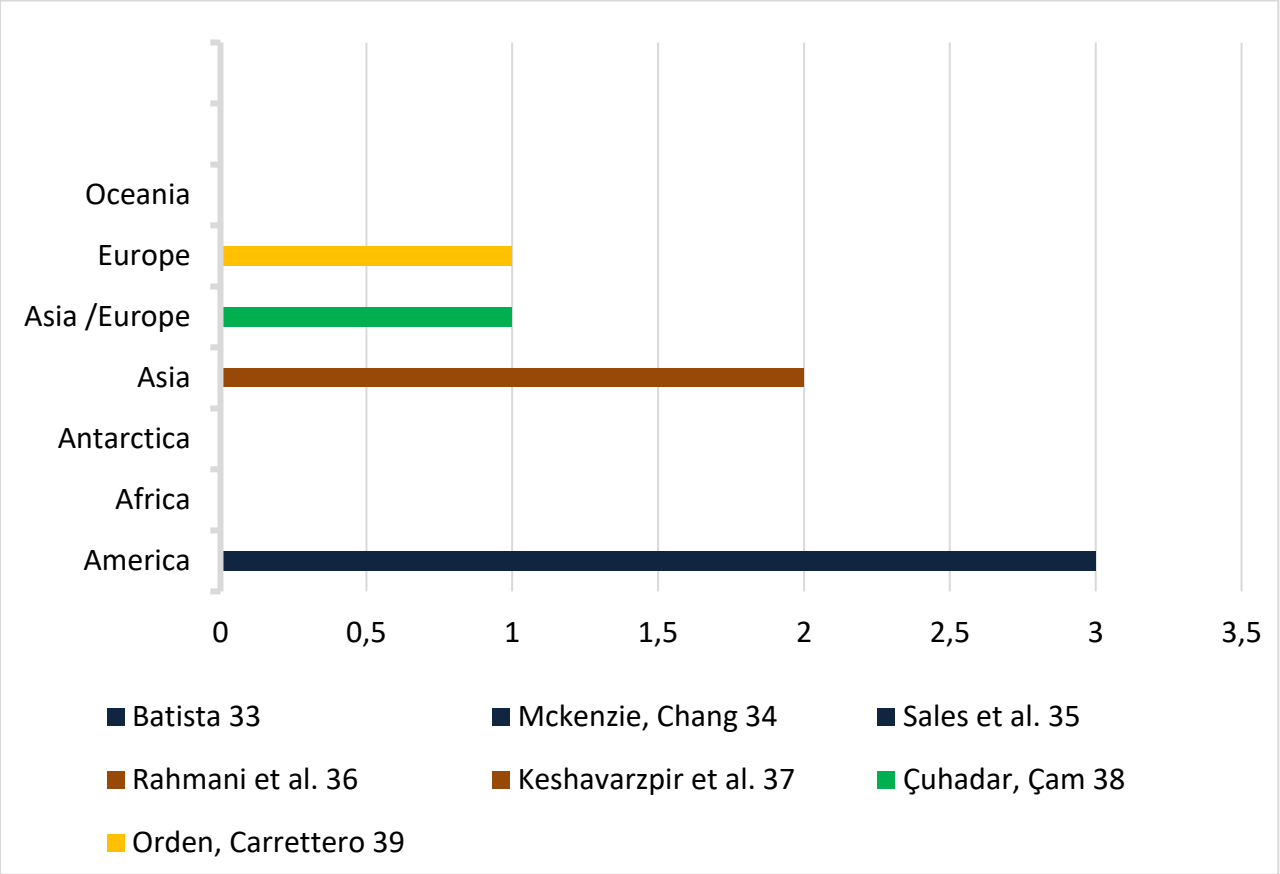


Figure 1. Systematic review flow diagram.

Figure 2. The number of studies per continent.



Of the studies in question, the main objective of the majority was to determine the effectiveness and the effects caused by psychoeducation in the face of BD. Other basic information about them can be found in the table below (Table 1).

Table 1. Basic information and descriptions of the study methodologies.

Author(s)	Objective	Country	Journal	Qualis	Design	Methodology quality	Level of evidence
Çuhadar, Çam.[38]	To determine the effectiveness of a psychoeducation program designed to reduce internalized stigmatization in patients diagnosed with bipolar disorder.	Turkey.	*Archives of Psychiatric Nursing*.	A1 (Nursing)	RCT.	Jadad score: 2 points.	The study does not meet any criteria of the Oxford Center for Evidence-based Medicine, as no Confidence Index was identified and it is not a cohort study.
Rahmani *et al*.[36]	To investigate the effect of the group psychoeducation program on medication adherence of female patients with bipolar disorder to remedy the current gap.	Iran.	*Journal of Caring Sciences*.	Not qualis.	RCT.	Jadad score: 3 points.	1b (Dib, 2014).
Batista.[33]	To evaluate the effectiveness of Home Psychoeducation in symptomatic, functional recovery, and treatment adherence of individuals with medium and long-term BAD, in comparison with Group Psychoeducation.	Brazil.	Repository of University of São Paulo (USP).	Not applicable.	RCT.	Jadad score: 3 points.	1b (Dib, 2014).
McKenzie, Chang.[34]	To test the effect of Motivational Interviewing on medication adherence in patients with bipolar disorder in an outpatient setting.	USA	*Perspectives in Psychiatric Care*.	B2 (Psychology).	Quasi-experimental study.	-	III (Stetler et al., 1998).
Keshavarzpir *et al*.[37]	To determine the effects of psychoeducation on the internalized stigma of hospitalized patients with bipolar disorder.	Iran.	*Issues in Mental Health Nursing*.	A1 (Nursing).	Quasi-experimental study.	-	III (Stetler et al., 1998).
Sales *et al*.[35]	To investigate the use of the Systematization of Nursing Care (SNC), guided by Orem's Self-Care Theory, in the care of an elderly woman with BAD.	Brazil.	Journal Cuidado é Fundamental (Online).	B2 (Nursing).	Case-control	*The CARE Guidelines*: follow items 02, 05, 08, 09, 12, and 13.	IV (Stetler et al., 1998).
Orden, Carretero.[39]	To determine the effects of psychoeducation on the internalized stigma of hospitalized patients with bipolar disorder.	Spain.	*Enfermaría Clínica*.	A2 (Nursing).	Case-control	*The CARE Guidelines*: follow itens 02, 04, 05, 07, 08, 09 and 12.	IV (Stetler et al., 1998).

Of the results, 3 are RCTs,[33,36,38] 2 are quasi-experimental studies[34,37] and 2 are case studies.[35,39] It is necessary to explain that only the study by Rahmani et al. (2016) wrote in their methodology that their article is an RCT; the others, classified as RCTs, wrote that they are "Randomized and controlled"[33] and "Controlled experimental".[38] They were registered in Table 1 as an RCT, as they present evident characteristics of this type of research. Among the interventions (Table 2), the most used by the studies was psychoeducation, whether in groups,[36-38] or mixed, group and home.[33] 2 results made use of SNC[35,39] and 1 of motivational interviewing (MI).[34]

Table 2. Description of interventions and their results.

Author/Year	Interventions
Çuhadar, Çam.[38]	***Group Psychoeducation*** - Sample: 47 patients, 24 from the experimental group, 23 from the control group. - Format: 7 sessions, the first for registration; 90 minutes each meeting; Results Obtained: A statistically significant difference between before and after the intervention between the average scores of the subscales alienation, approval of stereotypes, perceived discrimination, and social withdrawal from the Internalized Stigmatization Scale of Mental Illnesses (ISSMI).
Rahmani *et al*.[36]	***Group Psychoeducation*** - Sample: 76 patients, but ended with 72, 36 in the experimental group, and 36 in the control group. The protocol was developed according to the book Psychoeducation Manual for Bipolar Disorder; (40) - Format: 10 sessions of 90 minutes, 2 times a week. Results Obtained: The experimental group showed greater adherence to a medication when compared to the control.
Batista.[33]	***Group and home psychoeducation*** - Sample: 15 patients from the home intervention, 15 from the group intervention, and 15 from the control group. - Reduced psychoeducation (8 sessions) from the book Psychoeducation Manual for Bipolar Disorder was performed; (40) - Format: 15 minutes of introduction; 30 minutes of exposition of the theme; 30 minutes of debate on the topic and 15 minutes of review and closing. Results Obtained: Symptomatology, quality of life, medication adherence, and perceived stress reduction were improved through the two interventions; - Both group and home treatment benefit symptoms and quality of life, whereas perceived stress and medication adherence were better only in the home intervention.
McKenzie, Chang.[34]	***Motivational Interview*** - Sample: 15 participants. - Format: the first session was in person with the researcher and lasted from 45 minutes to 1 hour. The second and third took place via telephone and ranged from 15 to 20 minutes. - The post-test was completed 4 to 6 weeks after the initial intervention. Results Obtained: Participants' self-efficacy, awareness of medication-related difficulties, and willingness to make changes improved. Individuals who acknowledged having low medication adherence and negative behavior regarding drug use were able to reach some understanding of the importance of correct medication use to maximize its effectiveness and reduce its harm.
Keshavarzpir *et al*.[37]	***Group Psychoeducation*** - Sample: Initial sample of 84 patients, but finalized with 76, 38 of the experimental group, 38 of the control. There were 6 sessions over 2 weeks. Results Obtained: Psychoeducation significantly decreased alienation, the experience of discrimination, stigma resistance, and total stigma scores in the intervention group.
Sales *et al*.[35]	***Elaboration of a care plan, using the SNC with the guidance of Orem's Theory of Self-Care*** - Sample: 1 female patient, 62 years old. Results Obtained: The patient understood the importance of her family to her care and showed improvements in terms of daily well-being after the home visits.
Orden, Carretero.[39]	***Nursing care based on SNC*** - Sample: 1 male, 64 years old. Results Obtained: At the end of care, the results obtained in the Nursing Outcomes Classification (NOC) were "no deviation", the highest score.

Discussion

Of the results obtained, none were carried out in Africa. This information demonstrates a problem, as a review published in 2015, which investigated the epidemiological levels of BD on the continent, reports that the disorder is a major mental health problem, but reports that there is a lack of evidence. Among some data obtained by the study, is that the prevalence of BD in the Zeway Islands, in Ethiopia, is 1.83%, in Nigeria it is 0.1%, in Egypt it is 62.2% and among all prisoners in Africa in the South, the prevalence is 1.6%.[41]

In Oceania, another region that showed a low number of studies on nursing care for patients with BD, a study presents worrying data. According to information, from 2003 to 2014, 31,746 individuals with BD were diagnosed in public hospitals in New South Wales, Australia.[42]

This information demonstrates the need for further research on the complete epidemiology of BD in these continents and the nursing care that can be provided, looking at the particularity of each area, in the population affected by the disorder.

Most of the findings of this review were RCTs. In EBP, this type of study is the gold standard, but there are few publications in nursing that use the method, and as a consequence, it affects the quality of the SR.[43] Due to the small number of RCTs found, other sources that presented drawings were used. research methods, such as a case study and a quasi-experimental study.

Even though they are not classified as the EBP gold standard, through case studies, it is possible to explore a social context that would not be fully reached, using a larger sample and quantitative approach.[44,45] On the other hand, quasi-experimental studies, although they are useful in testing interventions and being close to natural events, do not have the same quality[46], as they do not always have full control of the experiment, present less conclusive results, and may have higher levels of bias.[47]

Thus, it is necessary to develop a new RCT type focused on nursing in the context of care for patients affected by BD. One of the possible consequences that this action will cause is that the results of future SR focused on the theme, will have better results.

Psychoeducation was the most used intervention among the results. Based on the biopsychosocial model, psychoeducation is a tool that uses a holistic and systemic view of care. This technique aims to transmit knowledge about aspects of the disease, ways to take care of the mind, and make the individual understand their health condition.[48]

There are different ways to apply psychoeducation. It is possible to be individually or collectively, through lectures, conversation circles, bibliotherapy,[49] internet,[50,51] with the use of smartphones[52] and by video.[49,53-54]

Psychoeducation can be a complementary treatment to BD and has several benefits, such as causing fewer relapses and hospitalizations, low cost, reducing the risk of future mood episodes and hospitalizations, and can also be used in different places and situations, such as in clinical practice.[13,55-57]

The second most used intervention was the development of care plans using the SNC. This strategy, present in Resolution No. 358/2009 of the Federal Council of Nursing (COFEN), organizes the method, professionals, and nursing instruments, enabling the realization of the Nursing Process (NP).[58]

In the elaboration of the SAE, the execution of the NP is vital, especially in situations that have a higher level of difficulty.[14] The NP is a key to the systematization of nursing care for patients with BD. With its use, nurses can have more autonomy, and quality care and, as a therapeutic agents, contribute to the treatment of psychiatric patients through their prescriptions.[59,60]

Finally, MI was the least used intervention in the results. This method aims to help, through stimulation and encouragement, the patient to produce behavioral changes.[61-63]

The MI has a simple approach and can be done with little expense. It is based on cognitive principles, such as the understanding of adversities and emotional reactions, to establish options that alter thought patterns and increase therapeutic adherence.[63]

The nurse is an essential component, since it intervenes in the improvement of the person's quality of life, providing emotional support and being able to contribute to the therapy.[3,64] Additionally, nurses are responsible for recognizing and intervening in the best possible form in situations of suffering caused by mood disorders.[65]

The limitations of this review are: the search for sources in the literature was performed by only one author, which may cause some bias and some results present an incomplete description of the methodology. However, this study helps nursing professionals to

provide some interventions widely applied for care to bipolar patients.

Conclusion

From the synthesis, the objective of the present review was achieved. Interventions that can be used by nursing in the care of people with BD are psychoeducation and a care plan based on SNC and MS. Most studies used psychoeducation, but the difference is small, thus demonstrating that there is no single way in the literature for nursing to intervene in the health of BD patients.

Future studies should address the training of nursing professionals, advising and teaching about BD and the forms of care.

Conflict of interest

The authors declare that there is no potential conflict of interest.

Funding

There was no funding.

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