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The Burden on Carers and the Management of Bedsores in Elderly Stroke Patients

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Introduction:

Caring for aged patients with a stroke has a myriad of challenges and has underlying issues that affect both the patient and the caregiver. Of these issues, the treatment of pressure ulcers, also known as bed sores is an important one. These are some of the most unpleasant and even life threatening effects and need careful attention and some good preventative measures. At the same time, carers often face psychological, physical and economical problems when attempting to provide quality care. This research examines the relationship between carer stress and pressure ulcer prevention among the elderly stroke population, identifying promising new approaches, community based interventions, and policy initiatives that aim to benefit both carers and patients more effectively.

Understanding the burden of caregivers:

The caregivers' burden measure

The caring responsibilities are broad and involve multi-faceted duties in relation to the emotions, physical body and social interactions as a whole affect the caregivers' ordeal:

1. Physiological-involves the needs of the body to function well:

When shifting the elderly and when washing them and providing medical services quite often leads to exhaustion of the body.

Shifting the patient from one position to another in the order to prevent pressure ulcer formation may result into troublesome injury of the muscles and joints.

2. Psychological forces:

Seeing a beloved one struggle with the after effects of a stroke can be painful to watch.

3. Economic Pressure:

The expenses associated with medical treatments, rehabilitation programs, and caregiving resources can rapidly increase.

Numerous carers diminish their work hours or resign from their positions, intensifying financial burdens.

4. Social Isolation:

The obligations of caregiving can restrict possibilities for social engagement, resulting in feelings of isolation.

The absence of external assistance exacerbates feelings of loneliness.

${\bf 5.\ Psychological\ Health\ Issues:}$

Chronic stress leads to carer fatigue, depression, and anxiety.

The cognitive burdens of overseeing several caregiving duties may result in emotional fatigue.

Determinants Affecting Burden Levels

The burden of elderly caregivers is influenced by the following elements:

Greater dependence of patients increases the burden of care that must be provided.

Carer Resilience: Emotional strength and coping mechanisms are great stress relievers.

Support Systems: The presence of relatives, friends, and the community helps make care easier.

Prolonged care giving increases the emotional and physical stress experienced.

The Issue of Pressure Ulcers in Stroke Patients

Comprehending Pressure Ulcers

The primary cause of pressure ulcers or sores is being in one position for a long time which results in damage to the skin tissues and blood supply beneath the skin. This is often seen in stroke patients who are aged due to:

Immobility: The inability to move causes more pressure on certain body parts.

Sensory impairments: Losing the ability to feel pain makes it difficult to change position.

Nutritional Deficiencies: Poor diet affects the regeneration of skin and its immune functions.

Phases of Pressure Ulcers

Bedsores advance via four stages:

Stage I: Erythematous or pigmented skin that remains unchanged with pressure application.

Stage II: Partial-thickness dermal loss, frequently manifesting as an open blister.

Stage III: Complete tissue loss with exposed adipose tissue.

Stage IV: Extensive damage revealing muscle, bone, or tendons.

Challenges in the Management of Pressure Ulcers

Carers encounter numerous difficulties in the management of pressure ulcers:

Recognising early indicators, particularly in individuals with darker skin pigmentation.

Complying with repositioning protocols to avert pressure accumulation.

Administering treatment for infections in advanced-stage ulcers.

Collaborating with healthcare professionals for specialised wound management.

Strategies for the Prevention and Management of Pressure Ulcers

Prevention: The Primary Line of Defence

Preventing pressure ulcers necessitates a proactive and holistic strategy:

1. Pressure-Relief Mechanisms:

Specialised mattresses and cushions evenly distribute pressure, hence diminishing the incidence of sores.

Alternating pressure mattresses and gel pads are notably efficacious.

2. Protocols for Repositioning:

Frequent repositioning—at minimum every two hours—alleviates strain on susceptible regions.

Mobile applications can assist carers in scheduling and monitoring repositioning tasks.

3. Dermatological Care:

Ensuring skin hygiene and hydration averts dryness and fissuring.

Barrier creams safeguard the skin against moisture-induced harm, such as that caused by incontinence.

Nutritional Interventions:

High-protein diets and vitamin supplements enhance skin health and facilitate wound healing.

Proper hydration enhances skin suppleness and diminishes vulnerability to damage.

Novel Therapeutic Strategies

Carers are able to utilize advanced treatment techniques for people with recurrent bed sores.

1. Advanced Wound Dressings:

Hydrocolloid, foam and alginate dressings maintain a moist environment for the wound, alginates can be beneficial for phagocytosis.

Silver or honey impregnated antimicrobial dressings are more effective in treating diseases.

2. Negative Pressure Wound Therapy (NPWT):

Devices that are endowed with controlled suction provide removal of excess fluid and assist in healing.

3. Additional Treatments:

Hyperbaric Oxygen Therapy: therapy helps in better movement of oxygen to the damaged parts of the body, this helps in faster recuperation. Laser therapy decreases the inflammation and assists in the repair of the tissues.

4. Telemedicine in Wound Care:

With a quick phone call, wound care specialists provide remote consultation as to the actions to be taken.

Wound care researchers help carers track the wounds and seek for an expert opinion through digital platforms.

Assisting Carers with Pressure Ulcer Management

Instruction and Learning

Equipping carers with information and competencies is essential.

Workshops and Seminars: Practical demonstrations of repositioning methodologies and wound management.

Digital Resources: Video tutorials, e-learning programs, and support forums.

Collaboration with Healthcare Teams: Frequent consultations with nurses and therapists for continuous support.

Addressing Emotional and Physical Wellness:

Carers should first look after their health to offer quality care.

1. Self-Care Programs

Regular physical exercise, healthy diet, and rest.

Mindfulness and stress management practices.

2. Emotional Support

Carer support groups where carers share their experiences and receive support from other carers.

Professional counseling for stress or carer burnout.

3. Respite Care Service

Interim care in the home or short stays in nursing homes.

Respite carers for the primary carers.

Interventions at the Community and Policy Level

Building Supportive Communities

Communities are critical in mitigating carer strain.

Carer resource centers should be established for education and support.

Organizing volunteer initiatives to support caregiving responsibilities.

Creating awareness initiatives about stroke rehabilitation and the need for carers.

Policy Interventions:

Systemic challenges faced by carers may be eased through policy change:

Offering subsidies on medical equipment and assistive devices to prevent pressure ulcers.

Introduce carer tax credits or funding packages.

Expand the accessibility of affordable home healthcare and respite services Advances in Caregiving Technology

Technology integration holds vast promise:

- Smart Sensors: Devices that monitor the movements of patients and alert the carers to adjust the patients' position.
- AI-Assisted Tools: Software which analyze wound images and can provide instant diagnoses.
- Wearable Gadgets: Pressure sensors can be used to detect various pressure points and alert caregivers about potential threats.
- Possible Innovations in Stroke Rehab and Care As medical studies advance, new stroke rehabilitation and care concepts are emerging.
- · Personalised Medicine: Treatment tailored for the specific needs of an individual as per genetic and lifestyle aspects.
- Interdisciplinary treatment models: Collaboration among doctors, therapists, and caregivers as a holistic approach to treatment.
- · Public Health Initiatives: Lobbying for caregiver-friendly policies and enhancing accessibility to community services.

Conclusion:

The confluence of dealing with carer strain and pressure ulcer prevention in elderly stroke patients is high but within grasp. The implementation of novel solutions, the utilization of community support, and promoting systemic change will enhance carers' ability to optimize patient outcomes and improve their own. All-encompassing strategies that respond to the needs of both the patient and the carer build resilience, enhance quality of life, and provide a more compassionate and effective care model. With the development of technology and research, the future holds a lot of promise for stroke rehabilitation and carer assistance.

REFERENCE:

- 1. 1.Abbott AL, Silvestrini M, Topakian R, Golledge J, Brunser AM, de Borst GJ, et al. Optimizing the definitions of stroke, transient ischemic attack, and infarction for research and application in clinical practice. Front Neurol. 2017;8:537. doi: 10.3389/fneur.2017.00537.
- 2. Yadav S, Arokiasamy P. Understanding epidemiological transition in India. Glob Health Action. 2014;7:23248. doi: 10.3402/gha.v7.23248.
- 3. Pandian JD, Sudhan P. Stroke epidemiology and stroke care services in India. J Stroke. 2013;15:128. doi: 10.5853/jos.2013.15.3.128.

- 4. 4. Bhattacharjee M, Vairale J, Gawali K, Dalal PM. Factors affecting burden on caregivers of stroke survivors: Population-based study in Mumbai (India) Ann Indian Acad Neurol. 2012;15:113.. doi: 10.4103/0972-2327.94994.
- 5. Committee on Family Caregiving for Older Adults; Board on Health Care Services; Health and Medicine Division; National Academies of Sciences, Engineering and Medicine. Families Caring for an Aging America. In: Schulz R, Eden J, editors. Washington (DC): National Academies Press (US); 2016. Nov 8, Available from: https://www.ncbi.nlm.nih.gov/books/NBK396401/doi: 10.17226/23606.
- 6. G.Johan S, Sarwar H, Majeed I. To identify the causes of stress among nurses working in intensive care unit of Ittefaq Hospital Lahore. Int J Soc Sci Manag. 2017;4:96–109.
- 7. Sacco RL, Kasner SE, Broderick JP, Caplan LR, Connors JJ, Culebras A, et al. An updated definition of stroke for the 21st century: A statement for healthcare professionals from the American Heart Association/American Stroke Association. Stroke. 2013;44:2064–89. doi: 10.1161/STR.0b013e318296aeca.
- 8. Robinson BC. Validation of a caregiver strain index. J Gerontol. 1983;38:344–8. doi: 10.1093/geronj/38.3.344.
- 9. Carlozzi NE, Fyffe D, Morin KG, Byrne R, Tulsky DS, Victorson D, et al. Impact of blood pressure dysregulation on health-related quality
 of life in persons with spinal cord injury: Development of a conceptual model. Arch Phys Med Rehabil. 2013;94:1721–30. doi:
 10.1016/j.apmr.2013.02.024.
- 10. 10.Banerjee TK, Das SK. Fifty years of stroke researches in India. Ann Indian Acad Neurol. 2016;19:1-8. doi: 10.4103/0972-2327.168631. [
- 11. Kamalakannan S, Gudlavalleti AS, Gudlavalleti VS, Goenka S, Kuper H. Incidence & prevalence of stroke in India: A systematic review. Indian J Med Res. 2017;146:175. doi: 10.4103/ijmr.IJMR_516_15.
- 12. 12.Dalal PM. Burden of stroke--Indian perspective. J Assoc Physicians India. 2004;52:695-6.
- 13. Jebasingh YK, Sivanesan P. Clinical profile of stroke patients in South Tamil Nadu tertiary care hospital—A cross-sectional Study. Int J Sci Study. 2019;7:83–6.
- 14. 14.Mishra AK, Mishra N, Gajjar K. Financial burden of stroke on family and caregiver in India: A literature review. Int J Res Med Sci. 2016;4:3675–8.