

Nursing strategies for patients with alcohol dependence during withdrawal period induced by environmental clues

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Abstract: With the increasing number of patients with alcohol dependence, this disease has become a new type of mental illness in recent years. Alcohol dependence refers to a special state of alcohol craving and is a chronic recurrent disease. Once the patient stops drinking, there is anxiety, unpleasantness, depression, accompanied by a series of withdrawal symptoms such as nausea, vomiting, loss of appetite, heart season, sweating, and high blood pressure. Seriously affecting the work, study and life of patients has become a social problem today. For patients with alcohol dependence, with the increasing dependence, neuropsychiatric disorders may eventually occur, and drug withdrawal is needed. Therefore, in the treatment of patients, it is not only necessary to control the disease through drugs, but also to improve the comprehensive nursing work, in order to cure the disease and reduce the recurrence rate. This article describes the basic connotation of alcohol dependence and nursing. Through the analysis of the clinical characteristics of alcohol-dependent patients and the cognitive function of withdrawal period, this paper explores the nursing strategies of patients with withdrawal syndrome under the guidance of environmental clues, and improves the treatment of alcohol in patients. Interventions and continuous intervention during withdrawal provide a basis for reference.

1. Introduction

In the current period, people's social activities have increased, resulting in a significant increase in the number of people drinking alcohol, and the number of patients with alcohol dependence has gradually increased[1]. Alcohol dependence can directly impair the physical and mental health of patients, and alcohol dependence should not be delayed. Mental or physical dependence caused by drinking can lead to discomfort in the mind and body, psychologically strong desire for ethanol, and compulsive search for alcohol[2]. Alcohol dependent people only get rid of the body's dependence on alcohol after completing the "addiction" during hospitalization, and the mental or psychological craving requires more scientific and long-term treatment[3]. However, in the process of withdrawal, due to the sudden decrease in alcohol intake, the patient's craving for alcohol cannot be satisfied, and problems such as mental paralysis, psychological disorders, and physical dysfunction are prone to occur, such as restlessness, anxiety, depression, and excitement. , tachycardia, sweating, nausea and vomiting, such symptoms will not only hinder the treatment of patients, but may also directly cause death[4]. According to the survey, 10% of alcohol-dependent withdrawal patients die from withdrawal syndrome. However, the above studies were carried out under the condition of triggering in the laboratory environment. In the real environment, whether the material dependence patient has a psychological craving after abstinence has not been reported in the literature[5]. Therefore, this paper intends to explore the changes of psychological cravings in patients with alcohol dependence in the real environment, and to explore the causes, symptoms and coping styles of patients with alcohol dependence during the withdrawal period, and to maintain treatment time for patients with alcohol dependence. Provide a theoretical basis for preventing recurrence.

2. A Review of Research on Alcohol Dependence and Nursing Strategy

2.1 Alcohol dependence

Alcohol dependence syndrome is also known as alcohol dependence, alcohol abuse, alcoholism

and so on. Mainly refers to the special psychological state caused by repeated heavy drinking. It is often expressed as a desire for alcohol and a compulsive experience of frequent drinking[6]. It can appear continuously or intermittently. After stopping drinking, anxiety symptoms, nausea, palpitation, auditory hallucinations, and rapid heartbeat often appear. In severe cases, delusions, tremors, convulsions, may occur.

2.2 Clinical characteristics of patients with alcohol dependence

- 1) The tolerance of alcohol is increased, the amount of alcohol consumption is increased; the desire for drinking is also craving, and forced drinking;
- 2) Reduce or stop the withdrawal symptoms after drinking; drinking is higher than all activities;
- 3) Can not control the fixed drinking mode, regular drinking;
- 4) Repeated withdrawal and re-drinking, and will reproduce the original dependence state in a short time.

2.3 Classification of nursing strategies for alcohol-dependent patients guided by environmental cues

1) Care during the acute phase. Patients should be assessed immediately after admission, early detection of risk factors that endanger the patient's life safety, report to the doctor, and take effective measures in a timely manner[7]. Closely monitor the patient's consciousness, body temperature, pulse, respiration, blood pressure and pupils, as well as observe the patient's skin color, sweating and defecation, make a record, and report abnormalities immediately.

2) Life care. Because patients have long-term consumption of alcohol, eating less, and the stomach and liver are obviously damaged, affecting the digestion and absorption of food, they are accompanied by malnutrition. Therefore, to ensure the intake of patients' diet, give high-calorie, high-protein, high-vitamin diet[8]. If you can't eat, you should follow the doctor's advice and give intravenous nutrition therapy to maintain water and electrolyte balance. At the same time, do a good job of the patient's mouth, skin and eyes, keep the limbs in a functional position, and turn over regularly to prevent various infections and hemorrhoids.

3) Care during the recovery period. Alcohol-dependent patients have most of their personality defects, bear various pressures, and often use alcohol to pour, so after the patient's consciousness recovery, mental symptoms control, it is necessary to timely psychological counseling and care of patients[9]. First of all, patiently listen to the patient's narrative, understand the patient's psychological condition, give support and comfort, gain the patient's trust, establish a good relationship between nurses and patients, encourage each patient's progress in the hospital during the hospital, and let the patient have a good and stable mood. To resist the temptation of alcohol. Because of long-term alcohol abuse, patients affect their normal life, study, social, economic, etc., and are prone to negative psychological reactions. Therefore, after the patient recovers, we must conduct timely and effective health education to help patients abstain from alcoholism and prevent relapse[10]. Discuss the dangers of alcoholism with patients with enthusiasm and sincerity, teach patients to learn the bad stimuli in daily life, encourage patients to participate in recreational activities that are beneficial to physical and mental health, distract attention, establish a normal life order, and return to the family as soon as possible society.

3. Analysis of Nursing Status of Patients with Alcohol Dependence during Withdrawal Period

3.1 Factors influencing the care of patients with alcohol dependence during withdrawal

The incidence of this disease is related to a variety of factors, including physiological factors affecting alcohol metabolism and absorption in the body, adverse psychological factors and other social factors including occupation, economic level and family. The disease is a complex disease controlled by a variety of factors, and is also a product of genetic factors and environmental factors interacting in a complex way.

1) Genetic factors. Traditional multi-factor research and population genetics research have pointed out that genetic factors play an important role in the development of the disease. About 50% of patients have a risk of drinking due to genetic reasons. The genetic genes associated with diseases mainly include enzyme-encoding genes and metabolites in which alcohol is metabolized in the body, and genes encoding enzymes, receptors, and the like which accumulate in the brain, and are subsequently associated with mental dependence.

2) Environmental factors. China's wine culture has a great influence on the public. Ceremonial celebrations, religious sacrifices, weddings and funerals are inseparable from wine. Due to differences in religious beliefs, traditional culture, educational attainment, and distribution of social resources, different groups of people have different perceptions and understandings of wine customs and culture.

3) Psychological factors. Psychological problems are an important factor in causing alcohol dependence in patients. According to statistics, about 80% of patients with MMPI personality questionnaire found that their personality deviation scale and normal indicators are different. In addition, most of the patients with alcohol dependence initially assumed the premise of relieving psychological anxiety, and then gained physical and mental relaxation and developed a drinking hobby in the continuous strengthening. Psychoanalytic theory points out that psychological development and psychological trauma in early years are prone to psychological conflicts such as anxiety and pain. When a bad conflict enters the realm of consciousness, stress reappears and the impulse of the mind can be activated to reappear. Alcohol-dependent behavior can be regarded as the release of the individual's inhibitory function, which makes the patient's suppressed psychological conflicts obvious. Most alcohol-dependent patients have problems with social adaptability and interpersonal relationship management.

3.2 Analysis of the treatment of alcohol-dependent patients in the withdrawal period under environmental induction

Through the two groups of alcohol-dependent cases and the normal control group before the environmental cues induced cravings, the degree of craving, physiological indicators, etc., the differences in the conventional environment and statistical analysis. The Hamilton Anxiety Scale (HAMA) was used to assess anxiety symptoms in patients with alcohol dependence. All items were scored with a 5-point scale of 0 to 4 points. 0 is asymptomatic, 1 is mild, 2 is definitely symptomatic, but does not affect life and activities, 3 symptoms affect life and activities, 4 symptoms are extremely serious, seriously affecting their lives. Using observation and conversation, the two assessors were independently scored after the examination, and the two were added to average. The data were collected by SPSSH.5 statistical software. The measurement data were used $p = 0.759$ and $p = 0.002$. The study group was lower than the control group, and the difference was statistically significant (see Table 1-3).

Table 1 Comparison of the scores of the two groups before the cessation of craving for 15d environmental cues $\bar{x} \pm s$

	Number of cases	Alcohol dependence group	Normal control group
Psychological craving	21	5.38 ± 2.37	0
Systolic pressure (mmHg)	21	126.24 ± 22.16	112.32 ± 12.47
Heart rate (times / minute)	21	81.16 ± 10.04	80.18 ± 9.86

Table 2 Table of the two groups before the complete stop drinking 60d environmental clue induced craving $\bar{x} \pm s$

	Number of cases	Alcohol dependence group	Normal control group
Psychological craving	21	3.07 ± 1.43	0
Systolic pressure (mmHg)	21	126.24 ± 22.16	112.32 ± 12.47
Heart rate (times / minute)	21	81.16 ± 10.04	80.18 ± 9.86

Table 3 The degree of craving and the change of various physiological indicators before the 15d and 60d environmental cues are completely stopped

	Number of cases	15d alcohol dependent group	60d alcohol dependent group
Psychological craving	21	4.24 ± 1.25	3.22 ± 1.24
Systolic pressure (mmHg)	21	132.46 ± 24.13	126.24 ± 22.16 □
Heart rate (times / minute)	21	82.24 ± 10.12	81.06 ± 10.14 □

Through comprehensive research and analysis of the nursing scores of the two groups, the medical staff should give humanized psychological counseling and emotional help according to the different psychological states of the patients, guide them to seek family and social support, reduce mental stress and increase confidence in fighting the disease. Alcohol-dependent patients reduce their craving for alcohol (see in Table 4), improve drinking behavior, and reduce alcohol dependence.

Table 4 Observation of the effects of treatment and nursing in two groups of patients

Group	Number of cases	Preoperative anxiety	% of complications	Patient satisfaction%
Observation group	21	53.10 ± 2.10	6(14%)	96.29 ± 1.02
Control group	21	88.52 ± 1.21	20(46.5%)	84.23 ± 1.23
p	21	<0.005	/	/

The degree of psychological craving and performance have different clinical characteristics in different periods of material dependence. When material dependent persons are convinced that they can obtain addictive substances, environmental clues induce more positive emotions and negative emotions decrease. In clue-induced experiments, environmental clues can induce more because of the inability to obtain addictive substances. Negative emotions reduce positive emotions. The results showed that after the environmental cues induced by alcohol dependence in different rehabilitation periods, the psychological craving was increased, and negative emotions such as anxiety and depression appeared, which was consistent with the previous literature reports. The results also showed that the psychological craving and emotional state of the alcohol-inducing patients in different rehabilitation periods were not significantly different. The psychological craving for alcohol is a conditional reflex that is established by long-term abuse of alcohol. It will not easily fade away due to the extension of time. It is almost impossible to completely quit the "heart addiction" to alcohol only by forcibly temporarily leaving the drinking environment.

4. Prevention and nursing of patients with alcohol dependence in the withdrawal period under the guidance of environmental clues

The development trend of alcohol dependence is not optimistic. The environmental cues related to alcohol are the most important reason for the psychological craving of alcohol dependent people. The influence of environmental cues on the psychological cravings of patients with alcohol dependence and various physiological indicators decreased with time. All patients with alcohol dependence in withdrawal period had a certain degree of psychological craving, and their onset was affected by many complicated factors, and they relapsed. The rate is high. In patients with alcohol dependence induced by environmental cues, prevention should be combined with prevention and treatment.

4.1 Prevention

1) Primary prevention. According to alcohol dependence and genetic factors and social psychological factors, take relevant defense measures. After alcohol-dependent patients were exposed to alcohol-related environmental cues, the degree of psychological craving and cortisol levels were significantly higher than baseline, and these results partially indicated a strong tendency to relapse. Among them, the genes of alcohol-dependent patients are difficult to change, but the epigenetic theory suggests that we may take some measures to avoid the selective expression and regulation of related genes. However, the relevant research still stays in the experimental theory stage and has not yet promoted clinical application. The psychosocial factors are more human intervention, and can be obtained through three sources of sources, transmission routes, such as limiting the production of alcohol, reducing alcohol advertising, popularizing relevant health knowledge, and limiting the number of specialty points. Of course, the most effective is to incorporate laws and regulations, and the current drunk driving related system has achieved results. However, the relevant prevention mechanisms are more likely to stay in research and treatment, and the publicity has not seen significant results. Relevant institutions can post posters on common sense of alcohol hazards in public places, film related micro-movies, and use some public online platforms to popularize alcohol hazards to the younger generation, which is conducive to long-term prevention and control.

2) Secondary prevention. Through the rational use of the existing community service system, one-on-one door-to-door service to conduct relevant questionnaire surveys, on the one hand, to grasp the overall drinking situation in the region, on the other hand, to clarify the individual patients' drinking severity and personality changes, and to intervene early. Psychotherapy is regularly conducted on a community basis, and attention is paid to family support during the treatment phase of the patient and whether or not to drink after treatment. The state can conduct regular visits, records and treatment guidance by training relevant personnel, linking prevention institutions, community services and treatments for drug rehabilitation, and reducing the rate of treatment failure of patients who are willing to treat them.

3) Three levels of prevention. That is, clinical prevention, including symptomatic treatment and rehabilitation. At present, the treatment of patients with alcohol dependence mainly targets acute withdrawal symptoms and reduces the recurrence rate. In the acute phase, symptomatic treatment of obvious physical symptoms is mainly carried out, and the relief phase is mainly to relieve withdrawal symptoms and strengthen psychological care (see Figure 1). At present, there are three types of drugs commonly used in the treatment of withdrawal symptoms: alcohol, naltrexone and acamprosate. And combined with other treatment methods: psychological therapy, rehabilitation training, cognitive behavior training, electroacupuncture stimulation and traditional Chinese medicine and other comprehensive treatment, improve the patient's cure rate and reduce the rate of re-drinking.

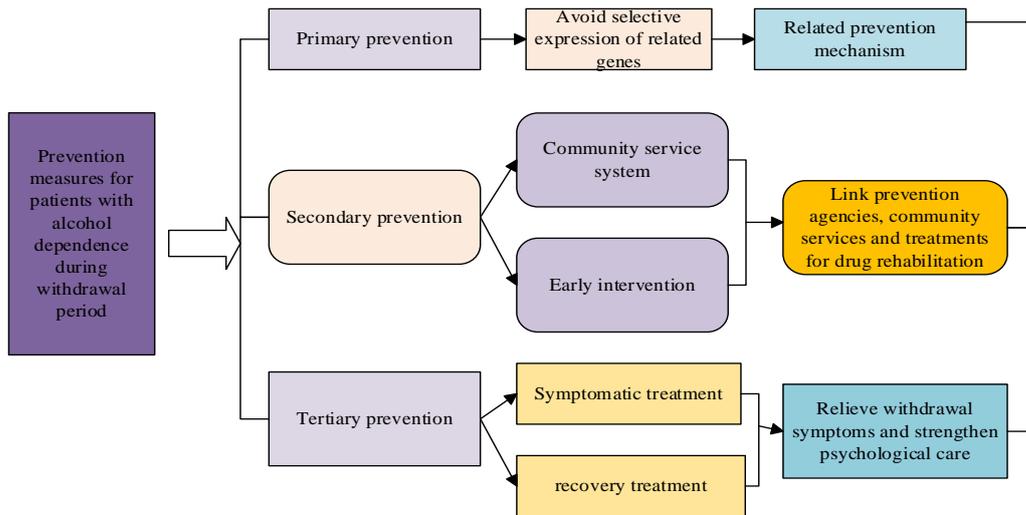


Figure 1 Prevention measures for alcohol dependent patients during withdrawal period

4.2 Nursing

Alcohol dependence is different from other organic diseases. It is affected by psychological factors, family and social support, especially the induction of environmental cues. The rate of re-drinking is high, and nursing plays a significant role in treatment. Strengthen the basic nursing work, on the patient-centered basis, do a good job of nursing responsibility, further strengthen the connotation of nursing, and then enhance the level of nursing services as a quality nursing measure.

1) Basic care. Personal items carried by new patients when they are admitted to the hospital should be carefully examined. Dangerous items such as lighters, scissors, and cloth belts are strictly prohibited from being brought into the ward to prevent self-injury or injury. Introduce the relevant matters to the family members and get cooperation. Leave on time, after visiting, you should check the carry-on items before you can enter the ward. Patients who drink alcohol for a long time often take alcohol and bring rice, often accompanied by vitamin deficiency and malnutrition. Life care should be strengthened for such patients. Take a bath, go to the toilet, and be accompanied by someone during the activity to prevent orthostatic hypotension, slipping and other accidents. At the same time strengthen dietary care, give high protein, high vitamins, easy to digest soft food, and try to improve the appetite of patients. Intravenous infusion of Vit C, Vit B, energy mixture, maintenance of water and electrolyte balance and other measures to prevent failure and enhance physical fitness. Patients with alcohol dependence are often associated with impaired liver function, peripheral neuropathy, cardiovascular, hypertension and other underlying diseases. Timely symptomatic treatment, close observation of changes in the condition, monitoring of vital signs, regular examination of ECG, liver function, blood routine. Severe hypertensive patients should be “three fixed” (timed, fixed site, fixed sphygmomanometer), daily monitoring, timely detection of problems, timely processing, and detailed records.

2) Mental symptom care. Psychiatric symptom care is mainly for patients with obvious symptoms of dizziness, irritability and anxiety. Pay attention to soft tone, comfortable and quiet ward environment, and observe closely at 24 hours to control the patient's self-injury or injury behavior in time. Patients who are dominated by hallucinations are suddenly impulsive and over-excited or confused. Many people are harmless. People with anti-social personality disorder have a sense of responsibility, obligation, morality, self-centered inclination, and behavioral vulnerability. Accidental motivation, emotional impulses, or instinctive desires are highly aggressive. For these patients, the patrol should be strengthened at the same time as the drug treatment, and if necessary, it should be isolated in the single room and given a protective band constraint. When contacting patients with aggressive behavior, at least two people should work

together. The door should be opened when entering the isolation room. Do not separate it from the patient in the isolation room. In the face of sudden violence, you must not face the patient alone. You should calm down and stabilize the patient, and organize the manpower to control the patient's arm from behind or on both sides. When dealing with accidents, first pay attention to the safety of the patient, followed by the safety of other patients and staff.

3) Family guidance. When the patient is discharged from the hospital, the patient and family should be instructed. Encourage patients to participate in various social activities and cultural and sports activities, stimulate patients' desire and confidence in continuous abstinence, obtain support from family and social support systems, establish a healthy lifestyle, improve family function, vocational rehabilitation and social adaptation, and achieve self-worth.囑 The family members take care of them, supervise the rehabilitation treatment, do regular follow-up, and keep in touch with telephones and letters. If there are repeated illnesses, confusion, hallucinations, convulsions, etc., they should come to the hospital for treatment.

4) Strengthen nursing management services. Requiring nurses to master nursing skills is a powerful way to enhance the effectiveness of surgical treatment and reduce medical disputes. Comprehensive quality nursing services for patients can effectively enhance the clinical effect of surgical treatment, reduce the incidence of postoperative complications, and significantly increase the satisfaction of patients with medical care, and have the value of widespread promotion in the clinic.

5. Conclusions

In summary, the status quo of alcohol dependence in China is not optimistic, and the harm of alcohol dependence to society, family and patients, and its high rate of re-drinking can not be ignored, closely related to genetic, social, family environment, and psychological characteristics. Related. Considering factors such as the induction of environmental cues, the treatment should be based on prevention and prevention. Alcohol dependence is a long-term living habit and a special state of mind. Long-term large amounts of alcohol cause serious harm to the patient's physical, physiological and social functions. Comprehensive, meticulous and comprehensive treatment and care is the key to ensuring cure and avoiding recurrence. Systemic treatment can overcome the limitations of a single treatment model, help patients to rely on symptoms, rebuild healthy mental and behavioral patterns, and help patients return to their families and society. With the continuous improvement of research on alcohol metabolism related genes and the continuous development of therapeutic techniques, it can not only provide scientific and objective medication guidance for patient treatment, but also better predict the risk of drinking. During the withdrawal period, alcohol patients have clinically improved nursing interventions to help patients correctly understand the harm of alcohol and establish a correct defense mechanism, which can significantly improve patients' self-efficacy and quality of life, and is of great significance for improving disease treatment efficiency and improving quality of life.

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