

Adjustment Disorder

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ABSTRACT

When a person struggles to handle a stressful life event, they may develop a condition known as adjustment disorder. Prevalence in India rates between 11 and 18% of those who attend primary care and may be higher or underdiagnosed in some groups. It was more common among the youngest age-group (15–25 years). The current case discussed the features of low mood, decreased sleep, decreased appetite, suicidal ideation, and increased physical and verbal aggression. The co-occurring mental disorder includes alcohol use disorder. The patient underwent treatment including psychopharmacology and psychological therapy in the hospital.

Keywords: Adjustment, Disorder, Insight, Stress.

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INTRODUCTION

Adjustment disorder is a group of conditions that can occur when you have difficulty coping with a stressful life event.¹ These can include the death of a loved one; loss of a loved one, and relationship issues. An inability to cope with a stressful event may lead to one or more serious psychological and physical symptoms.²

CASE DESCRIPTION

An 18-year-old male came with complaints of low mood, decreased interaction with family members, increased physical and verbal aggression, attempted to commit suicide in one episode for the past 1.5 years, and decreased sleep, and decreased appetite for the past 6 months. Precipitating factor is love failure. After he gradually developed an addiction to alcohol drink, tobacco, and cannabis. The frequency of tobacco was increased to 21 packets per day for the past 8 months. The patient got admitted to the hospital. After treatment, his prognosis was improved.

History Collection

Due to precipitating events, he had taken alcohol, tobacco, and cannabis. Afterwards, the tobacco use and frequency were increased to 21 packets per day for the past 8 months. He had decreased interaction with family members, increased physical and verbal aggression, death wishes and decreased sleep, and also, had a temper tantrums in childhood. Through history collection, he is having insidious onset, continuous course, and increased intensity.

Mental Status Examination

The patient has decreased psychomotor activity, not maintained eye-to-eye contact, low volume, depressed mood, hopelessness, suicidal thought, and impaired social judgment and intelligence. And he has a slight knowledge that he is sick (partial insight) insight 2/6.

Physical Examination

He is having a lean body build and his vital signs are stable. And also, he has physical complaints of buccal ulceration, a burning sensation in the stomach, and constipation.

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Investigation

WBC, 8,800 cells/cumm; RBC, 5.1 million/cumm; Hemoglobin, 14 gm%; Urea, 25 mg/dL; Creatinine, 0.7 mg/dL; Fasting blood sugar, 117 mg/dL.

Impression

Based on the ICD 10 classifications, the patient was diagnosed with F43.20 is an adjustment disorder.

Treatment

Patient taken tablet diazepam 5 mg twice a day (BD) in a day and tablet bupropion 150 mg ones a day (OD) in a day. And also, given psychotherapy activities such as individual, family, and play therapy. It will help to diversion and changes thought, mood, and behavior. Through the counseling session, his coping skill was improved. On admission his having a lean body build (BMI score – 16.36). After, with help of a nutritionist advice his status improved (BMI score – 19.02). The patient condition improved.

According to the patients' priority/needs, nursing care should be given. Nursing care like monitoring vital signs, observing the administration of medication, providing a nutritional-based diet and assisting in various therapies. On discharge, health education was given to the patient and family about drug complications and the importance of follow-up giving emergency the healthcare number of the psychiatric department.

Follow-up

- The patient's physical and mental health improved. So, he got discharged.
- Regular participation at counseling sessions and a once-every-15-days visit doctor's schedule.

DISCUSSION

A maladaptive reaction to a specific psychosocial stressor or set of stressors results in the emergence of clinically significant emotional or behavioral symptoms that are known as adjustment disorder.³ The prevalence of the disease condition in adults was found to be between 1 and 3% and the problem usually starts in adolescence with a prevalence of about 4–7%. The biological factors are stressful life experiences, ego, anxiety and panic, and substance intoxication. The clinical features are divided into acute (disturbance lasts less than 6 months), and chronic (disturbance lasts more than 6 months). The features of changes in daily routine (sleep and eating pattern), withdrawal (social activities, friends), fear about the future, low self-esteem, anxiety and depression, guilt or shame.^{1,3} The diagnosis was based on ICD 10 criteria like history collection, physical and mental status examination, and

blood investigation. The pharmacological management is based on substance-used treatments, and small doses of antidepressants and anxiolytic drugs are given.^{1,2,4} Psychotherapies like group therapy, individual therapy, family therapy, crisis intervention, and motivational enhancement therapies are given and also given nutritional therapy.⁴

Declaration of Patient Consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, the patient have given their consent and other clinical information to be reported in the journal.

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