



“A STUDY TO EVALUATE THE EFFECT OF PLANNED TEACHING PROGRAMME ON MANAGEMENT OF ADVERSE EFFECT OF LITHIUM DRUG IN TERMS OF KNOWLEDGE AMONG THE CARE GIVERS OF THE PATIENTS WITH MOOD DISORDER IN SELECTED PSYCHIATRIC HOSPITALS OF AHMEDABAD CITY, GUJARAT.”

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ABSTRACT

Study: to evaluate the effect of planned teaching programme on management of adverse effect of Lithium drug in terms of knowledge among the care givers of the patients with Mood disorder in selected Psychiatric hospitals of Ahmedabad city, Gujarat.

Introduction: In India, it is estimated that nearly one-third of patients seeking help from healthcare facilities could have symptoms related to depression, and the crude prevalence rate of mood disorder was estimated to vary from as low as 0.5 to as high as 78 per 1000 population.

In Gujarat, incidence rate of bipolar mood disorders in adolescent male and female is about 10-14 males per 100000 and 10-12 female per 100000 according to **DSM-IV (Diagnostic statistical manual of mental disorders)**.

A safe blood level of lithium is **0.6 and 1.2 mill equivalents per liter (mEq/L)**. Lithium toxicity can happen when this level reaches **1.5 mEq/L or higher**.

Care givers play important roles in the care of patients including contribution to decision-making, assisting the health-care team in providing care, improving patient safety and quality of care, assisting in home care, and addressing expectations of patient's family and society at large.

Background: Lithium affects the flow of sodium through nerve and muscle cells in the body. Sodium affects excitation or mania. Lithium a mood stabilizer that is used to treat or control the manic episodes of bipolar disorder (manic depression). The symptoms of Lithium toxicity are gastro-intestinal effects (anorexia, nausea and Diarrhoea) and

CNS effects (muscle weakness, drowsiness, ataxia, course tremor and muscle twitching). At levels above 2 mmol/L, seizures and disorientation may occur, sometimes can progress to coma and death.

Objective: The aim of the study was to evaluate the effect of planned teaching programme regarding management of adverse effect of Lithium drug in terms of knowledge among the care givers of patient with Mood disorder and to find out the association between selected demographic variables with the pre-test knowledge score.

Methods: A pre-experimental (one group pre-test post-test) design was adopted for collecting the data from 60 Samples using a structured self-administered knowledge questionnaire comprising 30 questions which includes knowledge, application and comprehensive domains. Non- probability Purposive method use for data collected.

Results: According to the findings, the mean post-test knowledge score was 17.58 significantly higher than the mean pre-test score 10.45 knowledge score with a mean Difference of 7.13. The calculated ‘t’ value (22.528) was greater than the tabulated ‘t’ value (2) at 0.05 level of significance. Therefore the null hypothesis H_0 was rejected and research hypothesis H_1 was accepted and it revealed that the planned teaching program was effective in increasing knowledge among the care givers of the patient with mood disorder. The findings also revealed that age, gender, area of residence and relationship with patient has significant association with Pre-test knowledge score. Hence, the research hypothesis (H_2) was accepted.

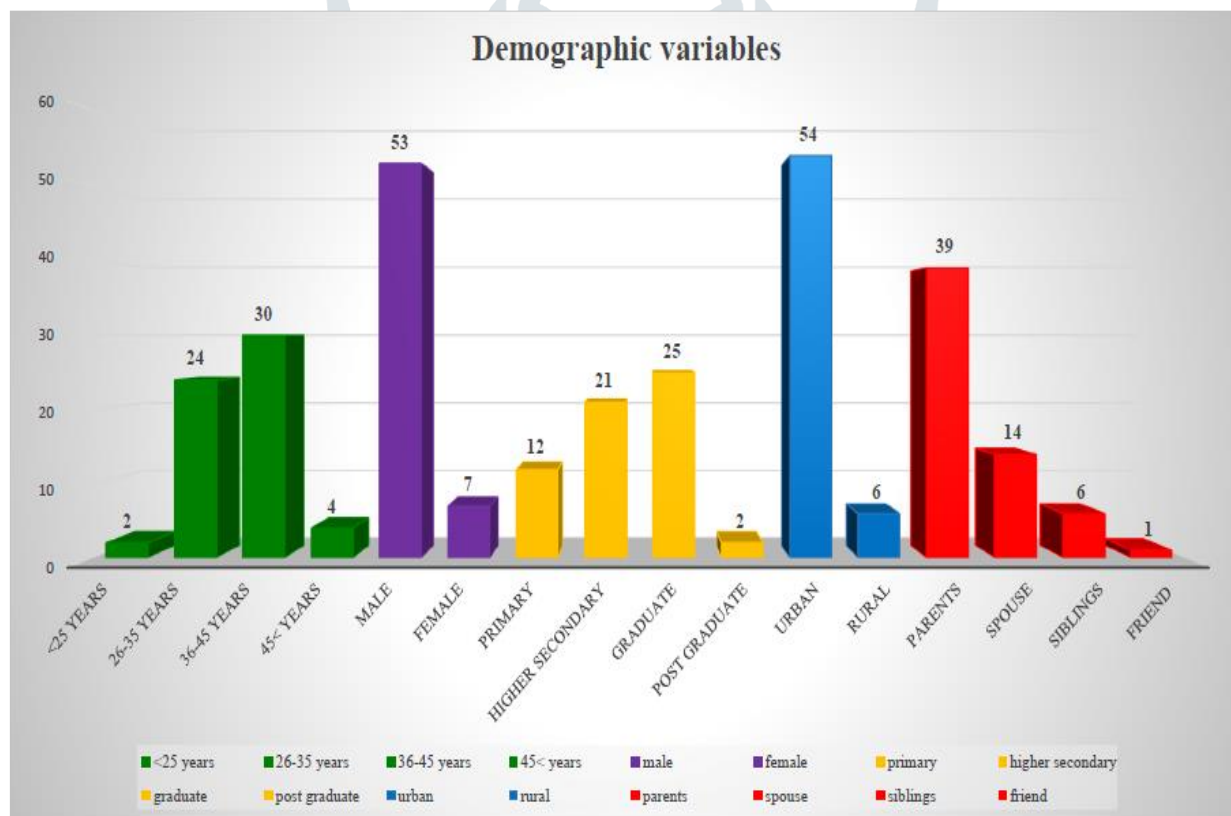


Figure 5: Bar graph showing Frequency wise distribution of Demographic Variables of Care givers

Table 4.2.1 Frequency and Percentage distribution of the pre-test and post-test knowledge score measured by Structured self-administered knowledge questionnaire regarding management of adverse effect of lithium drug.

| KNOWLEDGE SCORE | PRE-TEST KNOWLEDGE SCORE | | POST-TEST KNOWLEDGE SCORE | |
|---------------------------------|--------------------------|----------------|---------------------------|----------------|
| | Frequency | Percentage (%) | Frequency | Percentage (%) |
| POOR KNOWLEDGE (0-10) | 35 | 58.33% | 2 | 3.33% |
| AVERAGE KNOWLEDGE(11-20) | 25 | 41.67% | 44 | 73.33% |
| GOOD KNOWLEDGE (21-30) | 0 | 0% | 14 | 23.33% |
| TOTAL | 60 | 100% | 60 | 100% |

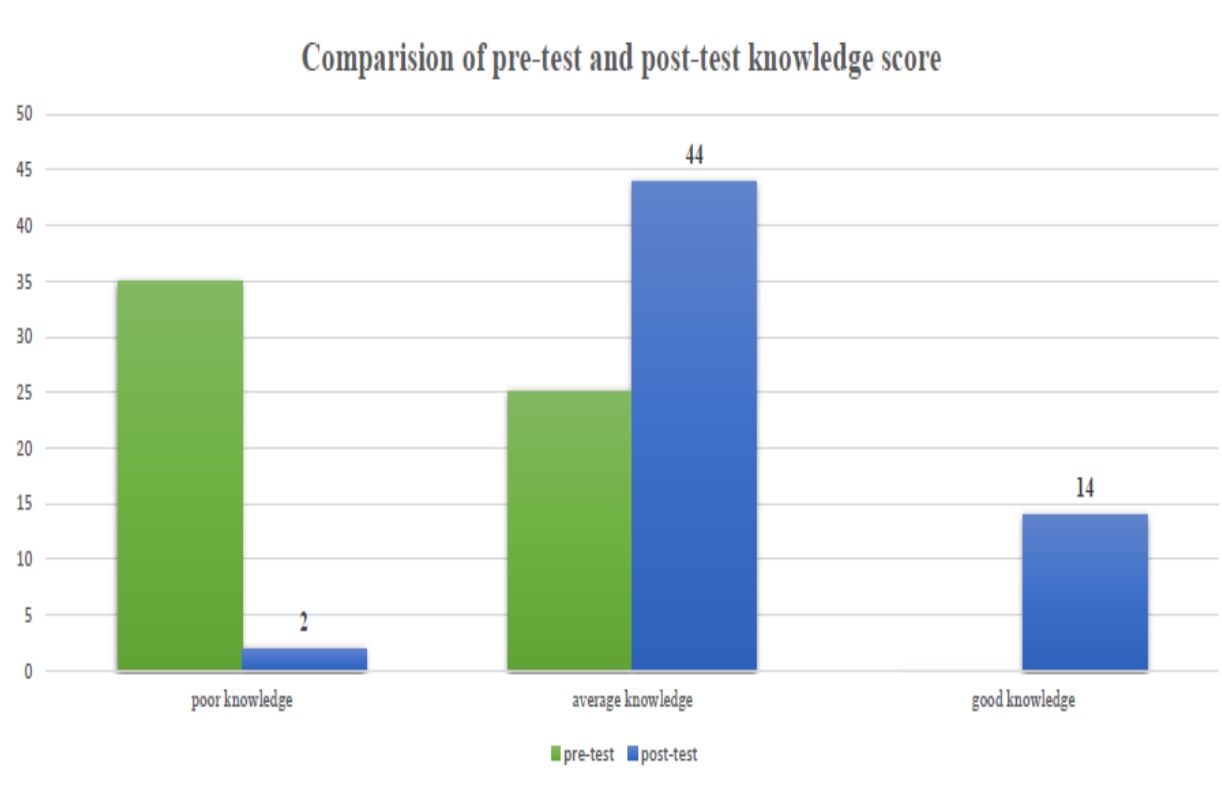
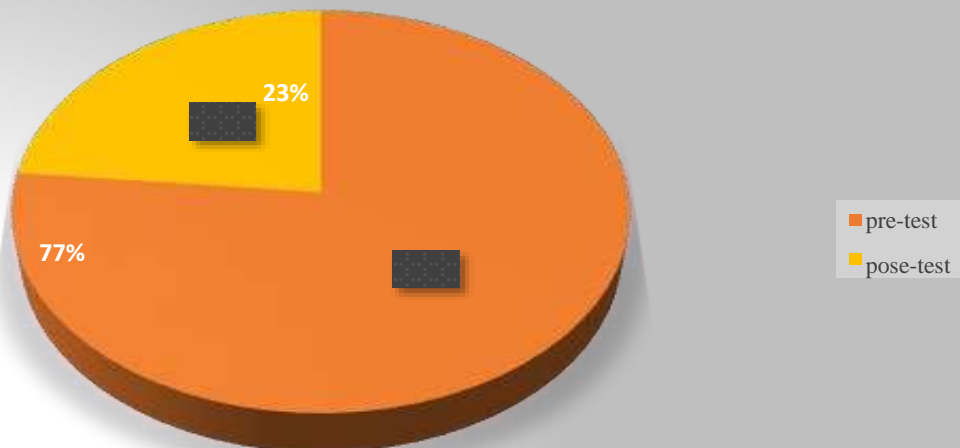


Figure 6:-Bar Graph showing the Comparison of Pre-test and Post-test Knowledge score of Care givers

Table 4.2.3 Mean, Mean difference, Standard deviation (SD) and t’ test value of the pre-test and post-test knowledge scores of samples.

| Questionnaire tool | Mean score | Mean difference | SD | Calculated ‘t’ value | Table value | DF | Level of signification |
|--------------------|------------|-----------------|------|----------------------|-------------|----|------------------------|
| Pre-test | 10.45 | 7.13 | 3.15 | 22.528 | 2.00 | 59 | Significant |
| Post-test | 17.58 | | 3.14 | | | | |

pre-test post-test knowledge mean score



Association of pre-test knowledge score with selected Demographic variables.

| S R · N O | DEMOGRAPHIC VARIABLES | | Poor | Average | Good | Calculated value | Table value | Df | Association |
|-----------------------|------------------------------|------------------|-------------------|---------|------|------------------|-------------|------|-----------------|
| | 1. | AGE | Less than 25 year | 0 | 2 | 0 | 12.72 | 7.82 | 3 |
| 26-35 years | | | 9 | 15 | 0 | | | | |
| 36-45 years | | | 22 | 8 | 0 | | | | |
| More than 45 years | | | 4 | 0 | 0 | | | | |
| 2. | GENDER | Male | 35 | 18 | 0 | 11.094 | 3.84 | 1 | Significant |
| | | Female | 0 | 7 | 0 | | | | |
| 3. | EDUCATIONAL QUALIFICATION | Primary | 8 | 4 | 0 | 5.723 | 7.82 | 3 | Not significant |
| | | Higher secondary | 15 | 6 | 0 | | | | |
| | | Graduate | 12 | 13 | 0 | | | | |
| | | Post-graduate | 0 | 2 | 0 | | | | |
| 4. | AREA OF | Urban | 29 | 25 | 0 | 4.762 | 3.84 | 1 | Signifi |

| | | | | | | | | | |
|-----------|----------------------------------|-----------------|----|----|---|--------|------|---|--------------------|
| | | Rural | 6 | 0 | 0 | | | | |
| 5. | RELATIONSHIP WITH PATIENT | Parents | 20 | 19 | 0 | 19.912 | 7.82 | 3 | Significant |
| | | Spouse | 14 | 0 | 0 | | | | |
| | | Siblings | 0 | 6 | 0 | | | | |
| | | Friend | 1 | 0 | 0 | | | | |

For Age of the samples with the pre-test knowledge scores, the calculated value of chi square 12.720 was more than 7.82, the table value of chi square at the 3 degree of freedom and 0.05 level of significance. Therefore, Age has significant association with the knowledge of the samples.

For Gender of the samples with the pre-test knowledge scores, the calculated value of chi square 11.094 was more than 3.84, the table value of chi square at the 1 degree of freedom and 0.05 level of significance. Therefore, Gender has significant association with the knowledge of the samples.

For Education qualification of the samples with the pre-test knowledge scores, the calculated value of chi square 5.723 was less than 7.82, the table value of chi square at the 3 degree of freedom and 0.05 level of significance. Therefore, not significant.

For years of Area of residence of the samples with the pre-test knowledge scores, the calculated value of chi square 4.762 was more than 3.84, the table value of chi square at the 1 degree of freedom and 0.05 level of significance. Therefore, Area of residence has significant association with the knowledge of the samples.

For Relationship with patient of the samples with the pre-test knowledge scores, the calculated value of chi square 19.912 was more than 7.82, the table value of chi square at the 3 degree of freedom and 0.05 level of significance. Therefore, Relationship with patient has significant association with the knowledge of the samples.

Conclusion: planned Teaching Programme regarding management of adverse effect of lithium drug was effective in improving knowledge about management of adverse effect of lithium drug among the care givers. The findings clearly indicate that there is a greater need of awareness regarding adverse effect of lithium and its management.

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