

Is Activity Intolerance One of The Nursing Diagnosis for Patients with Depression?

Aktivite İntoleransı Depresyondaki Bireye Konulacak Hemşirelik Tanısı mıdır?

Sevcan KILIÇ

Dear Editor,

Depression is a syndrome characterized by negative or reduced affect and is often accompanied by avoiding activity, the inability to enjoy anything, sorrow, guilt and unhappiness.^[1,2] It has negative effects on well-being.^[3] Patients diagnosed with depression are referred to the department of psychiatry in hospitals for healthcare service with complaints about appetite problems, insomnia, suicidal ideas, reduced sexual desire and avoiding activities.^[4,5] Patients who are hospitalized after assessment continue to receive treatment in clinics. Treatment is possible with the cooperation of healthcare teams, whose members include psychiatric nurses.^[6] With the dominance of contemporary psychiatry, effective treatment is deemed to require quality nursing care. Nurses refer to the NANDA nursing diagnosis for their interventions with patients hospitalized for depression. One of the NANDA diagnoses that can be made by psychiatric nurses for depressed patients is in the area of activity. The diagnoses for insufficient or improper activity or limitation of movement in depression are lack of spare time activities and ineffective activity planning.^[7,8] However, the diagnoses in the area of activity on the NANDA diagnosis list can sometimes be substituted for each other.^[9] The diagnosis of activity intolerance can substitute for the other activity diagnoses. This paper aims to eliminate this confusion. NANDA explains the descriptive characteristics and nursing intervention of the diagnosis of activity intolerance, defining activity intolerance as insufficient physiological energy to complete necessary or desired activities. Individuals cannot tolerate activities that require an effort. The symptoms of this diagnosis are weakness, dizziness, dyspnea, superficial respiration, low pulse, excessively accelerated pulse, heart rate changes, increased

blood pressure and paleness during activities. However, these are not the symptoms of ineffective activity planning or lack of leisure activities. The descriptive characteristics of patients with the symptoms of ineffective activity planning or lack of leisure activities and the nursing interventions for them are:

Nursing Diagnosis: Ineffective Activity Planning

Descriptive Characteristics: Expressions of fear and concerns about making an attempt to fulfill their task, deficient patterns of behaviors and planning, lack of resources, procrastinating and inability to achieve goals for the selected activity.^[7,8]

Nursing Diagnosis: Lack of Leisure Activities

Descriptive Characteristics: Expressed or observed depression or boredom due to inactivity or passivity, constant expression of unpleasant emotions and thoughts, indifference, frozen/monotonous expression, turning away from interlocutors (body language), loss or gain body weight.

Nursing Interventions

- Stimulate motivation by encouraging patients to share their emotions and experiences and showing interest in them.
- Help patients to analyze their feelings of anger and suffer.
- When possible, diversify daily routines.
- Ensure patients' participation in daily program planning.
- Plan time for visitors.
- Be creative. Encourage physical programs when possible.
- Discuss the hobbies they used to like.
- Interview their occupational and recreation therapist.
- Provide them with materials to read, radio, television, etc.
- Make activity plans that will enable them to look ahead to the future every day, and always keep your

¹Department of Psychiatric Nursing, Hacettepe University Faculty of Nursing, Ankara, Turkey

Correspondence (İletişim): Res. Asst. Sevcan KILIÇ.
e-mail (e-posta): toptassevcan@gmail.com

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promises.

- Dissuade them from using the television as a primary recreation tool unless they want very much to watch it.
- If appropriate, include them on lists of those who will help others in activities.
- Help them to focus on competencies rather than incompetencies.^[7,8]

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