



BEHÇET'S DISEASE  
AND  
NURSING CARE

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# ROUTE MAP

Behçet's Disease

Treatment

Nursing Management

# BEHÇET'S DISEASE

Behçet's Disease is a chronic and multi-systematic disease in young adults. The disease is characterized by systematic vasculitis of the arteries and veins.



(Uğuz et al. 2006; Kılınç et al. 2009)

Hulusi Behçet, a Turkish dermatologist, was  
the first to describe this disease 1937

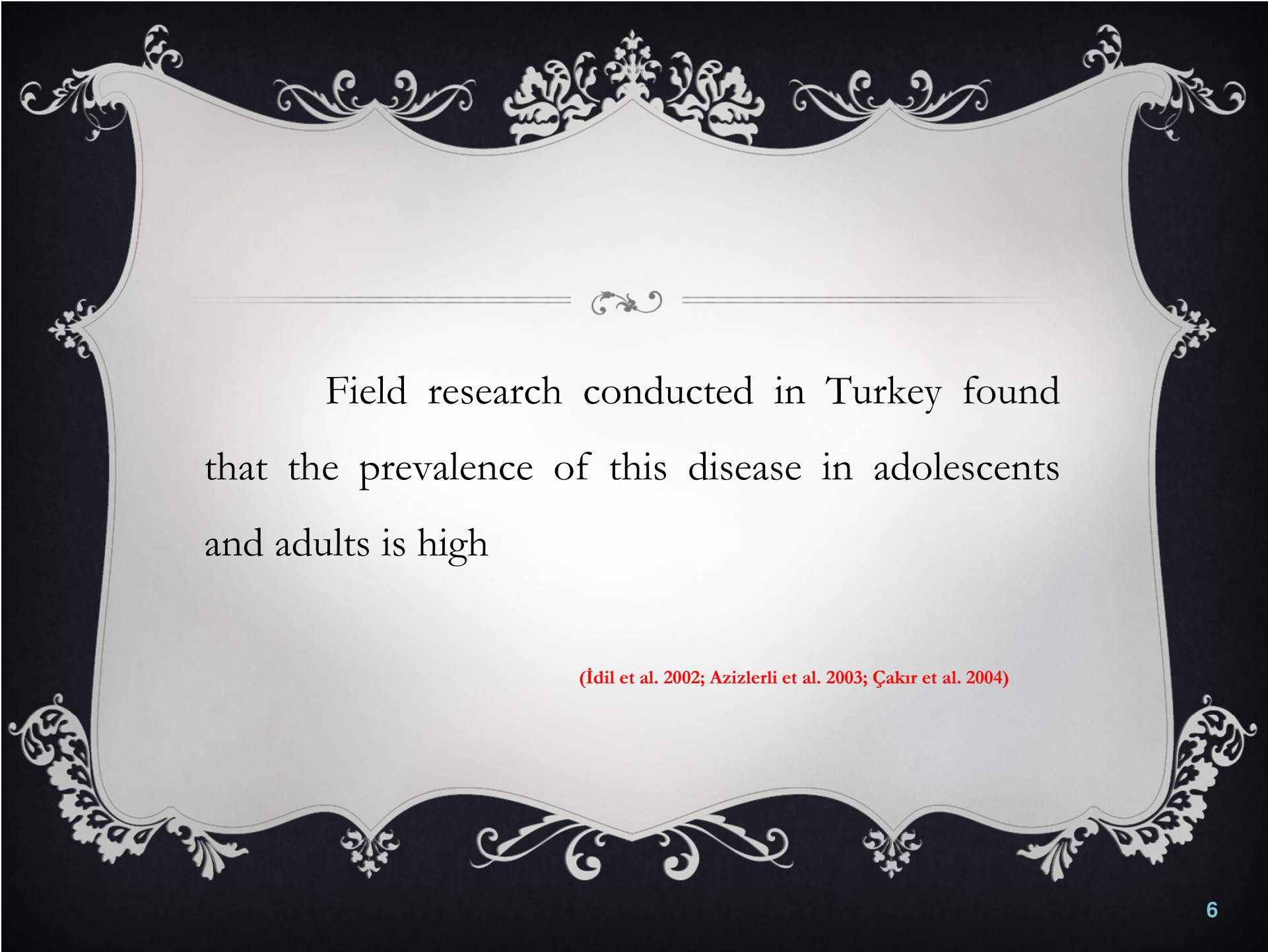


(Behçet 1937)



Behçet's Disease is seen in every part of the world and in almost all races. It is remarkably common in the northern hemisphere and in the countries on the historical 'Silk Road'

(Pamuk and Çakır 2005; Aytuğar and Pekiner 2011)



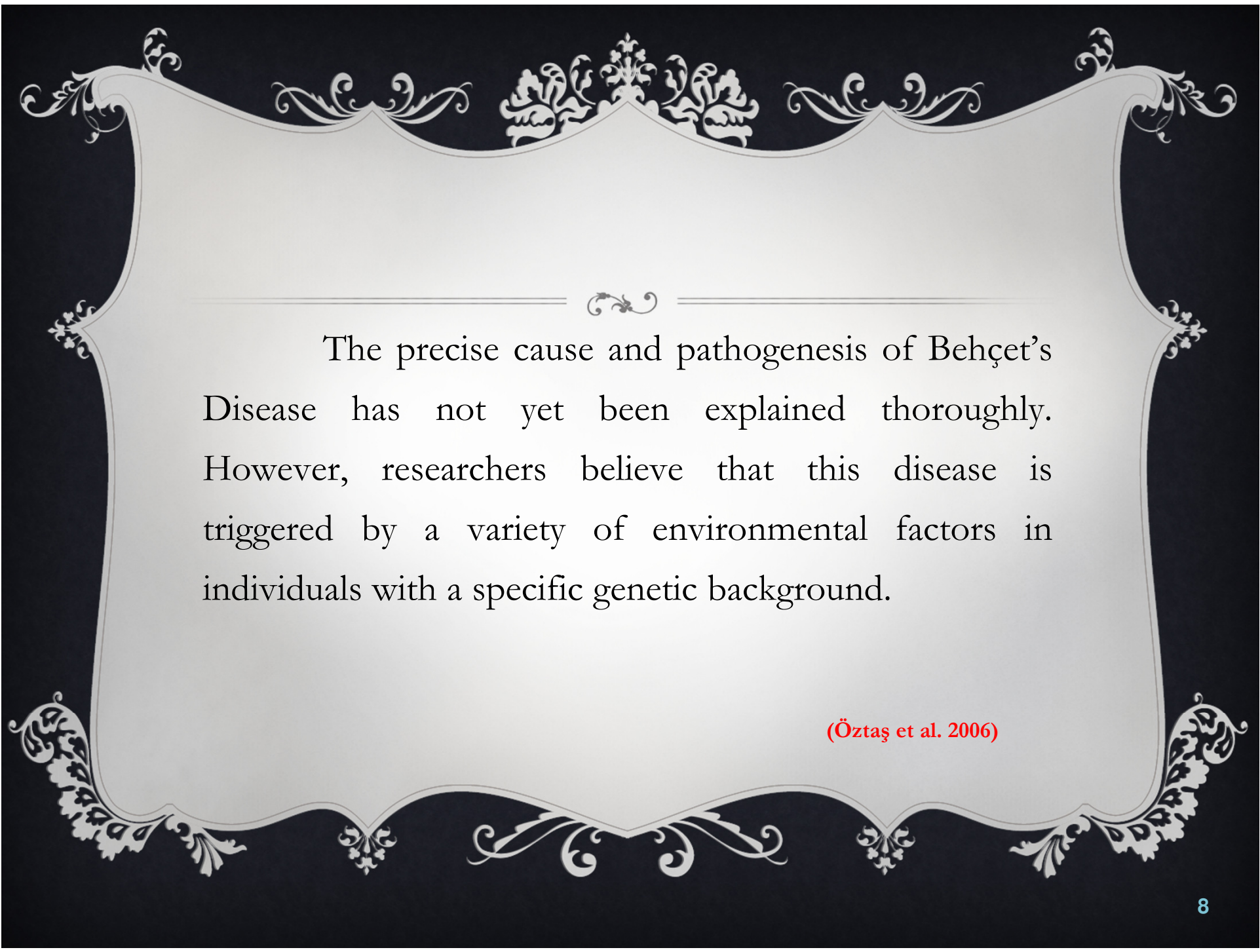
Field research conducted in Turkey found that the prevalence of this disease in adolescents and adults is high

(İdil et al. 2002; Azizlerli et al. 2003; Çakır et al. 2004)

\*Behçet's disease usually initiates when people are in their 20s or 30s.

\*It is rarely seen in those older than 50 or in children

(Yurdakul ve Yazıcı 2008)



The precise cause and pathogenesis of Behçet's Disease has not yet been explained thoroughly. However, researchers believe that this disease is triggered by a variety of environmental factors in individuals with a specific genetic background.

(Öztaş et al. 2006)



Anxiety

Stress

Exercise

Fatigue

*Table 1: Clinical findings in patients with Behçet's Disease*

<b>Clinical Finding</b>	<b>%</b>
Repetitive oral aphtha	97-100
Genital ulcers	80
Papulopustular lesions	80
Positive pathergy	60
Erythema nodosum	50
Eye involvement	50
Articular involvement	50
Thrombophlebitis	30
Gastrointestinal involvement	0-25
Neurological involvement	5-10

(Yurdakul and Yazıcı 2008)

Everybody needs to explain that they have Behçet's Disease. It is very serious illness.

I had brain involvement. I was told that brain involvement is not so common. So it seems that I'm the unlucky one.

When I was diagnosed with Behçet's Disease, I started not to use the same spoons or forks with the other members of my household. I even started to wash them separately because I was afraid that my children would also be infected with this disease.

“I had difficulty in speaking. The less I spoke, the happier I was. When some one asked a question to me, it really got on my nerves because I was disturbed by the movements of my tongue. I had so much pain that every single thing made me nervous. It was this hard.”

...experienced so many  
...professional life.  
...10 to 15 jobs  
...agnosed with

...en

...and.

...of the

...nçet in my

...d to hate him

...disc... got severe.”

## MEDICATIONS USED FOR THE TREATMENT OF THIS DISEASE:

### **Only mucocutaneous disease**

Corticosteroids

Local anesthetics

Colchicine

A combination of these agents

### **Severe mucocutaneous disease**

Methotrexate

Prednisone

Interferon- $\alpha$

### **Systemic diseases**

Prednisone

Azathioprine

Chlorambucil

Cyclophosphamide

Cyclosporine

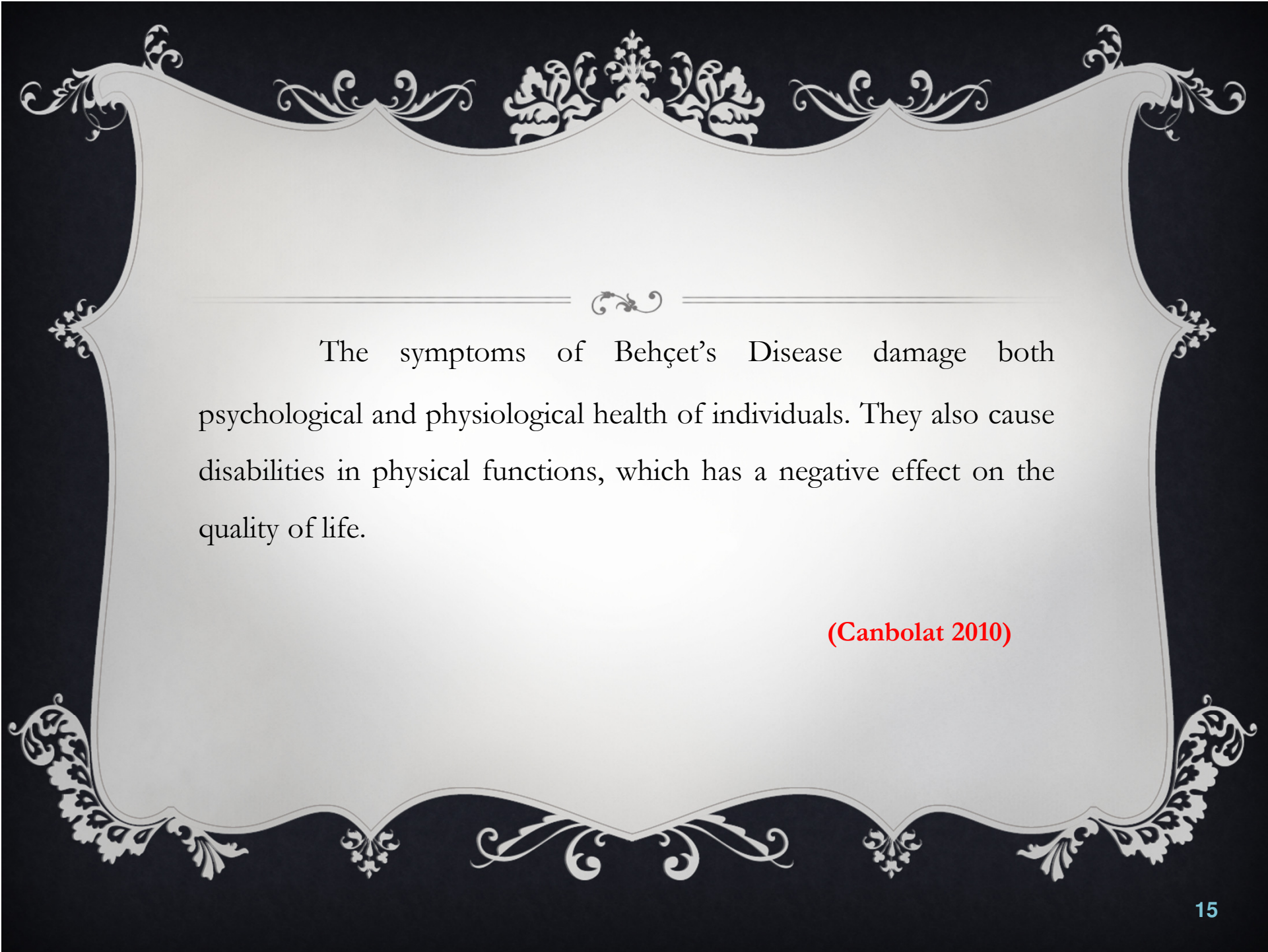
Intravenous immunoglobulin



## NURSING MANAGEMENT

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Behçet's Disease is a chronic illness with a negative effect on the quality of life of patients. It causes disabilities in their functions. It also causes skin and mucosa lesions, articular involvement and loss of sight. It is an important cause of morbidity due to eye involvement.



The symptoms of Behçet's Disease damage both psychological and physiological health of individuals. They also cause disabilities in physical functions, which has a negative effect on the quality of life.

**(Canbolat 2010)**



The management  
of family roles



Economic status



Energy level



Daily life  
activities



# PATIENTS' SYMPTOM MANAGEMENT STRATEGIES

Trying As Much As Their Performance Allows Them/Not Trying At All

Being Positive in Life/Being Negative in Life

Positive/Negative Support of Their Families

Consciousness/Lack of Consciousness of the People Around Them

Accepting the Disease/Failing to Accept the Disease

Getting Used to the Disease/Failing to Get Used to the Disease

Thinking Positively/Negatively About Their Disease

Caring About the Disease/Ignoring the Disease

Receiving Psychological Support

Directing/Failing to Direct Their Attention to Other Things

A Life Without Stress/A Stressful Life

Paying Attention/Not Paying Attention

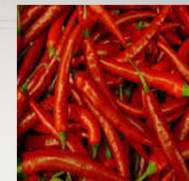
Caring About the Disease/Disregarding the Disease

Forgetting/Remembering All the Time

Positive/Negative Expectations From the Future

## EFFECTIVE AND NON-EFFECTIVE METHODS USED BY THE PATIENTS

❖ Hot and spicy foods



❖ Fish oil



❖ Baking soda

❖ Smoking



# NURSING DIAGNOSIS

- ❖ Pain
- ❖ Nutrition less than needed by the body
- ❖ Constipation
- ❖ Deterioration of physical mobility
- ❖ Fatigue
- ❖ Risk of infection



# PAIN



# INTERVENTIONS

- ❖ Asking the patient to describe his pain using a daily scale and recording the descriptions (location and severity of the pain; the factors that increase and decrease its severity)
- ❖ Comforting the patient (putting a pillow under his knee)
- ❖ Helping the patient to focus on something else when he has pain
- ❖ Administration of the employed analgesic

# NUTRITION LESS THAN NEEDED BY THE BODY



# INTERVENTIONS

- ❖ Monitoring the patient's weight
- ❖ Discussing the factors that increase and diminish his appetite (e.g., smell)
- ❖ Discussing his favorite foods and meals
- ❖ Stressing the importance of sufficient and balanced nutrition
- ❖ Encouraging him to eat alternative foods that are equivalent to the foods he/she does not like

# CONSTIPATION





# INTERVENTIONS

- ❖ Encouraging the patient to drink fluids
- ❖ Ensuring that the patient goes to the toilet to defecate at the same time everyday
- ❖ Encouraging the patient to do exercise and take walks
- ❖ Offering high-fiber foods
- ❖ Monitoring the bowel sounds

# IMPAIRMENT IN PHYSICAL MOVEMENTS



# INTERVENTIONS

- ❖ Determining to what extent the patient performs daily activities
- ❖ Explaining why it is important for him not to remain in the same position for a long time
- ❖ Encouraging the patient to take walks when his pain gets weaker
- ❖ Emphasizing the importance of bed rest during the attack period
- ❖ Ensuring that the patient gets help for activities with which he has difficulty

# FATIGUE



# INTERVENTIONS

- ❖ Determining the level of the patient's fatigue
- ❖ Explaining the causes of fatigue
- ❖ Planning the patient's activities during the day
- ❖ Informing the patient that he should do hard work in the morning when he still feels vigorous
- ❖ Giving the patient a chance to share his feelings about the effects of fatigue of his life

# RISK OF INFECTION



# INTERVENTIONS

- ❖ Informing the patient about the symptoms and findings (e.g., rash, fever, leucocyte level) of the infection
- ❖ Monitoring the patient for infection
- ❖ Performing invasive operations using aseptic methods
- ❖ Informing the patient about hand-washing
- ❖ Monitoring the patient's laboratory results

# LACK OF INFORMATION





# INTERVENTIONS

- ❖ Informing the patient about the description, use and side effects of his medication as well as the things he should do when he faces unexpected situations
- ❖ Determining the patient's lack of information about the disease and eliminating this insufficiency
- ❖ Informing the patient about addresses he/she can contact when he has a problem

## ADDITIONAL DIAGNOSES

- ❖ Anxiety
- ❖ Social isolation
- ❖ Discomfort: Nausea
- ❖ Changes in urination
- ❖ Deterioration of body image
- ❖ .....





Thanks