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.

(Oztaş et al. 2006)
# Table 1: Clinical findings in patients with Behçet’s Disease

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

(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 couldn’t provide sufficient care to my child. I couldn’t show my love, cuddle or walk around with him/her either.”

“I have experienced so many things in my professional life. I have changed 10 to 15 jobs since I was diagnosed with Behçet’s Disease.”

“I had never heard of this disease before. When they said ‘Behcet’, I thought that it was the name of the physician. I couldn’t understand. Then I was told that it was the name of the disease. I have a friend called Behçet in my village. Believe it or not, I started to hate him after the disease got severe.”

“I couldn’t even cook; not to speak of the house chores.”

“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.”
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-α

**Systemic diseases**
- Prednisone
- Azathioprine
- Chlorambucil
- Cyclophosphamide
- Cyclosporine
- Intravenous immunoglobulin
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
<table>
<thead>
<tr>
<th>Strategies</th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying As Much As Their Performance Allows</td>
</tr>
<tr>
<td>Them/Not Trying At All</td>
</tr>
<tr>
<td>Being Positive in Life/Being Negative in</td>
</tr>
<tr>
<td>Life</td>
</tr>
<tr>
<td>Positive/Negative Support of Their Families</td>
</tr>
<tr>
<td>Consciousness/Lack of Consciousness of the</td>
</tr>
<tr>
<td>People Around Them</td>
</tr>
<tr>
<td>Accepting the Disease/Failing to Accept the</td>
</tr>
<tr>
<td>Disease</td>
</tr>
<tr>
<td>Getting Used to the Disease/Failing to Get</td>
</tr>
<tr>
<td>Used to the Disease</td>
</tr>
<tr>
<td>Thinking Positively/Negatively About Their</td>
</tr>
<tr>
<td>Disease</td>
</tr>
<tr>
<td>Caring About the Disease/Ignoring the</td>
</tr>
<tr>
<td>Disease</td>
</tr>
<tr>
<td>Receiving Psychological Support</td>
</tr>
<tr>
<td>Directing/Failing to Direct Their Attention</td>
</tr>
<tr>
<td>to Other Things</td>
</tr>
<tr>
<td>A Life Without Stress/A Stressful Life</td>
</tr>
<tr>
<td>Paying Attention/Not Paying Attention</td>
</tr>
<tr>
<td>Caring About the Disease/Disregarding the</td>
</tr>
<tr>
<td>Disease</td>
</tr>
<tr>
<td>Forgetting/Remembering All the Time</td>
</tr>
<tr>
<td>Positive/Negative Expectations From the</td>
</tr>
<tr>
<td>Future</td>
</tr>
</tbody>
</table>
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