



PATIENT CARE

Hospital Induced Deconditioning

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Medicine is considered to be one of the most noble as well as premium profession. We love saving lives each day and cherish a deep sense of accomplishment in what we do. However, the experience of being in a hospital is quite different from a patient's perspective, and I hope to talk more about the impact here.

Deconditioning is a lesser known subject that factors the psychological as well as physiological impact on an individual. While deconditioning could occur anywhere, it is quite commonly observed during a hospital admission. Imagine yourself admitted in a hospital, lying in bed staring at the white paint, with limited social interaction and watching other ill patients around you. Unfortunately, this is a reality that our patients may endure, and the way they feel has a significant impact on their recovery.

One way to understand deconditioning better is to reflect on the lethargy experienced when we oversleep. Older hospitalized patients can spend anything up to 95% of their time in bed or chair, during hospitalization [1]. Evaluating deconditioning could be a challenge as need to observe physiological symptoms coupled with psychological aspects of a patient's behaviour. Some of the most common symptoms/issues that could arise with deconditioning are:

- Musculoskeletal effects: Diminished muscle mass, decrease of muscle strength by two to five percent per day, muscle shortening etc [2].
- Bedsores caused by extended periods of inactivity.
- Psychological effects like delirium, depression, loss of confidence etc.
- Cardiovascular system effects like postural hypoten-

sion, venous thromboembolism risk etc.

- Digestive difficulties.
- Problems with continence.

There are various ways to prevent deconditioning, and below are two of the most widely practiced strategies across the NHS in UK:

- **Red2Green:** This is a management system developed by Dr Ian Sturgess, which aids in identifying delays or progresses in a patients journey. The vision behind this system is to ensure that all patient related plans are driven in a timely manner. Each patient is assigned to a colour code, which makes it possible to visually interpret priorities [3].
- **"End PJ Paralysis"& "Sit Up, Get Dressed and Keep Moving!" campaigns:** These phrases are thought-provoking and play an important role in a patients' wellbeing. Where applicable, patients should be encouraged to sit up rather than lying down, groom themselves and stay physically active. This ensures that patients feel good about themselves, both physically and psychologically [4,5].

Our geriatric patients are extremely vulnerable to deconditioning, but this can be mitigated. We need to ensure that patients are physically and psychologically active. This might involve simple encouraging steps like accompanying the patient for a short walk across the ward, social interactions and most importantly aiming to shorten their hospital stay where possible. We need to review the needs of a patient on a daily basis, factoring hospitalization specific aspects like the below:

- 'What is the expected date of discharge for Mr. X?'



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- *'Is the discharge summary complete for Mrs. Y?'*
- *'Why did Mr. Z have a Red day i.e. no progress?'*
- *'Who is the action owner for the pending task?'*
- *'Well done team! Mrs. Y has had a Green day i.e. tasks completed and patient can be safely discharged!'*

Preventing deconditioning is not a one-man job, but is truly a combination of processes and team work that is patient centered. We definitely need to increase awareness on deconditioning, and most importantly we need to look at this from a different perspective.

Acknowledgements

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References

1. Panagioti M, Khan K, Keers RN, Abuzour A, Phipps D, et al. (2019) Prevalence, severity, and nature of preventable patient harm across medical care settings: Systematic review and meta-analysis. *BMJ* 366: 14185.
2. Gillis A, MacDonald B (2005) Deconditioning in the hospitalized elderly. *Can Nurse* 101: 16-20.
3. <https://improvement.nhs.uk/news-alerts/5-reasons-why-we-are-fully-behind-red2green-approach/>
4. <https://endpjaralysis.org>
5. <https://www.bgs.org.uk/policy-and-media/%E2%80%98sit-up-get-dressed-and-keep-moving%E2%80%99>