



Benson Therapy Against Pain Scale in Patient with NSTEMI

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ABSTRACT

Unstable Angina Pectoris is an attack of pain or stinging in the chest, one of which is NSTEMI disorder. The number of deaths due to heart attacks is obtained at a very high rate of around 17.7 million per year and 31% of deaths in the world. NSTEMI is a disorder in which there is no unique abnormality in the heart seen from a medical examination. Performing benson therapy on the pain scale in patients with nstemi in the ICU room of Hj. Anna Lasmanah Banjarnegara Hospital. The case study used is descriptive through case studies. NSTEMI patients recorded in medical records at the Hj Anna Lasmanah Banjarnegara Hospital in 2021 were 12 patients, in 2021 there were 27 patients and in 2022 there was an increase to 31 patients. Mr. S experienced left chest pain after nursing care with benson therapy for 3 X 24 hours the pain decreased to mild and disappeared. It is necessary to implement comprehensive nursing care through benson therapy so that it can help patients in overcoming the chest pain they experience.

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INTRODUCTION

Cardiovascular diseases are the leading cause of death worldwide. Sudden cardiac death (SCD) and sudden cardiac arrest (SCA) are thought to account for approximately 50% of all cardiovascular deaths in the general population, but the statistics are highly dependent on the methodology by which these events are defined.(Koivunen et al., 2023)

Angina Pectoris is an attack of pain in the chest that appears suddenly due to adequate oxygen flow to the heart which causes narrowing of the blood vessels (Rosdahl & Kowalski, 2017). Unstable angina pectoris is also caused by acute imbalance between the myocardial oxygen supply and demand, is associated with an increased risk of cardiac death and subsequent myocardial infarction. (Chen et al., 2022). Cardiovascular events are the main focus of the World Health Organization (WHO) in 2017 and the death rate is 17.7 million every year and around 31% in the world. Basic Health Research (Riskesdas) in 2018, the average heart disease rate in Indonesia was around 1.5%, North

Kalimantan had the most with 2.2% and NTT was last at 0.7%. Age 75 years is the highest number of sufferers at 4.7% (Kementrian Kesehatan RI, 2018)

An acute myocardial infarction starts with unstable angina pectoris, which is chest pain and a burning feeling caused by coronary artery blockage. (Huda & Kusuma, 2015). When the heart is recorded, an anomaly known as non-ST-segment elevation myocardial infarction (NSTEMI) occurs when the heart does not exhibit conventional features. It requires careful observation even though it is not as risky as STEMI (ST-segment Elevation Myocardial Infarction). According to Muhjana (2017), 38 patients (63.3%) had a history of pain attacks, while 22 patients (36.7%) reported not having any pain at all. (Muhjhana, 2017) According to Ridwan (2020), 35 patients (87.5%) were men who had the most number of cases of chest pain. (Ridwan, 2020). Patients with NSTEMI may feel less comfortable when they are in pain. Pain reduction therapy can be used to lessen this effect. Benson therapy is one of them; it is a methodical deep breathing control that might lessen discomfort. (Solehati et al., 2015)

Benson relaxation is a condition where a person is free from feelings of excessive anxiety and can balance themselves after experiencing a disturbance. Benson's relaxation technique, as one of the methods of concentration on the senses, was first developed by Herbert Benson (1970) and is so popular because of its ease of learning and teaching. (Moradi et al., 2023). This method, known as Benson's relaxation, will cause a regular physiological response that will disrupt the state of awareness. According to Rasubala's (2017) research, people who have had surgery can manage their pain with Benson therapy. After receiving Benson therapy, patients' pain levels are not as different from those of individuals who do not. (Candra, 2020; Rasubala et al., 2017) Rustono (2018) provides evidence for this, showing that the Benson intervention group experienced less pain than the control group. (Rustono & Irawati, 2018). NSTEMI sufferers at Hj Regional Hospital. Anna Lasmanah Banjarnegara in 2020 there were 12 patients, in 2021 27 patients and in 2022 there was an increase of 31 patients.

BR technique is known as one of the foremost muscular relaxation techniques that works through the regulation of the hypothalamus and reduction of the sympathetic and parasympathetic stimuli and is effective on the respiratory function, pulse rate, and heart workload. (Bagheri et al., 2021; Keihani et al., 2019; Maredpour et al., 2019), Currently receiving treatment at Banjarnegara Regional Hospital, NSTEMI patients have not yet been administered Benson therapy for pain management. All that has been provided to patients is pharmaceutical treatment. An initial investigation on NSTEMI patients was carried out at the ICU ward of Hj Anna Lasmanah Banjarnegara Hospital. administer nitroglycerin to ease the patient's discomfort. In the intensive care unit, patients are given medication to relieve pain, and their movement is also restricted, yet the discomfort persists. Writing a research study on the "Implications of Benson Therapy on the Pain Scale in Patients with Nstemi in the ICU Room at Hj Regional Hospital" is something the author is interested in doing based on this case. Banjarnegara, Anna Lasmanah.

METHOD

The method applied was descriptive in a case study of NSTEMI patient in the ICU. providing nursing care in the form of assessment, diagnosis, intervention and evaluation. The case study that will be implemented is the implications of Benson therapy on the pain scale in patients with NSTEMI in the ICU Room at Hj Regional Hospital. Anna Lasmanah Banjarnegara. Benson therapy is given three times a day with assistance provided by



nurses and providing education for families to be able to guide patients in implementing Benson therapy.

RESULT

Mr. S. receiving pain nursing care in the ICU at Hj Regional Hospital due to NSTEMI. The dates of Anna Lasmanah Banjarnegara are February 20–22, 2023. The information gathered comprises the patient's personal and family details, habits, physical examination results, and the primary complaints the patient has. The evaluation procedure is conducted methodically (Donsu, 2019). The ICU room of RSUD Hj. Anna Lasmanah Banjarnegara served as the site of data collection from Monday, February 20, 2023, to Wednesday, February 23, 2022. Information was obtained from patients with a diagnosis of non-STeroidal mild end-stage MI (NSTEMI) through medical records, physical examination results, and evaluation outcomes. The results of the study obtained subjective data, which came from patients who understood and knew the patient's condition directly. Apart from subjective data, the author obtained objective data obtained from observations, physical examinations, and medical record data, whose results can be measured.

The author obtained from the results of the study that Mr. S is 70 years old, male, and has an address at Mandiraja Kulon, RT 04/RW 03 Banjarnegara. His last education was elementary school. The patient came to the emergency room on February 20, 2023, at 11.40 a.m. with complaints of chest pain since morning. From the results, Mr. S said that the left chest pain radiated to the neck accompanied by shortness of breath, which felt suddenly as if an object had hit it. The pain radiated to the pit of the stomach, left stomach, pain scale 7, pain lasted 10-15 minutes, and the patient looked weak, pale, From the patient's past medical history, data was obtained that the patient had a history of hypertension and uncontrolled type II DM since 2 years ago. The patient stated that he previously had a history of being an active smoker. This data can be used as a risk factor for NSTEMI that the patient is currently experiencing, in the case of Mr. S.

The physical examination obtained from Mr. S includes moderate general awareness, hemodynamic results of 120/66 mmHg, a pulse of 105 x/minute, a RR of 24 x/minute, and a SPO2 of 100%. Complaints of chest pain on the left side, radiating to the back. (Breathing) breathing. Inspection: Inspection of the shape of the right chest is larger; there is use of accessory muscles for breathing; there are no abnormalities on palpation; percussion sounds dull; auscultation reveals rhonchi breath sounds; Respiratory rate is obtained at 26 x/minute, oxygenation at NRM 10 LPM.

Data Analysis and Nursing Diagnosis.

The results of the assessment revealed nursing problems that could be used as nursing diagnoses for Mr. S on February 20, 2023, at 15.00. DS: The patient said she had chest pain on the left side and radiated to the back. O: chest pain felt during activity; P: during activity; Q: Chest pain like being crushed, R: pain in the left chest, S: Pain scale 5, T: Pain decreases with rest. And taking ISDN 5 mg, I have never experienced similar pain before, and the patient wants to get better soon. DO: Facial expression is painful, looks grimacing, HR: 105 times/minute, RR: 24 times/minute, patient is restless. At 15.15 WIB Subjective data: The patient said he was short of breath. Objective data: There is use of accessory muscles to breathe; RR: 24 x/minute. At 15.20, subjective data: The patient

said he was weak. Objective Data: HR: 105 x/minute; EKG shows depression at the inferior and anteroseptal sites.

Nursing Intervention.

Providing nursing care for three days can reduce the pain felt by the patient. Intervention by administering benson therapy.

Nursing Evaluation.

Based on the results of the implementation that has been carried out, an evaluation is obtained, namely Mr. S in the diagnosis of pain, the results showed that at the beginning of the examination the pain was on a scale of 7 and on the following day when Benson therapy was given there was a decrease to scale 5, the third day after being given Benson therapy it decreased again to scale 2.

DISCUSSION

The service and treatment efforts carried out in the ICU include cardiac resuscitation services, airway management services including tracheal intubation and ventilator installation, there is oxygen therapy, monitoring with ECG and monitored pulse oximetry, enteral nutrition services and other complete support services for patients. Efforts made to treat pain patients diagnosed with NSTEMI are carried out in collaboration with Professional Care Providers (PPA) to reduce pain due to NSTEMI attacks. Non-pharmacological therapy to reduce pain in NSTEMI patients in the ICU by applying Benson relaxation. The field results show that administering Benson therapy can help reduce the pain experienced by patients. This therapy is carried out for 3 days. This therapy has no side effects and is easy for patients to apply. This relaxation can reduce the patient's tension so that it can help the patient reduce the chest pain they are experiencing. Benson relaxation is a development of relaxation which is influenced by the patient's more positive beliefs in dealing with anxiety reactions. (Muliantino et al., 2018). In the research, it was explained that by using the Benson relaxation technique there was a reduction in pain in patients so that it could reduce pain in patients. Benson relaxation has no side effects on the patient because the Benson technique only involves the patient's belief in helping in reducing pain. In the case study, the results showed that after administering Benson relaxation, the patient's pain was reduced from moderate and severe pain to control with mild pain.

CONCLUSION

Implementation of Benson therapy in NSTEMI patients within 3 days can reduce pain in patients as expected.

RECOMENDATION

SOPs are needed in the ICU room in implementing comprehensive nursing care through Benson therapy so that it can help patients deal with the chest pain they are experiencing.

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