Changes in Anxiety and Depression in Patients with Ischemic Stroke

Luluk Widarti

Health Polytechnic of Surabaya, Ministry of Health, Republic of Indonesia

Abstract

Stroke is a disease that needs attention, given the increasing prevalence and cause of morbidity and mortality of patients. Model home care is an approach to holistic nursing care at home that emphasizes the intervention of bio-psycho-social-spiritual. Holistic model of home care as a learning process for all patients who are used to improve the psychological response that all patients be positive coping and modulate the immune system. This study aims to determine the differences in effect on anxiety and depression among groups holistic model of home care and group home care. This research study design experiments with a model of the pre-post test group design and subjects were measured psychological responses such as anxiety and depression. The sample in this study were all patients with ischemic stroke who had been allowed to go home after hospitalization in room Seruni A Hospital Dr. Soetomo in 2009 and settled in the city of Surabaya consisting of 40 patients. The results showed the difference in effect between the level of anxiety and depression in patients with ischemic stroke before to after the intervention homecare holistic and there are different levels of anxiety and depression in patients with ischemic stroke in the treatment group homecare models with group receiving homecare holistic model of care.

Keywords: homecare holistic, anxiety, depresion

1. Introduction

Stroke is a major health problem in modern life today. Stroke is a disease that needs attention, given the increasing prevalence and cause of morbidity and mortality of patients. This is also the single most cases cause disability. More than 250,000 people living with disability disebakan by stroke. From research conducted over 7 years on more than 20,000 people obtained 452 stroke patients and more than 100,000 stress in his life (The stroke Association). In Indonesia, stroke is the number three deadly disease after heart disease and cancer. In fact, according to the 2004 survey, stroke is the number one killer in the hospital. Governments all over Indonesia. It is estimated that the number of stroke patients reached 212 thousand people, the sheer number of stroke patients is increasing every year, not only attacks the elderly, but also experienced by those who are young and productive. It is estimated that each year 500,000 people affected by stroke. About 2.5% or 125,000 people have died and the rest mild or severe disability. Their disability due to stroke clothing, not just a burden on the family, but also the general public burden (Yastroki, 2007).

The disability condition that causes stroke patients have psychological disorders such as anxiety are characterized by feelings of fear or deep concern about the helplessness and feeling useless again. The manifestation of stroke such as weakness or paralysis tool motion, so that further aggravate the condition of patients suffering from depression. On the condition of the patient depressed mood disorder characterized by melancholy and anguish and sustainable so that the loss of vitality of life. Patients who experience prolonged stress based on the concept of psychoneuroimmunology, via astrocytes in cortical and amygdala in the limbic system affects the hypothalamus. Then the pituitary will produce CRF, ie the basophilic cells. The basophilic cells will express ACTH (adrenal cortico tropic hormone) which ultimately can affect the adrenal cortex gland cells fasiculata zone, this gland will produce cortisol that are immunosuppressive. If the stress experienced by patients is very high, the adrenal glands will produce cortisol in large quantities so as to suppress the immune system (Apasou & Sitkorsy, 1999).

Stroke patients in need of treatment and palliative care there is no time limit to when admitted to the hospital so it needs to be treated at home (home care). Meanwhile we do the analysis in Indonesia fact indicates the approach of nursing care home model of care is still focused on the physiological needs (physical) in this case the services provided only to physical health, so that home care is exercised only by the standard of service as in the hospital. Thus the model of nursing home care is given in stroke patients has not been optimal. That situation will get worse if there is a holistic treatment efforts involving multiple parties and better models of care (Depkes, 2002).

For that offered nothing new that a model of home care holistic. This treatment care models provide confidence in the quality of nursing care for patients in which nursing care is given in a holistic (bio-psycho-social-spiritual). Psycho nursing care focused on positive coping strategies to live independently as well as the ability to be a role and function optimally to maintain the integration of self (Ronaldson, 2000).

Until now there has been no results prove that after the home care holistic in ischemic stroke patients may experience improved cognition and immune response. If the role of home care holistic in ischemic stroke is not

clarified the understanding of the role of holistic care home can not be utilized for the development of cerebral infarction prevention, so that disability due to ischemic stroke will remain large. It is generally certainly will affect the ability of human resources and productivity.

2. Literature Review
2.1. Anxiety and Depression
Anxiety is a disorder characterized by the natural feelings of fear or a feeling of deep and ongoing concern, not impaired in judging reality (Reality Testing Ability / RTA, still good), personality remains intact (not having split personality / splitting of personality), the behavior can be disturbed but within limits - limits of normal (Hawari, 2008). Anxiety is different from fear because fear is having the characteristics of the object / specific sources that can be defined and described by the individual. Fear; involving intellectual assessment of the threatening stimulus, while anxiety is the emotional response to the assessment. The fear caused by the physical and psychological, while anxiety arising from the absence of fear.

Beck (in McDowell & Newel, 1996) defines depression as an abnormal state of an organism that is manifested by signs Simpton such as: the decline of subjective mood, pessimistic and nihilistic attitude, loss of spontaneity and vegetative symptoms (such as symptoms of weight loss and sleep disorders). Depression is a complex disorder that includes affective disorders, cognition, motivation and behavioral components. The cause of depression is not fully understood. Number of factors can lead to a likely to suffer from depression (Hawari, 2008), among others, heredity, side effects of certain drugs, introverted personality, and emotional events.

2.2. Ischemic stroke
Stroke can be divided into hemorrhagic stroke and ischemic stroke. Patients with ischemic stroke were patients with focal neurologic signs are sudden disturbance, caused by obstruction or peyempitan arteries and menujugambaran brain infarction on CT-scan. Although in practice there are authors who mention that ischemic stroke is a synonym of cerebral infarction, cerebral ischemia but actually is the cause of cerebral infarction. Cerebral infarction will then provide the clinical symptoms of stroke according to the location of the affected area. Clinically, the manifestation of ischemic stroke may be a TIA (transient ischemic attack), Rind (Reversible Ischemic Neurologic Deficit), strokeini Evalution or Completed stroke. Some risk factors for ischemic stroke were age, gender, race, heriditas, hypertension, diabetes mellitus, smoking, obesity, serum lipids abormal, atrial fibrillation, and some other heart disease (Love, 1999).

2.3. Inflammatory response in acute ischemic stroke
Trauma and stroke can cause permanent disappearance of the functions of the central nervous system. Recent research shows that the tissue reaction to the two kinds of damage was also involves an acute inflammatory response. Some researchers recently on the role of inflammation on neuronal damage due to hypoxia. This inflammation involves the role of inflammatory cells, and also modulator several cytokines. Kohucticka et al. (1998) found that the activation of inflammatory cells such as neutrophils and macrophages in the ischemic region after ischemia can cause further damage. Research on the role and mechanisms of inflammation in ischemic neuronal damage showed the presence of new targets for therapeutic intervention for stroke. Various studies are underway to investigate a drug that prevents the binding of neutrophils to endotil blood vessel injury, thereby reducing the inflammatory reaction are available (Schneck, 1998). In the early stages of ischemia stage, endogenous angiogenesis seen replacing the blood flow to the ischemic area with the formation of collateral vessels (Yamasaki & Kogure, 1997).

Five evidence shows that the delayed neuronal and functional losses after ischemic damage is the result of the work of neurotoxic inflammatory cells (Guilan, 1997), whereas Fuerstein et al. (1997) and Yamasaki & Kogure (1997) mentions that ischemia will cause inflmasi conditions in the affected brain regions. Inflammatory condition consists of cells (neotropil at the time of onset of attacks and then monocytes) and mediators (cytokines, chemokines, and so on). But however, the ability of ischemia to induce acute inflammation of the brain is the basis for the new penangannan neuronal damage after cerebral ischemia.

2.4. Approach nursing care at home (home care) in ischemic stroke patients
Approach to nursing care at home in ischemic stroke patients is a service delivery in the home to help meet the physical needs of the everyday; physiological needs; social needs; and spiritual needs with emphasis on the process of adaptation to ischemic stroke patients can take care of himself and is able to use effective coping (Depkes, 2002). Rehabilitation intervention runah allow ischemic stroke patients get the motor and functional improvement occurs by means of natural healing and community reintegration (family support). Holistic ministry aims to improve, maintain and restore health conditions or maximize the independence and minimize the consequences of the disease in order to achieve optimal individual ability and long may that be done in a comprehensive and sustainable.

2.5. Psychological Nursing Response (Coping Strategies)

Coping mechanism is a mechanism by which the individual to deal with changes received. If successful coping mechanism, then that person will adapt to these changes. Coping mechanisms can be studied, since the inception of stressors and people realize the impact of these stressors. Coping abilities of the individual depends on the temperament, perception and cognition and cultural backgrounds / norm where he grew up (Carlson, 1997).

Coping mechanism is formed through a process of learning and remembering. Learning here is the ability to adapt (adaptation) on the influence of internal and external factors. Implicit learning generally reflective and does not require awareness (focal). It is found in behavioral habits, sensitization and circumstances. On habituation arises a decrease of transmission synapses in sensory neurons as a result of a decrease in the amount of neurotransmitter released by the terminal is reduced presinap (Bear, 1996; Notosoedirdjo, 1998). In habituation toward depression homosinaptik to an external activity that stimulated continuously (Bear, 1996). The sensitivity is more complex than habituation, have the potential long-term (a few minutes to a few weeks). Effective coping occupies a central place to the endurance and power rejection of interference or attacks an illness is both physical and psychological, social, spiritual. Attention to coping not only limited to a mild illness but rather the emphasis on the condition of severe pain (Notosoedirdjo, 1998; & Keliat, 1999).

3. Methodology

This research study design experiments with a model of pre - post test group design. The control group was given Home Care and treatment group were given Home Care Holistic. Subjects measured psychological responses such as anxiety and depression. Then the intervention of the application of holistic care home for 3 months. Furthermore, measured psychological and biological responses (post-test). After the initial measurement results (pre-test) compared with the results of the final measurement (post-test) to determine differences in psychological response in patients with ischemic stroke between before and after the intervention of home care holistically. The sample in this study were all patients with ischemic stroke who had been allowed to go home after hospitalization in room Seruni A Hospital Dr. Soetomo in 2009 and settled in the city of Surabaya consisting of 40 patients by using probability sampling. Selection of patients must meet the inclusion criteria, which states are willing to be patient survey respondents, patients with ischemic stroke in the first attack, aged between 35-65 years, not anemic, no clinically malnourished, and resides in the city of Surabaya, East Java, Indonesia. The independent variable is the Home Care Holistic, the dependent variable is the level of anxiety and depression. While the control variables were age, gender, education, job, marital status, income and history of the disease (DM/Hypertension). The instrument used in this study was a questionnaire and observation to the level of anxiety and depression levels in patients with ischemic stroke. The statistical analysis used in this study is the Chi-square test to examine differences in levels of anxiety and depression in patients with ischemic stroke who receive homecare holistic model of care with patients who received care homecare models.

4. Result and Discussion

4.1. Result

Ischemic stroke patients who are 20 treatment model of home care holistic and 20 patients with ischemic stroke who received home care treatment models, obtained the condition that all 40 patients in the islamic religion and family status (married). The picture of the age of the respondents was as follows: the average age of patients with ischemic stroke who received home care is a holistic model of care was 54.6 years, while the average age of patients with ischemic stroke who received care home model of care, is 54 years old. The majority of ischemic stroke patients were female (52.5%). In patients with ischemic stroke who received home care is a holistic model of care mostly male sex (55%), whereas in patients with ischemic stroke who received home care models are mostly women (60%). Most patients with ischemic stroke junior high school education (47.5%).

In patients with ischemic stroke who received home care holistic care models mostly junior high school education (40%), the same thing also happens in patients with ischemic stroke who received home care models that most of the junior high school education as well, amounting to 55%. Most patients with ischemic stroke to work in the private sector (62.5%), whereas patients with ischemic stroke who received home care holistic care models mostly work in the private sector (60%). Most patients with ischemic stroke have incomes below the average minimum wage (85%). In patients with ischemic stroke who received home care holistic care models mostly have incomes below the average minimum wage (80%), whereas in patients with ischemic stroke who received home care models also have income below the average minimum wage (90%) .

The bulk of ischemic stroke patients do not have a history of hypertension (87.5%). In patients with ischemic stroke who received home care is a holistic model of care is largely a history of diabetes (80%), whereas in patients with ischemic stroke who received home care models also do not have a history of hypertension (95%). The majority of ischemic stroke patients had a history of hypertension (97.5%). In patients with ischemic stroke who received home care holistic care models largely a history of hypertension (95%), whereas in patients with ischemic stroke who received home care models, all (100%) had a history of

hypertension.

Test anxiety differences in ischemic stroke patients before and after the intervention of home care holistic shown in Table 4.1.

Table 4.1. Anxiety conditions ischemic stroke patients before and after treatment, model of home care holistic in the city of Surabaya in 2010

		Anxiety after treatment			Total
		light	medium	weight	
Anxiety before treatment	light	4	0	0	4
	medium	0	3	0	3
	weight	4	1	8	13
	Total	8	4	8	20
Fisher's exact test (χ^2) = 13.782 P=0.001					

From the table above, it appears that, in patients with anxiety condition before treatment "light" and "medium" was not changed. But in stroke patients with anxiety condition "weight", after treatment with a model of home care holistic experience anxiety changes. Of the 13 patients who experienced severe anxiety, after getting home care holistic models treatments, 4 patients with ischemic stroke anxiety become anxiety "light" and one person becomes anxiety "medium", and there are 8 patients with ischemic stroke were still experiencing weight anxiety. By using Fisher's Exact Test (χ^2), obtained significance value of 0.001, which means that there are differences in anxiety condition ischemic stroke patients before and after treatment model of home care holistic. Test anxiety differences in ischemic stroke patients before and after the intervention of home care are shown in Table 4.2.

Table 4.2. Anxiety conditions ischemic stroke patients before and after treatment models of home care in the city of Surabaya in 2010.

		Anxiety after treatment			Total
		light	medium	weight	
Anxiety before treatment	light	2	0	7	9
	medium	0	1	5	6
	weight	0	1	4	5
	Total	2	2	16	20
Fisher's exact test (χ^2) = 3.685 P=0.444					

From the table above, it appears that there is a tendency condition of the patient's anxiety turned into "heavy". By using Fisher's Exact Test (χ^2), obtained significance value of 0.444, which means that there is no difference in the condition of ischemic stroke patient anxiety before and after treatment models of home care. Test the difference of depression in patients with ischemic stroke before and after the intervention of home care holistic shown in Table 4.3.

Table 4.3. The condition of patients with ischemic stroke depression before and after treatment, model of home care holistic in the city of Surabaya in 2010

		Depression after treatment			Total
		light	medium	weight	
Depression before treatment	light	9	0	0	9
	medium	2	1	2	5
	weight	3	0	3	6
	Total	14	1	5	20
Fisher's exact test (χ^2) = 8.84 P=0.02					

From the table above, it appears that, in patients with depression before treatment "light" did not undergo changes. But in stroke patients with depression "medium" and "weight", after treatment with a model of home care holistic experience depression changes. Of the 5 patients with moderate depression, after getting home car models holistic treatment, 2 patients with ischemic stroke depression became depressed "light" and a person becomes depressed "medium", and there are two patients with ischemic stroke were still experiencing medium depression. Of the 6 patients who are weightly depressed, after getting home care holistic models treatment, 3 patients with ischemic stroke depression became depressed "light" and 3 patients with ischemic stroke who remain weightly depressed. By using Fisher's Exact Test (χ^2), obtained significance value of 0.02, which means

that there are differences in the condition of patients with ischemic stroke depression before and after treatment model of home care holistic. Test the difference of depression in patients with ischemic stroke before and after the intervention of home care are shown in Table 4.4.

Table 4.4. The condition of patients with ischemic stroke depression before and after treatment models of home care in the city of Surabaya in 2010

		Depression after treatment		Total
		light	weight	
Depression before treatment	light	2	5	7
	medium	2	8	10
	weight	1	2	3
	Total	5	15	20
Fisher's exact test (χ^2) = 0.719 P=1.000				

From the table above, it appears that there is a tendency of the patient's depression turned into a "weight". By By using Fisher's Exact Test (χ^2), obtained significance value of 1.0, which means that there is no difference in the condition of patients with ischemic stroke depression before and after treatment models of home care. Test anxiety differences in ischemic stroke patients before treatment model of home care holistic and nursing home care models are shown in Table 4.5.

Table 4.5. Anxiety conditions ischemic stroke patients before treatment model of home care holistic and nursing home care models in Surabaya in 2010

Anxiety (before)	Treatment group model is home care holistic		Treatment group model of home care		Total	
	n	%	n	%	n	%
light	4	20,0	9	45,0	13	32,5
medium	3	15,0	6	30,0	9	22,5
weight	13	65,0	5	25,0	18	45,0
Total	20	100	20	100	40	100
Fisher's exact test (χ^2) = 6.314 P=0.051						

From the table above it appears that anxiety conditions ischemic stroke patients before treatment model of home care holistic and who will get the model of home care is almost the same, which is mostly experienced anxiety with weight categories, namely by 65% for nursing is home care holistic models and by 45 % of model of home care. By using Fisher's Exact Test (χ^2), obtained significance value of 0.051, which means that there is no difference in the condition of anxiety prior ischemic stroke patients receive treatment model of home care holistic and home care models. Test anxiety differences in ischemic stroke patients after treatment model of home care holistic and home care models are shown in Table 4.6.

Table 4.6. Anxiety conditions ischemic stroke patients after treatment model of home care holistic and nursing home care models in Surabaya in 2010

Anxiety (after)	Treatment group model is home care holistic		Treatment group model of home care		Total	
	n	%	n	%	n	%
light	8	40,0	2	10,0	10	25,0
medium	4	20,0	2	10,0	6	15,0
weight	8	40,0	16	80,0	24	60,0
Total	20	100	20	100	40	100
Fisher's exact test (χ^2) = 6.766 P=0.037						

Most patients with ischemic stroke who received treatment model of home care holistic experience light anxiety (40%) and weight anxiety (40%). While ischemic stroke patients who receive care home model of care, most experienced weight anxiety (60%). By using Fisher's Exact Test (χ^2), obtained significance value of 0.037, which means that there are differences in anxiety condition after ischemic stroke patients receive treatment model of home care holistic and home care models. Differences test depression in patients with ischemic stroke before getting treatment model of home care holistic and nursing home care models are shown in Table 4.7.

Table 4.7. The condition of patients with ischemic stroke depression before getting home care holistic models and models of home care in the city of Surabaya in 2010

Depression (before)	Treatment group model is home care holistic		Treatment group model of home care		Total	
	n	%	n	%	n	%
light	9	45,0	7	35,0	16	40,0
medium	5	25,0	10	50,0	15	37,5
weight	6	30,0	3	15,0	9	22,5
Total	20	100	20	100	40	100
Fisher's exact test (χ^2) = 2.841 P=0.261						

From the table above it appears that depression condition ischemic stroke patients before treatment model of home care holistic and who will get the model of home care is almost the same, which is largely depressed with mild category, amounting to 45% of home care is a holistic model of care and by 40 % of care model of home care. By using Fisher's Exact Test (χ^2), obtained significance value of 0.261, which means that there is no difference in the condition of depression in patients with ischemic stroke treatment model of home care holistic and nursing home care models. Differences test depression in patients with ischemic stroke after getting treatment model of home care holistic and home care models are shown in Table 4.8.

Table 4.8. The condition of patients with ischemic stroke depression after treatment model of home care holistic and home care models in Surabaya in 2010

Depression (after)	Treatment group model is home care holistic		Treatment group model of home care		Total	
	n	%	n	%	n	%
light	14	70,0	5	25,0	19	47,5
medium	1	5,0	0	0,0	1	2,5
weight	5	25,0	15	75,0	20	50,0
Total	20	100	20	100	40	100
Fisher's exact test (χ^2) = 10.124 P=0.004						

Most patients with ischemic stroke who received home care is a holistic model of care experienced light depression (70%). While ischemic stroke patients who receive care home model of care, the majority of weight depression (75%). By using Fisher's Exact Test (χ^2), obtained significance value of 0.004, which means that there are differences in the condition of depression after ischemic stroke patients receive treatment model of home care holistic and home care.

4.2. Discussion
4.2.1. Differences in levels of anxiety and depression in patients with ischemic stroke before with after the intervention of home care holistic
Anxiety is a feeling of natural disorder characterized by feelings of fear or concern that deep and sustained, not impaired in judging reality, personality remains intact (not having split personalities). The behavior can be disturbed but within limits - limits of normal (Hawari, 2008). In this study patients showed often anxious and nervous when spoken to. Anxiety that arises in patients with ischemic stroke among others worried about healing illness, worry about the cost of treatment and anxiety about the future. State of anxiety that ongoing and sustained will cause ischemic stroke patients experience depression.

In this stroke patients researcher observations are emotional mental disorders, unstable mood sometimes grumpy (moody) and sadly often cry or otherwise feel happy and spirit. Mental emotional disorder is very unnatural, patients at one time showed symptoms of depression, but at other times showing symptoms maniakal. In the participants found the feeling of nature in the form of bipolar depression. The cause of depression in patients with most financial problems it is supported by the data characteristics of patients whose income is below the average of the minimum wage. Besides, depression is also caused by the disease does not heal, feel helpless, useless and failed since suffering a stroke and also hated himself for burdening the family besides that patients also feel the family is already saturated care.

To reduce anxiety and depression then given treatment holistic model of home care. The application of a holistic model of home care always insisted on nursing care to approach the bio-psycho-social-spiritual, biological treatment for neurological somatic therapy to stroke her to continue therapy from the treating physician also needs nutrients, fluids and electrolytes, elimination, activity and rest / sleep, skin integrity and observe the vital signs. For psychological approach given supportive and cognitive mental state at the time the

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patient is emotionally stable so that the patient can accept and restore confidence. Psychological implementation approach will involve facilitating constructive coping techniques with the invite patients to find the meaning of the disease, the potential of the patient, invite patients to identify ways that usually are used to address upset, angry or something unpleasant, facilitating positive view of self-concept and motivation to do the activity.

For social approach given that the patient is not inferior and many associate to avoid alienation by way of therapeutic communication techniques, open, exploration and clarification, to encourage patients to relieve emotional tension, helping patients to receive thoughts and feelings, helping the patient to express his feelings, invite patients to participate in decisions relating to maintenance, to convince the patient that he is still as individuals that are useful for the family and society, invites families to provide social support, facilitate satisfactory interpersonal relationships.

In this study, after the patient is given a holistic model of home care experience anxiety or depression changes. Of the 13 patients who experienced severe anxiety after receiving treatment holistic model of home care 4 patients with ischemic stroke anxiety become anxiety "light" and the first person to anxiety "medium" and 8 people are still experiencing anxiety "weight". While the 5 patients with depression "medium" after getting home care holistic care models 2 patients become depressed depression "light" and one person becomes depressed "medium" and there are still two patients who remained depressed "weight". Of the 6 patients with major depression after treatment holistic model of home care patients with depression to depression 3 "light" and 3 patients remained depressed "weight".

4.2.2. Differences in levels of anxiety and depression in patients with ischemic stroke who received treatment group model of home care than those who received is a home care holistic model

The results obtained from the analysis of anxiety conditions ischemic stroke patients before treatment models of home care and home care is a holistic model of almost the same condition, which is most of the anxiety in his weight category. In this research approach to nursing home care models still can not change the condition of severe anxiety in patients with ischemic stroke. Allegedly because home care model approach implemented only focused on physiological needs (physical) and based on standard services such as hospital care include: special care (decubitus sores diabetes, inkontenensia). General care (help and encourage people to be able to be independent in daily activities). Treatment (administration of medication as recommended by the treating physician, feeding through the NGT, pairs of urinary catheter) and physical rehabilitation in patients with ischemic stroke.

The results obtained by analysis of the condition of patients with ischemic stroke depression after treatment models of home care is largely severely depressed. This is presumably due care home model of care focused on physical well-being. Based on the observations of researchers patients after receiving home care most patients still showed depression characterized by sadness, despair and helplessness to do any activity. As stated by (Charmaz, 1991) if the person feels the illness is chronic and difficult to cure disease, the patient often feels a failure in life. As a result, they become sensitive and irritable every tackle. Response anger is an expression of frustration that is felt. The patient still complains about the disease that do not heal even forbidden treatment with cases that go to traditional healers and with drugs that harm is by way stung by a bee.

The results obtained by analysis of the condition of anxiety and depression in patients with ischemic stroke after getting home care is a holistic experience that changes of 13 patients who experience weight anxiety, after getting home care holistic care models 4 patients into light anxiety, and 1 person to anxiety medium and still there 8 patients were still experiencing weight anxiety. While the 6 patients with weight depression after treatment holistic model of home care light depression 3 patients and 3 patients remain weightly depressed.

Model home care holistic emphasis on the use of coping strategies and the use of social support (family, nurses and patients). This model is used to mepercepat adaptive response, (Andrew & Roy, 1991) explains that the purpose of nursing care is mempecepat adaptive response to the 4 components (which includes physical adaptation, psychological, social and spiritual). Coping as a person attempts to prevent, avoid and control stress (Pearlin & Schooler, 1978) which has three basic objectives include: (1) efforts to eliminate or modify the situation of anxiety and depression that was not prolonged (2) attempts to control the meaning of the problems with understanding right of disease experienced. (3) attempts to control anxiety and depression by creating an enabling environment.

Specific coping strategies techniques taught in this study were (1) to invite the patient to find the meaning of the disease (2) empowerment potential, by increasing self-esteem, positive thinking and confidence (3) cognitive techniques can be avoided or face openly or compromise (4) techniques to identify the emotional changes along the way patients are commonly used to megatasi feeling upset, angry or something unpleasant (5) behavior change techniques that perform activities that are useful in speeding recovery: increase relaxation and other useful activities.

Application of home care holistic model of care is expected to accelerate the acceptance response. In reality, not all patients always showed a response that indicates acceptance but no response penolakaan and denial of her illness. Patients often angry and third stages of the psychological response is happening doubt and

bargaining. Patients started thinking for the future. To the researchers still facilitate constructive coping techniques with the invite patients to find the meaning of the disease, the patient's dig resources / potential and help the patient to change the mall adaptive response and maintaining adaptive coping response. In this study, after the patient is given treatment holistic model of home care patients began to decrease depression.

Application of social approach is to provide an adaptive social support to patients through the family. Support provided in the form of emotional support, support information and support material (Pearlin & Anashensel, 1989) distinguishes three types and dimensions of family support. Gottlieb (1983) explains that social support as information or advice or verbal and non-verbal, real help, or actions provided by social familiarity or in the form of presence and emotional benefits or have an effect on the behavior of the recipient. Each family member has a basic need of physical, personal and social. The family plays a very important role in determining the behavior of an ill family member, be supportive during the healing and recovery (Schofield et al., 1998). If such support is not there, then the healing and recovery program success will be greatly reduced. But for stroke in which the family also suffered psychological stress.

Application of a spiritual approach by Ronaldson (2000) patients with terminal disease who underwent a long treatment experience severe spiritual distress. For the treatment of a holistic model of home care seeks to strengthen the realistic expectations of patients to cure the road: (1) Assure the patient slightest healing will give you peace and confidence of patients to treatment (2) to remind the patient that hope is never false, because the attitude relaxed and believe will create a more favorable environment penyembuhanyang in the body (3) motivate patients to accept willingly the disease (4) encourage the patient to istiqomah example Tahajjud prayers, dzikir, and read the quran. (5) invites the patient to trust that is given all the disease completely to God. (6) invites the patient to patient (7) invites the patient to be grateful (8) invites the patient to tafakkur (think, reflect and concentrate).

5. Conclusion

Based on the above, the conclusions in this study was the difference in effect between the level of anxiety and depression in patients with ischemic stroke before to after the intervention homecare holistic and there are different levels of anxiety and depression in patients with ischemic stroke who received treatment group compared with the model group receiving homecare holistic model of care homecare. The suggestion of this research is a model-based nursing home care holistic paradigm psychoneuroimmunology ischemic stroke patients is recommended for use in nursing care in all health care institutions.

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