Case report

PRIKAZ SLUČAJA PACIJENTA OBOLJELOG OD DEPRESIJE PO PROCESU ZDRAVSTVENE

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Primljen: : 25.05.2026
Prihvaćen: 05.06.2026.

APSTRAKT

Uvod. Depresija predstavlja jedan od najčešćih mentalnih poremećaja savremenog društva koji značajno utiče na psihičko, fizičko i socijalno funkcionisanje oboljelih osoba. Cilj ovog rada bio je prikaz pacijenta oboljelog od depresivnog poremećaja kroz proces zdravstvene njege, sa posebnim naglaskom na identifikaciju sestrinskih dijagnoza, planiranje i sprovođenje intervencija, te evaluaciju postignutih rezultata. Prikazan je slučaj pacijenta muškog pola, starosti 32 godine, hospitalizovanog na psihijatrijskom odjeljenju zbog simptoma depresije i anksioznosti, uključujući bezvoljnost, nesanicu, gubitak apetita i otežano svakodnevno funkcionisanje. Tokom hospitalizacije primijenjen je holistički pristup zdravstvenoj njezi, koji je obuhvatio kontinuirano praćenje psihičkog i fizičkog stanja pacijenta, uspostavljanje terapijskog odnosa, primjenu ordinirane terapije, edukaciju pacijenta i porodice, kao i mjere prevencije komplikacija, uključujući rizik od samoubistva i socijalne izolacije. Rezultati ukazuju na postepeno poboljšanje psihičkog stanja pacijenta, smanjenje anksioznosti i djelimičnu stabilizaciju raspoloženja tokom hospitalizacije. U zaključku se ističe značaj pravovremenog prepoznavanja simptoma

CASE REPORT OF A PATIENT WITH DEPRESSION ACCORDING TO THE NURSING PROCESS

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Received: May 25, 2026
Accepted: June 5, 2026

ABSTRACT

Introduction. Depression is one of the most common mental disorders in modern society and significantly affects the psychological, physical, and social functioning of affected individuals. The aim of this study was to present a patient with depressive disorder through the nursing process, with special emphasis on the identification of nursing diagnoses, planning and implementation of interventions, and evaluation of achieved outcomes. A case of a 32-year-old male patient hospitalized in a psychiatric ward due to symptoms of depression and anxiety is presented, including apathy, insomnia, loss of appetite, and impaired daily functioning. During hospitalization, a holistic nursing care approach was applied, which included continuous monitoring of the patient's psychological and physical condition, establishing a therapeutic relationship, administration of prescribed therapy, patient and family education, as well as preventive measures for complications, including the risk of suicide and social isolation. The results indicate a gradual improvement in the patient's psychological condition, reduction of anxiety, and partial stabilization of mood during hospitalization. In

depresije i ključna uloga medicinske sestre u pružanju kvalitetne, individualizovane i sveobuhvatne zdravstvene njege.
Ključne riječi: depresija, zdravstvena njega, medicinska sestra, sestrinske intervencije, psihijatrijska njega.

UVOD

Depresija predstavlja jedan od najčešćih mentalnih poremećaja današnjice i značajan je javnozdravstveni problem zbog sve veće učestalosti i posljedica koje ostavlja na fizičko, psihičko i socijalno funkcionisanje oboljelih osoba [1]. Karakteriše se dugotrajnim osjećajem tuge, gubitkom interesa za svakodnevne aktivnosti, smanjenom energijom, poremećajem sna i apetita, otežanom koncentracijom, kao i osjećajem bezvrijednosti i beznađa [2]. Osim što utiče na kvalitet života pacijenta, depresija značajno opterećuje porodicu, zdravstveni sistem i društvo u cjelini [3]. U savremenoj zdravstvenoj njezi medicinska sestra ima veoma važnu ulogu u prepoznavanju simptoma depresije, praćenju psihičkog stanja pacijenta i pružanju kontinuirane zdravstvene njege i podrške [4]. Zbog svakodnevnog kontakta sa pacijentima, medicinska sestra često prva uočava promjene u ponašanju, raspoloženju i socijalnom funkcionisanju oboljele osobe. Profesionalan odnos, empatija, razumijevanje i dobra komunikacija predstavljaju osnovu kvalitetne sestrinske njege kod osoba oboljelih od depresije [4, 5]. Etiologija depresije je multifaktorska i uključuje djelovanje bioloških, psiholoških i socijalnih faktora [1]. Među najčešće faktore rizika ubrajaju se genetska predispozicija, stresni životni događaji, hronične bolesti, socijalna izolacija i traumatska iskustva [2]. Zbog složenosti same bolesti, pristup liječenju zahtijeva multidisciplinarnu saradnju ljekara, psihologa, medicinskih sestara i drugih zdravstvenih radnika [4]. Uloga medicinske sestre u procesu liječenja depresivnih pacijenata obuhvata procjenu potreba pacijenta, planiranje i sprovođenje zdravstvene njege, praćenje efekata terapije, edukaciju pacijenta i porodice, kao i pružanje emocionalne podrške [3, 4].

conclusion, the importance of timely recognition of depressive symptoms and the key role of nurses in providing high-quality, individualized, and comprehensive nursing care is emphasized.
Keywords: depression, nursing care, nurse, nursing interventions, psychiatric care.

INTRODUCTION

Depression is one of the most common mental disorders today and represents a significant public health problem due to its increasing prevalence and the consequences it leaves on the physical, psychological, and social functioning of affected individuals [1]. It is characterized by persistent feelings of sadness, loss of interest in daily activities, reduced energy, sleep and appetite disturbances, impaired concentration, as well as feelings of worthlessness and hopelessness [2]. In addition to affecting the patient's quality of life, depression places a significant burden on families, the healthcare system, and society as a whole [3]. In modern nursing care, nurses play an important role in recognizing symptoms of depression, monitoring the patient's psychological state, and providing continuous care and support [4]. Due to daily contact with patients, nurses are often the first to notice changes in behavior, mood, and social functioning. A professional relationship, empathy, understanding, and good communication are the foundation of quality nursing care for patients with depression [4,5]. The etiology of depression is multifactorial and includes biological, psychological, and social factors [1]. The most common risk factors include genetic predisposition, stressful life events, chronic diseases, social isolation, and traumatic experiences [2]. Due to the complexity of the disease itself, treatment requires multidisciplinary cooperation between physicians, psychologists, nurses, and other healthcare professionals [4]. The role of nurses in the treatment process of patients with depression includes assessing patient needs, planning and implementing nursing care, monitoring treatment effects, educating patients and families, and providing emotional

Poseban značaj ima uspostavljanje terapijskog odnosa sa pacijentom, jer osjećaj povjerenja i sigurnosti može doprinijeti boljoj saradnji i uspješnijem liječenju. Pored toga, medicinska sestra učestvuje u prevenciji komplikacija depresije, uključujući rizik od samopovređivanja i suicida [5]. S obzirom na rastuću učestalost depresije i njen uticaj na svakodnevno funkcionisanje pojedinca, neophodno je kontinuirano unapređivati znanja i kompetencije medicinskih sestara u oblasti mentalnog zdravlja [6]. Pravovremeno prepoznavanje simptoma, adekvatna zdravstvena njega i individualizovan pristup pacijentu imaju značajnu ulogu u procesu oporavka i poboljšanja kvaliteta života oboljelih osoba. Cilj ovog rada je prikaz pacijenta oboljelog od depresije kroz proces zdravstvene njege, utvrđivanje njegovih potreba za njegom, kao i prikaz sestrinskih intervencija kod posmatranog pacijenta.

PRIKAZ SLUČAJA

U ovom radu prikazan je klinički slučaj pacijenta muškog pola, starosti 32 godine, hospitalizovanog na psihijatrijskom odjeljenju Univerzitetske bolnice Foča zbog depresivne epizode „ nepsihotičnog tipa.” Pacijent je primljen zbog izraženih simptoma u vidu sniženog raspoloženja, gubitka interesovanja za svakodnevne aktivnosti, bezvoljnosti, nesanice, smanjenog apetita, anksioznosti i otežanog svakodnevnog funkcionisanja. Tokom prijema pacijent je bio svjestan, orijentisan u vremenu, prostoru i prema osobama. Uočen je psihomotorni nemir, izražena unutrašnja napetost i anksioznost, uz prisutnu emocionalnu labilnost. Vitalni parametri bili su uredni i u okviru fizioloških referentnih vrijednosti. U psihičkom statusu dominiralo je depresivno raspoloženje, usporen tok mišljenja, smanjena voljna aktivnost i oslabljena motivacija za svakodnevne aktivnosti. Iz anamneze se saznaje da su se simptomi razvijali postepeno, a značajno su se intenzivirali nakon stresnih životnih događaja i porodičnih gubitaka. Pacijent ranije nije bio psihijatrijski liječen niti hospitalizovan. Živi u porodičnoj zajednici sa članovima porodice i ima zadovoljavajuće socijalne i stambene uslove, međutim, navodi smanjeno

support [3,4]. Establishing a therapeutic relationship is of particular importance, as feelings of trust and safety can improve cooperation and treatment outcomes. In addition, nurses participate in preventing complications of depression, including the risk of self-harm and suicide [5]. Given the increasing prevalence of depression and its impact on daily functioning, it is necessary to continuously improve the knowledge and competencies of nurses in the field of mental health [6]. Timely recognition of symptoms, adequate nursing care, and an individualized approach play an important role in recovery and improving the quality of life of affected individuals. The aim of this study is to present a patient with depression through the nursing process, determine his care needs, and present nursing interventions applied to the observed patient.

CASE REPORT

This study presents a clinical case of a 32-year-old male patient hospitalized in the Psychiatric Department of the University Hospital Foča due to a non-psychotic depressive episode. The patient was admitted due to pronounced symptoms including low mood, loss of interest in daily activities, apathy, insomnia, reduced appetite, anxiety, and impaired daily functioning. Upon admission, the patient was conscious, oriented in time, place, and person. Psychomotor agitation, pronounced inner tension, and anxiety were observed, along with emotional lability. Vital signs were within normal physiological limits. The mental status examination revealed a dominant depressive mood, slowed thought process, reduced volitional activity, and decreased motivation for daily activities. From the history, it was found that symptoms developed gradually and significantly intensified after stressful life events and family losses. The patient had no previous psychiatric treatment or hospitalization. He lives in a family household with adequate social and housing conditions; however, he reported reduced interest in social and recreational activities in recent period. During hospitalization, a nursing process based on a holistic approach was applied. Identified

interesovanje za društvene i rekreativne aktivnosti u posljednjem periodu. Tokom hospitalizacije primijenjen je proces zdravstvene njege usmjeren na holistički pristup pacijentu. Identifikovane su sestrinske dijagnoze koje su uključivale: poremećen ritam sna, anksioznost, umor, gubitak apetita, smanjenu fizičku aktivnost, nedovoljnu informisanost o terapijskim i dijagnostičkim postupcima, kao i visok rizik za samoubistvo. Sestrinske intervencije bile su usmjerene na uspostavljanje terapijskog odnosa zasnovanog na povjerenju i empatiji, kontinuirano praćenje psihičkog i fizičkog stanja pacijenta, smanjenje anksioznosti kroz adekvatnu komunikaciju, edukaciju pacijenta i porodice, te obezbjeđivanje sigurnog i strukturisanog bolničkog okruženja. Poseban naglasak stavljen je na prevenciju suicidalnog ponašanja kroz pojačan nadzor i kontinuiranu procjenu rizika. Tokom boravka na odjeljenju zabilježen je postepen klinički napredak, izražen kroz smanjenje anksioznosti, poboljšanje saradnje sa pacijentom i djelimičnu stabilizaciju raspoloženja, uz poboljšanje svakodnevnog funkcionisanja.

DISKUSIJA

Depresija je veoma učestala bolest modernog doba i kao takva predstavlja značajan javnozdravstveni problem koji utiče na sve aspekte života oboljele osobe. Prema podacima Svjetske zdravstvene organizacije, depresivni poremećaji su u stalnom porastu, posebno u populaciji radno aktivne dobi, što je u skladu i sa prikazanim slučajem pacijenta starosti 32 godine [7,8]. U prikazanom slučaju dominirali su klasični simptomi depresivne epizode nepsihotičnog tipa, uključujući sniženo raspoloženje, anhedoniju, nesanicu, smanjen apetit, psihomotorne promjene i anksioznost. Ovi simptomi su u skladu sa dijagnostičkim kriterijumima DSM-5 klasifikacije, gdje se naglašava prisustvo najmanje pet simptoma u periodu dužem od dvije sedmice, uz značajno narušeno socijalno i profesionalno funkcionisanje [9]. Etiološki posmatrano, kod pacijenta su bili prisutni izraženi stresni životni događaji i porodični gubici, što potvrđuje biopsihosocijalni model depresije. Ovaj model ističe interakciju genetskih predispozicija,

nursing diagnoses included: disturbed sleep pattern, anxiety, fatigue, loss of appetite, reduced physical activity, insufficient knowledge regarding therapeutic and diagnostic procedures, and high risk of suicide. Nursing interventions were focused on establishing a therapeutic relationship based on trust and empathy, continuous monitoring of the patient's psychological and physical condition, reducing anxiety through appropriate communication, educating the patient and family, and ensuring a safe and structured hospital environment. Special emphasis was placed on suicide prevention through increased supervision and continuous risk assessment. During hospitalization, gradual clinical improvement was observed, manifested through reduced anxiety, improved cooperation, and partial stabilization of mood, as well as improved daily functioning.

DISCUSSION

Depression is one of the leading causes of disability worldwide and a major public health problem affecting all aspects of an individual's life. According to the World Health Organization, depressive disorders are continuously increasing, especially in the working-age population, which is consistent with the presented case of a 32-year-old patient [7,8]. The presented case showed classical symptoms of a non-psychotic depressive episode, including low mood, anhedonia, insomnia, reduced appetite, psychomotor changes, and anxiety. These symptoms are consistent with DSM-5 diagnostic criteria, which require at least five symptoms persisting for more than two weeks, along with significant impairment in social and occupational functioning [9]. From an etiological perspective, the patient experienced significant stressful life events and family losses, supporting the biopsychosocial model of depression. This model emphasizes the interaction of genetic predisposition, neurobiological changes, and psychosocial stressors in the development of depressive disorders [10]. Similar findings in the literature identify stressful events as important triggers for the onset of

neurobioloških promjena i psihosocijalnih stresora u nastanku depresivnog poremećaja [10]. Slični nalazi opisani su u literaturi, gdje se stresni događaji navode kao značajan okidač za razvoj prvih epizoda depresije, posebno kod osoba bez prethodne psihijatrijske anamneze [11]. Uloga medicinske sestre u ovom slučaju bila je od ključnog značaja, naročito u ranom prepoznavanju promjena u ponašanju, procjeni rizika i uspostavljanju terapijskog odnosa. Peplauina teorija interpersonalnih odnosa u sestrinstvu naglašava da je terapijska komunikacija osnovni alat u mentalno-zdravstvenoj njezi, što je potvrđeno i u ovom slučaju kroz poboljšanje saradnje i smanjenje anksioznosti pacijenta [12]. Posebno važan segment sestrinske intervencije odnosio se na procjenu i prevenciju suicidnog rizika. Literatura ukazuje da su suicidalne misli i ponašanja česta kod pacijenata sa teškim depresivnim epizodama, te da kontinuirani nadzor i strukturisana procjena rizika značajno smanjuju mogućnost suicidalnog ishoda [13]. U ovom slučaju primijenjene mjere pojačanog nadzora i sigurnog okruženja bile su u skladu sa savremenim smjernicama kliničke prakse [14]. Edukacija pacijenta i porodice predstavlja još jedan važan segment sestrinske njege. Povećanje informisanosti o bolesti, terapiji i očekivanom toku liječenja doprinosi boljoj adherenciji i smanjenju stigme, što je posebno značajno u mentalnom zdravlju [15]. U prikazanom slučaju, edukativne intervencije su doprinijele boljem razumijevanju stanja i aktivnijem učešću porodice u procesu oporavka. Tokom hospitalizacije zabilježeno je postepeno poboljšanje stanja pacijenta, što je u skladu sa literaturnim podacima koji ukazuju da kombinacija farmakoterapije, psihosocijalne podrške i kvalitetne sestrinske njege dovodi do značajnog kliničkog poboljšanja kod većine pacijenata sa depresijom [16, 17, 18]. Ipak, depresija se često karakteriše mogućnošću relapsa, što zahtijeva dugoročno praćenje i kontinuiranu podršku nakon otpusta iz bolnice. Uloga patronažne i zajedničke sestrinske njege u ovom kontekstu je od izuzetnog značaja [18, 19]. Sve navedeno potvrđuje da medicinske sestre imaju centralnu ulogu u holističkom pristupu pacijentima sa depresijom, posebno u

depression, especially in individuals without previous psychiatric history [11]. The role of nurses in this case was crucial, particularly in early recognition of behavioral changes, risk assessment, and establishment of a therapeutic relationship. Peplau's theory of interpersonal relations in nursing emphasizes therapeutic communication as a fundamental tool in mental health nursing, which was confirmed in this case through improved cooperation and reduced anxiety [12]. A particularly important aspect of nursing intervention was the assessment and prevention of suicide risk. Literature shows that suicidal thoughts and behaviors are common in patients with severe depressive episodes, and continuous monitoring and structured risk assessment significantly reduce the risk of suicide [13]. In this case, increased supervision and a safe environment were implemented in accordance with current clinical guidelines [14]. Patient and family education is another important component of nursing care. Increasing knowledge about the illness, treatment, and expected course of recovery improves adherence and reduces stigma, which is especially important in mental health care [15]. In this case, educational interventions contributed to better understanding of the condition and greater family involvement in the recovery process. During hospitalization, gradual improvement was observed, which is consistent with literature indicating that a combination of pharmacotherapy, psychosocial support, and quality nursing care leads to significant clinical improvement in most patients with depression [16,17,18]. However, depression is often characterized by a risk of relapse, requiring long-term follow-up and continuous support after discharge. Community and home-based nursing care plays an important role in this context [18, 19]. All of the above confirms that nurses play a central role in the holistic approach to patients with depression, particularly in emotional support, safety, and continuous assessment of patient status [18,19,20].

CONCLUSION

The presented case of a patient with a non-psychotic depressive episode demonstrates the complexity of

segmentima emocionalne podrške, sigurnosti i kontinuirane procjene stanja. [18, 19, 20].

ZAKLJUČAK

Prikazani slučaj pacijenta sa depresivnom epizodom nepsihotičnog tipa pokazuje kompleksnost ovog poremećaja i njegov značajan uticaj na psihičko, emocionalno i svakodnevno funkcionisanje oboljele osobe. Dominantni simptomi sniženog raspoloženja, anksioznosti, nesanice i gubitka motivacije zahtijevali su individualizovan i kontinuiran pristup u okviru procesa zdravstvene njege. Primjenom sestrinskih intervencija, koje su uključivale uspostavljanje terapijskog odnosa, praćenje psihičkog stanja, edukaciju pacijenta i porodice, te mjere za prevenciju suicidalnog rizika, postignuto je postepeno poboljšanje kliničkog stanja i funkcionalnosti pacijenta.

this disorder and its significant impact on psychological, emotional, and daily functioning. Dominant symptoms of low mood, anxiety, insomnia, and loss of motivation required an individualized and continuous nursing care approach. Through nursing interventions, including establishment of a therapeutic relationship, monitoring of mental status, patient and family education, and suicide prevention measures, gradual improvement in the patient's clinical condition and functioning was achieved.

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