

Create a healing environment for patients with pseudobulbar affect

By Maude McGill, PhD, RN-BC, and Marzell McGill, BA, LPN

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Teach patients how to manage PBA for optimal quality of life.

I just don't understand why Mom is crying. When I walked in the room, she was happy and calm. Then, when I asked her about her day, her smile turned into a frown and she started crying uncontrollably. I've never seen her cry like that. I'm concerned.

EMOTIONS ARE NATURAL.

We've all heard the cliché, "Emotions make us human." People cry when they're hurt and laugh when things are funny. However, millions of people find that controlling their emotions is hard because of pseudobulbar affect (PBA). PBA refers to inappropriate, involuntary, or uncontrollable laughing or crying caused by the residual effects of a nervous system disorder. Although PBA is closely associated with post-stroke patients, it can occur with any nervous system condition, including Alzheimer's disease, traumatic brain injury, and multiple sclerosis. Scientists have labeled PBA a disorder of emotional incontinence (patients can't control their emotional responses). The patient understands how he or she should feel, but PBA limits the ability to display the correct emotion.

Signs and symptoms

Typically, the signs and symptoms of PBA are first recognized by patients, caregivers, or family members. Teach patients with a nervous system disorder and their families about the signs and symptoms of PBA so they can con-

tact their provider for prompt appropriate treatment.

Signs and symptoms include:

- emotional responses (such as crying or laughing) that don't fit the situation
- emotional episodes lasting longer than expected
- sudden emotional outbursts (these outbursts can include frustration, anger, laughter, or crying)
- moments of intense emotions that are out of the patient's control
- facial expressions that don't match the emotional response.



Navigating the new normal of PBA

After any neurological illness or injury, patients may have conditions that affect activities of daily living and can lead to complications if not addressed properly. These conditions may be long-term or permanent, so patients and family members must learn to manage them. According to a National Stroke Association Survey, about 53% of stroke survivor respondents reported PBA symptoms. However, only about

Tips for living with PBA

Share these tips with patients and families to help them cope with the effects of pseudobulbar affect (PBA).

Learn

Help the patient and family understand why this is happening. Clearly explain the condition in terms the patient can understand. Then encourage the patient and family to educate those around them. The National Stroke Association surveyed patients living with PBA and found that several identified the disorder as socially debilitating. To cope with the embarrassment of emotional outbursts, patients were building their lives around PBA and minimizing the reactions. Most described the condition as isolating and hard for others to understand. The more the patient, family, and surrounding support system understand PBA, the better the responses and reactions.

Inhale and exhale

Taking deep breaths can decrease the impeding anxiety of an episode. Teach the patient how to slow down and

breathe to regain control and to continue deep breathing until the episode passes.

Distract

In many cases, patients can sense an impending emotional outburst. Distraction is a great way to decrease the occurrence of episodes and diminish their length. Teach the patient to focus on something else; he or she can look out the window, interact with a pet, or use mental imagery (such as thinking about a vacation or favorite family memory).

Change body positions

Sometimes, changing the body's position can help to distract and refocus the mind. Teach the patient to change positions when he or she feels an oncoming emotional outburst. A simple change from sitting to standing or standing to walking can help decrease attention on the emotional episode.

Relax

The PBA information website (PBA.org) suggests relaxation as a coping strate-

gy. The patient can try to release tension from the forehead, neck, shoulders, jaw, and other muscle groups that might tense during a PBA episode. In addition, massage might be helpful in relaxing these muscles and reducing the overall stress of an episode.

Be patient

Patience is especially important for the family and caregivers of PBA patients. Remember, PBA symptoms don't match the patient's mood; they're an involuntary response. The patient may need time to reshift his or her focus or for the emotional episode to dissipate. During this time, remain calm, be patient, and understand that this too shall pass.

Talk

The social stigma associated with PBA should not affect the open and honest approach patients and family members must have about the condition. Talking with their practitioner about PBA and other medically relevant options to pursue is important.

one third of the respondents with symptoms were treated.

PBA treatment includes coping strategies and pharmacologic management. The concept of "navigating the new normal" bridges the gap between effectively living with PBA and ineffectively coping with it.

PBA isn't associated with mood; a patient who's crying isn't always sad. And when patients can't articulate their feelings in a manner that matches their expressions, they may become frustrated, leading to depression and social isolation. Depression occurs because the patient doesn't understand why this is happening, and isolation occurs because the patient is afraid an episode might occur in public. In many cases, patients and families attempt to mask PBA symptoms by limiting social contact rather than being open and honest about the disorder and finding effective ways to manage it. Depression and isolation can lead to a prolonged healing process and poor quality of life. As a nurse, you can teach patients how to navigate through the new normal of PBA and achieve the best possible quality of life. (See *Tips for living with PBA*.)

If nonpharmacologic interventions don't work, patients may need to turn to medication, such as anti-

depressants or dextromethorphan and quinidine.

Creating a healing environment

PBA affects patients physically, socially, and emotionally. Increasing awareness and providing patients and families with ways to manage the disorder are the first steps to creating a healing environment that supports patients in their efforts to overcome the effects of PBA.

Maude McGill is the chief nursing administrator for the nursing program at Regent University in Virginia Beach, Virginia. Marzell McGill is a campus pastor for Elizabeth City State University in Elizabeth City, North Carolina.

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