- *Basic Research*

Tele-Nursing Instructions Toward Emotional Regulation among Addict Patients for Preventing Relapse after Discharge

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Abstract

Background: substance abusers have difficulties regulating their emotions, and that negative emotional states precipitate substance use. So, Substance use disorders (SUDs) represent a serious public health problem which creates a significant burden for the family and society. **The Aim:** To evaluate the effect tele-nursing instructions toward emotional regulation among addict patients for preventing relapse after discharge **Research design:** A quasi-experimental research design was used. **Setting:** the study was carried out in the outpatient clinic of addiction at Al-Abbassia hospital for mental health and addiction. **Subjects:** the study sample was 60 A purposive sample of addict patients diagnosed according to DSM-5. **Tools:** data was collected by using three tools; **Tool (1)** socio-demographic questionnaire, **Tool (2)**. Emotion Regulation Questionnaire **Tool (3)** The AWARE Questionnaire **Results:** the study result showed that. There was a highly statistically significant positive correlation between total Emotion Regulation and the warning signs of relapse P-value 0.003. Moreover, regarding total levels of emotion regulation illustrates that pre-tele-nursing instructions more than one third of the study addict patients were low level of emotion regulation but after tele-nursing instructions they became high level of emotion regulation. In addition, pre-tele-nursing instructions half of the study addict patients were moderate level of the warning signs of relapse but post tele-nursing instructions they became moderate level. While pre-tele-nursing instructions less tenth of them were severe and reduce post tele-nursing instructions. **Conclusion:** The tele-nursing instructions has positive effect on enhancing the emotional regulation among addict patients for preventing relapse after discharge **Recommendation:** Conducting a continuous practical training and tele-nursing programs for all addict patients who focuses on the attitude and behavioral modification techniques to confront relapse symptoms.by using modern technologies in the health field.

Key words: Tele-nursing, Emotional Regulation, Addict Patients, Relapse.

1. Introduction:

Addiction is a chronic and relapsing disorder, with different genetic, mental, social and environmental factors manipulating its initiation and continuation. Unfortunately, relapses are common, making long-term treatment challenging. This not only impacts individuals deeply, but also burdens their loved ones and society **(Hassan, & Atta, 2018).**[1]

In the etiology of drug addiction, various researchers have also identified emotion regulation (ER) deficits, low levels of discomfort, and emotional avoidance. Emotional experiences, regardless of their positive or negative capacities, are considered key elements in the adaptation. According to reports, emotion is one of the factors that is most widely considered in the pathology of a wide range of disorders, especially in the field of addiction, and particularly its management with a mediation role, which is known as ER. **(Habibi-Kaleybar, & Dehghani, 2021).** [2] While relapses are common for people overcoming addiction and often seen as an expected hurdle, viewing them as inevitable can be dangerous. This mindset might lessen the focus on prevention for healthcare professionals, individuals in recovery, and their support systems. **(Guenzel, & McChargue, 2021)** [3]**.** Relapse prevention (RP) is a tertiary intervention strategy for reducing the likelihood and severity of relapse following the cessation or reduction of problematic behaviors.

People deal with their feelings in different ways to manage how they react to both conscious and unconscious cues from their surroundings. These methods, known as Emotional Regulation (ER), include things like rethinking situations, dwelling on thoughts, expressing themselves openly, avoiding certain things, and controlling their impulses. **Aldao, Nolen-Hoekssema, & Schweizer, (2010)** [4]**,** consider six methods of emotion regulation as follows: acceptance, avoidance, problem solving, evaluation, rumination, and repression. The acceptance of what is often considered mindfulness is the awareness of each thought simply, without details, and without judgment. Additionally, Patient's ability to regulate emotions will help them gain control over mind and behaviors, prevent relapse, and heal from past emotional pain. On the other hand, protective factors reduce the likelihood of relapse**. (Habibi-Kaleybar, & Dehghani, 2021)** [3]**.**

Tele-nursing brings healthcare directly to patients through technology, bypassing physical distance. From answering questions by phone to offering video consultations, it uses tools like the internet and video calls to provide a variety of nursing services. Patients receive regular check-ins from healthcare professionals, get treatment advice, and even learn about their condition. Nurses can participate in these sessions from anywhere, whether it's their home, a clinic, or even a hospital**. (Patti and Denise., 2019)** [5]**.** Moreover, Tele-nursing is an effective method in nursing performances, such as educational, psychological, and economical aspects **Ghoulami-Shilsari, & Bandboni (2019)** [6]**.**

2. Significance of the study

there aren't official governmental statistics on addiction prevalence in Egypt. However, several organizations like universities and the National Center for Social & Criminology Research (NCSCR) conduct studies to gain insights. Here's what we know: **(Helmy, Malk, Ibrahim, & Salem, 2016) [7].** The prevalence of the regular use of any substance among adolescents was 1.5%, while the prevalence of the dependence syndrome was 0.9% (excluding nicotine dependence). The prevalence of intake, regular use, and dependence were all higher among males. **(Rabie, et al., 2020) [8].**

Strong emotions and reactions to their surroundings often fuel addictive behaviors. Researchers believe that helping people struggling with addiction become more aware of their emotions and manage their responses, both internally and externally, is crucial to prevent relapse. This is where psychiatric mental health nurses play a vital role. They equip patients and their families with coping strategies to counter triggers, like low self-esteem, that might lead to relapse. These strategies also aim to enhance feelings of control and promote a healthier lifestyle with sustained abstinence.

Aim of the study

The study aimed to evaluate tele-nursing instructions toward emotional regulation among addict patients for preventing relapse after discharge.

3. Hypotheses:

H1: Addict patients who will have the tele-nursing instructions will have higher emotional regulation scores post program than scores pre-program.

H2: Addict patients who will have the tele nursing instructions will have high level of relapse warning signs prevention scores post program than scores pre-program.

4. Subjects and Method:

4.1. Study design:

The selected design for the current study was quasi-experimental design; such design fits the nature of the problem under investigation. The research design involves one or more groups of subjects observed before and after the implementation of an intervention, **(Polit, & Beck, 2010).**

4.2.The setting of the Study:

This study was conducted at Al-Abbassia hospital for mental health and addiction outpatient clinic. it was consisted of three small clinics for adult and three clinics for addict patients and one pharmacy, one archived room, one room for HR (human resources) employees, one office for out-patient clinics director, one office for nursing staff, one bathroom.

4.3.Sampling

Sample inclusion/exclusion criteria:

A purposive sample of 60 addict patients diagnosed according to DSM-5 the study group institutionalized addict patients. The sample size was calculated using a G-power version 3.1.1 for power analysis. A Power of .95 (β = 1-.95 = .05) at alpha .05 (one-sided) was used as the significance level, and effect size= (.03) was utilize.

Inclusion criteria:

1. The studied patients diagnosed addicts.
2. Both sex and being adult patients (Aged above18 years).
3. An exclusion criterion is severe cases need to admission.

4.4.Materials:

Data were collected through using the following tools (pre / post):

1- Socio-demographic sheet:

This sheet created by researchers based on past studies is in arabic and gathered information about participants in two sections:

I. **Personal Details:** age, gender, marital status, residence, education level, monthly income, and occupation

II. **Medical History:** years living with the disorder, number of relapses, hospital admissions, any associated psychiatric disorders, any associated medical conditions.

2- Emotion Regulation Questionnaire (ERQ), Gross & John (2003) [9]:

Description: This 10-question questionnaire helps to understand how often people use two different strategies to manage their emotions:

I. Cognitive reappraisal: thinking about situations differently to change the emotional response. This applies to questions 1, 3, 5, 7, 8, and 10.

II. Expressive suppression: avoiding expressing the emotions outwardly. This applies to questions 2, 4, 6, and 9.

Total scoring system:

Low Emotion Regulation	10-12
Moderate Emotion Regulation	13-19
High Emotion Regulation	20-30

3- The AWARE Questionnaire (Gorski & Miller, 1982) [10]

Substance The AWARE Questionnaire (Advance WArning of RElapse) was designed as a measure of the warning signs of relapse, as described by Gorski (Gorski & Miller, 1982). In a prospective study of relapse following outpatient treatment for alcohol abuse or dependence (Miller et al., 1996) [24] we found the AWARE score to be a good

predictor of the occurrence of relapse (r = .42, p < .001). With subsequent analyses, was refined the scale from 37-item original version to the current 28-item scale (version 3.0) **(Miller & Harris, 2000) [11].**

Total scoring system for warning signs of relapse:

Mild	28-38
Moderate	39-55
Severe	56-84

4.5.Pilot study

- The pilot study was conducted on 10% (6) addict patients at Al-Abbassia hospital for mental health and addiction to make sure that questions were clear and easy to understand to check if the tools worked well with the target population, to see how long it took to complete them and adjust if needed. Also, modify the tools to work with the available resources.

Content Validity and Reliability:

The used study tools were revised for clarity, relevance, comprehensiveness, understanding, and applicability by a panel of 3 nursing experts from the faculty of nursing, Helwan university, to assess the content validity of the study tools, internal consistency and reliability were measured by using Cronbach's alpha- coefficient test.

4.6.Ethical considerations

Prior to study conduction, an ethical approval was obtained from the Scientific Research Ethical Committee of the Faculty of Nursing, Helwan University. No (31) on 19/10/2022 and the director from hospital in which the study was conducted. Moreover, the researcher clarified the aim of the study to the addict patients included in the study. In addition, the addict patients' oral and written approval was a prerequisite to recruit them in the study. The studied addict patients were assured that all the gathered data were used for research purposes only and that the study was harmless. Also, the studied sample was informed them could withdraw from the study at any time without giving any reason. Furthermore, the confidentiality of the gathered data and results was ensured. Ethics, values, culture, and beliefs will be respected.

4.7.Procedure:

The preparatory phase included reviews of related literature and theoretical knowledge of various aspects of the study using books, articles, internet periodicals and magazines.

Field work

The researchers began by simply explaining the purpose of the study to the addict patients who agree to participate in the study prior to any data collection. Data collection started and completed within 3 months. The researchers collected data starting from the mid of (November 2022 till the end of February 2023) through interviewing addict patients who

comes to the outpatient clinic at El- Abassia Hospital using the pre constructed tools, data were collected on Sundays and Tuesdays each week from 9:00am to 12pm interviewed/day. The time needed by each participant to complete the questionnaire ranged between 20-25 minutes, the total number was (60) from addict patients.

The Tele-Nursing Instructions was developed and implemented by the researchers in the form of health education and booklet on WhatsApp groups and zoom meeting included information about meaning of addiction, tolerance, withdrawal symptoms, relapse symptoms and relapse prevention strategies, how to deal with the relapse symptoms and how to cope with stressors facing them by use emotional regulations strategies related to addiction problems and distributed emotional regulation also, Tele-Nursing Instructions included discharge plan of the prevent relapse by importance of follow up , engaged in behavior-cognitive therapy to learn different strategies for rehabilitation and continuous of treatment .

Each session takes approximately one hour to an hour and half. The studied addict patients were classified into 4 subgroups each subgroup composed of (15) members, each subgroup attended 8 sessions divided to 2 theoretical session and 6 practical sessions as one per week, implementation of all sessions for all subgroups were in parallel sessions, Sundays for (groups 1and2), and Tuesdays for (groups 3and 4) The time for each session ranged between an hour to an hour and half.

The researchers collected data twice, once pre implementation the tele-nursing instructions (pretest) and the second post completion 8 sessions (posttest) then evaluation.

4.8.Data analysis

Data collected from the studied sample were revised, coded, and entered using PC. Computerized data entry and statistical analysis were fulfilled using the Statistical Package for Social Sciences (SPSS) version 20 to estimate the statistically significant differences between the variables of the study. Data were presented using descriptive statistics in the form of frequencies and percentages. Quantitative data were presented in the form of $\bar{x} \pm SD$. Qualitative variables were compared using chi-square test (X2). Statistically significant differences were considered at p-value <0.05. Highly statistically significant differences were considered at p-value < 0.001.

Result:

Table (1): This table shows that, the 43.3% of the study sample's age were <30 with (Mean±SD 32.98±4.53). but (73.3%) of the studied sample were male and (70.0%) of them were from Urban. (50.0%) of them Secondary / middle education while (40.0%) of addict patients see that their income is insufficient enough and (36.7%) see that their income is Adequate.

Table (2) Medical history of the studied participants clarifies that (61.7%) of the study addict patients have one time number of relapse while (8.3%) of them had more than twice relapse episode. in addition, (70%) of them suffer from substance misuse more than two years. also, (51.7%) of them were admitted to hospital two times for treatment of addiction. Moreover, 61.7%) of them have psychiatric disorders with addiction disorder that represented in (45.9%) has schizoaffective disorder. while (36.7%) suffer from hypertension

Table (3) Regarding emotion regulation of the studied participants pre and post tele-nursing instructions this table explains that cognitive reappraisal items pre, tele-nursing instructions (18.3%) of the study sample agree, about (when i want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about) but post tele-nursing instructions they were (66.7%) agree response. and (20.0%) of them agree response about i control my emotions by changing the way I think about the situation I'm in pre while post they were (63.3%) of them agree response post tele-nursing instructions.

Table (4- A) regarding the AWARE Questionnaire of the studied participants pre and post tele-nursing instructions this table explains that (58.3%) of addict patients sometimes have many problems in their life. While post- tele-nursing instructions were (25.0%) response by sometimes. Moreover, pre- tele-nursing instructions (30.0%) of addict patients tend to overreact or act impulsively but post tele-nursing instructions (11.7%) only of them act impulsively. In addition, pre-tele-nursing instructions (66.7%) of them never have good eating habits but post tele-nursing instructions (48.3%) of them always have good eating habits.

Table (4- B) regarding the AWARE Questionnaire of the studied participants pre and post tele-nursing instructions This table clarified that prem tele-nursing instructions (46.7%) of addict patient Sometimes have trouble sleeping. While post tele-nursing instructions they were (51.7%) response by never have trouble sleeping. Moreover, prem tele-nursing instructions (58.3 %) of addict patients never can think clearly but post tele-nursing instructions (68.3%) of them. Always can think clearly in addition, prem tele-nursing instructions (33.3%) of them always feel angry at the world in general but post tele-nursing instructions (65.0%) of them never feel angry at the world in general.

Table (5) regarding correlation between Emotion- Regulation and AWARE of the studied participants pre and post tele-nursing instructions, this table clarify that there is highly statistically significant differences and positive correlation between Emotion-Regulation and AWARE among addict patients in study sample with **P-value 0.003*.**

Table (1): Distribution of the socio-demographics data of the studied sample (N-60)

Items	No	%
Age (years)		
<30	26	43.3
30- <35	22	36.7
35 or more	12	20.0
Mean±SD 32.98±4.53		
Sex		
Female	16	26.7
Male	44	73.3
Education Level		
Read and write	7	11.7
Primary education	9	15.0
Secondary / middle education	30	50.0
university level	14	23.3
Address		
Urban	42	70.0
Rural	18	30.0
The monthly income		
Adequate	22	36.7
Insufficient	24	40.0
Adequate and more	14	23.3
Type of home		
personal home	24	40.0
Parent home	34	56.7
Leased home	2	3.3

Table (2): Distribution of the medical history of the studied participants (N-60)

Items	No	%
Number of Relapses		
Once	37	61.7
Twice	18	30.0
More than twice	5	8.3
Number of years with disorder		
Less than or = once year	10	16.7
Two years	8	13.3
More than two years	42	70
Number of hospital admission		
Once	13	21.7
Twice	31	51.7
More than twice	16	26.7
Associated psychiatric disorders		
Yes	37	61.7
No	23	38.3
Psychiatric disorders associated		
Schizophrenia disorder	3	8.1
Schizoaffective disorder	17	45.9
Depression disorder	9	24.3
Mood disorders	8	21.6
Medical diseases		
Diabetes milieus	14	23.3
Hypertension	22	36.7
Heart disease	9	15
Others	15	25

Table (3): Distribution of the Emotion Regulation of the studied participants pre and post tele-nursing instructions (N-60)

Items of emotion regulation		**Agree**		**Neutral**		**Disagree**	
Cognitive reappraisal items:		**No**	**%**	**No**	**%**	**No**	**%**
When I want to feel more positive emotion (such as joy or amusement), I change what I'm thinking about	**Pre**	37	61.7	14	23.3	9	15.0
	post	8	13.3	32	53.4	20	33.3
When I want to feel less negative emotion (such as sadness or anger), I change what I'm thinking about.	**Pre**	11	18.3	34	56.7	15	25.0
	post	40	66.7	12	20.0	8	13.3
When I'm faced with a stressful situation, I make myself think about it in a way that helps me stay calm.	**Pre**	7	11.7	39	65.0	14	23.3
	post	42	70.0	12	20.0	6	10.0
When I want to feel more positive emotion, I change the way I'm thinking about the situation.	**Pre**	10	16.7	35	58.3	15	25.0
	post	42	70.0	11	18.3	7	11.7
I control my emotions by changing the way I think about the situation I'm in.	**Pre**	12	20.0	30	50.0	18	30.0
	post	38	63.3	15	25.0	7	11.7
When I want to feel less negative emotion, I change the way I'm thinking about the situation.	**Pre**	9	15.0	28	46.7	23	38.3
	post	41	68.3	10	16.7	9	15.0
Expressive suppression items: I keep my emotions to myself.	**Pre**	12	20.0	13	21.7	35	58.3
	post	40	66.7	9	15.0	11	18.3
When I am feeling positive emotions, I am careful not to express them.	**Pre**	25	41.7	24	40.0	11	18.3
	post	42	70.0	12	20.0	6	10.0
I control my emotions by not expressing them.	**Pre**	37	61.7	14	23.3	9	15.0
	post	24	40.0	15	25.0	21	35.0
When I am feeling negative emotions, I make sure not to express them.	**Pre**	9	15.0	28	46.7	23	38.3
	post	40	66.7	12	20.0	8	13.3

Table (4 A): - Distribution of the AWARE Questionnaire of the studied participants pre and post tele-nursing instructions (N-60)

Items		Never		Some-times		Always	
		No	%	No	%	No	%
1. I feel nervous or unsure of my ability to stay sober.	Pre	20	33.3	21	35.0	19	31.7
	post	42	70.0	11	18.3	7	11.7
2. I have many problems in my life.	Pre	10	16.7	35	58.3	15	25.0
	post	24	40.0	15	25.0	21	35.0
3. I tend to overreact or act impulsively.	Pre	12	20.0	30	50.0	18	30.0
	post	38	63.3	15	25.0	7	11.7
4. I keep to myself and feel lonely.	Pre	9	15.0	28	46.7	23	38.3
	post	41	68.3	10	16.7	9	15.0
5. I get too focused on one area of my life.	Pre	12	20.0	13	21.7	35	58.3
	post	40	66.7	9	15.0	11	18.3
6. I feel blue, down, listless, or depressed.	Pre	14	23.3	20	33.3	26	43.3
	post	38	63.3	12	20.0	10	16.7
7. I engage in wishful thinking.	Pre	35	58.3	16	26.7	9	15.0
	post	8	13.3	11	18.3	41	68.3
8. The plans that I make succeed.	Pre	33	55.0	10	16.7	17	28.3
	post	9	15.0	11	18.3	40	66.7
9. I have trouble concentrating and prefer to dream about how things could be.	Pre	13	21.7	24	40.0	23	38.3
	post	42	70.0	10	16.7	8	13.3
10. Things don't work out well for me.	Pre	30	50.0	20	33.3	10	16.7
	post	31	51.7	22	36.7	7	11.7
11. I feel confused.	Pre	13	21.7	24	40.0	23	38.3
	post	41	68.3	10	16.7	9	15.0
12. I get irritated or annoyed with my friends.	Pre	12	20.0	13	21.7	35	58.3
	post	40	66.7	9	15.0	11	18.3
13. I feel angry or frustrated.	Pre	39	65.0	11	18.3	10	16.7
	post	15	25.0	35	58.3	10	16.7
14. I have good eating habits.	Pre	40	66.7	10	16.7	10	16.7
	post	11	18.3	20	33.3	29	48.3

Table (4 B): Distribution of the AWARE Questionnaire of the studied participants pre and post tele-nursing instructions (N-60)

Items		Never		Some- times		Always	
		No	%	No	%	No	%
15. I feel trapped and stuck, like there is no way out.	Pre	16	26.7	30	50.0	14	23.3
	post	32	53.3	15	25.0	13	21.7
16. I have trouble sleeping.	Pre	17	28.3	28	46.7	15	25.0
	post	31	51.7	20	33.3	9	15.0
17. I have long periods of serious depression.	Pre	10	16.7	19	31.7	31	51.7
	post	30	50.0	19	31.7	11	18.3
18. I don't really care what happens.	Pre	10	16.7	10	16.7	40	66.7
	post	33	55.0	22	36.7	5	8.3
19. I feel like things are so bad that I might as well drink.	Pre	14	23.3	20	33.3	26	43.3
	post	38	63.3	12	20.0	10	16.7
20. I can think clearly.	Pre	35	58.3	16	26.7	9	15.0
	post	8	13.3	11	18.3	41	68.3
21. I feel sorry for myself.	Pre	33	55.0	10	16.7	17	28.3
	post	9	15.0	11	18.3	40	66.7
22. I think about drinking.	Pre	13	21.7	24	40.0	23	38.3
	post	42	70.0	10	16.7	8	13.3
23. I lie to other people.	Pre	30	50.0	20	33.3	10	16.7
	post	31	51.7	22	36.7	7	11.7
24. I feel hopeful and confident.	Pre	36	60.0	10	16.7	14	23.3
	post	11	18.3	13	21.7	36	60.0
25. I feel angry at the world in general.	Pre	9	15.0	31	51.7	20	33.3
	post	39	65.0	11	18.3	10	16.7
26. I am doing things to stay sober.	Pre	15	25.0	35	58.3	10	16.7
	post	40	66.7	10	16.7	10	16.7
27. I am afraid that I am losing my mind.	Pre	11	18.3	20	33.3	29	48.3
	post	40	66.7	11	18.3	9	15.0
28. I am drinking out of control.	Pre	17	28.3	20	33.3	23	38.3
	post	22	36.7	27	45.0	11	18.3

Table (5) Correlation between Emotion- Regulation and AWARE of the studied participants pre and post tele-nursing instructions (N-60)

Total attitude	Pre N=60	Post N=60	Chi-square	
	Mean±SD	Mean±SD	X^2	P-value
Emotion- Regulation	53.58±11.44	81.22±9.67	8.571	0.003* S
Aware	15.1±4.36	32.98±2.06		
% of change	34.03%			

Figure (1) Illustrates that related to occupation (35%) of the study addict patients work, while (65%) of them do not work.

Figure (2) illustrates that (72%) of the study addict patients have no family history for substance consumption while (28%) of them had family history for substance consumption.

Figure (3) regarding total scoring levels of Cognitive reappraisal VS Expressive suppression items of emotion regulation this figure illustrates that pre tele-nursing instructions (23.3%) of the studied addict patients were high level related **Cognitive reappraisal** pre tele-nursing instructions and (31.7%) of the study addict patients were high **Expressive suppression items** level of emotion regulation but post tele-nursing instructions (70.0%) of them became high level of emotion regulation for Cognitive reappraisal and (46.6%) of them became high level of Expressive suppression items .

Figure (4) regarding total levels of emotion regulation this figure illustrates that prem tele-nursing instructions (35%) of the studied sample were low level of emotion regulation but post tele-nursing instructions (58.30%) of them became high level of emotion regulation.

Figure (5) illustrates that pre, tele-nursing instructions (53.3%) of the study addict patients were moderate level of the warning signs of relapse but post tele-nursing instructions they became (40%) moderate level. While pre, tele-nursing instructions (6.7%) of them were severe and post tele-nursing instructions (3.3%) were only severe.

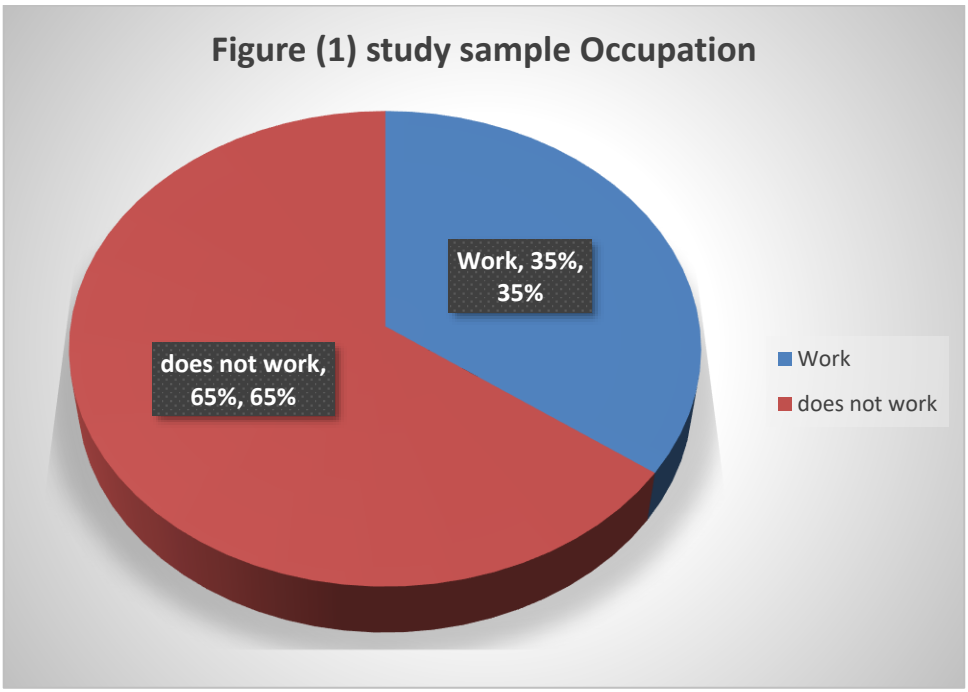


Figure (1) study sample Occupation
Work, 35%, 35%
does not work, 65%, 65%
Work
does not work

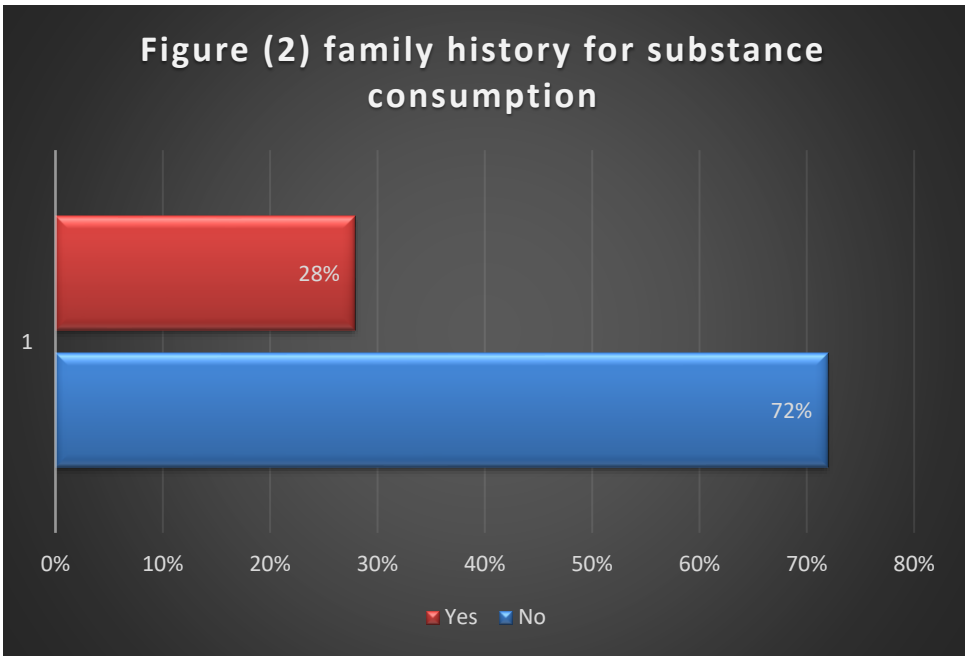


Figure (2) family history for substance consumption
28%
72%
1
0%
10%
20%
30%
40%
50%
60%
70%
80%
Yes
No

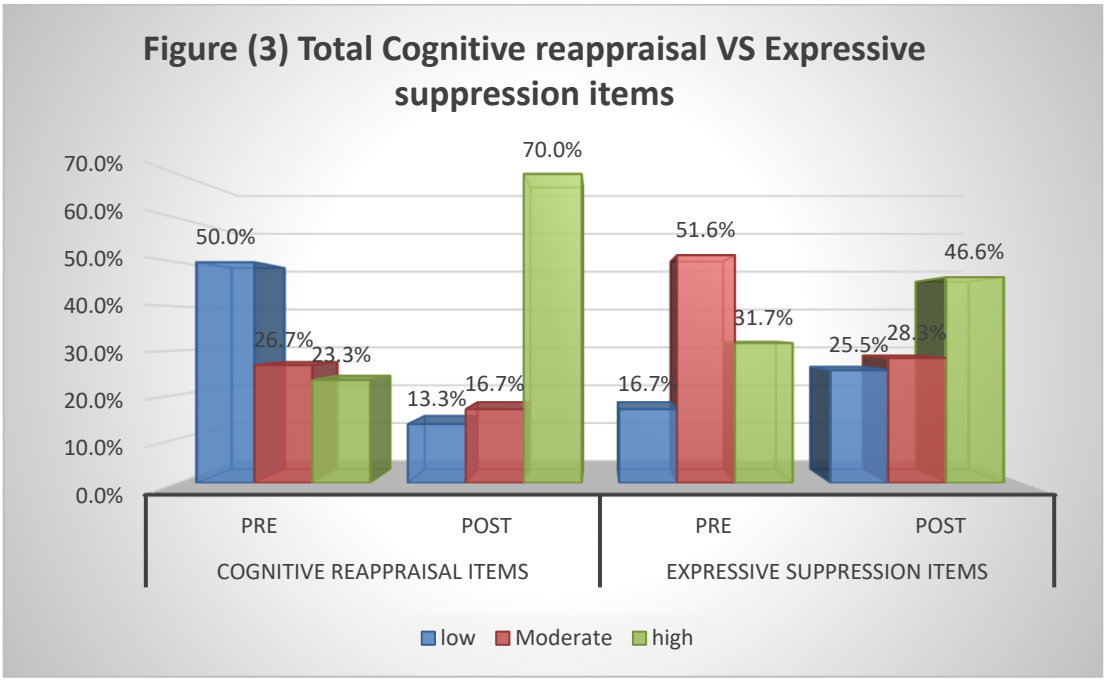


Figure (3) Total Cognitive reappraisal VS Expressive suppression items
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
50.0%
26.7%
23.3%
13.3%
16.7%
70.0%
16.7%
51.6%
31.7%
25.5%
28.3%
46.6%
PRE
POST
PRE
POST
COGNITIVE REAPPRAISAL ITEMS
EXPRESSIVE SUPPRESSION ITEMS
low
Moderate
high

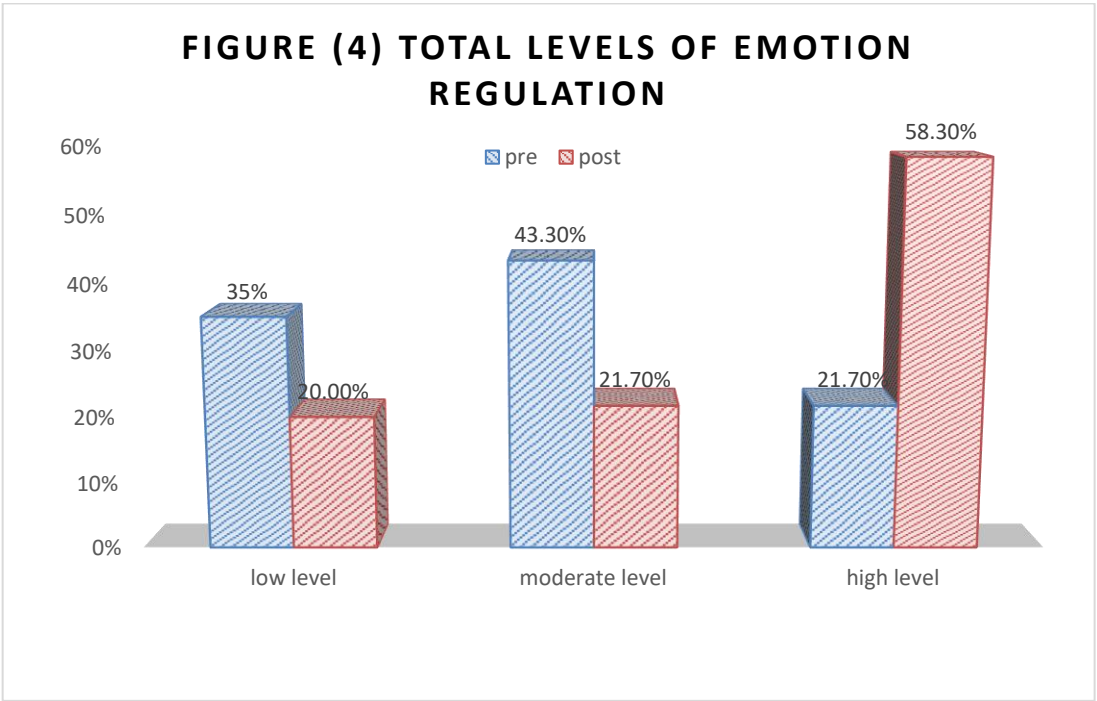
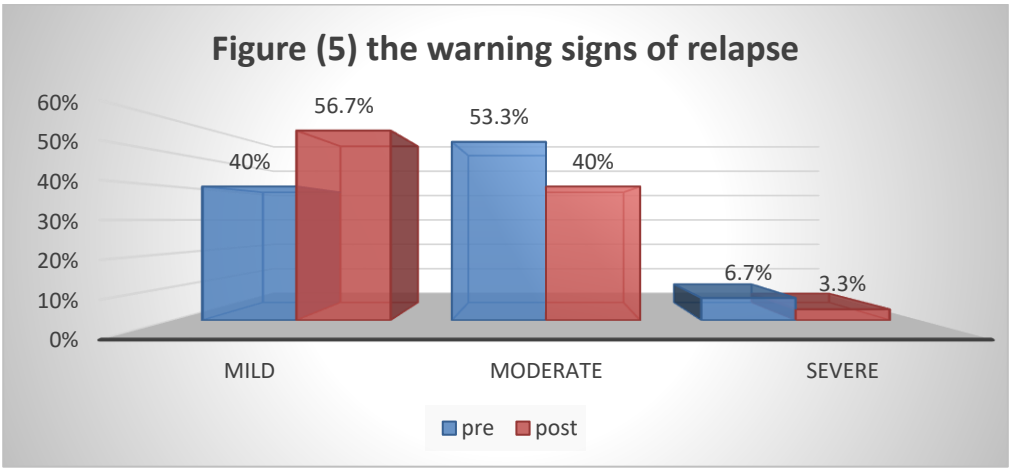


FIGURE (4) TOTAL LEVELS OF EMOTION REGULATION
60%
50%
40%
30%
20%
10%
0%
pre
post
35%
20.00%
43.30%
21.70%
21.70%
58.30%
low level
moderate level
high level



5. Discussion

Part A: Regarding socio-demographic characteristic:

The current study revealed that the mean age of the studied sample was (Mean ±SD 32.98±4.53); in which nearly half of the study sample their age was <30. Additionally, half of them had secondary/middle education, followed by university education with nearly one quarter. From the researcher's point of view, this might be due to factors such as increased stress and pressure among young adults, easy access to drugs, peer pressure, poor coping mechanisms, Lack of healthy ways to deal with stress or negative emotions can lead to drug use. mental health issues, and other social and environmental factors. These results are incongruence with **(Montaser, El Malky, & Atia, 2023)** [12] This study explored the link between anxiety and emotional control in 80 drug users with an average age of 31.1 (around 5 years of variation). Over a quarter had mid-level education qualifications. Researchers suspect factors like:

As regards several relapses, the current study shows that more than half of the study sample relapsed once time, and more than one-third relapsed twice after recovery. From the researcher's point of view, there could be a variety of reasons for this, such as the challenge of ending the cycle of addiction, the scarcity of treatment choices, and other social variables that fuel drug addiction study also, found as concerning trend: over half of the participants struggled with additional mental health issues about their addiction. schizoaffective disorder was the most common, followed by depression. This suggests a potential link between specific psychiatric disorders and a higher risk of substance abuse, highlighting the need for comprehensive treatment approaches that address both conditions simultaneously.

in research by **The National Institute of Drug Abuse (2023)** [13] as found the existing understanding that mental health and substance use disorders often go hand-in-

hand. Studies have shown that many adults with substance use disorders also have mental health diagnoses, and individuals with mental health conditions have a higher risk of developing substance use problems. While less research exist specifically about people, the available evidence suggests a similar pattern. In fact, over 60% of adolescents receiving treatment for substance use disorders also have a diagnosed mental illness. This highlights the importance of considering both mental and physical health when addressing substance use concerns, particularly among young people. **(Ross, & Peselow, 2012) [14]**.

Part B: The pre and post-test:

This study explained that regarding emotion regulation, the second statement in the reappraisal subscale, more than half of the study participants agreed about that (When they want to feel less negative emotion (such as sadness or anger), they change what they are thinking about). This is clearly in contrast with the current study's hypothesis that the tele-nursing instructions can enhance the emotion regulation and it is a strongest mediator for individuals with SUD. This is in the same line with **Okasha, et al., (2021) [15],** who confirms that emotion regulation plays a mediating role in substance use disorders (SUDs), especially for individuals with prolonged illness, specific personality traits and disorders, and high impulsivity.

Also, A recent study by **Stellern, et al., (2023) [16]** found that people with substance use disorders (SUDs) tended to use different emotional regulation strategies compared to those without SUDs. They suppressed their emotions more (using strategies like avoiding expressing feelings) and engaged in less cognitive reappraisal (reframing situations to change their emotional impact). While the difference in reappraisal wasn't statistically significant, the study suggests that emotional regulation styles might play a role in understanding and supporting those struggling with SUDs.

Part C: Effects and correlation:

The overall results of this study provide evidence, which confirmed research hypotheses H1 & H2 post tele-nursing instructions intervention. The researcher's opinion thar may be due to that emotion regulation skills may be useful for common comorbidities in individuals with SUDs, as managing emotion regulation difficulties have positive effective for mood changes and help to facing stressed situations. In addition, the promoting effective emotion regulation skills in this population could improve treatment outcomes. These findings can be explained by K**ober's model of emotion** of **regulation in SUDs (2014, p. 429)**] [17], proposes a link between addiction and increased cravings after initiating substance use. They suggest that chronic drug use weakens the prefrontal cortex (PFC), an area of the brain crucial for managing negative emotions and controlling cravings.

This finding is in congruence with **Darharaj et al., (2023) [18]** who concluded that patients with SUD crave drugs to alleviate difficulties in emotion regulation (DER)-related depression and stress, and they emphasize the importance of promoting constructive emotion regulation skills in these patients.
In the same line, **Habibi-Kaleybar, and Dehghani, (2021) [2],** who concluded that training individuals in emotion regulation can be a powerful tool for reducing the risk of addiction. This includes learning how to identify, recognize, and differentiate their emotions, leading to greater self-awareness and self-esteem. Ultimately, these skills can equip individuals with healthier coping mechanisms, potentially reducing their vulnerability to addictive behaviors. Moreover, **Montaser, El Malky, & Atia, (2023) [12]** investigated the relationship between anxiety level and emotional regulation among 80 drug addict patients. A study by **Garke, M. Å. (2023) [25].** Who found that, on average, the participants struggling with drug addiction exhibited relatively low levels of emotional regulation. In fact, over three-quarters of the studied group demonstrated inadequate emotional regulation skills. This suggests that emotional regulation could be a crucial area to address for individuals battling drug addiction.

Also, The current study revealed that the telenursing instructions have proven effective in enhancing the study sample's emotion regulation level and accordingly, reduced the warning signs of relapse. From the researcher's point of view education is the main role of nurses and today the emphasis of nursing knowledge. Transferring these knowledge purposes is self-care, empowerment, and advancement of the quality of life of patients and families, especially during and after discharge. This will help in controlling the factors of patient's relapse through continuous following, guiding, and facilitating by the nurse. This is contrast with **(Azizadeh Forouzi, Ali Mirzaei, & Dehghan Ma, 2017) [19].** Who defined Tele-nursing as any nursing care or service delivered remotely using technology like the internet, email, and phones. This help to overcome time and distance barriers, leading to better and more accessible care. Notably, post-discharge phone calls can be particularly beneficial in identifying and addressing any gaps in care that might arise after leaving the hospital.

In the same line, **Azizi, Borjali, and Golzari, (2010) [20]** who explored the effectiveness of group therapy using techniques from Dialectical Behavioral Therapy (DBT) and Cognitive Therapy to help addicts improve their emotional regulation skills and cope with distress, ultimately preventing relapse. The results were promising! Participants who learned skills like identifying and accepting their emotions, practicing mindfulness, and using healthy coping mechanisms instead of giving in to urges linked to negative emotions showed greater improvement in emotional regulation and relapse prevention compared to groups receiving traditional talk therapy or medication alone. This suggests that emotional regulation training could be a valuable tool for addiction recovery.

According to **(Javed, Chughtai, & Kiani, 2020) [21],** who mentioned that a major trigger for relapse is emotional instability. Recognizing this, experts suggest starting addiction recovery with individual motivation and fostering emotional stability through psychoeducation. They also recommend avoiding unnecessarily prolonged inpatient stays.

There are far fewer studies on emotion regulation skills as a MOBC in various behavioral addiction treatments. **Axelrod, Perepletchikova, Holtzman, and Sinha (2011) [22]** examined improvement in emotion regulation skills, as measured by the Difficulties in Emotion Regulation Scale **(Gratz & Roemer, 2004) [23]** found that women with substance use disorders and borderline personality disorder who improved their emotional regulation skills during dialectical behavior therapy (DBT) also decreased their substance use frequency. This suggests that emotional regulation training could be a crucial step in reducing substance abuse. The researchers also noted that people with substance use disorders have greater difficulty controlling impulsive behavior and managing emotions compared to those without the disorder. They propose that using assessments to measure emotion regulation in addiction patients could help medical professionals better understand treatment progress and identify areas for improvement, potentially making this a key area for intervention.

Conclusions

In the light of the present study findings, it can be concluded that:

The study confirmed that the the tele-nursing instructions has a positive effect on Addict patients' emotional regulation scores post tele-nursing instructions than scores pre- tele-nursing instructions that help them to increase high level of relapse prevention among addict patients and enhancing their coping strategies to deal with relapse symptoms.

6. Recommendation

- Conducting a continuous practical training and tele-nursing programs for all aaddict patients of focuses on the attitude and behaviour modification techniques to facing relapse symptoms.by using modern technologies in the health field.
- Psychiatric nurse working in this area should provide the addict patients with a discharge plan which include increase the awareness about the importance of follow how deal with carving and relapse symptoms plus appropriate treatment.
- Conduct awareness raising program to improve knowledge and attitude of the community towards addiction. In addition to media awareness when integrated in the society.
- Future research in this field requires studies with larger sample sizes, so that results can be more easily generalized with in a large area addict patient.

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الملخص العربى

الارشادات التمريضة عن بعد نحو التنظيم الانفعالي لدى المرضى المدمنين للوقاية من الانتكاس بعد الخروج من المستشفى

المقدمة: متعاطي المخدرات يواجهون صعوبات في تنظيم عواطفهم، وأن الحالات العاطفية السلبية تعجل بتعاطي المخدرات. لذلك، تمثل اضطرابات تعاطي المخدرات (SUDs) مشكلة صحية عامة خطيرة تشكل عبئًا كبيرًا على الأسرة والمجتمع..

الهدف من الدراسة : تقييم تأثير تعليمات التمريض عن بعد على التنظيم الانفعالي لدى المرضى المدمنين لمنع الانتكاس بعد الخروج من المستشفى.

منهجية البحث: تم استخدام تصميم بحث شبه تجريبي علي 60 مريض من مرضي متعاطي المخدرات .

مكان الدراسة : أجريت الدراسة في العيادة الخارجية للإدمان بمستشفى العباسية للصحة النفسية والإدمان. المواضيع: بلغت عينة الدراسة 60 عينة قصدية من مرضى الإدمان الذين تم تشخيصهم وفق الدليل DSM-5.

أدوات البحث: تم جمع البيانات باستخدام ثلاث أدوات:
الاداة الاولي: (1) الاستبيان الاجتماعي والديموغرافي، الأداة
الاداة الثانية: (2). أداة استبيان تنظيم الانفعالات
الاداة الثالثة: (3) مقياس استبيان **AWARE** لقياس العلامات التحذيرية للانتكاس

النتائج :أظهرت نتائج الدراسة ذلك. توجد علاقة ارتباط موجبة ذات دلالة إحصائية عالية بين التنظيم الانفعالي الكلي وعلامات الانتكاس. حيث وجد انه هناك تغير في المستويات الإجمالية لتنظيم الانفعالات قبل وبعد الارشادات التمريضة عن بعد علي شبيل المثال (35%) من المرضى المدمنين في الدراسة كانوا منخفضي المستوى في تنظيم الانفعالات قبل الارشادات التمريضة عن بعد ولكن بعد الارشادات التمريضة (58.30%) أصبح مستوى تنظيم الانفعالات لديهم مرتفعًا. وكانت الارشادات التمريضة عن بعد (53.3%) من المرضى المدمنين في الدراسة بمستوى متوسط من العلامات التحذيرية للانتكاس ولكن بعد أصبحت (40%) بمستوى متوسط. في حين أن قبل (6.7%) كانت شديدة اما بعد (3.3%) كانت شديدة فقط.

الخلاصه والتوصيات :: إن الارشادات التمريضة عن بعد لها أثر إيجابي في تعزيز التنظيم الانفعالي لدى المرضى المدمنين لمنع الانتكاس بعد الخروج من المستشفى ولذلك يوصى بإجراء تدريب عملي مستمر وبرامج تمريضة عن بعد لجميع مرضى الإدمان تركز على أساليب تعديل الاتجاهات والسلوك لمواجهة الأعراض الانتكاسية باستخدام التقنيات الحديثة في المجال الصحي.

الكلمات المفتاحية: الارشادات التمريضة عن بعد، التنظيم الانفعالي، مرضى الإدمان، الانتكاس.