**ANXIETY IS...**

...an adaptive and normal part of coping; however, extreme anxiety can impair QOL and effect daily functioning. Common in those experiencing serious illness. A multidimensional subjective and objective experience:

- Physical
- Affective
- Behavioral
- Cognitive
- Spiritual
- Existential

**ASSESSMENT**

- Listen carefully: Patients may use words such as "worried", "concerned", "on edge", or "tightly wound" rather than anxious.
- Determine if there is a history of anxiety, depression, PTSD or substance use disorder
- Assess for and manage other symptoms such as pain and dyspnea
- Consider metabolic causes: hyperthyroidism, hypoxia, hypoglycemia, hyperthermia, hypocalcemia, serotonin syndrome
- Evaluate psychosocial and spiritual concerns, including isolation, finances, family concerns, existential distress, or fear of dying
- Review medications for drugs/substances that can contribute to anxiety – discontinue or wean if feasible:
  - Bronchodilators
  - Caffeine
  - Corticosteroids
  - Psychostimulants
- Conduct physical exam, with attention to diaphoresis, dyspnea, tachcardia, physical symptoms such as pacing, trembling or signs of restlessness
- Assess for possible withdrawal from alcohol, nicotine, caffeine, opioids, benzodiazepines, antidepressants, cannabis, or other sedatives

**PHARMACOLOGIC MANAGEMENT**

**ACUTE MANAGEMENT**

Lorazepam 0.5 – 1 mg PO every 4 hours as needed
- Useful for anxiety that inhibits sleep
Haloperidol 0.5 -1 mg PO every 4 hours as needed
- Useful for anxiety accompanied by confusion or agitation

**CHRONIC MANAGEMENT**

(selected oral agents – most require weeks to take full effect):

<table>
<thead>
<tr>
<th>Antidepressants - Serotonin Selective Reuptake Inhibitors</th>
<th>Dose Ranges (start low and gradually increase)</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Citalopram</td>
<td>10-40 mg daily</td>
</tr>
<tr>
<td>• Fluoxetine</td>
<td>10-80 mg daily</td>
</tr>
<tr>
<td>• Paroxetine</td>
<td>10-60 mg daily</td>
</tr>
</tbody>
</table>

Other Antidepressants

- Duloxetine 20-60 mg daily (also useful in chronic pain)
- Mirtazapine 15-60 mg daily (promotes sleep and appetite)

Antipsychotics

- Olanzapine 5-15 mg daily (promotes sleep and appetite, reduces nausea)
- Buspirone 5-20 mg tid

**NONPHARMACOLOGIC MANAGEMENT**

- Listening
- Validate emotions and feelings
- Normalize reactions
- Foster connections
- Deep breathing, relaxation, mindfulness, meditation*
- Distraction/music/calming environment
- Spiritual care
- Help patient create a schedule for regular exercise, eating, sleep

*See aacnnursing.org/ELNEC/resources for a list of apps and other resources to assist with breathing, meditation, mindfulness, distraction and relaxation techniques

**REFERENCES**


**Supported by funding to the ELNEC project by the Cambia Health Foundation**
aacnnursing.org/ELNEC/resources