NURSING MANAGEMENT OF ANXIETY

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

People with substance use disorder may be at higher risk of relapse due to anxiety, stress, and social isolation. Assess for risks and provide resources to assist safety and sobriety.

PHARMACOLOGIC MANAGEMENT

Need to balance risks and benefits, as well as projected duration of therapy.

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

Benzodiazepines may cause respiratory sedation and cognitive changes – monitor carefully. Antipsychotics can cause movement disorders when used long term. Carefully monitor use of all of these medications in those with dementia and the elderly.

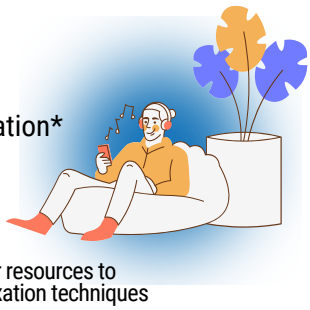
CHRONIC MANAGEMENT

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

Antidepressants - Serotonin Selective Reuptake Inhibitors	Dose Ranges (start low and gradually increase)
• Citalopram	10-40 mg daily
• Fluoxetine	10-80 mg daily
• Paroxetine	10-60 mg daily
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)
Azapirones	
• 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

Don't forget other team members can assist patients in reducing anxiety:
- Art/music therapy
- Chaplains
- Integrative therapy
- Physicians
- Psychology/Psychiatry
- Rehabilitation/PT/OT
- Social work
- Substance use disorder specialists

REFERENCES

- Salman J, Wolfe E & Patel SK. Anxiety and depression. In BR Ferrell & JA Paice (eds). Oxford Textbook of Palliative Nursing, 5th edition, pp 309-318. New York: Oxford University Press, 2019.
- Stalhandske, K. In C Dahlin & PJ Coyne (eds.). Advanced Practice Palliative Nursing, 2nd Ed. pp. 617-628. New York: Oxford University Press, 2023.
- Fast Facts #186 Anxiety in palliative care – causes and diagnosis. https://www.mypcnow.org/wp-content/uploads/2019/02/FF-186-anxiety-eval.-3rd-Ed-1.pdf

ELNEC END-OF-LIFE NURSING EDUCATION CONSORTIUM Advancing Palliative Care

Supported by funding to the ELNEC project by the Cambia Health Foundation
aacnnursing.org/ELNEC/resources
v2 Feb 2024