# NURSING MANAGEMENT OF ANXIETY IN PEOPLE WITH COVID-19 (OR THOSE WORRIED ABOUT BECOMING INFECTED)

## ANXIETY DURING COVID-19

**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 and as a result of the pandemic.

### FACTORS THAT CONTRIBUTE TO ANXIETY:

Anger
Burnout Confusion
Depression Fear Frustration
Guilt Helplessness Illness Isolation
Loneliness Loss Sadness
Shame Spiritual concerns
Uncertainty

## 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 | |
|---|---|
| • Citalopram | 20-40 mg PO daily |
| • Fluoxetine | 10-80 mg PO daily |
| • Paroxetine | 10-60 mg PO daily |
| **Other Antidepressants** | |
| • Duloxetine | 30-60 mg PO daily (also useful in chronic pain) |
| • Mirtazapine | 15-60 mg PO daily (promotes sleep and appetite) |
| **Antipsychotics** | |
| • Olanzapine | 5-15 mg PO daily (promotes sleep and appetite) |
| **Azapirones** | |
| • Buspirone | 5-20 mg PO tid |

## ASSESSMENT

**Use self-report,** including words such as "worried", "concerned".

**Assess** for other responses such as restlessness, irritability, sleeplessness, or maladaptive coping (excess alcohol, over-eating)

**Determine** if there have been prior episodes of anxiety, depression, schizophrenia, OCD, PTSD or substance use disorder

**Assess** for and manage other symptoms such as pain and dyspnea

**Consider** metabolic causes: Hyperthyroidism, hypoxia, hypoglycemia, hyperthermia, serotonin syndrome

**Evaluate** psychosocial and spiritual concerns, including isolation, finances, family issues, 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, trembling or signs of restlessness

**Assess** for possible withdrawal from alcohol, nicotine, 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. And some with SUD may be at serious risk for complications of COVID-19 due to cardiopulmonary damage or limited access to housing and health care. Assess for risks and provide resources to assist safety and sobriety.

## NONPHARMACOLOGIC MANAGEMENT

- Provide therapeutic presence and active listening
- Validate emotions and feelings
- Foster social connections between patient and family, despite physical distancing
- Encourage deep breathing, relaxation, mindfulness, meditation*
- Educate patient on how to practice gratitude and self-compassion
- Promote distraction/music/calming environment
- Support spiritual care
- Schedule regular exercise, eating, sleep
- Advise patients to take a break from watching, reading or listening to news stories about COVID-19

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

*See aacnnursing.org/ELNEC/COVID-19 for a list of apps and other resources to assist with breathing, meditation, mindfulness, distraction and relaxation techniques

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. • |Gatto M, Thomas P, & Berger A. Anxiety. In C Dahlin, PJ Coyne & BR Ferrell (eds). Advanced Practice Palliative Nursing, pp 301-310. New York: Oxford University Press, 2016. • ELNEC – www.aacnnursing.org/ELNEC/COVID-19 • 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 • National Institute on Drug Abuse www.drugabuse.gov/related-topics/covid-19-resources

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*Advancing Palliative Care*

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