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

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
(selectoral 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) |

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

REFERENCES

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aacnnursing.org/ELNEC/resources
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