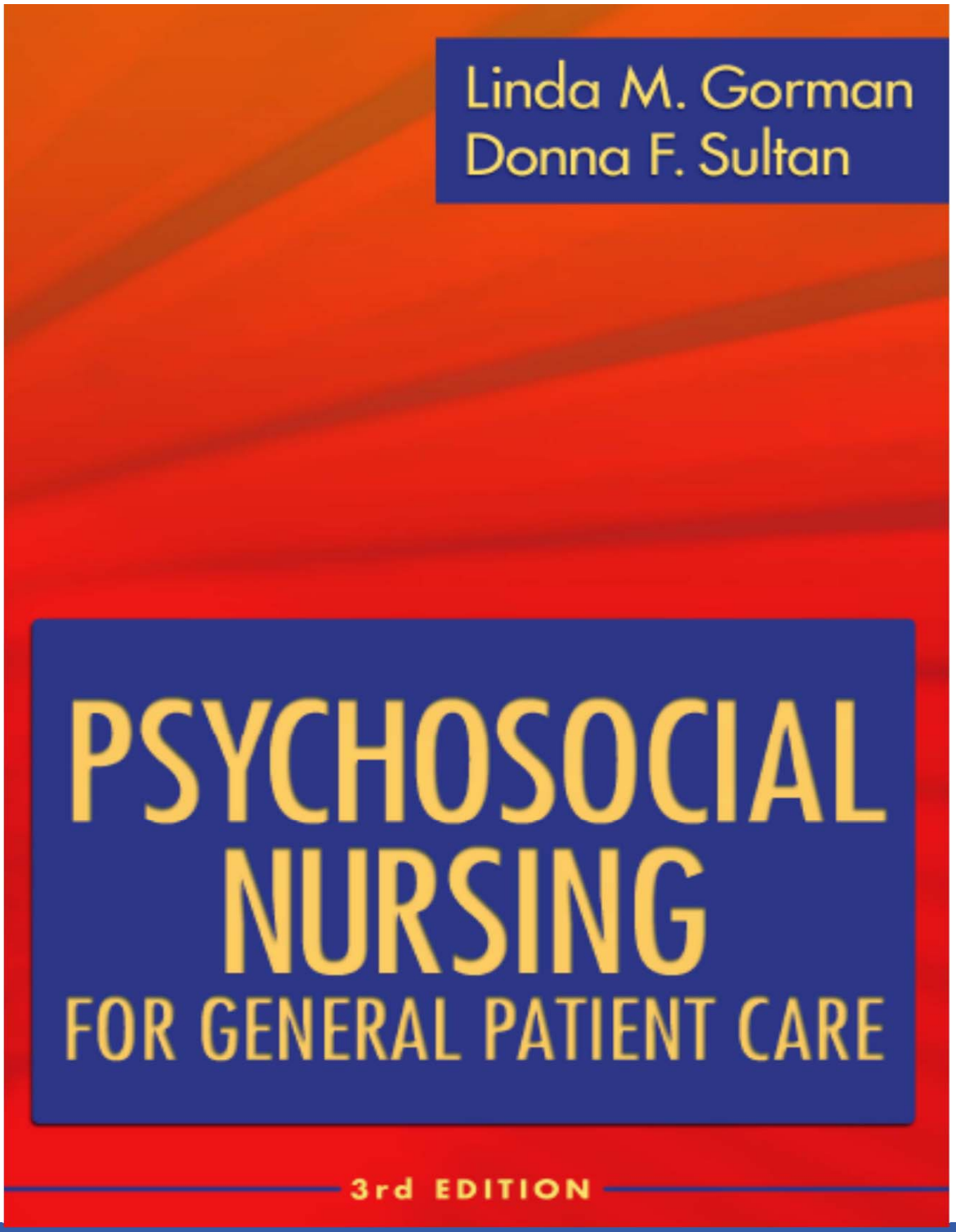

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Commonly Encountered Problems: Problems with Anxiety

Learning Objectives

After the classroom discussion, the students will be able to:

1. **Differentiate among the cognitive, affective, behavioral, and physical symptoms of anxiety.**
2. **Use the different manifestations of anxiety to assess the anxious patient.**
3. **Select the most appropriate interventions for dealing with the patient with anxiety.**
4. **Identify possible nurses' reactions to an anxious patient.**

Useful Terminologies

- *Acute stress disorder* – A disorder characterized by a high level of anxiety immediately after a traumatic event.

- *Agoraphobia* – Fear, anxiety, or avoidance of places or situations from which escape may be difficult or where help may not be available.

- *Anxiety* – An unpleasant feeling of tension, apprehension, and uneasiness or a diffuse feeling of dread or unexplained discomfort; accompanied by physiological, psychological, and behavioral symptoms; may serve as an early warning that alerts the individual to impending real or symbolic threat to self, significant others, or way of life; motivates the individual to take corrective action to relieve the unpleasant feelings.

Useful Terminologies

- *Anxiety disorder due to a General Medical Condition* – Anxiety characterized by prominent symptoms directly related to the physiological consequences of a general medical condition (e.g., hyperthyroidism or hypothyroidism, hypoglycemia, chronic obstructive pulmonary disease).
- *Fear* – A reaction to a specific danger.
- *Generalized anxiety disorder* – A disorder characterized by at least 6 months of persistent and excessive anxiety and worry.
- *Obsessive-compulsive disorder (OCD)* – Recurrent thoughts or ideas (obsessions) that an individual is unable to put out of his or her mind and actions that an individual is unable to refrain from performing (compulsions).

Useful Terminologies

- *Panic attack* – A discrete, sudden, unpredictable, intense episode of severe anxiety characterized by personality disorganization; a fear of losing one's mind, going crazy, being unable to control one's behavior; a sense of impending doom, helplessness, and being trapped.

- *Post-traumatic stress disorder (PTSD)* – Anxiety and stress symptoms that occur after a massive traumatic event; often includes the feeling that the event is reoccurring, lasting for weeks, months, or years.

Useful Terminologies

- *Post-traumatic stress response* – A persistent, disorganizing, and distressing reaction to a catastrophic event that affects a person's emotional, cognitive, and behavioral dimensions and relationships and extends beyond the time of the immediate crisis.
- *Social anxiety disorder* – Intense, persistent fear of social situations.
- *Specific phobias* – Irrational fears characterized by clinically significant anxiety provoked by exposure to a specific feared object or situation, often leading to avoidance behavior.
- *Substance-induced anxiety disorder* – A disorder characterized by prominent anxiety symptoms directly related to physiological consequences of drug abuse, medication use, or toxin exposure.

Introduction

- Anxiety is the primary emotion from which many other emotions or responses, such as anger, guilt, shame, and grief, are generated.

- The term anxiety brings up images of someone pacing and wringing his or her hands with pounding heart and rapid breathing, perhaps before taking an important test in school or while waiting to hear from the doctor about results of a biopsy.

- Words such as worry, concern, fear, and uncertainty are often associated with the term anxiety.

- Anxiety can also have a positive meaning, implying eagerness and readiness to face a challenge or perform some skill

Characteristics of Anxiety Levels

Level	Characteristics
Mild	• Enhanced ability to deal with stressors • Heightened awareness, problem-solving abilities; increased attention to details • Curiosity increased, asks questions • Alert, confident • Logical thinking intact

Characteristics of Anxiety Levels

Moderate

- Hesitation and procrastination, blocking loss of train of thought
- Narrowing of perceptual field
- Change in voice pitch; speech rate accelerates
- Selective inattention
- Frequent change in topics
- Repetitive questioning, joking
- Increased respiratory rate, heart rate, muscle tension
- Dry mouth
- Palpitations
- Changing body positions frequently, restlessness
- Purposeless activity (wringing hands, pacing)

Characteristics of Anxiety Levels

Severe	• Highly distorted perceptual and cognitive function • Focus on small or scattered detail, inability to see connections between events • Selective inattention, inability to concentrate • Fear of losing control • Purposeless activity (pacing, wringing hands) • Difficult and inappropriate verbalizations, inability to learn • Sense of impending doom • Sweating • Hyperventilation, tachycardia, frequency and urgency • Nausea, headache, dizziness • Gross motor tremors, trembling, shaking • Numbness or tingling sensations • Dilated pupils

Characteristics of Anxiety Levels

Panic

- Dyspnea, choking feeling, chest pain
- Extreme discomfort, emotional pain
- Unrealistic, distorted perception of situation
- Disruption of visual field, distortion and enlargement of detail
- Inability to speak, unintelligible communication, incoherent speech
- Vomiting, incontinence
- Feeling of personality disintegration
- Fear of losing mind, fear of dying

ETIOLOGY

In the biological perspective, anxiety is the uneasy feeling aroused by a threat or danger and is accompanied by a physiological response.

- This response prepares the person for “fight or flight.” The fight response (sympathetic stimulation) causes changes primarily in the cardiovascular and neuroendocrine systems.
- During the flight response (parasympathetic stimulation), which occurs in acute fear states, an effort is made to conserve body resources.
- Research on the metabolism of monoamines and the function of the limbic system are central to the expression of emotions such as anxiety; the discovery of the benefits of benzodiazepines for chronic anxiety; and studies on sodium lactate in persons with panic attacks.

ETIOLOGY

In psychoanalytical theory, anxiety represents a person's struggle with the demands and prohibitions in his or her environment, including the internal struggle among the person's instinctual drives (id), the realistic assessment of the possibility for need fulfillment (ego), and the conscience (superego).

- Anxiety is a signal from the ego that an unacceptable drive is pressing for conscious discharge.
- A conflict results between the drive, usually of a sexual or aggressive nature, and fear of punishment or disapproval.
- Phobias are fears that are disproportionate to the situation and cannot be explained or reasoned away. The significance and meaning of anxiety depend on the nature of the underlying conflict.

ETIOLOGY

Interpersonal theorists believe that anxiety arises from experiences in relationships with significant others (SOs) throughout a person's development.

- If a child is treated malevolently, the foundation is laid for the child to become insecure and feel inferior and anxious in future situations.
- The child is forced to use coping strategies to allay anxiety; these become part of the personality when the child becomes an adult.

ETIOLOGY

Learning and behavioral theorists explain anxiety as the result of a conditioning process in which a neutral stimulus has come to represent punishment, pain, or fear.

- The individual learns to reduce anxiety by avoiding a negative stimulus or by approaching a positive reinforcer.
- Extinction of behavior is a process of reducing response strength by nonreinforcement.

Sources of anxiety

1. *Threats to biologic integrity:* Actual or impending interference with basic human needs such as food, drink, shelter, warmth, safety and health

2. *Threats to self-security or self-esteem* which can include:
    - Unmet expectations important to self-integrity
    - Unmet needs for status and prestige
    - Anticipated disapproval by SOs
    - Inability to gain or reinforce self-respect or to gain recognition from others
    - A severe, sudden, unexpected threat to sense of security, self-esteem, or well-being
    - Guilt or discrepancies between self-perception and actual behavior

Behavior patterns used to cope with anxiety

- *Acting out:* Converting anxiety into anger, which is either overtly or covertly expressed
- *Paralysis or retreating:* Withdrawing or being immobilized by anxiety
- *Somatizing:* Converting anxiety into physical symptoms such as stomachache or headache
- *Avoidance:* Evasive behaviors performed unconsciously to ward off or relieve anxiety before it is directly experienced (alcohol, sleeping, keeping busy)

Behavior patterns used to cope with anxiety

- *Constructive action:* Using anxiety to learn and problem solve (goal setting, learning new skills, seeking information)

  Syndromes of abnormal anxiety frequently observed in patients include the following:

  - *Panic attacks:* Acute, intense attacks of anxiety associated with extreme changes in physical and emotional behavior that can last from minutes to hours, are severely debilitating, and are characterized by sudden, intense, and discrete periods of anxiety and fear that may occur without warning in previously calm and untroubled individuals.

Behavior patterns used to cope with anxiety

- *Post-traumatic stress disorder (PTSD):* Re-experience of the trauma of a previous traumatic event (e.g., rape, assault, military combat, flood, earthquake, major car accident, airplane crash, bombing, torture).
  a) Acute: Symptoms begin within 6 months of the event and do not last longer than 6 months.
  b) Chronic: Symptoms last for 6 months or more.
  c) Delayed: Symptoms begin after a latency period of 6 months or more.

Behavior patterns used to cope with anxiety

- *Phobia:* An intense, irrational fear response to a specific external object or situation. Unlike an anxiety reaction, in which the anxiety is free floating and the person cannot easily identify the cause or source, a phobia is a persistent ear of specific places, things, or situations.

- *Obsessive-compulsive disorder (OCD):* A paralyzing anxiety disorder associated with repetitive, compulsive thoughts (obsessions) and behaviors (compulsions).

RELATED CLINICAL CONCERNS

- Anxiety is the most common complaint in medical practice (Epstein & Hicks, 2005).
- It presents in many ways and with great variation in intensity and duration; therefore, treatment must be individualized and monitored very closely.
- Anxiety may be caused by many other medical and psychiatric problems such as cardiac and vascular disorders, sleep disorders, hyperthyroidism, anemia, depression with agitation, dementia, delirium, hypochondriasis, schizophrenia, mania, and personality disorders. Some medications, caffeine intoxication, and withdrawal from alcohol or sedatives may cause anxiety.
- Anxiety can also contribute to medical illness such as arrhythmias and labile hypertension (Epstein & Hicks, 2005).

LIFE SPAN ISSUES

Children

The anxiety most frequently experienced by children is separation anxiety. When a child is separated from those to whom he or she is attached, excessive anxiety to the point of panic may occur. Onset may be as early as preschool age. The child may refuse to go to sleep or go to school. Complaints of physical symptoms, such as headache, stomachache, and nausea and vomiting are also common. The most common sign of anxiety in children is increased motor activity (Wong, 2003).

LIFE SPAN ISSUES

Older Adults

Anxiety in elderly people has not been systematically investigated. It is the consensus of clinical gerontologists that anxiety is a common response to the stresses of late life, including fear of dependency, illness, dying, and multiple losses of friends, home, or lifestyle. A long-standing tendency toward excessive anxiety can persist into late life and usually is not dysfunctional in the patient who has adapted to it. Anxiety in elderly persons may be the presenting symptom of a new illness, especially depression with agitation; of early dementia; or of low-grade or chronic toxic states caused by drugs or alcohol.

ASSESSMENT

1. Behavior and Appearance
2. Mood and Emotions
3. Thoughts, Beliefs, and Perceptions
4. Relationships and Interactions
5. Physical Responses
6. Pertinent History

COLLABORATIVE MANAGEMENT

1. **Pharmacological**

The medications typically used to treat patients with anxiety are benzodiazepines and antidepressants. Benzodiazepines, such as diazepam, lorazepam, clonazepam, and alprazolam, are the medications commonly prescribed for treating most types of anxiety, including short-term (situational) anxiety and long-term (generalized) anxiety.

COLLABORATIVE MANAGEMENT

2. Psychological

During the past decade, there has been increasing enthusiasm and demand for focused, time-limited therapies that address ways of coping with anxiety symptoms directly rather than exploring unconscious conflicts or other personal vulnerabilities. These therapies emphasize cognitive and behavioral assessments and interventions, such as relaxation training, biofeedback, systematic desensitization, reframing, thought stopping, aversion therapy, and social skills training..

NURSING MANAGEMENT

ANXIETY manifested by tension, distress, uncertainty related to threat to health, self-concept and lifestyle.

Patient Outcomes

- Demonstrates decreased level of anxiety
- Will report feeling less anxious after using coping strategies
- Will use coping strategies effectively when anxiety is recognized

NURSING MANAGEMENT

Interventions

- Speak in a calm, quiet voice; convey a sense of confidence and control and a tolerant, understanding attitude.
- Place patient in quiet environment; reduce distracting stimuli (e.g., noise, activity, light).
- Use discretion in conversations with patient and near patient's room.
- Recognize factors that may stimulate more anxiety.
- Reduce demands placed on patient until anxiety is reduced. Provide rest periods between tests, activities, and visitors.
- Provide diversional activity and exercise. Monitor changes in level of activity.
- Allow supportive others (clergy, social workers, volunteers) to visit patient. Explain tests and equipment to them so they can in turn be more relaxed around patient.

NURSING MANAGEMENT

- Provide realistic feedback about patient's situation; do not give false reassurances.
- Help patient understand the anxiety by having him or her name the feeling.
- Encourage patient to express feelings (some crying and anger are appropriate).
- Have patient identify what happened just before the anxiety started and try to identify the causative event. Discuss the possible connection between the precipitating event and the meaning it has for the patient.
- Determine patient's usual coping mechanism in similar situations.
- Encourage patient to recall and think through similar instances of anxiety, what alternative behaviors could be used to cope more adaptively.
- Attempt to discuss what patient understands as cause of anxiety or panic once the anxiety level is reduced

NURSING MANAGEMENT

- Stay with patient but do not require explanations for the distress; individuals with severe or panic-level anxiety may become more agitated by attempts to communicate with them.
- Provide measures to relieve anxiety (e.g., warm bath, back rub, walk).
- Discuss other techniques for reducing anxiety (relaxation exercises, stress-reduction techniques) when patient is calmer and more rested.
- Encourage slow, deep breathing if patient is hyperventilating; breathing with patient to set pattern may be helpful.
- Assist patient in learning and problem solving when anxiety is diminished enough to allow concentration.

NURSING MANAGEMENT

- Evaluate need for antianxiety medications; anxiolytics can be very effective in relieving panic; if none have been ordered, consult with physician for pharmacologic therapy.
- Assess for potential injury or violence to self or others.
- Give feedback about patient's current coping ability; reinforce any attempts to cope adaptively.
- Refer patients with recurrent anxiety and maladaptive coping mechanisms for further psychiatric/psychological evaluation *and treatment.*

NURSING MANAGEMENT

For patients with panic-level anxiety:

- Take patient to a quiet area with minimal stimuli.
- Administer anxiolytics as needed (ask what medications patient has used in past)
- Remain with patient through the attack.
- Give patient clear, honest feedback (“You are having a panic attack; I will stay with you”)..

NURSING MANAGEMENT

INEFFECTIVE COPING. Individual evidenced by anxiety/fear/avoidance of objects or events, as well as irrational thoughts related to phobias, extreme guilt.

Patient Outcomes

- Demonstrate increased ability to think rationally and without undue guilt
- Identify thoughts and situations that evoke anxiety
- Show decreased anxiety related to improved thought processes and problem solving
- Demonstrate appropriate coping strategy for reducing anxiety related to phobia

NURSING MANAGEMENT

Interventions

- Realize that phobic reactions are irrational and are not changed by rational, logical explanations; work around phobias (e.g., do not require a claustrophobic patient to use an elevator).
- Promote communication that reinforces rational thinking and decreases guilt.
- Verify your interpretation of what patient is experiencing (e.g., “I understand that you are afraid to go to the radiology department.”)
- Use words familiar to patient when describing new events or expectations.

NURSING MANAGEMENT

- Use words familiar to patient when describing new events or expectations.
- Help patient to clarify thoughts and avoid misinterpretation; ask meaning of anything that you do not understand.
- Do not talk around or whisper near patient; include patient in conversation and check that he or she heard what you actually said by asking him or her to repeat it.
- Set limits on discussing irrational material; focus on topics based in reality that you can verify.
- Avoid belittling or derogating when patient misinterprets stimuli or is irrational; do not laugh or make fun of the individual.

NURSING MANAGEMENT

- Assist patient to set limits on own behavior; suggest alternative ways to cope with anxiety (e.g., take a walk instead of crying).
- Be aware of potential for violence; observe for changes in behavior indicating increased anxiety, irrational thoughts, or any destructive behavior that requires attention.
- Anticipate difficulties in adjusting to return or transfer to home or other facility; discuss concerns with family or SO.
- Let patient have some control in anxiety-provoking situation; do not force patient to do anything that seems to be extremely frightening.

NURSING MANAGEMENT

- Provide time to discuss anxiety or fear while continuing supportive verbal and behavioral interventions.
- Refer patients with phobias for more specific treatment (e.g., desensitization, behavioral modification) to a psychiatrist, psychologist, advanced practice nurse, or social worker if anxiety is not managed by previous interventions.

NURSING MANAGEMENT

ALTERNATE NURSING DIAGNOSES

1. Comfort, Impaired
2. Fear
3. Gas Exchange, Impaired
4. Perception, Post-Trauma Syndrome
5. Sleep Deprivation
6. Spiritual Distress
7. Thought Processes, Disturbed
8. Violence, Risk for

WHEN TO CALL FOR HELP

- Increased anxiety leading to refusal of treatment or noncompliance
- Onset of paranoid, psychotic thinking
- Onset of panic attack
- Staff conflict over management of patient behavior
- Increased staff anxiety over caring for patient.

WHO TO CALL FOR HELP

- Psychiatric Team
- Social Worker
- Chaplain
- Colleagues who know patient
- Patient's family/friends
- Coworkers

End of Chapter