

- Modified from
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Prepared
Presentations

Anxiety & related disorders

Anxiety Disorders

■ Introduction

- Anxiety is an emotional response to anticipation of danger, the source of which is largely unknown or unrecognized.
- Anxiety is a necessary force for survival. It is not the same as stress.
- A stressor is an external pressure that is brought to bear on the individual.
- Anxiety is the subjective emotional response to that stressor.

Epidemiological Statistics

- Anxiety disorders are the most common of all psychiatric illnesses and result in considerable functional impairment and distress.
- More common in women than in men
- Vulnerability to comorbidities include parental psychiatric history, childhood trauma, and negative life events.
- A familial predisposition probably exists.

How Much Is Too Much?

- When anxiety is out of proportion to the situation that is creating it
- When anxiety interferes with social, occupational, or other important areas of functioning

Anxiety vs Anxiety Disorder? How much does it interfere with daily living

Application of Nursing Process

■ Panic

- *“A sudden, overwhelming feeling of terror or impending doom. This most severe form of emotional anxiety is usually accompanied by behavioral, cognitive, and physiological signs and symptoms considered extremely intense and frightening.”*

PANIC!

- Symptoms of panic attack
 - Sweating, trembling, shaking
 - Shortness of breath, chest pain, or discomfort
 - Nausea or abdominal distress
 - Dizziness, chills, or hot flashes
 - Numbness or tingling sensations
 - Derealization or depersonalization
 - Fear of losing control or “going crazy”
 - Fear of **dying- clients can literally feel like their life is ending**

Panic Disorder

- Characterized by recurrent panic attacks
- Unpredictable onset
- Manifested by intense apprehension, fear, or terror
- Associated often with feelings of impending doom
- Accompanied by intense physical discomfort



When caring for a patient who is experiencing a panic attack, which of the following nursing actions should be implemented?

- A.** Leave the patient alone to maintain privacy.
- B.** Instruct the patient regarding unit rules and regulations.
- C.** Sit with the patient in the day room to provide comfort.
- D.** Communicate with simple words and brief messages.

Correct Answer: **D**

When communicating with a patient experiencing a panic attack, the nurse needs to use simple words and brief messages, spoken calmly and clearly. Any communication that is loud and demanding would only escalate anxiety.

Generalized anxiety disorder (GAD)

- Characterized by chronic, unrealistic, and excessive anxiety and worry
- Occurs more days than not for at least 6 months
- Associated with restlessness, fatigue, difficulty concentrating, irritability, muscle tension, sleep disturbances
- Significant impairment to daily life
- NOT associated with substance use or other medical conditions

Phobias

■ Phobia

- A persistent, intensely felt, and irrational fear of a specific object, activity, or situation that results in a compelling desire to avoid the feared stimulus
- Responses typically include intense anxiety or panic attacks

Phobias (continued_1)

■ Agoraphobia

- Fear of being in places or situations from which escape might be difficult or in which help might not be available if panic-like symptoms or other incapacitating symptoms
- Examples
 - Traveling in public transportation
 - Being in open spaces
 - Being in shops, theaters, or cinemas
 - Standing in line or being in a crowd
 - Being outside of the home alone in other situations

Phobias (continued_2)

- Social anxiety disorder (social phobia)
 - Excessive fear of situations in which the affected person might do something embarrassing or be evaluated negatively by others

Phobias (continued_3)

■ Specific phobia

- Fear of specific objects or situations that could conceivably cause harm, but the person's reaction to them is excessive, unreasonable, and inappropriate
- Exposure to the phobic object produces overwhelming symptoms of panic, including palpitations, sweating, dizziness, and difficulty breathing

Anxiety Disorders Attributable to Another Medical Condition

- Medical conditions that may produce anxiety symptoms
 - Cardiac
 - Endocrine (Thyroid is a big culprit)
 - Respiratory
 - Neurological

Rule out medical condition prior to labeling concerns as psychiatric

Substance-Induced Anxiety Disorder

- May be associated with intoxication or withdrawal from any of the following substances
 - Alcohol, sedatives, hypnotics, or anxiolytics
 - Amphetamines or cocaine
 - Hallucinogens
 - Caffeine
 - Cannabis
 - Others

Obsessive-Compulsive Disorder

■ Obsessions

- Recurrent thoughts, impulses, or images experienced as intrusive and stressful, and unable to be expunged by logic or reasoning

VS

■ Compulsions

- Repetitive ritualistic behavior or thoughts, the purpose of which is to prevent or reduce distress or to prevent some dreaded event or situation

Worded a different way..

- Obsessions are “unwanted thoughts, images, or urges that the person might find distressing or intrusive,” says [Jon Hershfield](#), the director of the Center for OCD and Anxiety at Sheppard Pratt in Baltimore.
- On the other hand, “Compulsions are repetitive behaviors (but sometimes repetitive mental acts like excessive counting) that the person feels driven to do in response to an obsession,” says [Katharine Phillips, MD](#), a psychiatrist at Weill Cornell Medicine and NewYork-Presbyterian in New York City. “They aim to reduce distress or anxiety caused by obsessions or prevent a dreaded event (such as harm occurring).”
- Although these rituals are intended to help a person with OCD feel better, they ultimately do little to stop the unwanted thoughts and anxiety from returning.

<https://www.everydayhealth.com/anxiety-disorders/experts-common-obsessions-and-compulsions.aspx>

Examples on next slide

Obsessions

- Difficulty with uncertainty, which can include persistent and distressing doubts that you turned off the stove or locked the door, for instance
- Fear that you will lose control and harm yourself or others in ways like driving a car into a crowd of people
- Fear of contamination or illness from touching objects that others have touched
- Excessive need for symmetry, order, and perfection
- Excessive, unwanted thoughts or images related to sex, religion, or aggression toward others

Compulsions

- Repeatedly checking that a door is locked or a switch is turned off
- Counting in certain patterns or precisely performing tasks a certain number of times
- Precisely ordering or arranging items
- Repeating words, phrases, or prayers over and over again in your head
- Attempting to replace a bad thought with a good thought
- Excessive cleaning or bathing
- Constant checking and reassurance-seeking that you haven't harmed someone

Obsessive-Compulsive Disorder (continued_2)

- The manifestations of obsessive-compulsive disorder (OCD)
 - Presence of obsessions, compulsions, or both, the severity of which is significant enough to cause distress or impairment in social, occupational, or other important areas of functioning

Other Anxiety Disorders

- Body Dysmorphic Disorder – exaggerated belief that is body is deformed or defective
- Trichotillomania – hair-pulling disorder
- Hoarding- difficulty discarding possessions

Anxiety Disorders: Assessment

- 2. For the last year, a college student continually and unrealistically worries about academic performance and love life performance. The student is irritable and suffers from severe insomnia. This behavior is associated with which diagnosis?**
- A. Agoraphobia**
 - B. GAD**
 - C. Social phobia disorder**
 - D. OCD**

Anxiety Disorders: Assessment (continued)

Correct Answer: **B**

- GAD may be diagnosed when excessive, unrealistic worry and anxiety become chronic and last for at least 6 months.
- The anxiety experienced is generalized rather than specific.
- The anxiety is not associated with a specific object as in phobia, or event as in PTSD.

Nursing Diagnoses

- Assessment scales
- Nursing diagnoses commonly associated with anxiety, OCD, and related disorders
 - Panic anxiety (panic disorder and GAD)
 - Powerlessness (panic disorder and GAD)
 - Fear (phobias)
 - Social isolation (agoraphobia)

Nursing Diagnoses (continued)

- Nursing diagnoses (continued)
 - Ineffective coping (OCD)
 - Ineffective role performance (OCD)
 - Disturbed body image (body dysmorphic disorder)
 - Ineffective impulse control (hair-pulling disorder)

Examples of Goals for Patients

- The patient can:
 - Recognize signs of escalating anxiety and intervene before reaching panic level (panic and GAD)
 - Maintain anxiety at a manageable level and make independent decisions about life situation (panic and GAD)

■ The patient can:

- Function adaptively in the presence of the phobic object or situation without experiencing panic anxiety (phobic disorder)
- Verbalize a plan of action for responding in the presence of the phobic object or situation without developing panic anxiety (phobic disorder)

■ The patient can:

- Maintain anxiety at a manageable level without resorting to the use of ritualistic behavior (OCD)
- Demonstrate more adaptive coping strategies for dealing with anxiety instead of ritualistic behaviors (OCD)

■ The patient can:

- Verbalize a realistic perception of his or her appearance and expresses feelings that reflect a positive body image (body dysmorphic disorder)
- Verbalize and demonstrate more adaptive strategies for coping with stressful situations (trichotillomania)

- Evaluation of the nursing actions for the patient with an anxiety, OCD, or related disorder may be facilitated by asking:
 - Can the patient:
 - Recognize signs and symptoms of escalating anxiety?
 - Use learned skills to interrupt the escalating anxiety before it reaches the panic level?
 - Demonstrate the activities most appropriate for him or her that can be used to maintain anxiety at a manageable level?
 - Maintain anxiety at a manageable level without medication?

- Evaluation of the nursing actions for the patient with an anxiety, OCD, or related disorder may be facilitated by asking (continued):
 - Can the patient (continued):
 - Refrain from performing rituals when anxiety level rises?
 - Demonstrate substitute behaviors to maintain anxiety at a manageable level?
 - Recognize relationship between escalating anxiety and dependence on ritualistic behaviors for relief?

- Evaluation of the nursing actions for the patient with an anxiety, OCD, or related disorder may be facilitated by asking (continued):
 - Can the patient (continued):
 - Refrain from hair-pulling (for patients with trichotillomania)?
 - Successfully substitute a more adaptive behavior when urges to pull hair occur (for patients with trichotillomania)?

Treatment Modalities

- Individual psychotherapy
- Cognitive behavior therapy
- Behavior therapy
- Other nonpharmacological treatments
 - Deep breathing exercises, progressive muscle relaxation, imagery, mindfulness meditation, and exercise

Treatment Modalities

- Psychopharmacology examples of anti-anxiety agents
 - Hydroxyzine (Vistaril)
 - Alprazolam (Xanax)
 - Chlordiazepoxide (Librium)
 - Clonazepam (Klonopin)
 - Clorazepate (Tranxene)
 - Diazepam (Valium)
 - Lorazepam (Ativan)- What class? What are risks?
 - Oxazepam
 - Meprobamate
 - Buspirone (BuSpar)

Treatment Modalities

- Psychopharmacology (continued)
 - Medication for specific disorders
 - Panic and GAD
 - Anxiolytics
 - Antidepressants- SSRIs like Fluoxetine (Prozac)
 - Antihypertensive agents
 - Phobic disorders
 - Anxiolytics
 - Antidepressants
 - Antihypertensive agents



Treatment Modalities

- 4. What should the nurse plan to teach a patient who is taking alprazolam (Xanax) three times a day?**
- A.** That there is a potential for dependence and tolerance
 - B.** The importance of discontinuing Xanax immediately if addiction is suspected
 - C.** That increased caffeine consumption can enhance the effectiveness of Xanax
 - D.** That Xanax is not habit forming

Treatment Modalities

Correct Answer: A

- Xanax is a benzodiazepine and has addictive properties.
- It is the responsibility of the nurse to teach the patient about dependence, tolerance, and other signs and symptoms of addiction.