N233 Intermediate Medical/Surgical & Psychiatric Nursing

Anxiety related disorders

Required Readings

- Townsend 8th edition
- Chapter 18 p.p. 293
- Chapter 27
- Chapter 28.

Objectives

- Define anxiety and subtypes of anxiety
- Discuss theoretical perspectives for anxiety
- Discuss types and levels of anxiety
- Discuss clinical manifestations of anxiety
- Discuss management for anxiety disorder

Perspective

- In the United States there are 26.9 Million individuals with anxiety

- In the United States, 47 Billion Dollars are spent taking care of people with anxiety

Anxiety Definition

- Anxiety is a vague feeling of dread
- Is a state of feeling apprehensive over a perceived threat that is not reality based
- Reaction is out of proportion
- Onset may be sudden or gradual

Anxiety Definition

An experience that is true to all of us and the most common emotional response to a stressor.

Serves as a “danger signal”, to a perceived threat.

If handled appropriately it can serve us well.

Anxiety

- Anxiety generates both motivation and energy which can either be adaptive or maladaptive
- Prolonged anxiety can diminish a person’s quality of life
- Functional disabilities R/T anxiety can affect all the aspects of living

Clinical manifestations

- **Physiologic**- Cardiovascular, Respiratory, GI, GU, Autonomic

- **Psychologic-** Rumination, decreased focus and decreased concentration

Cortisol

- Excess of cortisol can lead to damage of cells and tissue can increase BS can increase ulcers.
- Excess of adrenaline will result in an increased BP can lead to damaged blood vessels of the heart and brain increasing the risk of MI and stroke

Anxiety vs. fear

- **Anxiety** is a common emotional response to unknown threats, stressors
- **Fear** is the emotional response to real or perceived imminent threat
- Anxiety and fear usually co-exist

Levels of Anxiety

- Mild
- Moderate
- Severe
- Panic

Mild Anxiety

- Mild anxiety is present in people's daily existence
- Motivates learning, growth and increases problem solving skills
- Increases physical, mental alertness and perceptual field

Moderate Anxiety

- In moderate anxiety the perception field is ***narrowed***
- The focus is on the immediate problem
- The person feels that something is different making the person nervous and agitated

Severe Anxiety

- In severe anxiety the focus is on specific details looking to obtain relief
- The person is ***sure*** that a threat exists

Severe Anxiety

- Learning ability is impaired, fear and distress are increased
- The person uses primitive survival skills with low cognitive function

Panic

- Is the ***highest*** level of anxiety
- It peaks within 10 minutes
- The person loses behavioral control

Panic

- Experiences dread and terror
- Becomes irrational
- Only able to concentrate on the present situation
- Develops personality disintegration

Panic

Stop It!
You're Okay
Breathe
Hurry up and go away!
Focus
I have to do this!
There's nothing to fear
OMG I'm going to faint!
There's nothing to panic about!
You're not going to die
You're almost done
Help!
Deep breath Hold.... Exhale
I'm so tired of this!
I HATE This!
Stop thinking about it
The first 60 seconds of a Panic Attack
I hope nobody's looking
Why Me?
I can't breath!
Stop!
You're free to leave
Think happy thoughts
Relax
You can do this
I have to get out of here now!

Theories

- Psychodynamic
- Biological
- Behavioral
- Sociocultural influences

Psychodynamic Theory

- Is based on the unconscious conflicts of childhood
- According to Freud, anxiety is central to personality development
- Examples are failure to meet parental expectations, feelings of resentment

Biological Theory

- Three basic conditions that elicit anxiety.

1. **<u>Overstimulation</u>**-person is flooded with information
2. **<u>Cognitive incongruity</u>**- person has difficulty reconciling with some event e.g. loss of love
3. **<u>Response unavailability</u>**- person does not know how to handle a difficult situation.

Biological Theory

- Although other neurotransmitters have been implicated in the pathophysiology of anxiety disorders, disturbances in:

- Serotonin
- Norepinephrine
- Gamma-aminobutyric acid (GABA) appear to be the most significant

Behavioral Theory

- An individual’s response to a stressful event is oftentimes a learned conditioned behavior

Role of Neurotransmitters

- **Serotonin** is thought to be decreased in anxiety disorders

- **Norepinephrine** is thought to be increased in anxiety disorders

- **GABA** is thought to be decreased in anxiety disorders

GABA and BZDs

- GABA is an inhibitory neurotransmitter
- Prevents post synaptic excitation
- Higher concentrations of GABA are in the hypothalamus, hippocampus, cortex, cerebellum and basal ganglia.

GABA and BZDs

- BZDs increase the action of GABA → the neuron excitability is reduced creating a calming effect.

- Enhancement of the GABA system is the mechanism of action by which the BZDs produce their calming effects

Anxiety Disorders

- When anxiety becomes long term and permeates a major portion of a person's life and leads to maladaptive behavior and emotional instability, that person suffers from anxiety disorder

- Individuals have reality orientation, awareness of inappropriate behavior.

Anxiety Disorders Incidence

- Are the most common and the largest mental health problem in the United States
- About 18% of adults in the U.S. suffer from anxiety.
- About 8 to 10 % of children suffer from anxiety

Anxiety Disorders

- 90% of people with anxiety disorders will develop another psychiatric disorder in their lifetime.

- Ratio is 2:1 female vs. male

Risk Factors

- Childhood trauma
- Illness
- Stress
- Genetics
- Substance abuse

Types of Anxiety Disorders

- Panic
- Panic disorder with or without agoraphobia
- Phobic disorder
- Social phobia or social anxiety*
- Generalized anxiety disorder (GAD)
- Obsessive-Compulsive disorder (OCD)

Types of Anxiety Disorders

- Post-traumatic stress disorder (PTSD)
- Acute stress due to general medical disorder
- Atypical anxiety disorder

Panic disorder

- Recurrent panic attacks, the onset of which is unpredictable, and manifested by intense apprehension, fear, or terror often associated with feelings of impending doom and accompanied by intense physical discomfort.

- It is a real illness with both physiological and psychological components

Phobic D/O (phobias)

- Phobia is intense fear of a specific object or situation
- Is the most common form of anxiety D/O with about 700 identified phobias
- Fear predominates in phobic D/O

Agoraphobia

- Is the most common serious phobic disorder often precipitated by increase fear of open public places related to inability to escape.

- Agoraphobia is disabling and patients develop dependent avoidant behaviors

Generalized anxiety disorder (GAD)

- Onset may begin in childhood or adolescence but is not uncommon after 20

- Is characterized by chronic, unrealistic, and excessive anxiety and worry

GAD

- The symptoms must have occurred more days than not for at least 6 months and can not be attributed to specific organic factors such as caffeine intoxication or hyperthyroidism.

GAD

- Symptoms must cause clinically significant distress or impairment in social, occupational or other important areas of functioning.

Obsessive-Compulsive Disorder (OCD)

- OCD, is an anxiety disorder characterized by recurrent, unwanted thoughts (obsessions) and/or repetitive behaviors (compulsions).

OCD

- Repetitive behaviors such as hand washing, counting, checking, or cleaning are often performed with the hope of preventing obsessive thoughts or making them go away.

- Performing these so-called "rituals," however, provides only temporary relief, and not performing them markedly increases anxiety

Posttraumatic stress disorder (PTSD)

- PTSD, is an anxiety disorder that can develop after exposure to a terrifying event or ordeal in which grave physical harm occurred or was threatened.

PTSD

- Traumatic events that may trigger PTSD include violent personal assaults, natural or human-caused disasters, accidents, or military combat.

- Characteristic symptoms include re-experiencing the traumatic event commonly known as “flashbacks”

Types of anxiety-related disorders

- Somatoform disorder-psycho physiological
- characterized by the presence of unconscious or unintentional physical symptoms with no organic pathology
- Psychological conflicts are expressed thru the use of pathological defense mechanisms.

Types of anxiety-related disorders

Dissociative disorders

- the presence of overwhelming anxiety disturbs the integration of identity, memory and consciousness and perception of the environment. Sense of reality is lost

Dissociative disorders

- Freud viewed it as a defense mechanism used to remove threatening or unacceptable mental content from conscious awareness.

Treatment Options

- First line of treatment is SSRIs and Cognitive Behavioral Therapy
- SSRIs in combination with Cognitive Behavioral Therapy (not superior)
- Benzodiazepines (Anxiety)
- SNRIs

Cognitive Behavioral Therapy

- Focuses on the here and now
- Cognitive
- Behavioral
- Systematic Desensitization
- Implosion (flooding)

Issues with CBT

- Insurance
- Time required
- Financial resources
- Stigma
- Availability of therapists
- Language barriers
- Cultural

Psychodynamic therapy

- Other form of therapy
- Focus on resolving issues from the past
- Identify
- Desensitize

Priority Nursing Diagnosis

- Anxiety
- Impaired social interaction
- Ineffective coping
- Ineffective Role Performance
- Post-trauma syndrome
- Powerlessness

What do we do?

- Empathy, empathy, empathy.
- Assessment
- Build trust
- Address social issues
- Discuss STG and LTG
- Teach, teach, teach

Resources

- National Institute of Mental Health (NIMH)

www.nimh.nih.org

- Diagnosis specific support groups

- National Alliance on Mental Illness (NAMI)

www.nami.org

Questions???