



Mental Health Nursing: Anxiety Disorders

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A Definition of Anxiety

- Diffuse apprehension that is vague in nature and associated with feelings of uncertainty and helplessness



Levels of Anxiety

- Mild: Tension of day-to-day living
- Moderate: Focus on immediate concerns
- Severe: All behavior is aimed at relieving anxiety
- Panic: Dread, terror, abrupt distress
 - Details are blown out of proportion
 - Disorganization of personality
 - Increased motor activity, physical sx
 - Loss of rational thought

Autonomic Nervous System

- Sympathetic body processes:
 - “Fight or flight” reaction (epinephrine)
 - ↑ respirations, BP, and heart rate
 - Blood shifts away from GI tract to heart, central nervous system, and muscle
 - Blood glucose level rises
 - Tension, restlessness, tremors, pacing, fear, sweating, face flushed or pale
- Parasympathetic body processes can coexist:
 - “Breed or feed” reaction

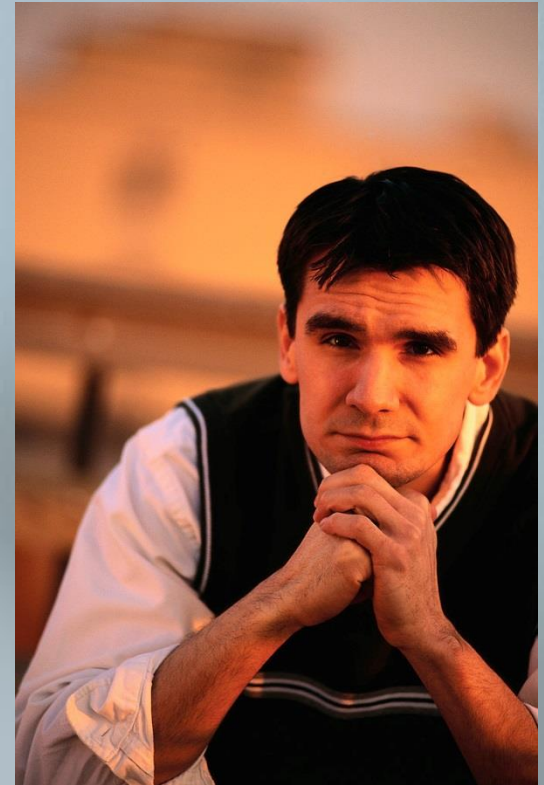
Mild or Moderate Anxiety

- Frequently expressed as anger
- Self-esteem is related to anxiety
- May be caused by frustration
- Often not a medically diagnosed health problem



Moderate or Severe Anxiety

- **Neurosis:**
Maladaptive anxiety disorder without distortion of reality
- **Psychosis:** Panic level “breaking into pieces”, and fear of inability to cope





- Anxiety and depression symptoms can overlap:
 - Sleep disturbance, appetite changes, cardiac and GI problems, poor concentration, irritability, or change in energy level



Somatoform Disorders

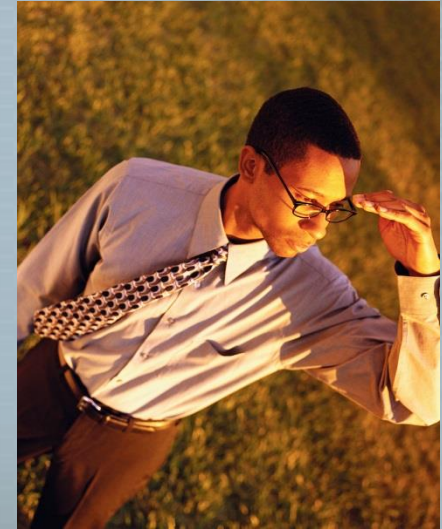
- Psychophysiological disruptions with no organic impairment, related to anxiety
 - May have illness, disability, pain, or sleep disturbance
- Unconscious coping with anxiety or overwhelming stress
- Provide a way to receive help, without admitting the need
- May protect from expressing frightening aggressive or sexual impulses

Somatoform Illnesses

- Somatization disorder- many physical complaints
- Conversion disorder- loss or alteration of physical functioning
- Hypochondriasis- fear of illness or belief that one has an illness
- Body dysmorphic disorder- normal appearance, but concerned about physical defect
- Pain disorder- involving psychological role
- Sleep disorders- usually insomnia

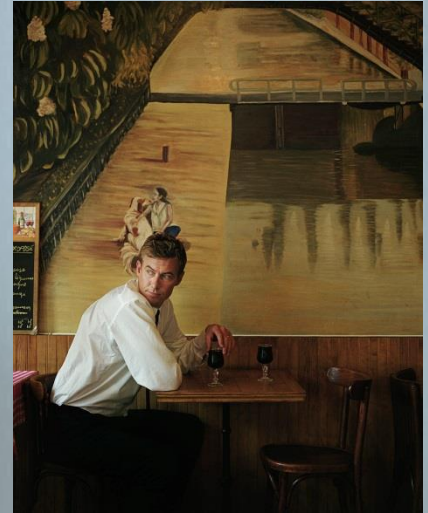
Predisposing Factors

- Psychoanalytical
- Interpersonal
- Behavioral
- Family
- Biological perspectives
- Precipitating stressors include threats to physical integrity and self-system



Alleviating Factors

- Coping resources include intrapersonal, interpersonal, and social factors:
 - Economic assets
 - Problem-solving abilities
 - Social supports
 - Cultural beliefs



Medical Diagnosis

- Panic Disorder with or without agoraphobia (fear of being in places unable to escape, or in embarrassing situations)
- Phobia: Excessive and persistent fear
- Obsessive-compulsive disorder
- Posttraumatic stress disorder
- Acute stress disorder
- Generalized anxiety disorder

Examples: Nursing Diagnosis

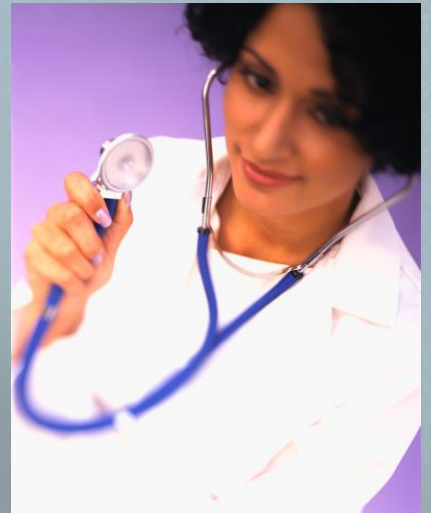
- Fear related to financial pressures evidenced by recurring episodes of abdominal pain.
- Severe anxiety related to family rejection evidenced by confusion and impaired judgment.
- Ineffective individual coping related to illness evidenced by limited ability to concentrate, and psychomotor agitation.

Nursing Care

- Assess subjective and objective responses
- Recognize defense mechanisms
 - **Task-oriented reactions:** Attack, withdrawal, compromise
 - **Ego-oriented reactions:** Compensation, denial, displacement, dissociation, identification, intellectualization, introjection, isolation, projection, rationalization, reaction formation, regression, repression, splitting, sublimation, suppression, or undoing

Implementation

- Establish trusting relationship
- Monitor self-awareness
- Protect the patient
- Modify the environment
- Encourage activity
- Administer medication
- Recognize anxiety
- Utilize pt insight to cope with threats
- Promote relaxation response



Anti-anxiety Drugs



■ Benzodiazepines

- Alprozolam (Xanax)
- Clonazepam (Klonopin)
- Diazepam (Valium)
- Lorazepam (Ativan)
- Chlordiazepoxide (Librium)
- Chlorazepate (Tranxene)
- Oxazepam (Serax)
- Halazepam (Paxipam)
- Prazepam (Centrax)



Anti-anxiety Drugs (continued)

- Antihistamines
 - Diphenhydramine (Benadryl)
 - Hydroxyzine (Atarax)
- Noradrenergic agents
 - Clonidine (Catapres)
 - Propranolol (Inderol)
- Anxiolytic
 - Buspirone (Buspar)
- Antidepressant drugs may also be helpful to reduce anxiety



Evaluation

- Patient Outcome/Goal
 - Patient will demonstrate adaptive ways of coping with stress
- Nursing Evaluation
 - Was nursing care adequate, effective, appropriate, efficient, and flexible?



References



- Stuart, G. & Laraia, M. (2005). Principles & practice of psychiatric nursing (8th Ed.). St. Louis: Elsevier Mosby
- Stuart, G. & Sundeen, S. (1995). Principles & practice of psychiatric nursing (5th Ed.). St. Louis: Mosby

