

Caring for a person experiencing an Anxiety disorder

Case study

You have visited Trang's home to deliver equipment and to change dressings for her grandmother who is recovering from a fall. You notice that Trang has shortness of breath, palpitations and dizziness. She is only 24, and when you ask, she says she has been constantly worrying about her work and money. She says that she has experienced this before and the worry is stopping her from going out to do the shopping. You ring her GP and he suggests that she go to hospital for an assessment. Trang has symptoms that are characteristic of an anxiety disorder.

The following information could help you nurse a patient like Trang.

What is an anxiety disorder?

Anxiety disorders are a group of conditions marked by extreme or pathological anxiety or fear. In Australia anxiety disorders are the most common of the psychiatric disorders, with one in four people experiencing an anxiety disorder at some time in their life. Anxiety disorders have the potential to interfere with a person's work, family and social life. They tend to be persistent and can be disabling.

Anxiety is a **normal** response to a threatening situation and can motivate us in a positive way, such as in sport or study. However, anxiety becomes a problem when it interferes with normal functions, is unrelated to an actual threat, causes physical symptoms and becomes intolerable to the person.

Anxiety disorders often occur together with depression, other medical conditions and substance abuse. There are many different types of anxiety disorders which all have different symptoms. Characteristics of these disorders include:

- ◆ **Generalised anxiety disorder:** feelings of constant apprehension and a general tendency to be worried about many areas of life (for example, health, work, and finances).
- ◆ **Specific phobias:** an intense fear of a specific object or situation that leads to avoidance of the fear-inducing trigger, interfering with normal living.
- ◆ **Social phobia:** the intense fear of being scrutinised, evaluated negatively or being the centre of attention and consequent avoidance of situations where this may occur.
- ◆ **Obsessive compulsive disorder:** repeated obsessions (thoughts) and compulsions (actions) that are time consuming and which seriously interfere with daily living. Typical compulsions involve rituals such as hand washing or checking behaviours.

- ◆ **Post traumatic stress disorder:** a reaction to a serious traumatic event (such as a car accident, natural disaster, physical abuse or sexual abuse) in which the person was extremely afraid or seriously injured. It is characterised by dreams or flashbacks in which the traumatic event is re-experienced, an avoidance of associated situations, increased vigilance and a numbing of emotional responsiveness.
- ◆ **Panic disorder:** recurrent and unexpected panic attacks that begin abruptly and result in the person experiencing a range of symptoms including: sweating, palpitations, shaking, shortness of breath, chest pain, choking, dizziness, feeling light-headed, abdominal pains and a fear of losing control or dying.

In addition, some people can be described as ‘born worriers’, which is referred to as **trait anxiety**. Such people worry about seemingly minor matters, feel tense most of the time and are apprehensive or overly cautious in their approach to the world. They are likely to be more anxious than their peers in comparable situations. In the extreme, this may lead to more severe symptoms and the development of an anxiety disorder.

Causes of anxiety disorders

Anxiety problems originate when the automatic ‘fight or flight’ response becomes oversensitive. We have all observed an overly sensitive car alarm which goes off at the wrong time. Similarly, if the body’s ‘alarm’ is too sensitive, the ‘fight or flight’ response will be triggered at the wrong time. If the anxiety alarm goes off too easily, the person will be more likely to become anxious in situations where other people would not feel anxious.

Anxiety disorders are usually caused by a combination of *biological*, *psychological* and *social* factors. They may develop as a result of a major stressor such as the death of a loved one, divorce, loss of a job, or the actual threat of death or physical harm. A disorder may also arise because of unhelpful thoughts and negative thinking patterns as a result of learned behaviour (for example, an anxious parent may model anxious behaviours and poor coping strategies to his or her child).

There also appears to be a major genetic component as a number of disorders have been found to run in families (for example, panic disorder, obsessive compulsive disorder and some phobias). Research for specific genes, including those related to neurotransmitters such as serotonin and dopamine, continues.

Difficulties in diagnosis

Physical disease may present with symptoms that can easily be mistaken for anxiety. Cardiac arrhythmias may present with dyspnoea, palpitations, hyperventilation and only minor chest pain. Anxiety is also associated with temporal lobe epilepsy and phaeochromocytoma (adrenal tumour).

Other medical conditions (such as hyperthyroidism and hypoglycaemia) and substance abuse need to be considered in the diagnostic work-up. For example, drinking lots of coffee can lead to anxiety and panic attacks; amphetamines cause anxiety, irritability and tremulousness; and narcotic withdrawal is accompanied by anxiety. Actions of other drugs such as bronchodilators, calcium channel blockers (many antihypertensives) and pseudoephedrine need to be excluded as possible causes before a diagnosis of an anxiety disorder is considered.

A person's perspective on what it is like to experience generalised anxiety

'My mind just never shuts up. Do I look okay? Do they think I'm stupid? What if mum's had a stroke? My boss didn't smile at me this morning — I must have upset her. I worry all the time...about everything. And then I can't sleep because of the worry. And I'm hyper-sensitive to what others say or might think, or all the bad things that might happen. And I end up not doing things I want to do because they might go wrong. Or when I am doing things I want to do, I don't enjoy them because I'm worried about what might happen after. It controls my life even though I don't want it to.'

Some reported reactions to people experiencing anxiety disorders

Nurses who have worked with people who have anxiety have reported the following reactions:

Disregard	When the level of anxiety is seen as being out of proportion to the issue, nurses may have difficulty understanding the person's anxiety. This may lead to a minimisation or disregard for the person's symptoms. For example, common beliefs expressed are 'it's all in her mind' or 'he should just get over it'.
Frustration	This can develop when the strategies you have tried are unsuccessful and the person continues to be distressed and anxious.
Anxiety	Sometimes caring for someone with severe anxiety or a panic attack can create a 'contagious' atmosphere, resulting in staff also becoming anxious.
Compassion fatigue	This is more likely to occur if the person has family or relatives who are also anxious and demanding due to their own frustration and apprehension about the person who is ill.

Goals for nursing a person experiencing an anxiety disorder

Appropriate goals for caring for a person with anxiety in a community or hospital setting include:

- ◆ Develop a relationship with the person based on empathy and trust.
- ◆ Promote an understanding of the features of an anxiety disorder.
- ◆ Promote effective strategies for coping with anxiety.
- ◆ Promote positive health behaviours, including medication compliance (if appropriate) and healthy lifestyle choices (for example, diet, exercise, not smoking).
- ◆ Promote the person's engagement with their social and support network.
- ◆ Ensure effective collaboration with other relevant service providers, through development of effective working relationships and communication.
- ◆ Support and promote self-care activities for families and carers of the person with anxiety.

Guidelines for responding to a person experiencing an anxiety disorder

- ◆ Arrange for a review of the person's medication for anxiety and an initial or follow-up assessment if their care plan needs reviewing. A mental health assessment may be appropriate to undertake — see the MIND Essentials resource 'What is a mental health assessment?'.
- ◆ A person's cultural background can influence the way symptoms of mental illness are expressed or understood. It is essential to take this into account when formulating diagnosis and care plans. Indigenous mental health workers or multicultural mental health coordinators and the Transcultural Clinical Consultation Service from Queensland Transcultural Mental Health Centre are available for advice and assistance in understanding these issues.

For more information please visit www.health.qld.gov.au/pahospital/qtmhc/default.asp
- ◆ Learn to identify the signs and symptoms of anxiety and panic, including triggers. Helping people to recognise the symptoms is also the first step in teaching them self-management techniques.
- ◆ Reassure the person that anxiety disorder is a real medical condition.
- ◆ A person with anxiety is often only just coping with their current circumstances, so be mindful of not placing too many demands on them.
- ◆ Avoid comments like 'just relax', 'there's nothing to worry about' and 'just pull yourself together'. It is more helpful to provide a reassuring presence.
- ◆ Avoid dismissive statements such as 'things can't be that bad' and 'everything will be okay', as the person might feel that you do not really understand his or her problems. This may make the person unwilling to share other feelings.
- ◆ Encourage the person to test and challenge the accuracy of thoughts and assumptions.
- ◆ Help the person to challenge the beliefs that are causing the anxiety by helping them to identify alternative perspectives. For example, you could ask: 'How have you gotten through this before?'.
- ◆ Encourage use of self-management strategies such as relaxation and controlled breathing that can help manage an anxiety attack.
- ◆ Help the person to identify and develop a range of contacts for support and socialisation.
- ◆ Monitor recovery, compliance with medication and general physical health (including nutrition, weight, blood pressure etc.). Provide education on possible side effects to any medication (if appropriate) and work with the person to develop appropriate actions to address any issues.
- ◆ Be aware of your own feelings when caring for a person with anxiety. Arrange a debriefing for yourself or any colleague who requires support or assistance — this may occur with a clinical supervisor or an employee assistance service counsellor (see below).

The Employee Assistance Service provides confidential, short-term counselling free-of-charge to Queensland Health staff to assist them to resolve personal and work related problems. For more information visit <http://qheps.health.qld.gov.au/eap/home.htm>

Treatment of anxiety disorders

Many treatment options are available to help people manage their anxiety and to prevent it controlling their lives. Those who have had an anxiety disorder for many years may also need help to make lifestyle changes once the restrictions imposed by rituals or avoidance are no longer needed.

Monitoring for early signs of relapse is important, and early intervention may prevent full-blown symptoms returning. Regular revision of management techniques may also be helpful.

Counselling and psychological therapies

Various approaches may be used in combination. These can include cognitive behaviour therapy (CBT), desensitisation and problem-solving strategies. The approach will be tailored to the individual and type of anxiety, including:

- ◆ **Psycho-education about anxiety**, including information about signs and symptoms of anxiety, reassurance that the feelings do not mean that the person is ‘going crazy’ or out of control and reaffirmation that anxiety is a normal physiological response (the ‘fight or flight’ response) in an abnormal situation.
- ◆ **Behavioural techniques** to help the person control the physical effects of anxiety (for example, breathing and relaxation). A basic technique to control hyperventilation is a simple breathing and relaxation exercise. Breathing in deeply (using the abdominal muscles) to a count of five, holding the breath for five and then breathing out to a count of five saying the word ‘relax’. This reduces hyperventilation and relieves some of the physical symptoms.

This technique needs to be practiced in a calm state in order to ensure that it can be used when needed. Relaxation can be practiced in a number of ways, including Tai Chi, meditation or yoga. Similarly, a simple progressive muscle relaxation technique teaches the person to be aware of muscle tension and how to release the tension following a systematic and progressive process. Nurses and midwives can assist a person to identify unhelpful strategies (such as the use of alcohol or avoidance) and promote relaxation activities (for example, taking a warm bath, listening to music, going for a walk, playing sport or a game, watching a movie, etc.).

- ◆ **CBT techniques** help the person learn to challenge the catastrophic thoughts that may be exacerbating or maintaining the fear. People learn to identify the links between activating events (A), the consequent feelings (C) and the thoughts or behaviours (B) that emerge between A and C. If a person changes the unhelpful thinking or behaviour at B, as demonstrated in the example below, a more positive outcome can be expected.

Changing unhelpful thoughts or behaviours

Original but unhelpful thought

- A** I am invited to go to the movies
- B** I’m sure I’ll have a panic attack and everyone will be watching and I’ll make a fool of myself.
- C** There is no way I can go.

Alternative thought

- A** I am invited to go to the movies.
- B** I’ve been before and really enjoyed myself.
I can always sit in a seat near the door and do my breathing or relaxation and leave if I have to.
- C** I would like to try to go.

Medication

Medication options include antidepressants, usually the SSRIs, and benzodiazepines. Benzodiazepines should generally only be used for short-term relief. Longer-term use of benzodiazepines may lead to tolerance and abuse and should be avoided where there is comorbid substance abuse. All medications should be withdrawn slowly to avoid withdrawal or discontinuation syndromes.

It has been shown that lifestyle factors such as overwork, nicotine intake and caffeine intake can exacerbate anxiety. Adjustments should be made to these where possible. A combination of medication and psychosocial strategies is often effective.

Discharge planning

Discuss referral options with the person and consider referrals to the following:

- ◆ GP
- ◆ Community Child Health
- ◆ Community Health
- ◆ Mental Health Services (infant, child and youth or adult)
- ◆ Private service providers

To access the contact numbers and details for your local services use QFinder (available on QHEPS) or call 13 HEALTH (1343 2584).

Further reading

For more information, see the Mental Health First Aid Manual at www.mhfa.com.au (internet access required).

Sources

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