

ANXIETY

Anxiety is an emotion characterized by feelings of tension and worried thoughts, as well as physical changes such as increased blood pressure.

Those with anxiety disorders usually have recurring intrusive thoughts and multiple concerns. They may avoid certain situations out of worry. Anxiety disorders can cause significant problems in all aspects of life.²

Individuals with COVID-19 may experience anxiety related to overall illness, rapid onset of COVID-19 symptoms, rapid respiratory compromise, dyspnea, nausea, discomfort and pain, hypoxia, adverse drug effects, hospitalization, disability, isolation, uncertainty, psychological concerns, spiritual concerns, and impending death.¹

Nursing Assessment:

- Clinical assessment: Complete a comprehensive nursing history and careful physical exam, including history of symptoms (onset, pattern, triggers, associated symptoms, precipitating and relieving events, and response to medications), psychosocial history, medication history, and results of laboratory/diagnostic tests.¹
- It is essential to determine whether the cause of anxiety is psychological or secondary to a comorbidity.
- Assessment should be performed with validated measures, such as the Patient Health Questionnaire (PHQ-9) and the Generalized Anxiety Disorder (GAD-7) for screening of depression and anxiety.¹

Nonpharmacological Management:

- Discuss anxiety with the patient and family, with particular focus on how anxiety is affecting the patient's ability to function, the patient's quality of life, and burden on the caregiver.
- Establish a trusting relationship with the patient and family. Use a calm, nonthreatening approach.
- Encourage exploration of underlying feelings, if able.
- Include the patient in the decision-making process to enhance feelings of control, if able.
- Relieve pressing concomitant symptoms, such as pain and nausea.
- Integrative therapies: Consider relaxation techniques, guided imagery, meditation, life review, journaling, and music therapy.⁴

Pharmacological Management*:

- Optimize treatment of underlying etiology. Manage uncontrolled symptoms, such as dyspnea or pain,¹ as well as other urgent etiologies, such as cardiac issues and pulmonary embolism.
- Treatment is warranted if anxiety is causing significant distress or impacting quality of life or function.¹

- ▶ Treatment must be individualized and tailored, with consideration given to overall medical condition, prognosis, and frailty.¹
- Selective serotonin reuptake inhibitors (SSRIs) are generally first-line treatment because of their reliability and effectiveness. However, they take four to six weeks to take effect, which may not be beneficial in a patient with COVID-19.¹
- Benzodiazepines are commonly used for the relief of acute anxiety. They have a rapid onset.
 - ▶ Toxic if overdosed, benzodiazepines can suppress respirations and cause cognitive impairment, and they have a risk for abuse and addiction.⁴
 - ▶ Begin with the lowest dose, with careful titration to desired effect. Taper if adverse effects occur.¹
 - ▶ Benzodiazepines can have a paradoxical effect in older adults and worsen anxiety.⁴
 - ▶ Consider lorazepam 0.5–2 mg by mouth, sublingually, subcutaneously, or intravenously three to four times a day, as needed.
- If the patient cannot tolerate benzodiazepines or they do not affect anxiety, consider a low-dose antipsychotic medication. Olanzapine and quetiapine are effective with severe anxiety and do not cause the respiratory depression that benzodiazepines can.¹
- Opioids are indicated for the treatment of anxiety related to dyspnea at the end of life.⁴

Additional Interventions:

An interprofessional team with multiple perspectives can provide successful interventions for patients with anxiety, such as:

- Consultation with psychiatry, social work, counseling, and spiritual care
- Referral to palliative care for advanced symptom management

Patient and Family Education:

- Clarify patient and family goals frequently during the course of illness.
- Provide instruction on signs of anxiety and awareness of triggers, treatment options, medications, and anticipated side effects.
- Explore realistic expectations for symptom trajectory, with reassuring education on management strategies.
- Provide instruction on medication management. Equip families to utilize appropriate nonpharmacological strategies, if appropriate.

***DISCLAIMER:** Medication dosing for symptom management is only a recommendation for nursing to discuss with prescribers and for prescriber consideration after careful history, physical exam, and review of laboratory/diagnostic studies. Dosing should be adjusted based on each patient's clinical case, presentation, and prescriber's clinical judgment.

There are no drugs approved by the U.S. Food and Drug Administration (FDA) specifically for the treatment of patients with COVID-19. At present, clinical management includes infection prevention, control measures, and supportive care, including supplementary oxygen and mechanical ventilatory support when indicated. The Centers for Disease Control and Prevention also hypothesizes that angiotensin converting enzyme (ACE) inhibitors, angiotensin II receptor blockers (ARBs), and steroids may increase the severity of COVID-19. However, currently, there are no data to suggest a link between those medications and worse COVID-19 outcomes.⁵

For additional information, please access HPNA's COVID-19 Resource page at www.advancingexpertcare.org.

REFERENCES

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