

Anxiety Management (Ambulatory) – CE

ALERT

Patients with severe anxiety may experience panic, depersonalization, or derealization, or become irrational.

Patients with anxiety disorders present in ambulatory settings most commonly with physical symptoms rather than behavioral, cognitive, or emotional symptoms.¹⁰

OVERVIEW

Anxiety is the expectation of an imagined or potential threat. It is a physiologic response that can result from genetic vulnerabilities and psychosocial stressors. It tends to be vague and unfocused. It can cause feelings of dread, apprehension, and worry in response to a perceived fear or stressor. Anxiety can affect emotions, thought processes, bodily sensations, and behaviors. Common behaviors of those with anxiety include, vigilance, preparation for future threats, caution, and avoidance.¹ The experience of anxiety can affect how a patient functions on a daily basis and how he or she responds to care.

A patient's memories, experiences, and social situations play intricate roles in the experience of stress and the development of anxiety. The patient may experience vague stress, stemming from past pain and suffering or fear.⁸ Because these experiences are unique to each person, understanding the patient's stress and anxiety may be difficult.

Anxiety is characterized by:⁶

- Physical complaints (e.g., chest tightness, dizziness, nausea, headache)
- Cognitive symptoms (e.g., impaired judgment, confusion, inability to make decisions)
- Behavioral issues (e.g., avoidance, impulsiveness, isolation)
- Emotional symptoms (e.g., worry, irritability, sense of dread, feelings of being overwhelmed, frustration)

Although physical symptoms are typical of anxiety disorders, these symptoms may also indicate a significant medical issue; therefore, a thorough physical examination is required. In many cases, an anxiety disorder occurs concomitantly with physical, emotional, or mental illnesses or substance use. These other issues can hide or aggravate anxiety symptoms. Evaluation for an anxiety disorder must be part of a comprehensive examination that includes a detailed history, physical examination, review of symptoms, and evaluations of associated functional impairments, current psychosocial issues, and other contributing factors.¹¹

Patients may experience different levels of anxiety, which have different effects on daily functioning. Mild anxiety promotes productivity and problem-solving because of increased mental focus. With moderate and severe anxiety, the ability to focus becomes increasingly difficult, and the anxiety signs and symptoms become more intense and significantly impair the ability to function. During panic, the patient loses mental focus, and personality disorganization occurs, potentially to the point of experiencing depersonalization or derealization or disruptions in consciousness or amnesia.¹⁵

Anxiety disorders are the most prevalent psychiatric illness and interfere with a patient's ability to function¹⁴; quality of life; ability to maintain social, family, and occupational functioning; and can have a negative impact on overall satisfaction with daily life.¹⁰ According to the *Diagnostic and Statistical Manual of Mental Disorders, 5th ed.*, anxiety disorders include:¹

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- Generalized anxiety
- Panic disorder
- Social anxiety disorder (social phobia)
- Specific phobias (animal, blood-injection-injury, natural environment, situational, others)
- Agoraphobia
- Other specified anxiety disorders
- Unspecified anxiety disorder
- Substance- or medication-induced anxiety disorder
- Anxiety disorder caused by another medical condition

Other conditions with anxiety as a primary component include obsessive-compulsive disorder (OCD), posttraumatic stress disorder (PTSD), acute stress disorder, adjustment disorders,¹ and major depression.¹⁴ Common anxiety disorders include generalized anxiety disorder, specific phobia, and social phobia. OCD occurs less frequently.⁶ Individuals with greatest risk of developing anxiety disorders include females¹ and those with single marital status, multiple life stressors, a low education level, and poor overall health.¹⁰

- *OCD* consists of obsessive, persistent thoughts and compulsive behaviors.
- *PTSD* is a persistent reexperiencing of an event perceived as traumatic.
- *Acute stress disorder* is similar to PTSD, but the symptoms last for 3 days to 1 month after the traumatic event.¹
- *Generalized anxiety disorder* involves excessive worrying.
- *Phobias* are persistent, irrational fears that lead to avoidance.
- *Panic disorder* is characterized by panic attacks, which are sudden onsets of terror and impending doom.
- *Anxiety related to a medical condition* can occur as a direct, physiologic result of various medical disorders, such as asthma, cardiac arrhythmias, hyperthyroidism, delirium, seizure disorder, or hypoglycemia.¹
- *Substance-induced anxiety* occurs after consuming a substance, after exposure to a toxin, or within 1 month of stopping the use of a substance.¹

Anxiety disorders can be treated in a variety of settings, depending on the severity of signs and symptoms and the interventions required for safe care. In most cases, anxiety disorders can be treated effectively with psychological interventions, which are recommended as the first-line treatment.⁴ Practitioners should begin with low-intensity, minimally intrusive interventions and move to more high-intensity, invasive therapies, using a stepped approach. Common treatments include cognitive behavioral therapy (CBT), relaxation techniques, and pharmacologic treatment. In addition, support and self-help groups may be beneficial.

Pharmacologic treatments are effective in treating more severe anxiety disorders and anxiety disorders that have not responded well to psychotherapy interventions. Medication therapy is generally continued for at least 1 year⁵ because of the high risk of relapse. Medication selection can vary depending on the specific anxiety disorder.¹⁰ Medications commonly used for anxiety disorders include:⁶

- Selective serotonin reuptake inhibitors (SSRIs), including sertraline, escitalopram, citalopram, and paroxetine
- Serotonin–norepinephrine reuptake inhibitors (SNRIs), including venlafaxine and duloxetine
- Serotonin modulators, including trazodone and mirtazapine

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- Tricyclic antidepressants (TCAs), including amitriptyline, clomipramine, doxepin, imipramine, and nortriptyline
- Anxiolytics, including alprazolam, buspirone, hydroxyzine, and lorazepam
- Beta blockers, including propranolol and metoprolol
- Anticonvulsants, including gabapentin and pregabalin
- Antipsychotics, including quetiapine fumarate
- Monoamine oxidase inhibitors (MAOIs), including selegiline and phenelzine⁹

Benzodiazepines and antipsychotics should not be used unless indicated due to their risk for dependence and abuse.¹⁰ Combination medication treatment may be indicated for patients with more complex or refractory disorders.⁶ The efficacy and side effects of medications should be evaluated frequently, especially when medication therapy begins or changes.

EDUCATION

- Teach the patient the signs and symptoms of anxiety disorders (e.g., diarrhea, insomnia, headaches, muscle tension, chest pain or tightness, palpitations, feeling nervous, restlessness or tenseness, sense of impending danger, panic or doom, increased heart rate, hyperventilation, difficulty sleeping, avoidance, worry, irritability) and instruct him or her on when to seek additional care.
- Educate the patient about how anxiety can interfere with health maintenance activities.
- Educate the patient about how medical illnesses can initiate or exacerbate anxiety symptoms.
- Teach the patient about available resources, crisis intervention hotline numbers, and realistic interventions that treat anxiety and can help him or her cope.
- Teach the patient how to begin identifying how and when his or her anxiety manifests.
- Educate the patient about the different severity levels of anxiety.
- Teach the patient about self-care techniques to manage anxiety, such as deep breathing, progressive muscle relaxation, guided imagery, and listening to music.
- Recommend to the patient that he or she maintain a log of episodes of anxiety. Encourage the patient to describe what he or she is experiencing and the events leading up to and surrounding the events causing the anxiety and to note how the anxiety dissipates.
- Teach the patient the potential side effects of prescribed medications, the withdrawal symptoms if medication doses are missed or decreased or if therapy is stopped, the expected delay in the effect on anxiety symptoms, the anticipated course of treatment, and the importance of taking the medication as prescribed.
- Encourage questions and answer them as they arise.

PROCEDURE

1. Perform hand hygiene.
2. Introduce yourself to the patient.
3. Verify the correct patient using two identifiers.
4. Explain the procedure to the patient and ensure that he or she agrees to treatment.
5. Ensure that evaluation findings are communicated to the clinical team leader per the organization's practice.
6. Evaluate the patient for increased risk for suicide.
7. Evaluate the patient's level of anxiety by asking if he or she is experiencing any uncomfortable symptoms.
8. Evaluate the patient for physical signs and symptoms of anxiety, such as increased heart rate, increased respiratory rate, diaphoresis, pain, and elevated blood pressure.

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9. Evaluate the patient for somatic symptoms of anxiety such as stomach distress, insomnia, headache, or muscle tension.
10. Evaluate the patient for nonverbal expressions of anxiety, such as grimacing, tense facial muscles, fidgeting, restlessness, or guardedness.
11. Use an organization-approved anxiety evaluation scale (e.g., Hamilton Rating Scale for Anxiety, Mini-Social Phobia Inventory, Children Yale-Obsessive Compulsive Scale, Penn State Worry Questionnaire for Children, Generalized Anxiety Disorder Screener, Panic Disorder Severity Scale)⁶ to evaluate the presence and severity of the patient's anxiety.

Rationale: If a patient is exhibiting signs and symptoms of anxiety, an organization-approved screening tool should be used to evaluate the presence and severity of his or her anxiety.

12. Obtain the patient's social history, including smoking and tobacco use, illicit substance use, and frequency and amount of alcohol consumed.
13. Evaluate the effect of the patient's medical illnesses on anxiety signs and symptoms.
14. Evaluate the patient's level of comfort with health care team members entering his or her personal space.
15. Evaluate the patient's comfort level with having several health care team members in the room at one time.
16. Evaluate the patient's need for assistance in performing self-care activities at home.
17. Evaluate the need for a psychiatric practitioner consult, and seek a consult as appropriate.
18. Evaluate the patient for problems with medications, including suicidal thoughts, adverse reactions, and inadequate symptom management.

Rationale: Prescription medications such as stimulants, steroids, and medicines to treat asthma, Parkinson disease, and thyroid problems can cause anxiety while the patient is taking them or once they are discontinued. Over-the-counter medications, such as some decongestants, can also exacerbate or initiate anxiety symptoms.

19. Perform a physical and neurologic evaluation.

Rationale: A physical and neurologic evaluation helps determine if the anxiety is primary or secondary to a separate psychiatric illness, medical illness, or substance use.¹

20. Collaborate with the patient and practitioner to develop a care plan.

- a. Promote the establishment of a trusting relationship with the patient.
- b. Recognize when anxiety may be playing a role in the patient's symptomatology and behavior.

Rationale: Patients may not feel comfortable experiencing or expressing anxiety symptoms or have knowledge of healthy coping strategies to manage them. Consequently, they may automatically use defense mechanisms or unhealthy coping strategies that protect them against feeling anxious.¹

When a patient copes with anxiety, he or she must use effective, not maladaptive, defense mechanisms. Maladaptive defense mechanisms

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may interfere with care and patient cooperation with treatment. Effective defense mechanisms help a patient solve problems and follow instructions.

- c. Review the patient's triggers to feelings of anxiety.
- d. Encourage the patient to identify coping skills, medications, and social supports that have helped in the past. Consider inquiring about interventions that have not worked or have worsened the anxiety symptoms.

Rationale: Engaging the patient in a discussion of what has worked or not worked provides valuable information for planning care.

- e. Incorporate recommendations from a behavioral health practitioner, if available, for specific interventions.
- f. Explain to the patient the strategies for treatment. Confirm his or her understanding via verbal, written, or other means.
- g. Provide the patient with an opportunity to ask questions, express concerns, and give input on the treatment plan.

- 21. Provide the patient with clear, concise instructions on anxiety management.
- 22. Reevaluate the patient for decreased anxiety.
- 23. Determine whether the patient recognizes his or her symptoms of anxiety.
- 24. Determine whether the patient verbalizes his or her symptoms of anxiety.
- 25. Determine whether the patient listens to and retains instructions and information.
- 26. Evaluate the patient's need for assistance with relaxation techniques and self-care activities.
- 27. Evaluate the patient's ability to identify triggers for anxiety and coping skills, medications, and forms of social support that decrease anxiety.
- 28. Evaluate the patient's response to changes in the environment.
- 29. Assess, treat, and reassess pain.
- 30. Perform hand hygiene.
- 31. Document the procedure in the patient's record.

EXPECTED OUTCOMES

- Decreased intensity of patient's anxiety level
- Patient's posture, facial expressions, gestures, and activity levels reflect decreased distress
- Patient's vital signs reflect decreased sympathetic stimulation
- Patient able to:
 - Verbalize anxiety symptoms
 - Recognize and verbalize anxiety precipitants, conflicts, and threats
 - Describe own anxiety and coping patterns
 - Demonstrate improved concentration and accuracy of thoughts
 - Demonstrate ability to reassure self
 - Maintain a desired level of role function and problem-solving
 - Verbalize interventions to reduce anxiety and independently employ effective coping mechanisms
 - Ask for assistance and mobilize social support

UNEXPECTED OUTCOMES

- Patient use of alcohol or illicit drugs to diminish anxiety

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- Continuation or worsening of patient's anxiety signs and symptoms
- Patient's vital signs continuing to increase with sympathetic stimulation
- Patient unable to verbalize anxiety symptoms
- Patient unable to identify or employ effective coping mechanisms, relaxation techniques, or self-care activities
- Patient unable or unwilling to ask for help or unable to mobilize social support
- Patient unable to follow directions and retain education information
- Patient engaging in self-harm activities or suicidality

DOCUMENTATION

- Results of anxiety screening tool evaluation
- Observed symptoms of anxiety
- Interventions used to help reduce anxiety
- Pharmacologic and nonpharmacologic treatment plan for managing anxiety signs and symptoms (as applicable)
- Patient education
- Patient response to teaching
- Consultation requests and referrals
- Unexpected outcomes and related interventions
- Evaluation findings communicated to the clinical team leader per the organization's practice

PEDIATRIC CONSIDERATIONS

- Children should be carefully screened and evaluated for an anxiety disorder to differentiate anxiety disorders from developmentally appropriate worries, fears, and responses to stressors.¹⁶
- Tantrums, irritability, and crying represents a child's normal response to distress and efforts to manage anxiety-producing situations.¹⁶
- Persistent irritability is a common symptom of generalized anxiety disorder among youth and is associated with multiple anxiety disorder diagnoses.³
- Anxiety disorders have been found to frequently co-occur with other psychiatric disorders in childhood, including attention-deficit/hyperactivity disorder (ADHD) and depression.¹³
- Anxiety disorders are the most common type of mental health disorder in adolescents, affecting approximately 15% to 20% of this population.¹⁶
- Adolescents diagnosed with an anxiety disorder are at increased risk of developing psychiatric disorders, including depression, substance use disorders, and other anxiety disorders, later in life.¹⁶
- Adolescents experiencing anxiety disorders are at increased risk for suicide and self-injurious behavior.¹⁶
- Increasing evidence supports that the treatment of childhood anxiety disorders with CBT and SSRIs or SNRIs medications works better than either treatment alone.¹⁶

OLDER ADULT CONSIDERATIONS

- Generalized anxiety disorder is common in older adults and has significant consequences regarding quality of life, health, and functioning.¹
- Certain medications used for anxiety (e.g., first-generation antihistamines, TCAs, SSRIs, benzodiazepines) are more likely to cause adverse reactions or toxicity in older adults and should be avoided.¹²
- Treatment with medication and psychotherapy has been shown to improve symptoms of generalized anxiety disorder in older adults.¹

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- Practitioners may prescribe psychosocial treatments and CBT more commonly than high-risk medications because older adults typically prefer these methods, and they have been proven effective in this patient population.¹

SPECIAL CONSIDERATIONS

- Women of childbearing age are at high risk of experiencing anxiety. An exacerbation of anxiety disorders during and after pregnancy can interfere with prenatal care, nutrition status, self-care, and the mother–infant relationship.⁷

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*In these skills, a “classic” reference is a widely cited, standard work of established excellence that significantly affects current practice and may also represent the foundational research for practice.

Elsevier Skills Levels of Evidence

- Level I - Systematic review of all relevant randomized controlled trials
- Level II - At least one well-designed randomized controlled trial
- Level III - Well-designed controlled trials without randomization
- Level IV - Well-designed case-controlled or cohort studies
- Level V - Descriptive or qualitative studies
- Level VI - Single descriptive or qualitative study
- Level VII - Authority opinion or expert committee reports

Supplies

- Organization-approved anxiety evaluation tool

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