Anxiolytic Medications (Behavioral Health) – CE

ALERT

Benzodiazepines, which are among the most commonly prescribed medications for the treatment of anxiety, present a significant risk of dependence and abuse.[14] They are also associated with increased risk of falls and fractures in older adults.[14] An overdose of benzodiazepines can be lethal.[4]

There is a black box warning for use of selective serotonin reuptake inhibitors (SSRIs) with adolescents and young adults due to a possible increase in suicidal ideation in these patient populations.[3]

OVERVIEW

Anxiety disorders are prevalent psychiatric disorders worldwide.[6] Of the different anxiety disorders, specific phobias and panic disorder are common.[6] Other anxiety disorders include social phobia and generalized anxiety disorder as well as separation anxiety, which in most cases is diagnosed in children. Anxiety disorders can be co-occurring with depression and other psychiatric disorders.[6] Obsessive-compulsive disorder and posttraumatic stress disorder are now categorized separately in the *DSM-5: Diagnostic and statistical manual of mental disorders* and are no longer grouped with anxiety disorders.[1,2] Symptoms of anxiety include excessive and inappropriate worrying or fear that is not related to a tangible danger. Symptoms may manifest in somatic experiences such as palpitations, dyspnea, diaphoresis, and nausea.[13]

Anxiolytics are medications that are used to treat anxiety. This class of drugs includes azapirones and benzodiazepines, which are the main class of anxiolytics. In addition, certain antidepressants, antiepileptic drugs, and beta blockers are also effective in the treatment of anxiety. The specifically diagnosed anxiety disorder, along with an assessment of the patient's general health status, is used to determine which medication to use to reduce symptoms of the disorder. In certain circumstances, antipsychotic medications have also been used to treat anxiety disorders.[13]

Categories of Anxiety Drugs

Azapirone drugs, such as buspirone and tandospirone, are typically used to treat generalized anxiety disorder and may be used in combination with other drugs to treat additional anxiety disorders. They are administered orally and have a short half-life, requiring dosing throughout the day. Azapirones are metabolized primarily in the liver and have a relatively low side effect profile. They do not induce sedation and are not considered addictive. There are also no withdrawal symptoms upon discontinuation of the drug.[9] Side effects that may be experienced include nausea, dizziness, and headache.[10]

Benzodiazepines such as chlordiazepoxide, diazepam, oxazepam, temazepam, clonazepam, alprazolam, and lorazepam are effective in the treatment of generalized anxiety disorder, panic disorder, and social anxiety disorder (also called social phobia). Benzodiazepines can cause significant side effects such as sedation and cognitive impairment. There is also significant risk of developing dependency if used for long-term treatment; therefore, they should be considered for short term or intermittent use only.[5] They can be lethal in an overdose or if used in combination with various other substances, including alcohol, barbiturates, and opioids.[4] Patients using benzodiazepines for any length of time may also experience complex withdrawal symptoms upon discontinuation of the medications, including the experience of seizures.[14]

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Antidepressant medications are effectively used in the treatment of anxiety disorders. SSRIs such as citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, and sertraline along with selective serotonin-noradrenaline reuptake inhibitors, including duloxetine, venlafaxine, and desvenlafaxine are considered first-line treatment and are generally well tolerated.[7] There is a black box warning for use of SSRIs with adolescents and young adults due to a possible increase in suicidal ideation in these patient populations.[3] Side effects may include jitteriness, nervousness, insomnia, nausea, and sexual dysfunction. Since antidepressant medications are metabolized through the liver, reviewing drug-to-drug interactions is important. These medications can be used for both short-term and long-term treatment of anxiety disorders. Tricyclic antidepressants are also used at times; however, their side effect profile is more problematic and caution should be taken with patients who are suicidal. Withdrawal symptoms may occur when discontinuing or decreasing SSRIs.[5]

Antipsychotic medications such as quetiapine, aripiprazole, olanzapine, and risperidone may be used in acute cases of generalized anxiety disorder or for patients with obsessive-compulsive disorder. They may also be used in combination with antidepressants for patients who have not responded to monotherapy.[5]

Antiepileptic drugs, such as pregabalin, have been found to be effective in the treatment of generalized anxiety disorders. The medication is not metabolized in the liver; therefore, there is some benefit for a patient with hepatic impairment. Side effects include sexual dysfunction, weight gain, drowsiness, and dizziness. There have also been reports of discontinuation symptoms with abrupt withdrawal.[5]

Beta blockers such as propranolol have been shown to have effects similar to benzodiazepines in the treatment of anxiety in the short term.[12] They may also be used in conjunction with antidepressants due to their long onset of action. Side effects of beta blockers, although infrequent, can include nightmares, transient fatigue, and sleep disturbance.[12]

EDUCATION

- Establish a rapport with the patient, family, and designated support person that encourages questions. Answer them as they arise.
- Consider the patient's, family's, and designated support person's values and goals in the decision-making process.
- Assist the patient, family, and designated support person to recognize signs and symptoms of acute exacerbation of the illness.
- Explain the manifestations of the illness and expected progression of symptoms if the patient experiences a relapse. Describe what the family and designated support person are likely to see, hear, and experience (e.g., diaphoresis, insomnia, agitation). Advise the patient, family, and designated support person of steps to take if relapse occurs.
- Educate the family and designated support person regarding the nature of psychiatric illness and expected signs and symptoms of anxiety, panic, insomnia, and agitation.
- Assist the patient, family, and designated support person to engage and participate as drivers of the plan of care.
- Explain the action of the medications and potential side effects.
- Explain the dosing regimen and what to do if a dose is missed.

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- Discuss method of reporting serious side effects and emergencies related to the medications.
- Explain the importance of following the medication regimen as ordered. The patient should not alter dosage or stop taking the medication even if symptoms have subsided and he or she is feeling better.
- Explain to the patient, family, and designated support person that the main goal us to provide a safe, secure place to receive treatment.
- Explain how the behavioral health unit may be different from other settings. Interaction is promoted between patients and staff, and group meetings are encouraged. To ensure patients' safety, they are checked on frequently during the day.

ASSESSMENT

1. Perform hand hygiene.
2. Introduce yourself to the patient, family, and designated support person.
3. Verify the correct patient using two identifiers.
4. Assess the patient's mental status and ability to understand information and participate in decisions. Include the patient as much as possible in all decisions.
5. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm.
6. Assess the patient's current vital signs to ensure that administration of medication is appropriate.
7. Assess the patient's past and current medical status, including any allergies.
8. Assess the patient's medication history, including over-the-counter medications and supplements, and his or her concerns regarding side effects or drug interactions.
9. Assess the patient for substance use.
10. Evaluate the patient's, family's, and designated support person's understanding of the patient's illness.
11. Assess and discuss the patient's goal for treatment.
12. Collaborate with the patient, family, and designated support person to develop a plan of care.
13. Identify the patient's psychiatric advance directives, if available.
14. Determine the patient's desire for the family or designated support person to be kept informed and involved in treatment.
15. Determine the family's or designated support person's ability to support the patient during treatment.

STRATEGIES

1. Perform hand hygiene.
2. Verify the correct patient using two identifiers.
3. Assess the patient for suicidal or homicidal ideation or thoughts of self-harm, and if present, implement appropriate precautions based on the patient's status.
4. Explain the strategies to the patient, family, and designated support person and ensure that they agree to treatment.

> Rationale: Patient collaboration in treatment is enhanced if the patient has an understanding of specifically what the plan entails. Allowing the patient to ask questions, express concerns, and explore alternatives is important to ensure that he or she is fully informed and in agreement with treatment.[15]

5. Maintain a calm, collaborative communication approach, avoiding the use of coercion.

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Rationale: Coercion can negatively impact a patient's willingness to engage in treatment and is considered a factor in patient noncooperation with the treatment regimen.[15]

6. Create an environment of trust that allows the development of a therapeutic relationship.

Rationale: Positive therapeutic relationships between patients and health care team members fosters the patient's engagement and cooperation with treatment.[15]

7. Orient the patient to the unit. Include discussion of unit routines, guidelines, patients' rights and expectations, and schedules. Inform the patient that he or she will be checked on frequently throughout the stay.
8. Create an environment that advocates for the patient's needs using an interdisciplinary team. Engage the team in collaborative assessment and treatment planning with the patient.
9. Assess the patient's current symptoms and review the expected actions of medications to reduce symptoms.

Rationale: Helping the patient understand the expected action of the medications and how they will reduce or eliminate symptoms promotes collaboration with the medication regimen.

10. Review possible side effects of medications and encourage the patient to report any adverse reactions that he or she experiences.

Review and make efforts to mitigate adverse reactions if possible; the experience of adverse reactions is a significant factor in nonadherence to medication regimens.[8]

11. Administer psychiatric medications as ordered and monitor the patient's response to the medications.
12. Implement appropriate precautions based on the patient's status.
13. Respond to crisis in a calm, therapeutic, and nonthreatening manner. Use the least restrictive interventions to prevent harm to patients or staff.
14. Document any observed, expressed, or reported responses to current medications and the impact on the patient's behavioral health.
15. Collaborate with the patient, family, designated support person, and team in planning for patient discharge and follow-up care.
16. Provide the appropriate education related to medications, crisis management, and follow-up care to the patient, family, and designated support person at the time of discharge.

Rationale: Involving the family in the patient's treatment and helping them understand the medication regimen is instrumental in enhancing cooperation with treatment.[11]

17. Conduct a medication reconciliation with the patient, family, and designated support person to support patient safety during all transitions of care.

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18. Explain to the patient, family, and designated support person that ongoing treatment is vital to continuing recovery. Making and keeping follow-up appointments is critical.
19. Discard supplies and perform hand hygiene.
20. Document the strategies in the patient's record.

REASSESSMENT

1. Reassess the patient's anxiety symptoms and provide appropriate follow-up care.
2. Reassess the patient's pain status and provide appropriate pain management (e.g., medication, relaxation, mindfulness skills).

EXPECTED OUTCOMES

- Patient experiences relief and reduction in symptoms of anxiety.
- Patient understands actions of medications and verbalizes reasons for taking medications to avoid overusing.
- Patient is able to verbalize possible side effects of medications.
- Patient is able to verbalize appropriate dose and medication regimen.
- Patient uses medications as prescribed.

UNEXPECTED OUTCOMES

- Patient experiences an increase in symptoms of anxiety.
- Patient experiences significant adverse reactions to medications.
- Patient refuses to cooperate with medication regimen.
- Patient experiences increased anxiety leading to agitation and aggressiveness.

DOCUMENTATION

- Patient, family, and support person education
- Patient behaviors and response to interventions
- Patient's progress toward goals
- Assessment of pain, treatment if necessary, and reassessment
- Observed, expressed, or reported responses to current medications and the impact on the patient's behavioral health
- Adverse reactions observed or reported and actions taken to reduce them

ADOLESCENT CONSIDERATIONS

- Use of SSRIs in patients less than 18 years old presents an increased risk of suicide and self-harm events.[16] Therefore, children and adolescents should be closely monitored when prescribed SSRIs.[16]

OLDER ADULT CONSIDERATIONS

- Benzodiazepines are associated with increased risk of falls and fractures in older adults.[14]

SPECIAL CONSIDERATIONS

- For pregnant women, the use of antidepressant medications has been associated with risk of spontaneous abortion, stillbirths, and metabolic dysfunctions.[7]
- Long-term use of benzodiazepines increases the risk of dependency and abuse.[14]

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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.

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- Level IV - Well-designed case-controlled or cohort studies
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- Level VI - Single descriptive or qualitative study
- Level VII - Authority opinion or expert committee reports

Supplies

- Supplies necessary to administer medications (per route)

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