CHAPTER 15

Anxiety and Obsessive-Compulsive Related Disorders

Anxiety
- Anxiety – Apprehension, uneasiness, uncertainty, or dread from real or perceived threat
- Fear – Reaction to specific danger
- Normal anxiety – Necessary for survival

Levels of Anxiety
- Mild anxiety
- Moderate anxiety
- Severe anxiety
- Panic

Mild Anxiety
- Perceptual field heightened
- Grasps what is happening
- Identifies disturbing things
- Can work toward a goal
- Can examine alternatives
- Experiences slight discomfort
- Restlessness, irritability
- Mild tension relieving behaviors

Interventions: Mild to Moderate Anxiety
- Nurse remains calm
- Help identify anxiety and antecedents to anxiety
- Anticipate anxiety-provoking situations
- Demonstrate interest
- Encourage talking about feelings/concerns
- Keep communication open
- Broad open-ended questions, exploring, clarification
- Encourage problem solving
- Use role playing, modeling
- Explore past coping mechanisms
- Provide outlets for excess energy
Severe Anxiety

- Perceptual field greatly reduced
- Attention scattered or may only be able to focus on one detail
- Self-absorbed
- Can’t attend to events or see connections
- Perceptions distorted
- Feelings of dread or doom
- Sympathetic nervous system symptoms
- Confusion, purposeless activity
- Cannot problem-solve or learn

Panic Level of Anxiety

- Unable to focus on environment
- Terror, emotional paralysis
- Hallucinations/delusions (may lose touch with reality)
- Muteness, severe withdrawal
- Immobility or extreme agitation, severe shakiness
- Disorganized, irrational thinking
- Unintelligible speech, shouting, screaming
- Sleeplessness

Interventions: Severe to Panic Anxiety

- Nurse maintains calm manner
- Remain with patient
- Minimize environmental stimuli
- Use clear, simple, statements and repetition
- Low pitched voice; speak slowly
- Reinforce reality if distortions occur
- Listen for themes
- Meet physical and safety needs
- Set verbal limits/physical limits
- Assess need for medication or seclusion

Interventions: Panic Anxiety

- Instruct to take slow, deep breaths
- Keep expectations minimal and simple
- Help connect feelings with attack onset (triggers)
- Help patient recognize symptoms as anxiety, not a physical problem
- Teach abdominal breathing and positive self talk (CBT)
- Psychoeducation
- Medications

Audience Response Question

Anita, 34, is shopping with a 5-year-old child in a large, busy urban mall. The parent suddenly realizes the child is missing. Which level of anxiety would likely result?

A. Mild
B. Moderate
C. Severe
D. Panic

Audience Response Question

What behaviors might Anita be exhibiting that would indicate panic-level anxiety?

A. Seeing and grasping information efficiently and quickly to make problem solving more effective
B. Voice tremors, perspiration, and headache
C. Dazed, confused, with automatic behaviors aimed at reducing anxiety
D. Running, shouting, and screaming
Audience Response Question

• What would be some appropriate interventions for the parent whose child is missing at the mall and is experiencing panic level anxiety?

Defenses Against Anxiety

• Defense mechanisms
  • Automatic coping styles
  • Protect people from anxiety
  • Maintain self-image by blocking
  • Feelings
  • Conflicts
  • Memories
  • Can be healthy or unhealthy

Healthy Defense Mechanisms

Altruism

Sublimation
Compensation

I may be short, but I know basketball!

Denial

There's no need to get knife-happy. I've decided to seek my fourth second opinion about having this tumor removed!

Denial


Displacement

Introjection


Identification

This will only hurt a little bit. You can say "Ouch!"
Reaction Formation

Repression

Suppression

Somatization

Humor

Undoing
Anxiety Disorders

- Behaviors used to control anxiety
  - Rigid
  - Repetitive
  - Ineffective
- Functioning that the degree of anxiety interferes with
  - The person
  - The person’s occupation
  - The person’s social interactions

Anxiety Disorders (continued)

- Panic disorder
- Generalized anxiety disorder
- Separation anxiety disorder
- Phobias
  - Specific
  - Social anxiety disorder
  - Agoraphobia
  - Obsessive-compulsive disorder
  - Body dysmorphic disorder
  - Hoarding disorder
  - Hair pulling and skin picking disorders
Clinical Picture

- Separation anxiety disorder
  - Developmentally inappropriate levels of concern over being away from a significant other
- Panic disorder
  - Recurrent attacks of severe anxiety
  - Key feature = panic attack
  - No stimulus – sudden/spontaneous
  - Can last moments to hours
  - Normal function between attacks

Panic Disorder (continued)

- Physical Symptoms
  - Palpitations, tachycardia, nausea, diarrhea
  - Dyspnea or feelings of choking/suffocation
  - Dilated pupils, face flushed
  - Dizziness, feeling faint
  - Sense of impending doom
  - Fear of going crazy or dying
  - Advanced states mimic MI, mitral valve prolapse

Clinical Picture (continued)

- Agoraphobia
  - Excessive anxiety or fear about being in places or situations from which escape might be difficult or embarrassing
  - Specific phobias

Clinical Picture (continued)

- Social anxiety disorder
  - Severe anxiety or fear provoked by exposure to a social or a performance situation that will be evaluated negatively by others
  - Fears humiliation, embarrassment, sounding foolish
  - Can fears public speaking, interacting with superiors, aggressive individuals

Clinical Picture (continued)

- Generalized anxiety disorder
  - Excessive worry that lasts for months
  - Less debilitating than PD
  - ANS symptoms less frequent/severe
  - Pervasive and persistent anxiety
  - Chronic feelings of nervousness
  - Constant worry
  - Insomnia, fatigue
  - Twice as common in females than males

Obsessive-Compulsive Disorders

- Obsessions
  - Thoughts, impulses, or images that persist and recur, so that they cannot be dismissed from the mind
- Compulsions
  - Ritualistic behaviors an individual feels driven to perform in an attempt to reduce anxiety
Obsessive-Compulsive Disorder

- Ego-dystonic: recognizes unreasonable nature of thoughts and behavior
- Fears consequences if act not carried out
- Fear inability to control impulses
- Feels shame
- Chronic course
- Equal occurrence: males=females

Obsessive-Compulsive Disorders (continued)

- Body dysmorphic disorder
  - Preoccupation with an imagined defective body part
  - Obsessional thinking and compulsive behavior
  - Fear of rejection by others, perfectionism, and conviction of being disfigured lead to emotions of disgust, shame and depression
- Hoarding disorder
  - Hair pulling (trichotillomania)
  - Trichophagia
  - Trichobezoar
- Skin picking (excoriation disorder)

Anxiety Disorders

- Epidemiology
  - Most common form of psychiatric disorder in United States
  - Affects approximately 18% of adult population
- Comorbidity
  - Major depression
  - Substance abuse

Theory

- Genetic correlates
  - Tend to cluster in families
- Biological findings
  - Neurochemicals that regulate anxiety: epinephrine, norepinephrine, dopamine, serotonin, GABA
  - γ-Aminobutyric acid (GABA)/benzodiazepine theory
  - Excess norepinephrine/decreased serotonin

Psychological Theories

- Psychodynamic theories
  - Sigmund Freud
  - Harry Stack Sullivan
- Behavior theories
- Cognitive theories
- Cultural considerations

Nursing Diagnosis - NANDA

- Anxiety
- Fear
- Hopelessness
- Ineffective coping
- Social Isolation
- Disturbed sleep pattern
- Self-care deficit
Planning: Behavioral Theory

- Learned response
- Can be unlearned
- Behavior modification
  - Conditioning techniques: positive & negative reinforcements
  - Systemic desensitization

Behavioral Interventions

- Relaxation
- Modeling
- Systemic desensitization
- Flooding
- Response prevention
- Thought stopping

Planning: Cognitive theory

- Anxiety disorders are caused by distortions in an individual's thinking and perception
  - Ex: Catastrophic results will occur if any mistake is made

Cognitive Interventions

- Journal writing
- Cognitive restructuring
- Humor
- Assertiveness training

Basic Level Nursing Interventions

- Counseling
- Milieu therapy
- Promotion of self-care activities
- Pharmacological interventions
- Health teaching

Phobia: Interventions

- Determine type of phobia and onset
- Have patient list consequences of contacting feared object/activity
- Identify therapies for phobias (i.e., systemic desensitization)
- Teach relaxation techniques
- Model unafraid behavior
OCD: Interventions
- Anticipate needs, especially for information (medication, therapy)
- Focus on the patient rather than the ritual
- Monitor nutrition/sleep
- Encourage meals/rest
- Avoid hurrying patient
- Do not arbitrarily forbid rituals
- Give positive reinforcement for non-ritualistic activity

Generalized Anxiety Disorder: Interventions
- Encourage patient to discuss preceding events
- Link patient’s behavior to feelings
- Teach cognitive therapy principles
- Anxiety is the result of a dysfunctional appraisal of a situation
- Anxiety is the result of automatic thinking
- Ask questions that clarify and dispute illogical thinking
- Have patient give alternate interpretation
- Identify relief behaviors
- Assist to reframe situation
- Monitor own feelings (anxiety is transmittable)

Implementation
- Pharmacological interventions
  - Antidepressants
  - Anti-anxiety drugs
  - Other classes
- Psychobiological interventions
  - Integrative therapy
  - Health teaching

Audience Response Questions
1. What is your usual level of anxiety on the day of a nursing exam?
   - A. Mild
   - B. Moderate
   - C. Severe
   - D. Panic

Audience Response Question
A patient complains of frustration with his impulse to use tissues “to touch or grab anything and everything around me. I just feel clean and safe doing it that way, but sometimes if I don’t have a tissue, I can barely stand to open a door.” This patient appears to have which anxiety problem?
   - A. Panic disorder
   - B. Generalized anxiety disorder
   - C. Posttraumatic stress disorder
   - D. Obsessive-compulsive disorder

Anxiety Disorders: Medications
- Antidepressants
  - Selective serotonin reuptake inhibitors - SSRI
    - Lexapro (escitalopram), Prozac (fluoxetine), Luvox (fluvoxamine), Paxil (paroxetine), Zoloft (sertraline)
  - Serotonin-norepinephrine reuptake inhibitors - SNRI
    - Cymbalta (duloxetine), Effexor (venlafaxine)
Anxiolytics

- Benzodiazepines (BZD)
  - Alprazolam (Xanax)
  - Chlordiazepoxide (Librium)
  - Diazepam (Valium)
  - Clonazepam (Klonopin)
  - Lorazepam (Ativan)
  - Oxazepam (Serax)

Anxiolytics (continued)

- Non-Benzodiazepines
  - Buspirone (BuSpar)

Other Classes

- Antihistamines
  - Atarax/Vistaril (hydroxyzine)
- β-Blockers
  - Tenormin (atenolol), Inderal (propranolol)
- Anticonvulsants
  - Tegretol (carbamazepine), Neurontin (gabapentin), Depakote (divalproex), Lyrica (pregabalin)
- Integrative therapy – Kava Kava, Valerian root

Antianxiety and Hypnotic Drugs (continued)

- Short-Acting Sedative-Hypnotic Sleep Agents (“Z-hypnotics”)
  - Zolpidem (Ambien)
  - Zaleplon (Sonata)
  - Eszopiclone (Lunesta)

Antianxiety and Hypnotic Drugs (continued)

- Melatonin Receptor Agonist
  - Ramelteon (Rozerem)