

## 3.2 Anxiety

### Key Points

1. Anxiety is an excessive state of apprehension that can contribute to suffering at Life's End by interfering with activities that give life meaning and purpose.

Anxiety and fear are not the same thing. Fear may be appropriate, adaptive and protective. Anxiety is destructive. It can be continuous and ongoing, of incapacitating intensity, without a clear cause (autonomous), and can result in behavioral changes. Do not dismiss clinical anxiety as "normal" or acceptable.
2. Maintain high index of suspicion for anxiety, especially if behavioral changes manifest. Assess by routinely asking people if they are feeling fearful or anxious.
3. Seek to provide maximum resolution for anxiety.
  - Look for underlying causes;
  - Treat other symptoms aggressively;
  - Stop unnecessary medications and treatment;
  - Educate patient and family about treatment plan;
  - Reassure that some feelings of fear or uncertainty at Life's End may be normal but should be treated if too severe, continuous, or distressing.
4. Differential diagnosis is important in reaching diagnosis of anxiety.
  - Evaluate for pain, delirium, dyspnea, or other physical complication.
  - Consider medication side effect, pre-existing anxiety disorder, withdrawal state, and distress whose source is social, financial, spiritual, or existential.
5. Assess and treat or palliate the source of anxiety.
  - Consider pre-existent and pre-morbid depression and anxiety, Post-Traumatic Stress Disorder (PTSD), and death anxiety.
  - Re-assess control of symptoms, psycho-social-spiritual support, and medication regimen.
6. Medication is often helpful and appropriate in addressing anxiety at Life's End.

Lorazepam (0.5–2mg q6–8 hours titrated as needed) is the most effective and commonly used medication. Behavioral and relaxation techniques are helpful in a small subset of people.

# Anxiety

## The Palliative Response



### Anxiety versus Fear

Anxiety and fear are not the same.

### Fear

- May be appropriate and adaptive
- Can be protective

### Anxiety

Anxiety contributes to suffering at Life's End.

- State of apprehension, worry, uneasiness
- May arise from unknown internal source
- May be excessive/overwhelming response to external source
- Can be destructive

### Signs of Distressing Anxiety

- Tension, restlessness
- Social withdrawal
- Avoidance
- Substance use and self-medication
- Rumination and dread
- Decreased capacity to cope

### Anxiety at Life's End

- Prevalence is not clearly defined
- Often trivialized or dismissed
- Often is expected and accepted as inevitable
- Limits participation in planning for Goals of Care and for "living life"

## Secondary Suffering

- Insomnia
- Depression
- GI upset
- Dysphagia
- Fatigue
- Withdrawal from social supports

## Indications for Intervention

- Incapacitating intensity  
*Anxiety exceeds capacity to bear suffering*
- Behavioral changes  
*Interferes with activities that give life meaning*
- Continuous and ongoing

## Assess Frequently

- Maintain high index of suspicion about anxiety
- Routinely ask patients if they are fearful or anxious
- Assess for causes when there are behavioral changes

## Assess Cause

### Physical

- Control of pain, dyspnea, other physical symptoms

### Emotional

- Consider pre-existent depression and anxiety disorders
- Post-Traumatic Stress Disorder (PTSD)
- Assess emotional support

## Assess Cause

### Social and Spiritual

- Reassess support in community
- Contact pastoral care
- Contact Social Work services
- May need respite care or transfer to another venue of care if support is lacking and cannot be provided

## Death Anxiety

- “Everyone wants to go to heaven, but no one wants to die to get there.”  
—H. L. Mencken
- “I don’t mind dying; I just don’t want to be there when it happens.”  
—Woody Allen

## Differential Diagnosis

- Pain
- Delirium
- Fear
- Dyspnea
- Other physical complication
- Side effects of common medications
- Pre-existing anxiety disorder
- Withdrawal state
- Existential distress
- Social distress
- Financial distress
- Spiritual distress
- Coping style (type A)

## Medications That May Contribute to Anxiety

- Theophyllines
- Caffeine
- Albuterol
- Akathisia from antiemetics
- Withdrawal from opioids, benzodiazepine, or other substances

## Medical Treatment

Medication is often helpful for anxiety at Life's End

- Lorazepam  
*The most commonly used and effective*  
*0.5–2mg q6–8 hours titrated as needed*
- Buspar probably not a good choice for immediate relief
- Xanax may have too short a half-life

## Anxiety at Life's End

The Palliative Response

- Address patient's concerns to allay fears and reduce anxiety
- Evaluate other causes
- Treat other symptoms aggressively
- Stop unnecessary medications/treatments
- Educate patient and family  
*Anxiety at Life's End is common*  
*Treatment plan*  
*Solicit support and care*
- Add medical treatment as necessary

## Indications for Consultation

- PTSD
- Pre-existing anxiety disorder
- Anxiety not responding to management
- Consultation resources  
*Palliative care*  
*Psychiatry*

## Anxiety at Life's End

Anxiety contributes to suffering and interferes with important personal work at Life's End.

## Selected Readings

Barraclough, J. "ABC of Palliative Care. Depression, Anxiety, and Confusion [Review] [10 refs]. *British Medical Journal* 315 (1997): 1365–1368.

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Hinshaw, D. B., J. M. Carnahan, and D. L. Johnson. "Depression, Anxiety and Asthenia in Advanced Illness." *Journal of the American College of Surgeons* 195 (2002): 271–277.

Paice, J. A. "Managing Psychological Conditions in Palliative Care." *American Journal of Nursing* 102 (2002): 36–42.