Anxiety

KEY POINTS

- Anxiety is a common experience for both patients and family/caregivers
- Up to 25% of individuals with cancer and 50% of those with congestive heart disease or COPD experience significant anxiety
- Anxiety is influenced by type, stage, and site of disease, coping mechanisms, and access to social and emotional support
- Management of physical symptoms is very important, since unrelieved symptoms such as pain or dyspnoea may create or worsen anxiety
- Psychological, social, and spiritual distress are all important contributing factors to anxiety
- Anxiety is best addressed by combining both pharmacological and non-pharmacological interventions

ASSESSMENT

- Interdisciplinary assessment to identify stressors
 - Stressors are stimuli that disturb a person's normal psychological balance
 - Stressors may be physical, psychological, social, spiritual, or existential
 - In advanced illness, the knowledge that death is imminent, inability to work, perception of becoming a burden, and loss of physical abilities are often stressors
- Assess the characteristics, severity, and duration of the anxiety
- Explore the individual's previous experiences of anxiety
- Observe and explore the reactions of family members to the anxiety and their concerns
- Continue ongoing assessments of the individual's response to anxiety treatment

- Consider whether any medications are causing increased anxiety (e.g. corticosteroids, psychostimulants, anti-dopaminerics, and some antidepressants)
- Discontinuation of alcohol, opioids, benzodiazepines, nicotine, clonidine, antidepressants, and corticosteroids can also worsen anxiety

MANAGEMENT

- Anxiety can vary in duration and intensity
- Both pharmacological and non-pharmacological interventions may be helpful
- Adverse drug effects: corticosteroids, psychostimulants, and some other medications

Non-Pharmacological

- Counselling support
- Therapeutic interventions: See Therapeutic Interventions section for more details
 - Relaxation techniques
 - Guided imagery
 - Breathing exercises
 - Meditation
 - Coping skills
 - Cognitive behavioural approaches
 - Music
 - Cultural activities and rituals

Pharmacological

- A short course of low dose benzodiazepines (e.g. lorazepam, clonazepam, diazepam) may be helpful
- Treatment with antidepressants (SSRIs or SNRIs) are helpful in treating anxiety in some individuals, particularly for patients who are expected to live for longer (i.e. not at end of life)

- **→** SSRIs: sertraline, citalopram, and escitalopram
- **→** SNRIs: venlafaxine, duloxetine
- **→** Mirtazepine