

Tips for Nurses: Anxiety



What it is: Anxiety is when feelings of nervousness, stress and worry don't go away.

Why it matters: Anxiety is common at the end of life and it can also reflect the uncertainties of serious illness. Anxiety can affect quality of life and wellbeing. When anxiety and depression are experienced together the symptoms and outcomes are more severe.

What I need to know: Recognising anxiety can be difficult because it is often associated with depression and/or dementia. Assessment is important to identify the underlying cause. There can be medical and/or psychological causes.

Anxiety may be due to several factors including:

- pain
- poor symptom control
- medications
- changes in living arrangements
- relationship problems
- verbal, sexual, physical or emotional abuse
- management of care
- loss of dignity
- reactivation of Post-Traumatic Stress Disorder (PTSD) including in survivors of institutional abuse, genocide, torture, and war
- fear of impending dying
- concern for loved ones.

Anxiety may present as:

- generalised anxiety
- panic disorders
- social phobias
- agoraphobia (fear of open places).

Physiological signs of anxiety include breathlessness (dyspnoea) and palpitations.

Families and carers also experience anxiety. Carers of people with dementia often experience anxiety and depression. This affects carer wellbeing and their capacity to provide care.

Actions

Sensitively asking "Is there anything else troubling you?" or "Is there anything you would like to talk about?" can help a person talk about things that worry them.

Psychotherapies are recommended for anxiety and depression, and use may significantly reduce symptoms.

Relaxation, touch and massage therapies may be helpful for reducing anxiety.

In people with serious illness or approaching the end of life, look for signs of anxiety:

- restlessness
- muscle tension
- irritability.

Assessment with a validated tool should include recording of outcomes in care notes. If appropriate, referral to a doctor, specialist, or allied health should be considered.

Tools

Tools that may be useful include:

Cornell Scale for Depression in Dementia

– a 19-question interview tool for older people.

Geriatric Anxiety Inventory (GAI)

– a 20-item self-report screening tool developed for the assessment of older people. Available under license from www.gai.net.au

Name:

My reflections:

What assessment tools have I used to assess anxiety in an older person?

Providing care to a person with anxiety is challenging. What approaches have I used previously?

In my organisation, how do careworkers report to nursing/supervisory staff perceived changes in mental health of older people in their care?

My notes:

See related palliAGED Practice
Tip Sheets:
Distress at the End of Life
Pain Management
People with Specific Needs

For references and the latest version of all the Tip Sheets visit
www.palliaged.com.au/PracticeTipSheets