PALLIATIVE CARE NETWORK OF WISCONSIN

FAST FACTS AND CONCEPTS #186
ANXIETY IN PALLIATIVE CARE – CAUSES AND DIAGNOSIS

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Background *Anxiety* is a state of apprehension and fear resulting from the perception of a current or future threat to oneself. The term is used to describe a *symptom* and a variety of *psychiatric disorders* in which anxiety is a salient symptom. This *Fast Fact* will discuss the causes and evaluation of anxiety.

Prevalence Anxiety is commonly reported in those facing life-threatening illnesses. At least 25% and cancer patients and 50% of CHF and COPD patients experience significant anxiety. At least 3% of patients with advanced cancer and 10% of COPD inpatients meet DSM criteria for Generalized Anxiety Disorder (see below).

Etiologies
- Anxiety may be present as part of one of several psychiatric disorders (see below).
- Anxiety is often a prominent component of acute or chronic pain, dyspnea, nausea, or cardiac arrhythmias.
- Adverse drug effects: corticosteroids, psychostimulants, and some antidepressants.
- Drug withdrawal: alcohol, opioids, benzodiazepines, nicotine, clonidine, antidepressants, and corticosteroids.
- Metabolic causes: hyperthyroidism and syndromes of adrenergic or serotonergic excess.
- Existential and psychosocial concerns about dying, disability, loss, legacy, family, finances, and religion/spirituality.

Psychiatric Disorders with anxiety as a prominent symptom
- **Generalized anxiety disorder** is a psychiatric disorder characterized by pervasive and excessive anxiety and worry about a number of events or activities (such as work or school performance), occurring more days than not for at least 6 months. The anxiety and worry are associated with at least 3 of the following 6 symptoms: restlessness, easy fatigue, difficulty concentrating, irritability, muscle tension, and sleep disturbance.
- **Panic disorder** is characterized by recurrent panic attacks. See *Fast Fact* #145 for its evaluation and management.
- **Adjustment disorder** occurs within 3 months of a major stressor, and causes marked distress and functional impairment. Usually it is characterized by a depressed mood but anxiety can also be its most prominent affective component.
- **Acute- or post-traumatic stress disorders** occur after an emotionally traumatic life-event and are characterized by anxiousness and arousal, as well as by numbness, flashbacks, intrusive thoughts, and avoidance of stimuli which remind the patient of the trauma.
- **Phobias** are marked, persistent fears brought about by specific situations or objects.

Evaluation
- Complete a thorough history and physical exam, in particular ask about:
  - Prior episodes or anxiety, depression, PTSD, alcohol, and drug use.
  - Prior and current treatment by a mental health professional.
  - Presence of specific trigger situations or thoughts leading to anxiety.
  - Presence of apprehension, dread, insomnia, and hypervigilance; as well as physical symptoms such as diaphoresis, dyspnea, muscle tension, and tremulousness.
- Seek help from a professional familiar with the psychiatric disorders when anxiety is a prominent and functionally impairing part of a patient's symptoms.
- Symptoms that can be confused with anxiety are agitated delirium (see *Fast Facts* #1,60) and akathisia, an unpleasant sense of motor restlessness from dopamine-blocking medications such as antipsychotics and some antiemetics.
- Formal screening tools exist, but there is no consensus on the benefit of their routine use. Commonly used tools which evaluate for anxiety as a symptom include the Edmonton Symptom Assessment Scale, the Memorial Symptom Assessment Scale, and the Hospital Anxiety and Depression Scale.

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