Clinical Resource Guide:
Anxiety Management in Hospice

INTRODUCTION TO ANXIETY

Anxiety is a normal and understandable response to considering the uncertainties of a life-limiting illness. While this may be a common occurrence, it is important not to downplay the experience as an unavoidable part of the dying process. The need to medically treat anxiety is dependent upon the intensity, persistence and disability in function resulting from the experience. Treatment should be considered when the effects of anxiety negatively affect emotions and/or physical function to the extent they interfere with enjoyment of life and comfort. A patient-specific treatment regimen for anxiety can result in reduced symptom burden even when the hospice-admitting diagnosis is no longer treatable. Interventions to address anxiety are significantly important to enhance patient quality of life.

Pharmacist Corner Objectives

1.) Assess for anxiety using a systematic approach
2.) Develop a treatment plan to address symptoms of anxiety, considering both nonpharmacologic and pharmacologic treatment options
3.) Recommend a monitoring plan and determine when to adjust therapy as indicated

ANXIETY DEFINED AND SYMPTOM PREVALENCE

Anxiety is defined as a state of apprehension and fear resulting from the perception of a current or future threat to oneself. Serious illness can result in distressing and disabling thoughts, worries and/or physical symptoms. Anxiety is a common symptom for patients facing life-threatening illness. At least 25% of cancer patients experience symptoms consistent with significant anxiety.

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COMMON SYMPTOMS OF ANXIETY IN THE HOSPICE SETTING		
Restlessness	**Worry**	**Irritability**
Feeling of impending doom	**Breathlessness**	**Difficulty falling asleep**
Palpitations, tachycardia	**Sweating**	**GI distress and nausea**

ASSESSMENT

Anxiety often goes undiagnosed or underdiagnosed in the hospice setting. It can be particularly difficult to recognize in patients with serious illness due to the presence of a complex mix of physical, psychological and psychiatric issues. A comprehensive history and physical examination are the most important first steps to providing effective interventions for the effective management of anxiety. Initial emphasis should be placed on identifying treatable medical complications, such as pain, dyspnea, and medication-induced anxiety.

COMMON FACTORS CONTRIBUTING TO ANXIETY				
Medications				
▪ Corticosteroids	▪ Antiemetics	▪ Bronchodilators		
Metabolic				
▪ Hypoxia	▪ Bleeding	▪ Sepsis	▪ Hypocalcemia	▪ Pulmonary embolus
Abrupt discontinuation of the following:				
▪ Opioids	▪ Benzodiazepines	▪ Alcohol		
Physical/Physiological				
▪ Uncontrolled pain	▪ Delirium	▪ Dyspnea	▪ Nausea	

Anxiety symptoms may be triggered by a host of medical transitions, such as the initial diagnosis of a life-limiting illness, a recurrence or progression of disease, treatment side effects or failure, and even discussions of hospice. Additionally, the patient may have a range of stated or unstated fears that may also serve as a trigger for anxiety. These may include isolation, loss of control, worry about a loved one, being a burden, death, and/or the dying process.

MOST COMMON TYPES OF ANXIETY	
Adjustment Disorder w/ Anxious Mood	Anxiety directly related to and triggered by a stressful event. For hospice patients, this is often attributed to the life-limiting hospice diagnosis.
Generalized Anxiety Disorder	Anxiety that his continually present and likely preceded the hospice-admitting diagnosis. Dominant symptoms are worry, irritability and persistent tenseness
Panic Disorder	Episodic panic attacks with severe cognitive and physical symptoms with hypervigilant state often existing between episodes
Mixed Anxiety and Depression	Condition in which anxiety and depression often coexist with overlapping symptoms, and may include difficulty concentrating, insomnia, fatigue and irritability

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APPROACH TO MANAGING ANXIETY

Following the comprehensive assessment and considering the identification of reversible contributing causes, the following steps should be followed when developing a patient-specific treatment plan:

1. Address underlying common factors contributing to anxiety in the setting of a life-limiting illness
2. Consider appropriate nonpharmacologic treatment approaches based on identified patient needs
3. Initiate patient-specific pharmacologic treatment

NONPHARMACOLOGIC TREATMENT STRATEGIES FOR ANXIETY IN THE HOSPICE SETTING	
Anxiety-Specific Interventions	**Brief Description**
Supportive Psychotherapy	Focused on empathetic, compassionate, nonjudgmental listening
Cognitive Behavioral Therapy	Based on modifying dysfunctional thoughts, feelings and behaviors
Interpersonal Therapy	Therapy focused on the improvement of relationships
Hospice-Specific Interventions	**Brief Description**
Dignity Therapy	Life reflection interview and creation of subsequent legacy document
Meaning-Centered Therapy	Enhancement of sense of purpose in life through meaning, vales, humor
Complementary Therapies	**Brief Description**
Music Therapy	Recorded or performed music provided at patient bedside
Relaxation Training	Successive muscle relaxation or guided imagery with patient and family
Aromatherapy	Therapeutic use of plant-derived aromatic essential oils for comfort
Art Therapy	Encouragement of self-expression and creativity through painting, drawing

PHARMACOLOGIC TREATMENT STRATEGIES FOR ANXIETY IN THE HOSPICE SETTING		
Benzodiazepines: • Effective in providing immediate relief for acute anxiety symptoms • Side effects include sedation, cognitive slowing and physical dependence		
Medication	**Dosing**	**Notes**
Alprazolam	0.25mg – 2mg PO or SL Three or four times/day	Shortest-acting benzodiazepine used for anxiety Peak serum level achieved in approximately 20 minutes; duration **4-6 hours** High potential for rebound anxiety between doses due to short ½ life
Lorazepam	0.5mg – 1.5mg PO/SL/IV/PR Two to four times/day	Onset of action: 20-30 minutes; duration of action: **6-8 hours** Available as a concentrated liquid Preferred over alprazolam in patients with hepatic dysfunction
Clonazepam	0.25mg – 2mg PO/SL/PR Two or three times/day	Peak serum level achieved in 20-60 minutes; duration **12 hours** Scheduling doses may be beneficial in managing persisting symptoms
Diazepam	2mg – 10mg PO/SL/IV/PR Two to Four times/day	Peak serum level achieved in 15-45 minutes, active metabolite ½ life: 50hrs+ Elevated risk for accumulation and oversedation with multiple doses

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Antipsychotics • Consider for severe, acute anxiety associated with paranoia, severe agitation, hallucinations, delirium or confusion		
Medication	**Dosing**	**Notes**
Haloperidol	0.5mg – 5mg PO/SL/PR/SC/IV Every 2 to 12 hours	Peak serum level achieved in approximately 2-6 hours; duration **4-12 hours** Parenteral dosage twice as potent as oral dosage In addition to anxiety, may have additional benefit for nausea and insomnia
Nonbenzodiazepine Anxiolytics • Generally less effective for anxiety disorders that benzodiazepines, but may have utility in benzodiazepine intolerance		
Medication	**Dosing**	**Notes**
Buspirone	5mg – 10mg PO/PR Two to three times/day	Peak serum level achieved in 0.7 to 1.5 hours Delayed onset (1-3 weeks) limits efficacy in the hospice setting Common side effects include dizziness, headache, drowsiness fatigue, nausea
Hydroxyzine	25 to 50mg PO Two to four times/day	Onset of action: 15 to 30 minutes Anticholinergic side effects may contribute to increased symptom burden

SUMMARY

Anxiety can be a disorienting and distressing experience for patients and families, especially near the end-of-life. A thorough assessment is necessary to develop a patient-specific treatment plan due to the complexity of overlapping physical and psychological symptoms. For patients with symptoms interfering with their well-being, nonpharmacologic interventions can help reduce symptoms and enhance meaning. If pharmacologic intervention is needed, after initiating therapy, patients should be reassessed regularly to determine efficacy and tolerability of medication regimen. For questions about patient-specific scenarios, please call BetterRX for a Clinical Pharmacy Consultation.

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