

Management of Anxiety in Palliative Care

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Anxiety *Prevalence*

- Anxiety (symptom)
 - 25% of cancer patients
 - 50% of CHF and COPD
- Generalized Anxiety Disorder
 - 3% of patients with advanced cancer
 - 10% of COPD patients

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Anxiety

Etiologies

- Triggered by another symptom
 - Pain
 - Dyspnea
 - Nausea
 - Arrhythmias
- Adverse drug effects
 - Corticosteroids
 - Stimulants
 - Antidepressants
 - Nicotine
- Drug withdrawal
 - Alcohol
 - Opiates
 - Benzodiazepines
- Metabolic
 - Thyroid
 - Adrenal
 - Serotonin
- Existential/psychosocial
 - Anticipatory Grief
 - Legacy
 - Family
 - Finances
 - Spirituality

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Anxiety

Symptom of Underlying Psychiatric Disorder

- Generalized Anxiety Disorder
 - Pervasive/excessive worry
 - Duration over 6 months
 - At least 3 of the following
 - Restlessness
 - Easy fatigue
 - Difficulty concentrating
 - Irritability
 - Muscle tension
 - Sleep disturbance
 - Phobias
 - Marked, persistent fear of specific situation/object
- Panic Disorder
 - Recurrent panic attacks
- Adjustment disorder
 - Occurs within 3 month of major stressor
 - Marked distress and functional impairment
- Post Traumatic Stress Disorder
 - Anxiousness and arousal
 - Numbness
 - Flashbacks
 - Intrusive thoughts
 - Avoidance of stimuli



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Anxiety Evaluation

- History
 - Prior history of mental illness
 - History of substance use
 - Specific triggers for the anxiety
- Physical Signs
 - Hypervigilance
 - Diaphoresis
 - Dyspnea
 - Muscle tension
 - Tremulousness
- Rule Out
 - Agitated delirium
 - Akathisia
 - Unpleasant motor restlessness from dopamine-blocking medications (antipsychotics, antiemetics)
- Formal Screening Tools
 - GAD 7
 - Many others – no consensus



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Anxiety Treatments

Non-pharmacologic strategies

- Distraction
- Music
- Aromatherapy
- Mindfulness apps
- Quiet presence

Pharmacotherapy

- SSRIs
- SNRIs
- Serotonergic agents
 - Mirtazapine
- Benzodiazepines
 - Lorazepam
 - Clonazepam
- Antipsychotics
 - Haloperidol
 - Olanzapine



Anxiety Case Study

M.R.'s History

M.R. is a 58-year-old gentleman

- one hundred pack year history of smoking
- Chronic Obstructive Pulmonary Disease (COPD).
- patient noted a silvery patch on his tongue but did not immediately seek medical attention.
- Continued to smoke and use chewing tobacco.
- Married 35 years, 2 children in early 20's, one grandchild.
- Worked as a farmer

6 Months ago

M.R. sought medical help after he developed the following symptoms:

- A feeling that something is caught in the throat.
- Difficulty chewing or swallowing.
- Difficulty moving the tongue.
- Difficulty articulating
- Numbness of the tongue.

Workup

- Oral squamous carcinoma of the anterior two thirds of the tongue and floor of the mouth
- Metastasized to the cervical lymph nodes.
- Treated with surgical resection of the tongue extensive resection of bone and soft tissue.

Malignancy grows

Progressed rapidly despite treatment, resulted in extensive tissue necrosis resulting in the following distressing symptoms:

- hypernasality and loss of tongue made speech completely unintelligible.
- Extensive loss of teeth coupled with loss of tongue making it very difficult to swallow
- Severe facial disfigurement
- Necrotic non healing oral ulcer causing severe mal-odor.
- Facial pain.

Pain and Anxiety Symptoms

- Acute mouth pain
- Significant shortness of breath
- Increasing anxiety for current and future health
- Family concern's

Treatment and Goals of Care

Pain Control-

- Methadone 50 mg t.i.d., MSIR 50 mg q1 hr prn., later converted to PCA

Control of Nausea and vomiting

- Haldol 0.5mg q6 hr prn.

Control of Dyspnea- Opioids and

- Oxygen via nasal cannula
- Bedside Fan

Control of Anxiety- Let's discuss