Assessment and Management of Anxiety in Palliative Care Patients

Scott A. Irwin, MD, PhD

Director Supportive Care Services
Professor of Psychiatry and Behavioral Neurosciences
Samuel Oschin Comprehensive Cancer Institute
Department of Psychiatry and Behavioral Neurosciences
Key Points . . .

- What anxiety is
- How anxiety is assessed
- How anxiety is managed
What is Anxiety?

- Expected, **NORMAL**, transient response to stress
- May help with warning of danger or coping with the stress
What is Pathologic Anxiety?

- Excessive response to external stress
- Response to an unknown internal stimulus
Characteristics of Pathologic Anxiety

- **Autonomy:** No recognizable trigger
- **Intensity:** Exceeds ability to cope with stress
- **Duration:** Persistent (instead of transient)
- **Behavior:** Impaired coping, disabling behaviors
  - Avoidance
  - Withdrawal
Symptoms of Pathologic Anxiety

- **Physical:** Autonomic arousal
  - Tachycardia, tachypnea, diaphoresis, diarrhea, dizziness

- **Affective:** Edginess, terror, impending doom

- **Behavioral:** Avoidance, compulsions, psychomotor agitation

- **Cognitive:** Worry, apprehension, obsessions, fears, dread
Sue . . .

- 46 year-old married Caucasian female
- Breast cancer diagnosed 3 years prior
- Since her prognosis of 6 months or less:
  - Increasingly worried about her husband
  - Inability to get good sleep
  - Inability to focus on anything other than “getting everything in order for him”
  - Thinking of this gets her “heart racing”
What characteristics and symptoms of anxiety did Sue display?

- **Intensity:** Exceeds ability to cope with stress
- **Duration:** Persistent (instead of transient)
- **Behavior:** Impaired coping, disabling behaviors
- **Physical:** Autonomic arousal
- **Affective:** Edginess, terror, impending doom
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Prevalence

- One of the most prevalent psychiatric disorders in the general population
- Up to 25% of US population lifetime
- Up to 21% of cancer patients / 70% with sx
- Often no previous history of anxiety
- Greatly increased risk if 1st degree relative with an anxiety disorder
- Often un- or under-diagnosed
- Many cancer patients develop PTSD symptoms
- Research on cultural differences lacking, but little evidence of differences
Course . . .

- Significant impairment in physical and psychosocial functioning
- Significant decrease in quality of life
- Increased:
  - ETOH use
  - Marital problems
  - Work related problems
  - Suicide
Course

- Patients will improve with treatment
- Few achieve full or sustained remission
  - Maintenance therapy important and necessary
Assessment

• Detailed history

• Screening questions:
  ▪ Do you worry a lot?
  ▪ Are you often fearful?
  ▪ Do you feel anxious, nervous, or on edge?

• Tools:
  ▪ Hospital Anxiety and Depression Scale
  ▪ Profile of Mood States
Anxiety Disorders

- Adjustment Disorder
- Panic Disorder
- Post-traumatic Stress Disorder
- Generalized Anxiety Disorder
- Obsessive-Compulsive Disorder
- Social Phobia
- Specific Phobia
Adjustment Disorder with Anxious Features

- Reaction to a stressor within 3 months of onset of stressor
- Lasts < 6 months after cessation of stressor
- Distress is in excess of what is expected
- Marked impairment in functioning

Diagnostic and Statistical Manual of Mental Disorders. 4th text revision ed. Washington, DC: American Psychiatric Association; 2000
Panic

- Sudden onset of intense terror, apprehension, fearfulness, or feeling of impending doom
- Comes out of nowhere in unexpected situations, lasting 15 – 30 minutes
- Usually occurring with autonomic symptoms
  - Shortness of breath, sense of choking
  - Heart racing or palpitations, chest pain
  - Shaking, sweating, hot flashes
  - Dizziness, tingling
  - Fear of going crazy, losing control, death
Post-Traumatic Stress Disorder

- Traumatic event
  - Diagnosis of an advanced, life-threatening illness
- Nightmares
- Intrusive memories
- Re-experiencing
- Avoidance
- Hyper-arousal
- Hyper-vigilance

Diagnostic and Statistical Manual of Mental Disorders. 4th text revision ed. Washington, DC: American Psychiatric Association; 2000
Generalized Anxiety Disorder

- State of constant, excessive, pervasive anxiety or worry
- Lasting $\geq 6$ months
- Impacting day-to-day activities

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Sue . . .

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What anxiety disorder does Sue have?

- Adjustment Disorder with Anxious Features
  - Reaction to a stressor within 3 months of onset of stressor
  - Distress is in excess of what is expected
  - Marked impairment in functioning
  - Does not meet criteria for another anxiety disorder
Differential Diagnosis...

- **Organic vs. Primary Anxiety Disorder**
  - Think organic if:
    - Onset of symptoms after age 35
    - Lack of personal or family history of anxiety
    - Poor response to anxiolytics

- **Differentiate from other Psychiatric Disorders**
  - Depression, psychosis
Differential Diagnosis

- Neurological:
  - Seizures
  - Stroke
  - Pain

- Endocrine:
  - Hyperthyroidism
  - Hyperparathyroidism
  - Hyperadrenalism
Differential Diagnosis

- Drug Induced:
  - Caffeine
  - Cocaine
  - Amphetamine
  - Theophylline
  - Corticosteroids
  - Thyroid hormone
  - Antipsychotics (akathisia)
  - SSRIs (akathisia)
Differential Diagnosis

- Drug withdrawal:
  - Alcohol
  - Sedative-hypnotics
  - Narcotics
  - Nicotine

- Toxic-metabolic abnormalities:
  - Acidosis
  - Hyperthermia
  - Electrolyte imbalances
Differential Diagnosis

- Hypoxia (Cerebral Anoxia)
  - Respiratory
    - COPD
    - Respiratory Distress
    - Pulmonary Embolism
  - Cardiovascular
    - Arrhythmias
    - Angina
    - CHF
    - Anemia
    - MI
Management

- Supportive counseling
- Relaxation techniques
- Pharmacotherapy
- Combinations are best
Supportive counseling

• Weave into routine care
  ▪ Include family when possible
• Improve understanding of situation
• Educate about modifiable factors
• Create a different perspective
• Identify strengths, coping strategies
Relax . . .
## Complimentary Therapies

<table>
<thead>
<tr>
<th>Guided Imagery</th>
<th>Energy Therapy</th>
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</thead>
<tbody>
<tr>
<td>Muscle Relaxation</td>
<td>Biofeedback</td>
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<tr>
<td>Hypnosis</td>
<td>Exercise (if possible)</td>
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<tr>
<td>Meditation</td>
<td>Bright Light Exposure</td>
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<tr>
<td>Massage</td>
<td>Avoid Caffeine, Alcohol</td>
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<tr>
<td>Aromatherapy</td>
<td>Treat Insomnia</td>
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<tr>
<td>Healing Touch</td>
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Acute Anxiety in the Medically Well

- Benzodiazepines – ideal for short term management, may play a role long term
  - Anxiolytics, muscle relaxants, amnesticics
  - Contraindicated in elderly/medically ill
    - (amnesia, delirium, falls)
  - Choose based on half-life ($t^{1/2}$)
  - Almost never more than one at a time
  - Taper slowly to avoid withdrawal

Chronic Anxiety in the Medically Well

- SSRIs (e.g. paroxetine, sertraline, escitalopram)
  - Latency 2–4 weeks
  - Well tolerated
  - Once-daily dosing
  - Start with lower doses in anxiety or advanced illness (can cause anxiety)
  - Titrate to therapeutic dose
    - Often higher than needed for depression
  - Check for medication interactions
Alternatives/1\textsuperscript{st} Line in the \textbf{Medically ill}

- Gabapentin (100 mg q1hr)
- Trazodone (25-50 mg q1hr)
- Buspirone
- Valproate/other anticonvulsants
- Opioids?
- Atypical antipsychotics?

How do you want to treat Sue’s anxiety?

- Complimentary Therapies
- Counseling/Psychotherapy
- +/- Trazodone for sleep
Key Points

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