Encountering Patients With Fear & Anxiety in the ED

**Once Associated** with mental illness, anxiety disorders now affect 18% of the U.S. population and, consequently, are encountered by clinicians in every sector of healthcare. Nurses in every specialty are likely to run across patients with anxiety disorders. However, emergency department nurses happen upon more patients with an anxiety disorder than their counterparts in, say, an outpatient clinic. According to Matthew F. Powers, MS, RN, MICP, CEN, individuals with mental health disorders account for 5.5% of ED visits. Of those, 21% can be attributed to anxiety.

Though these patients present with the same injuries, accidents and illness-related complaints as the rest of the population, the underlying anxiety disorder is just under the surface and makes the hospital encounter very stressful. This patient population is complicated because panic attack symptoms mimic those of acute coronary syndrome or neurological emergencies. For instance, chest pain is one of the 13 symptoms that may occur in a panic attack and one of the most frequent intake complaints in the ED.

“We support the use of psychosocial nursing interventions which have been shown to effectively decrease patient fear and anxiety through the delivery of compassionate, competent care,” stated Powers.

**Recognizing Anxiety**

Sometimes the anxiety disorder diagnosis may be in the patient’s chart but, more often than not, the care team is focused on the symptoms at presentation and doesn’t immediately identify anxiety.

Under distress, the patient or an accompanying friend or relative may not always think to mention the fact that the man who came into the ED with a potentially broken leg also is under a doctor’s care for anxiety.

“Upon arrival in the ED, the anxious patient needs to be evaluated, not medicated or restrained;” noted Powers. “Unfortunately, this is a challenge as a busy ED is not the best environment to fully evaluate symptoms or comfort an anxious patient. The goal of the initial assessment is to differentiate whether anxiety is the primary problem or the symptom of another problem. For example, some drugs lead to increased general anxiety, panic attacks, obsessions, and compulsions.”

In the case of a panic attack, a physical exam and simple mental health assessment must be performed. Blood tests must also rule out other possible disorders, especially those related to panic attacks.

In the loud, chaotic, harshly lit environment that characterizes most EDs, even ordinarily relaxed individuals can become stressed. After eliminating the variable of other causes of erratic behavior, nurses are encouraged to simply soften their own approach.

“One way to ease patient anxiety is for emergency nurse to be aware of their verbal and non-verbal communication and how it may be perceived differently by ED patients and their families,” instructed Powers. “A physical and emotional presence, reassurance, establishing trust and hope, and communicating information to the patient and their family are other great ways of easing anxiety.”

**Anxiety Reducing Therapies**

Historically, anxiety disorders have been most successfully treated with cognitive-behavior therapy. This approach, also known as talk therapy, relies on understanding and control of distorted views of life stressors, such as other people’s behavior or life events.

Therapists teach patients to recognize, then replace panic-inducing thoughts with relaxing mental imagery. Ideally, patients with anxiety disorder will practice in different real-life situations and can easily apply the strategy under duress (as in the ED).

When patients have not undergone training on cognitive-behavior therapy, selective serotonin reuptake inhibitors, sedatives, or, in severe cases anti-seizure medicines, can be used for panic disorder in the short-term.

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