

ANXIETY

(Last updated 07/23/2019; Reviewed by: Svetlana Herasevich, MD)

PRESENTING COMPLAINT: excessive and persistent worrying, sweating, racing heart

FINDINGS

- **A** Check airway
- **B** ↑ RR
- **C** ↑ BP, ↑ HR
- **D** Variable altered (V,P,U,D)*
- **E** Hyperarousal, hyperactivity
- **L_{PC}** Glucose, electrolytes
- **U_{PC}** Normal

***V** (verbal), **P** (pain), **U** (unconsciousness), **D** (delirious)

U_{PC} (point of care ultrasound) **L_{PC}** (point of care labs)

OTHER HISTORY

- **Symptoms**
 - Excessive and persistent worrying is the pathognomonic symptom of anxiety, but other common symptoms include:
 - Hyperarousal, autonomic hyperactivity, motor tension, sleep disturbance, pain
 - Intensity
 - Panic, acute stress or post-traumatic stress disorders, generalized anxiety disorder, phobias
 - Hemodynamic and respiratory state
 - Hypertension, tachycardia, hyperventilation
 - Brain function
 - Delirium, hallucinations, space/person/time orientation

DIFFERENTIAL DIAGNOSIS

- Hypoglycemia, hypoxia, alcohol and/or drug abuse or withdrawal, caffeine intoxication
- Organic sources and medical conditions
 - Shock, cardiac arrhythmias, MI, hyperthyroidism, asthma, COPD, dehydration, PE, allergy, substance abuse/withdrawal
- Depression

OTHER INVESTIGATIONS

- Drug/Alcohol test

THERAPEUTIC INTERVENTIONS

Immediate management

- **General**
 - Reassurance, relaxation in a calm environment
- **Medications**
 - Consider benzodiazepines (**Use caution as medications may exacerbate delirium**)
 - Antihistamines (hydroxyzine)
 - Have long half-life and may cause sedation
- Others: morphine, if associated pain

ONGOING TREATMENT

- **Obtain/verify personal and psychiatric history**
 - **Assess suicide risk**, bipolar or borderline disorders, depression, identify the suspected trigger exposure, assess social issues
- **Treatment**
 - Continue home medications (e.g benzodiazepines, SSRIs)
 - Consider outpatient psychology (for cognitive behavioral therapy) or psychiatry consultation for medical management
 - Advise against initiating outpatient anxiety management in the ICU setting

REFERENCES & ACKNOWLEDGMENTS

Acknowledgement: *Benjamin Bonneton, MD; Adil Ahmed, MD; Ognjen Gajic, MD; Lioudmila Karnatovskaia, MD*

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