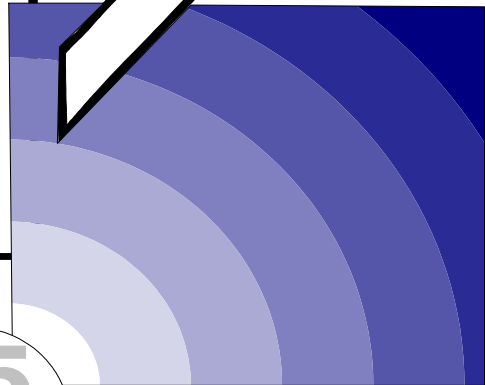
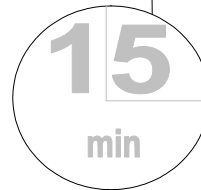


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15 minute Worksheet



Psychological needs

4: Helping the anxious person

Intermediate level

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Aim of this worksheet

To understand the principles of helping the anxious person

How to use this worksheet

- You can work through this worksheet by yourself, or with a tutor.
- Read the case study below, then work on the questions overleaf.
- The work page is on the right side, the information page is on the left.
- Work any way you want: you can try answering from your own knowledge (in which case fold over the information page), you can use the information page (this is not cheating- you learn as you find the information), or you can use other sources of information
- It should take you about 15 minutes. If anything is unclear, discuss it with a colleague.
- If you think any information is wrong or out of date let us know
- Use the activity on the back page and take this learning into your workplace

Case Study

John is a 46 year old man, married with two children. He initially complained of increasing weakness in his legs. Always an anxious man, at first this was put down to stress. When the weakness worsened, however, investigations and examination by the neurologist suggested motor neurone disease, and subsequent progression of the signs and symptoms has confirmed the diagnosis. He wanted to know the diagnosis and was told.

Today he comes to see you and is fidgety and unsettled and seems anxious.

Getting started

- **Acknowledge what is happening.** This first step applies to many situations. Simply reflect back what is happening eg. "You seem anxious today, how can I help?." While this may seem unnecessary, it gives John a clear message that you have noticed his anxiety and that you are taking it seriously.
- **Negotiate further discussion,** eg. "Can we talk about how you're feeling?"
- **Check that John can understand,** make sure he's not deaf or distracted by a confusional state.

Mimics of anxiety

1. Some drugs can produce restlessness. This is unrelated to anxiety but can mimic the motor tension aspects of anxiety. Drugs which may cause this are cyclizine, haloperidol, hyoscine, levomepromazine (methotrimeprazine), metoclopramide, and the tricyclic antidepressants (eg. amitriptyline). The differentiating feature is that patients may deny any severe anxiety, although sometimes anxiety is part of the drug effect. A single drug alone is an unusual cause unless higher doses are being used, or the patient is very young or elderly. The risk is much greater when two or more at-risk drugs are used together and this risk can be reduced by avoiding combinations of drugs with this effect.
2. Confusional states can make a patient hyperalert and restless.
3. Pain that is not worsened by movement can make some patients restless, mainly as a distractive behaviour.

The features of anxiety

Life-threatening illness creates an uncertain future that causes anxiety which may increase as the illness progresses. Anxiety in turn makes it more difficult for the patient to cope with suffering. Features of anxiety are:

Thinking features (also called 'apprehensive expectation') eg. fear, rumination, tendency to perceive situations in a threatening way

Coping features (also called 'vigilance and scanning') eg. irritability, poor concentration, difficulty getting to sleep, tendency to perceive bodily sensations in a threatening way

Motor features eg. trembling, tension, restlessness.

Autonomic features: hyperactivity of this system causes sweating, dry mouth, cold hands, tachycardia, and diarrhoea.

In advanced disease, anxiety is often associated with depression. The Hospital Anxiety and Depression (HAD) scale is a sensitive and specific tool for generalised anxiety which can also help in identifying accompanying depression.

Supportive measures

Expression: enabling John to express his feelings and giving the information he needs can do much to ease anxiety.

Cognitive behavioural therapy (CBT): helping John to look for links between thoughts and feelings can generate more realistic interpretations. For example, feeling 'out of control with all that machinery.' can be changed into, 'It's good to think all that technology is there to help.' Similar approaches have been used with visualisation. CBT can result in rapid relief of anxiety.

Anxiety management techniques can be helpful such as distraction or relaxation. Muscle relaxation techniques are best avoided as it can worsen the anxiety of some people who are excessively vigilant of their bodily sensations, and relaxation using visualisation or music are better alternatives.

Complementary therapy: it helps to have access to massage or aromatherapy. Reflexology has a role if the therapist is willing to pass any interpretations they make to the professional and not to the patient (telling an anxious person the reflexologist 'felt something wrong' will worsen their anxiety).

Identifying and managing difficult problems

Anxiety state: this is defined as a mood different to, or worse than, their usual mood and by a persistent anxiety for >50% of the time and for >2 weeks, together with four or more features of anxiety

Disorganisation: this may be mild with very poor concentration and can be eased with supportive measures, perhaps with the short-term use of mild benzodiazepines such as lorazepam. Occasionally the disorganisation is severe (tormented, unable to care for themselves or unable to make a decision) and this will usually need an antipsychotic (haloperidol or levomepromazine) and referral to a psychiatrist.

Somatic symptoms ie. autonomic hyperactivity such as sweating and tremor, can be helped with drugs such as propranolol

Panics and phobias: feelings of impending doom suggest a panic or phobia. Cognitive behavioural therapy seeks out triggers and explores thoughts and can be helpful with panics and phobias. Hypnosis can also help some people. Drugs such as clomipramine can help.

Depression: depression commonly accompanies anxiety and patients may be feeling hopeless and apathetic.

Persisting anxiety

1. Consider that depression may also be present- the two often exist together and it is common to miss depression because of the more obvious anxiety symptoms.
2. If features persist or are severe, refer for specialist advice and help.

Reflect

Think about what might cause restlessness other than anxiety?

Write

Make a list of the features of anxiety in the following categories:

Thinking features	Motor features
Coping features	Autonomic features

Write

Write a list of supportive measures that might help John?

Reflect

Consider which of these would make you concerned about John's anxiety?

Persistent anxiety for the past two weeks

Occasional forgetfulness

Unable to decide what to eat

Not bothering to shave or wash

Feelings of impending doom

Looking anxious

Sweating and tremor

Feeling hopeless and apathetic

FURTHER ACTIVITY: Helping the anxious person

- In a patient who seems restless or anxious:
 - is this new for that patient?
 - is it persisting for more than half the time?
- Observe which features of anxiety are present

FURTHER READING: Helping the anxious person

Journal articles

- Barraclough J. ABC of palliative care: Depression, anxiety, and confusion. *BMJ*, 1997; **315**: 1365-1368.
- Bottomley A. Anxiety and the adult cancer patient. *European Journal of Cancer Care*. 1998; **7**(4): 217-24.
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Resource books

- Effective Interaction with Patients*, 2nd ed [Faulkner A](#). New York : Churchill Livingstone, 1998.
- Introducing Palliative Care 3rd ed*. Twycross R. Abingdon : Radcliffe Medical Press, 1999.
- Talking to Cancer Patients and their relatives*. [Faulkner, A](#). Oxford: Oxford University Press, 1994.
- A Guide to Symptom Relief in Palliative Care*, 5th ed. Regnard C, Hockley J. Abingdon: Radcliffe Medical Press, 2004
- Oxford Textbook of Palliative Medicine* 3rd ed. Doyle D, Hanks G, Cherny NI, Calman K eds. Oxford : Oxford University Press, 2003.

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**Current
Learning
In
Palliative care**
An accessible
learning programme
for health care
professionals

Fifty seven 15 minute worksheets are available on:

- An introduction to palliative care (3 worksheets)
- Helping the patient with pain (9 worksheets)
- Helping the patient with symptoms other than pain (11 worksheets)
- Moving the ill patient (2 worksheets)
- Psychological needs (8 worksheets)
- Helping patients with reduced hydration and nutrition (8 worksheets)
- Procedures in palliative care (4 worksheets)
- Understanding and helping the person with alternative communication (learning disabilities) (5 worksheets)
- The last hours and days (4 worksheets)
- Bereavement (3 worksheets)

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Helping the Patient with Advanced Disease: a Workbook
Regnard C. ed.

Oxford: Radcliffe Medical Press www.radcliffe-oxford.com