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<sub>PC</sub>  Glucose, electrolytes
- U<sub>PC</sub>  Normal

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

U<sub>PC</sub> (point of care ultrasound)  L<sub>PC</sub> (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

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