

Introduction to Clinical Pharmacology

Chapter 19 Antianxiety Drugs

Learning Objectives

- 1. Explain the uses, general drug actions, general adverse reactions, contraindications, precautions, and interactions associated with the administration of antianxiety drugs.**
- 2. Distinguish important preadministration and ongoing assessment activities the nurse should perform on the client taking an antianxiety drug.**
- 3. List nursing diagnoses particular to a client taking an antianxiety drug.**
- 4. Examine ways to promote an optimal response to therapy, how to manage common adverse reactions, and important points to keep in mind when educating clients about the use of antianxiety drugs.**

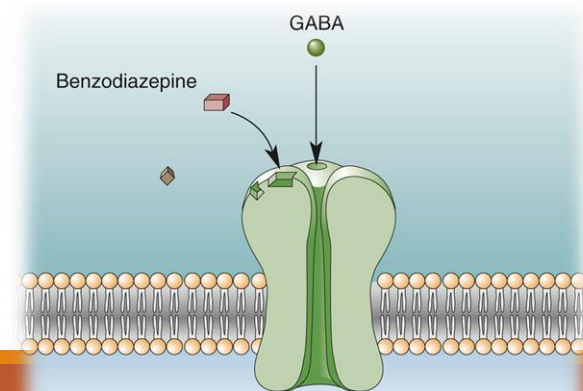
What Is Anxiety?

- ❖ **Anxiety—feeling of apprehension, worry, or uneasiness; can be normal; sometimes needs to be treated when it interferes with activities of daily living**
- ❖ **Antianxiety medications or “anxiolytics” are used to treat anxiety**



Antianxiety Drug—Actions

- ❖ Anxiolytic drugs block neurotransmitter receptor sites preventing neurotransmission of the anxious perception and body's physical reaction to anxiety
- ❖ Benzodiazepines—potentiating effects of gamma aminobutyric acid (GABA)
- ❖ Nonbenzodiazepines act in many ways
 - Buspirone—acts on serotonin receptors
 - Hydroxyzine—acts on hypothalamus and brainstem reticular formation



Antianxiety Drug—Uses

- ❖ Isolated episodes of intense anxiety
- ❖ Temporary use with severe functional impairment
- ❖ Preanesthetic sedation and muscle relaxation
- ❖ Convulsions or seizures
- ❖ Alcohol withdrawal

Antianxiety Drugs—Adverse Reactions #1

Frequent Early Adverse Reactions:

- Mild drowsiness and sedation
- Lightheadedness or dizziness
- Headache



Antianxiety Drugs—Adverse Reactions #2

Other Adverse Reactions:

- Lethargy, apathy, fatigue
- Constipation (slowed intestinal transit time)
- Disorientation
- Anger
- Restlessness
- Nausea, dry mouth
- Visual disturbances



Antianxiety Drugs—Dependence

Long-term use of benzodiazepines can result in physical dependence and tolerance

Should never be discontinued abruptly

Withdrawal symptoms can occur

Tapering—gradually decreasing dosage when stopping a benzodiazepine

Antianxiety Drugs—Symptoms of Benzodiazepine Withdrawal

BOX 19.1 Symptoms of Benzodiazepine Withdrawal

- Increased anxiety and panic
- Fatigue
- Hypersomnia and nightmares
- Metallic taste
- Concentration difficulties
- Headache and tinnitus
- Tremors
- Numbness in the extremities
- Tachycardia, hypertension
- Nausea, vomiting, diarrhea
- Fever and sweating
- Muscle tension, aching, and cramps
- Psychoses and hallucination
- Agitation
- Memory impairment
- Convulsions (possible)

Antianxiety Drugs-Contraindications

Contraindicated in clients with:

- known hypersensitivity to the drugs, psychosis, and acute narrow-angle glaucoma
- pregnancy and labor due to floppy infant syndrome
- lactation
- coma or shock
- acute alcoholic intoxication with abnormally low vital signs



Antianxiety Drugs—Contraindications and Precautions

Use cautiously in:

- elderly clients
- clients with impaired liver or kidney function
- clients with debilitation



Antianxiety Drugs—Interactions

Interacting Drug	Common Use	Effect of Interaction
Alcohol	Relaxation and enjoyment in social situations	Increased risk for CNS depression or convulsions
Analgesics	Pain relief	Increased risk for CNS depression
Tricyclic antidepressants	Management of depression	Increased risk for sedation and respiratory depression
Antipsychotics	Control of psychotic symptoms	Increased risk for sedation and respiratory depression
Digoxin	Management of cardiac problems	Increased risk of digitalis toxicity

Nursing Process—Client Receiving an Antianxiety Drug #1

Preadministration Assessment

Objective Data

- Description of general appearance, watch for cool or pale skin
- Vital signs and weight
- Observation of behavior during the interview



Nursing Process—Client Receiving an Antianxiety Drug #2

Pre-administration Assessment

Subjective Data

- Rating of anxiety level
- Current history of symptoms, description of how the client reacts to stress
- Self-report compared to family members for episodes of behavioral change or escalation of symptoms
- Coping mechanisms used to deal with anxiety
- Medical, social, and health history
- Review chart for drugs that may cause changes in mental health
- Ask client about drug/alcohol use
- Inquire if breastfeeding mother is taking any antianxiety medications

Nursing Process—Client Receiving an Antianxiety Drug #3

Ongoing Assessment

- Check blood pressure before drug administration (Blood pressure may increase with anxiety)
- Periodically monitor mental status and anxiety level and compare to baseline
- Ask client or family about adverse effects of drug
- Assess for and document improvement or decline of client's outward behavior, complaints, or problems
- Monitor for adverse reactions



Nursing Process—Client Receiving an Antianxiety Drug #4

Nursing Diagnoses

- **Injury Risk related to dizziness, hypotension, and gait problems**
- **Impaired Comfort related to dryness of gastrointestinal tract from medication**
- **Coping Impairment related to situation causing anxiety**

Nursing Process—Client Receiving an Antianxiety Drug #5

Planning

- **Expected client outcomes may include:**
 - **Optimal response to therapy**
 - **Management of adverse drug reactions**
 - **Confidence in an understanding of the prescribed medication regimen**

Nursing Process—Client Receiving an Antianxiety Drug #6

Implementation

- **Promoting Optimal Response to Therapy**
 - **During initial therapy, the nurse observes for adverse drug reactions**
 - **The antianxiety drugs are not recommended for long-term use**
 - **If used for short periods (1 to 2 weeks), tolerance, withdrawal, and dependence do not usually develop**
 - **Report the client needing larger doses or complaints of increased anxiety or agitation to the primary health care provider**

Nursing Process—Client Receiving an Antianxiety Drug #7

Implementation

- **Monitoring and Managing Client Needs**
- **Injury Risk**
 - **During outpatient therapy the nurse should instruct the family and client about adverse reactions—risk for falls**
 - **During inpatient therapy the nurse should instruct the client to ask for assistance getting out of bed; monitor vital signs**
 - **Gerontologic alert: benzodiazepines—increased risk of adverse reactions and toxicity**
 - **Buspirone is better choice for elderly clients**



Nursing Process—Client Receiving an Antianxiety Drug #8

Implementation

- **Monitoring and Managing Client Needs**
- **Injury Risk**
 - **After parenteral administration of an antianxiety drug, the client should be kept lying down 30 minutes to 3 hours**
 - **Resuscitative equipment should be readily available when administering antianxiety drugs parenterally to elderly clients**
 - **Benzodiazepine toxicity risk—flumazenil is the antidote (antagonist)**



Nursing Process—Client Receiving an Antianxiety Drug #9



Implementation

- **Monitoring and Managing Client Needs**
- **Impaired Comfort**
 - **Assess swallowing and encourage fluids especially in older/institutionalized clients**
 - **Offer client sugarless gum or hard candy (decrease dry mouth)**
 - **Administer antianxiety drugs with food or meals (decrease GI upset)**
 - **Provide meals that include fiber, fruits, and vegetables (prevent constipation)**

Nursing Process—Client Receiving an Antianxiety Drug #10

Implementation

- **Monitoring and Managing Client Needs**
- **Coping Impairment**
 - **Outpatient:** the nurse observes the client for response to therapy at time of each clinic visit
 - **Question about response to therapy; use open-ended questions**
 - **Once anxiety reduced, the nurse may be able to help client identify precipitation of panic/cause of anxiety**

Nursing Process—Client Receiving an Antianxiety Drug #1 1

Implementation—Educating the Client and Family

- **Develop a teaching plan for the client and family to include:**
 - **Evaluation of the client’s ability to assume responsibility for taking the drugs at home**
 - **Explanation of the adverse effects of specific drugs and encourage the client and family to contact primary health care provider if serious adverse effects occur**
 - **Instructions to contact the primary health care provider if anxiety persists**



Nursing Process—Client Receiving an Antianxiety Drug #12

Implementation—Educating the Client and Family

- Develop a teaching plan for the client and family to include:
 - Take drug as directed
 - Avoid performing hazardous tasks, drinking alcohol
 - Do not discontinue drugs abruptly; instruct patient if discontinuing medication to gradually decrease dosage over time
 - Do not take nonprescription drugs or supplements without consulting primary health care provider
 - Inform dentist, physicians, and health care providers of your therapy

Nursing Process—Client Receiving an Antianxiety Drug #13

Implementation—Educating the Client and Family

- **Develop a teaching plan for the client and family to include:**
 - **If dizziness occurs, rise slowly when getting out of a bed or chair**
 - **If dry mouth occurs, take frequent sips of water or suck on hard candies or gum (sugarless)**
 - **Preventing constipation by eating high-fiber foods and drinking adequate fluids**
 - **Keep all appointments with primary health care provider and report any adverse effects/unusual changes**

Nursing Process—Client Receiving an Antianxiety Drug #14

Evaluation

- Was the therapeutic effect achieved? Does the client report a decrease in feelings of anxiety?
- Were adverse reactions: identified, reported, and managed?
 - No injury is evident
 - Client reports comfort without increased GI distress
 - Client manages coping effectively
- Did client and family express confidence and demonstrate understanding of drug regimen?