Managing Anxiety in Hospice and Palliative Care

Anxiety in Hospice and Palliative Care[1]

- Anxiety is commonly described as a feeling of helplessness, nervousness, or fear regarding current or future events.
- In hospice and palliative care, anxiety may be related to feeling a loss of control over one's life, uncontrolled symptoms, spiritual concerns, feelings of loss, or death-related concerns.
- Anxiety is estimated to occur in more than 70% of patients in palliative care.

Common Anxiety Symptoms[1]

- Emotional symptoms – Feelings of impending doom or terror
- Cognitive difficulties – Apprehension, dread, fear, obsession, uncertainty, or worry
- Behavioral problems – Avoidance, compulsions, or psychomotor agitation
- Autonomic symptoms – Diaphoresis, diarrhea, nausea, dizziness, tachycardia, or tachypnea
- Expression of fears about death
- Concerns about religious beliefs, spiritual issues, or existential matters
- Worries about having a peaceful death

Medication Causes[2,3]

- Decongestants, corticosteroids, thyroid hormones, antidepressants, digoxin, bronchodilators, and antipsychotics.
- Withdrawal from certain substances, such as opioids, benzodiazepines, barbiturates, and alcohol, may also cause anxiety.

Anxiety vs. Depression and Delirium[1]

- Patients with depression tend to focus on past events whereas patients with anxiety focus on the future. Also, patients with a depressive disorder are more likely to have early morning awakenings, diurnal mood changes and suicidal ideation.
- Patients with anxiety or delirium may struggle with concentration and poor sleep. However, patients with delirium commonly experience delusions, psychotic behavior and changes in cognition and consciousness.
- Anxiety can be acute or chronic whereas delirium has an acute onset.
- While patients with anxiety symptoms may not meet diagnostic criteria for an anxiety disorder, symptoms may be significant enough to warrant treatment to improve quality of life and/or ability to function in day-to-day activities.

Nonpharmacologic therapy[1]

- Psychotherapy
- Acupuncture
- Aromatherapy
- Art therapy
- Music therapy
- Hypnotherapy
- Massage therapy
- Meditation or relaxation training
- Eliminate environmental factors (loud noises, bright lights, inappropriate temperature, etc.)

Medications

- Medication therapy for the management of anxiety in hospice and palliative care is not well studied.
- Dosing of medications for anxiety should begin with low doses that are titrated slowly.

Pharmacotherapy – Initial and Fast-acting[1,4,6]

	Medication Class	Medication Example	Initial Adult Dosing (oral)	Notes
First Line	Benzodiazepines	Lorazepam (Ativan®)	0.5 to 1mg 2-3 times daily as needed	▪ Common side effects: Drowsiness, memory loss, instability when walking or standing, delirium, or confusion (especially in patients with cognitive impairment or in the elderly). ▪ Lorazepam, a shorter acting benzodiazepine, is commonly utilized because there is lower risk of medication accumulation, and it can be dosed more frequently than other longer acting benzodiazepines. Lorazepam also does not have an active metabolite and may be a better option for patients with hepatic dysfunction. ▪ Longer acting benzodiazepines, such as clonazepam and diazepam, have longer half-lives, which may result in medication accumulation and a higher risk for side effects. ▪ Medications with very short half-lives, such as alprazolam, have a higher risk of rebound anxiety and withdrawal symptoms. ▪ Doses may be scheduled if needed.
		Alprazolam (Xanax®)	0.25mg 3-4 times daily as needed	
		Clonazepam (Klonopin®)	0.25mg twice daily as needed	
		Diazepam (Valium®)	2 to 5mg 1-2 times daily as needed	
Alternative	Antihistamines	Hydroxyzine (Atarax®, Vistaril®)	25-50mg up to 4 times daily as needed	▪ Consider in patients unable to utilize benzodiazepines. ▪ Patients tend to develop tolerance over time. ▪ May increase fall risk in ambulatory elderly patients.

Pharmacotherapy - Chronic[1,4-6]

	Class	Medication Example	Initial Adult Dosing (oral)	Notes
First Line	SSRIs	Paroxetine (Paxil®)	20mg once daily	▪ Takes several weeks to see benefit. ▪ Start at a low dose and titrate slowly. ▪ Common side effects include nausea, GI upset, headache, and sexual side effects. ▪ Some medications in this class carry a risk for QT prolongation (e.g., citalopram). ▪ Paroxetine often chosen from this class due to it being more sedating than others; however, higher risk for withdrawal symptoms which can be concerning in the hospice population who may lose the ability to take oral medications as disease progresses.
		Citalopram (Celexa®)	20mg once daily	
		Escitalopram (Lexapro®)	10mg once daily	
		Sertraline (Zoloft®)	25mg once daily	
Alternative	SNRIs (alternative option)	Duloxetine (Cymbalta®)	30 to 60mg once daily	▪ Similar side effect profile to SSRIs. ▪ Consider for concomitant nerve pain. ▪ Tend to be more activating and can help with energy.
		Venlafaxine (Effexor®)	IR: 37.5mg twice daily XR: 75mg once daily	
	Misc. (alternative option)	Bupropion (Wellbutrin®)	IR: 100mg twice daily SR: 150mg in AM XL: 150mg in AM	▪ Has mild stimulating properties and may be useful in patients with significant fatigue.
		Mirtazapine (Remeron®)	15mg at bedtime	▪ Sedating at low doses and can help with insomnia and appetite.
		Buspirone (Buspar®)	5-7.5mg twice a day	▪ Not for as-needed use ▪ Onset of action of around 10 days to 4 weeks ▪ No abuse potential ▪ Appears to be as effective as benzodiazepines but may be less effective in patients previously treated with a benzodiazepine

Other Therapies[1,4]

These options have only anecdotal evidence to support their use:

Medication	Notes
Gabapentin (Neurontin®)	▪ Some dosing strategies suggest using as-needed dosing at first. ▪ Once daily needs are determined, doses can be scheduled with as-needed doses available for breakthrough symptoms. ▪ Common side effects include asthenia, ataxia, dizziness, drowsiness, fatigue, and headache
Trazodone (Desyrel®)	▪ Some dosing strategies suggest using as-needed dosing at first. ▪ Once daily needs are determined, doses can be scheduled with as-needed doses available for breakthrough symptoms. ▪ Common side effects include blurred vision, dizziness, drowsiness, fatigue, headache, nausea/vomiting, and dry mouth

References

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