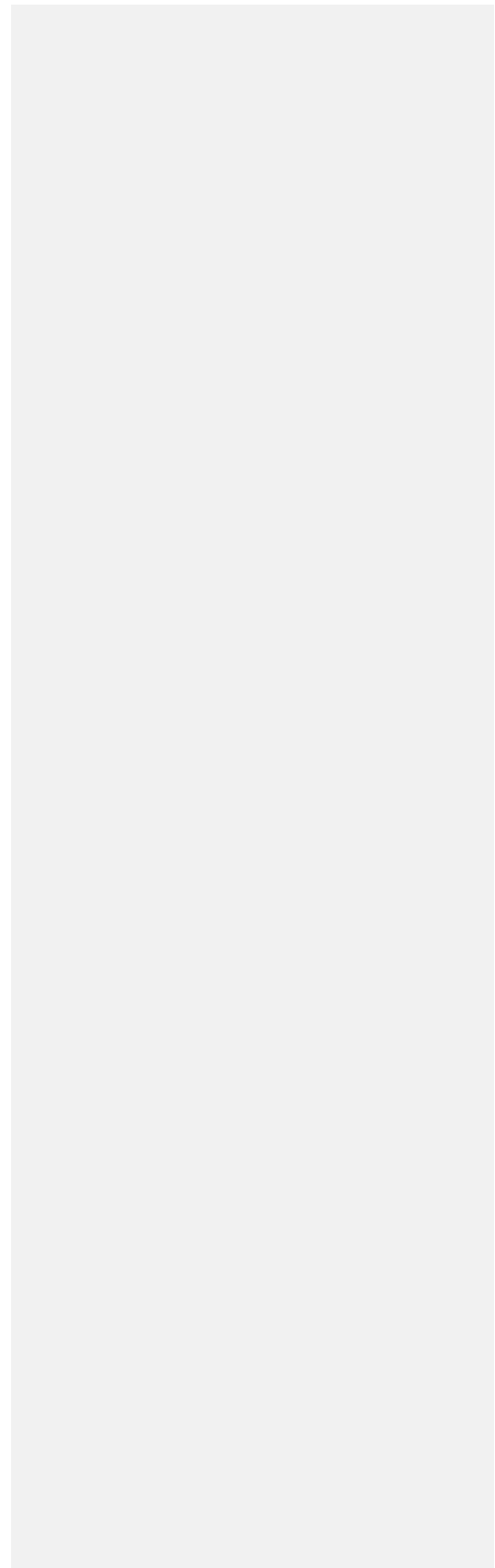


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**The practice nurse role in the management of anxiety**

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Anxiety presentations are understood to be manifestations of the protective evolutionary mechanism known as the fight or flight response. This response incorporates a pattern of physiological, behavioural, emotional and cognitive changes that for most will be mild and time limited and help manage or avoid the threats we associate with everyday life. For some, however, these changes will develop into a sustained and often distressing clinical condition. Primary care staff are frequently the first healthcare professionals to encounter individuals experiencing anxiety and anxiety disorders and this article is designed to support the identification, assessment, treatment and referral on for this client group. Six of the main forms of anxiety disorder as defined by the current International Classification of Disease (1) are detailed in box 1 while the more common symptoms of anxiety are identified in box 2.

Box 1- anxiety disorders

Condition	Presentation
Phobic disorders	When anxiety is present in relation to specific animate and inanimate objects and situations
Panic disorder	The recurring onset of severe physiological symptoms of anxiety, often combined with a sense of dread or doom
Generalised Anxiety Disorder	Persistent generalised anxiety symptoms with no obvious cause
Obsessive Compulsive Disorder	Obsessions are recurring, and distressing thoughts/ images or ideas and compulsions lead to repetition of tasks or cognitive processes in an unrealistic attempt to ward off a negative consequence
Reactions to stress/ Adjustment disorders	Where the distressing anxiety is related to an obvious life event or change. The extent of this may not constitute identification as a disorder
Bodily distress disorders	Repeated concerns around physical symptoms and requests for medical investigation of these conditions, when there is no underlying physical cause

Commented [A1]: What does this mean?

Box 2- common symptoms

Physiological symptoms	Palpitations, tachycardia, raised blood pressure, hyperventilation, dry mouth, breathlessness, choking, shallow breathing, muscle tension, tremor, twitches, fidgeting, agitation, stomach "butterflies", nausea, frequent bowel movements, vomiting, frequency of urination, flushing of face, sweating, fluctuating sense of temperature.
Behavioural symptoms	Avoidance, safety behaviours seen as protective in distressing situations- e.g. drinking before socialising, restlessness, agitation, anger.
Cognitive symptoms	Danger focused attention, hypervigilance, impaired concentration and memory, thinking errors that emphasise their vulnerability and the scale of the perceived threat they face. Worry and rumination.

Many people are likely to experience anxiety symptoms over their lifetime, with around 3% of the population meeting clinical requirements for diagnosis at any one time (2) and around a third of the global population likely to present with anxiety symptoms across their lifespan. More females than males develop anxiety conditions and people being cared for by services managing physical and mental ill health are also at increased risk of developing anxiety as the condition co-exists with many other disorders. Primary care settings are an obvious access point for help with anxiety symptoms. Across the UK there are over eight million cases of anxiety diagnosed and in Scotland alone there are around half a million presentations to GP practices for this condition each year (3). Primary care staff, including practice nurses, play a vital role in managing the healthcare response, and the parameters of this role is clearly detailed within current treatment guidance.

**Commented [A2]:** Would be good to have some stats for England and Wales too, since this is a larger pool of patients.

**Commented [A3R2]:** Statistics for overall number of cases diagnosed across the UK added

### Treatment guidance and the stepped care approach

Within the UK there is clear direction around tailoring service response appropriately in relation to the severity of anxiety symptoms the individual is experiencing. This is detailed within the NICE guidance (4) on the management of Generalised Anxiety Disorder and in Scotland within the NHS Education for Scotland (NES) document "The Matrix" (5). There are several supplementary papers by NICE that add to their guidance around specific anxiety disorders and you should access their website for further information. These clinical guides match patient need with treatment recommendations, and elevate response from the treatment of mild or transient anxiety by primary healthcare staff through to intense psychological therapies, like Cognitive Behavioural Therapy, delivered by specialist practitioners, for more severe or enduring presentations. Across the UK there is a drive to link people suffering from anxiety (and depression) to appropriate psychological care without undue delay, generally within 18 weeks, and the primary care service is vital in meeting this target.

**Commented [A4]:** Hmmmm.... How often is this target breached I wonder.

**Commented [A5R4]:** Between 80 and 95% of contacts meets the 18 week target- I'm not sure if you want that added here?

### The practice nurse role in the identification and assessment of anxiety symptoms

Early identification of any clinical disorder is beneficial as it can often aid the development of a collaborative nurse patient relationship, reduce the duration of any distressing symptoms, initiates earlier treatment and can lead to better outcomes for the individual patient. NICE clearly identify a role for primary care staff in screening for the presence of anxiety and in the initial assessment of the extent of symptoms experienced. Screening for the presence of emotional distress or mental ill health should be a routine component of your patient interaction, and the Public Psychiatric Assessment Tool (PPAT) is a useful A - E framework that helps guide mental health assessment for professionals who are not mental health specialists. The PPAT was designed by staff from the University of Central Lancashire to help police service staff assess for the presence of mental ill health in emergency situations (6), though it has now been adopted by several professional groups including paramedics, and is used across a wider range of situations. The PPAT is outlined below though a more detailed explanation can be accessed via the original article.

A	Appearance and atmosphere	General observations of the individual
B	Behaviour	How are they behaving and is it appropriate
C	Communication	Speech content/ flow and non-verbal communication
D	Danger	Is there risk to the patient or others
E	Environment	The patients interaction with the environment

If concerns are raised within the initial consultation any patient suspected of experiencing anxiety should be asked the first two questions from the Generalized Anxiety Disorder, seven question assessment tool; the GAD-7 (7). These questions are;

1. Over the last 2 weeks how often have you been bothered by feeling nervous, anxious or on edge?
2. Over the same timeframe how often have you been bothered by not being able to stop or control worrying?

There are 4 possible answers given and each has a score attached; not at all (0), several days (1), more than half the days (2), nearly every day (3).

If the patient scores more than 3, a more thorough assessment is required and should be completed by a competent practitioner. As well as formats designed to identify generic anxiety and depressive symptoms such as the Hospital Anxiety and Depression Scale (HADS) (8), there are several condition specific tools available, including completion of the entire GAD-7. The results of the assessments should then guide treatment or signposting the patient to the most appropriate service.

## The practice nurse role in the treatment of anxiety

### Psychosocial management

#### Engagement and management

As with working alongside any other patient, the development of a therapeutic relationship underpins the nursing care delivered. Using Carl Rogers' core conditions of warmth, empathy, genuineness and unconditional positive regard will assist this. In this case normalising the person's experience, demonstrating a level of expertise and interest and showing acceptance of the person's situation will likely alleviate some of their fears and encourage them to engage with the assessment and treatment process.

Recovery for the patient often begins through understanding the nature of the condition they are experiencing and practice nurses should be able to deliver tailored packages of education, or psychoeducation as it is termed, as part of the initial management of the condition.

Psychoeducation and symptom monitoring are identified as the immediate form of management for new presentations of mild anxiety and practice nurses are in a position to offer both. For patients that are acutely anxious or who have chronic, low level anxiety presentations there are a number immediate coping strategies and supports that can help alleviate the immediate crisis and build resilience around managing ongoing anxiety and preventing future exacerbations. Some of these approaches are outlined below and may be useful interim interventions for people with more severe presentations who require referral on to psychological treatment services.

#### Psychoeducation

A recent meta-analysis (9) identified that condition related education in the treatment of anxiety was well accepted by patients, led to reductions in the severity of anxiety symptoms, worry and depressive symptoms and found that these improvements were sustained after the sessions had

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I'm happy to go with your suggestions

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ended. These improvements were more likely to happen if a cognitive-behavioural method of education was used and this is the approach suggested here.

Patients and relatives will already have ideas and beliefs around what the patient is suffering from, how it should be treated, whether they think anxiety is the current problem and what anxiety actually means to them. Before commencing the delivery of any educational package it is important, therefore, to identify their current level of knowledge and understanding. This can be done by asking simple questions like what do you think is causing this problem? What makes it better/worse? How should it be treated? This gives a baseline from which to gauge knowledge growth and also points out any strengths or gaps in their understanding.

There are several formats through which psychoeducation can be delivered and these should be considered in relation to the individual patient's presentation and capabilities, and the range of options available. Initial consideration should identify whether one to one sessions would be appropriate, or if the group setting would offer advantages, particularly around exposure and practice, both useful for people experiencing social anxiety. The inclusion of relatives also needs to be reviewed and some thought given to whether professional led sessions would be more advantageous than peer led ones.

The cognitive-behavioural approach entails experiential learning within which the patient is encouraged to actively consider the impact of anxiety as it relates to them. This requires them to investigate, identify and practise anxiety management techniques, supported through information, demonstration and feedback from others. There are choices available here around the media used to support this learning, with a variety of books, leaflets and online resources all available. Consideration should be given here to the patient's literacy level, language capabilities and online access.

The content of educational sessions should include a normalising focus where the emphasis is on explaining the presentation as a more severe experience of the normal human response to stress. Physiological, cognitive and behavioural changes should all be explained in relation to anxiety and the effectiveness of treatment emphasised. Patients should be asked to identify current stressors and recent triggers and encouraged to consider their previous coping strategies for managing stress. The sessions should also involve information and practice on anxiety management techniques, forms of which are detailed below.

### Use of online supports

Several effective online sources are available to support recovery from anxiety and patients experiencing mild anxiety or acute stress reactions can be directed to them for additional information and to commence low intensity psychological treatment. Moodzone (10) is an NHS hosted website aimed at patients and provides useful information around stress, anxiety and depression. This site also includes relaxation tips and information on more intensive treatments available. Moodjuice (11) is an NES website that offers access to separate resources for patients, carers and healthcare professionals. This includes information on managing common stressors and workbooks that the patient can complete.

Please remember that healthcare professionals also experience anxiety and that the online supports are useful for helping manage the stresses of clinical practice. Nurses should therefore consider

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using online resources alongside more formal support measures such as clinical and peer supervision to help develop their own resilience.

### Medication management

Treatment guidance suggests that pharmacological measures should only be used where the patient's anxiety is significantly impeding their daily functioning or when low intensity psychological approaches have not been effective (NICE, 2011). While Fry (2012) (12) provides a more comprehensive consideration of the use of medicines, the most commonly used include anxiolytics, antidepressants and beta-blockers. Practice nurses should be fully aware of the common side effects, discontinuation symptoms and cautions that surround each of these medicines, and be actively involved in side effect monitoring around each.

### Stress management techniques

In addition to the delivery of psychoeducation there are a number of other techniques available to support the individual who is presenting with anxiety symptoms. For patients complaining of difficulty with sleep the use of sleep hygiene techniques such as caffeine reduction, preparation of a conducive sleep environment and avoidance of daytime napping are all helpful. To manage the anxiety symptoms, including worry, the use of deep breathing techniques, problem solving training, Progressive Muscle Relaxation and Mindfulness should all be considered. These are all interventions that can be easily learned by both practitioner and patient, and be delivered within a brief consultation. In addition to these evidence based interventions there are lifestyle changes that may also contribute to a reduction in anxiety experienced. This would include yoga, increased physical exercise and evaluation of lifestyle.

### Summary

Anxiety is a commonly occurring condition that will be impacting on many of the patients that you see. Practice nurses have a key role in screening for the presence of this disorder, and in the assessment, management and ongoing treatment of individuals experiencing anxiety symptoms. The more familiar you are with the current treatment guidelines and the supports available to you and your patients, the more effective you will be in helping reduce the distress those patients experience.

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I swapped this chapter with the next as the next provides a more effective ending

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