WHAT IS STRESS?

- Stress is the way that you react physically, mentally and emotionally to various conditions, changes and demands in your life.
- Many students experience varying levels of stress each semester.
- High levels of stress can affect your physical and mental well-being and academic performance.
WHAT IS ANXIETY?

- Vague feeling of dread or apprehension
- Different from fear (feeling afraid or threatened by identifiable stimulus representing danger)
- Anxiety disorders: key feature of excessive anxiety with behavioral, emotional, cognitive, physiologic responses

HOW TO DISTINGUISH STRESS AND ANXIETY

- Stress is a response to daily pressures.
- Stress is a response to a specific stressor, anxiety has no identifiable root.
- Undealt with stress leads to anxiety
- Anxiety is among the many adverse effects of stress
STRATEGIES TO MANAGE STRESS

- **Take control.** Manage your time instead of letting it manage you. Use a to-do list, follow a written plan, set goals and follow through.

- **Avoid procrastination,** a major cause of stress. Make a realistic list of things you need to do each day. Do the most important things first. That way, even if you don’t finish the list, you get the most important things done.

- **Progressive Relaxation**

- **Talk to someone**
  - Find someone you trust, discuss the problems and look for solutions

SEE CAREGUIDE

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- **Put things into perspective.** Do not take yourself too seriously.

- **Think positive.** “If you think you will fail, or think you will succeed, you are probably right.” —Henry Ford

- **Take a break**
  - Sometimes it is better to get away from the situation for a short time. Take a brisk walk, focus on pleasant thoughts. Then, go back to the task feeling refreshed and ready to tackle whatever it is you have

- **Physical stress busters**
  - Eat right, exercise regularly and get plenty of rest

- **Practice, practice, practice**
  - Build your confidence: do extra math problems, practice test-taking at home, rehearse your speech a couple of times before the presentation
LEVELS OF ANXIETY

- Mild: special attention; increased sensory stimulation; motivational

- Moderate: something definitely wrong; nervousness/agitation; difficulty concentrating; able to be redirected

LEVELS OF ANXIETY (CONT.)

- Severe: trouble thinking and reasoning; tightened muscles; increased vital signs; restless, irritable, angry

- Panic: fight, flight, or freeze response; increased vital signs; dilated pupils; cognitive processes focusing on defense
WORKING WITH ANXIOUS PATIENTS

- Self-awareness of anxiety level
- Assessment of person’s anxiety level
- Use of short, simple, easy-to-understand sentences
- Lower person’s anxiety level to moderate or mild before proceeding

WORKING WITH ANXIOUS PATIENTS (CONT.)

- Low, calm, soothing voice
- Safety during panic level
- Short-term use of anxiolytics
QUESTION

Is the following statement true or false?

Anxiety and fear are considered to be two different things.

ANSWER

True

Rationale: Anxiety is different from fear. Anxiety is a vague feeling of dread or apprehension. Fear is a feeling of being afraid or threatened by an identifiable stimulus representing danger.
ANXIETY DISORDERS

- Agoraphobia with or without panic disorder
- Panic disorder
- Specific phobia
- Social phobia
- Generalized anxiety disorder

ANXIETY DISORDERS (CONT.)

- Incidence: most common psychiatric disorders in the United States
- More prevalent: women; people under 45 years old
- Onset, clinical course are variable
ANXIETY DISORDERS: ETIOLOGY

- Biologic theories
  - Genetic theories
  - Neurochemical theories (GABA, serotonin)
- Psychodynamic theories
  - Intrapsychic/psychoanalytic theories (Freud and defense mechanisms)
  - Interpersonal theories (Sullivan, Peplau)
  - Behavioral theory

CULTURAL CONSIDERATIONS

- Each culture has rules for expressing, dealing with anxiety
- Asian cultures: often with somatic symptoms; koro
- Hispanics: susto (high anxiety as sadness, agitation, weight loss, weakness, heart rate changes); due to supernatural spirits or bad air from dangerous places and cemeteries invading body
TREATMENT

- Combination of medications, therapy
- Medications: anxiolytics; antidepressants
- Cognitive–behavioral therapy
  - Positive reframing (turning negative messages into positive ones)
  - Decatastrophizing (making more realistic appraisal of situation)
  - Assertiveness training (learn to negotiate interpersonal situations)

ELDER CONSIDERATIONS

- Late-life anxiety disorders
  - Phobias (GAD most common)
  - Often associated with another condition, such as depression, dementia, physical illness, or medication toxicity or withdrawal

SSRIs as treatment of choice for anxiety disorders in the elderly
MENTAL HEALTH PROMOTION

- Anxiety as warning of not dealing with stress effectively

MENTAL HEALTH PROMOTION (CONT.)

- Tips for managing stress:
  - Positive attitude; belief in self; acceptance of lack of control over certain events
  - Assertive communication; expression of feelings: talking, laughing, crying
  - Realistic goals; personally meaningful activity
  - Well-balanced diet, exercise, adequate rest/sleep
  - Use of stress management techniques
PANIC DISORDER

- Discrete episodes of panic; no stimulus for panic response
- Avoidance behavior
- Primary, secondary gain

PANIC DISORDER (CONT.)

- Treatment
  - Cognitive behavioral techniques
  - Deep breathing, relaxation
  - Benzodiazepines, SSRIs, tricyclic antidepressants, antihypertensives (clonidine, propranolol)
PANIC DISORDER AND NURSING PROCESS APPLICATION

Assessment

- Hamilton Rating Scale for Anxiety (see Box 14.1)
- History
- General appearance, motor behavior (automatisms)
- Mood, affect (depersonalization, derealization)
- Thought process, content (disorganized thoughts, loss of rational thinking)

Assessment (cont.)

- Sensorium, intellectual processes (confusion, disorientation)
- Judgment, insight
- Self-concept (self-blaming)
- Roles, relationships (avoidance of others)
- Physiologic, self-care concerns (sleeping, eating)
**PANIC DISORDER AND NURSING PROCESS APPLICATION (CONT.)**

- **Nursing diagnoses**

- **Outcome identification**

- **Interventions**
  - Safety, comfort
  - Therapeutic communication
  - Anxiety management
  - Patient, family education

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**PHOBIAS**

- Intense illogical persistent fear

- Categories: agoraphobia; specific phobia; social phobia (social anxiety disorder)

- Categories of specific phobia: natural environment; blood—injection; situation; animal; other types
PHOBIAS (CONT.)

- **Treatment**
  - Behavioral therapy: positive reframing; assertiveness training; systematic desensitization; flooding
  - **Medications**

OTHER ANXIETY DISORDERS

- **Generalized anxiety disorder**
  - Chronic; longer than 6 months
  - Treatment: buspirone, SSRIs
- **Anxiety disorder due to a general medical condition**
- **Substance-induced anxiety disorder**
- **Separation anxiety disorder**
SELF-AWARENESS ISSUES

- Need to understand how, why anxiety behaviors work
- Nurses as vulnerable as others to stress, anxiety
- Everyone occasionally suffers from stress, anxiety
- Avoid trying to “fix” patient’s problem
- Use techniques to manage stress, anxiety in personal life