Anxiety, Agitation, Delirium, Depression – Across the Palliative Spectrum - Practical Pearls

Presented by
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Disclosures
Nancy E. Joyner has no real or perceived conflicts of interest that relate to this presentation.

Objectives
1. Define: Anxiety, Agitation, Delirium, Depression
2. Compare and note the differences between them
3. Describe interventions to treat these conditions
Anxiety, Agitation, Delirium, Depression – Across the Palliative Spectrum - Practical Pearls
Hospice and Palliative Nurses Association (HPNA) Nursing Assistant Education

What is Anxiety?
A feeling or deep sense that things are not right exhibited by:

- Fear
- Worry
- Sleeplessness
- Disturbing dreams
- Rapid breathing
- Inability to relax
- Trouble paying attention
- Tension

- Sweating
- Shaking/tremor
- Confusion
- Nightmares
- Rapid heartbeat
- Can't get comfortable
- Difficulty concentrating

Anxiety
- May be a normal response to the situation:
  - Fears/uncertainty.
  - Unmet needs – physical, psycho-social, spiritual.
  - Common in seriously ill patients.
- Adversely affects quality of life.
- Assess psychosocial: fear, spiritual distress, unfinished business.
- Assess physical – breathless and treat, other medical causes?
Managing Anxiety/Uneasy Feelings

- Keep things calm.
- Be a therapeutic listener.
- Find positive distractions and diversions.
- Encourage relaxation.
- Play soothing music.
- Ask what has helped in the past.
- Have them write down thoughts and feelings.
- Address physical problems—pain or short of breath.
- Reach out to their family and friends.
- Ask about medications as prescribed.

Agitation

- Unpleasant state of extreme arousal.
- Period of extreme tension, irritability, and confusion.
- Can last for just a few minutes, weeks, or even months.
- Marked increase in motor and psychological.
- Occurs very frequently in ICU.
- Often in older patients.

Agitation (cont.)

- Common symptom of severe anxiety.
- May be isolated.
- May be accompanied by other disorders:
  - Severe anxiety.
  - Delirium.
- Seen in persons with dementia.
Causes of Agitation
- Disease:
  - Metabolic disorders
  - Medications
  - Infection/Sepsis (especially in elderly people)
- External factors:
  - Noise
  - Discomfort
  - Pain
  - Constipation
  - Full bladder

Causes of Agitation (cont.)
- Hospitalization
- Alcohol intoxication or withdrawal
- Allergic reaction
- Caffeine intoxication
- Nicotine withdrawal
- Poisoning (i.e. carbon monoxide poisoning)
- Theophylline, amphetamines, steroids, other medicines
- Trauma
- Vitamin B6 deficiency

Anxiety versus Agitation

<table>
<thead>
<tr>
<th>Anxiety</th>
<th>Agitation</th>
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</thead>
<tbody>
<tr>
<td>Feeling restless, keyed-up,</td>
<td>Behavioral change:</td>
</tr>
<tr>
<td>on edge</td>
<td>Restlessness</td>
</tr>
<tr>
<td>Easily fatigued</td>
<td>Irritability</td>
</tr>
<tr>
<td>Difficulty concentrating</td>
<td>Combativeness</td>
</tr>
<tr>
<td>Mind goes blank</td>
<td>Hallucinations</td>
</tr>
<tr>
<td>Feel irritable</td>
<td>Altered cognition</td>
</tr>
<tr>
<td>Muscle tension</td>
<td></td>
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<tr>
<td>Sleep disturbance</td>
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<tr>
<td>Suicidal ideation</td>
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</table>
**Treating Agitation/ Restlessness**

- Keep things calm.
- Offer frequent reassurance.
- Offer relaxation activities – soothing music.
- Read favorite stories, poems, etc. in a calm voice.
- Hold the person's hand, give them a gentle massage.
- Keep the person safe, do not leave the person alone.
- Understand that restlessness may be a sign that the patient is close to death - let other family members know what is happening.

**What is Delirium?**

- A sudden change in a person's mental status.
- Sudden and often severe confusion.
- May improve or worsen in 24 hours.
- Confusion about time, place and person.
- Fluid and electrolyte imbalances, medications, infections particularly urinary tract infections and pneumonia, and drug abuse.
- Common at the end-of-life.

**Altered State – Delirium**

20-88% (higher in patients with cancer)
- Restlessness, agitation
- Hallucinations, delusions
- Pain?
- Alcohol or drug withdrawal
- Difficulty communicating needs
- Getting out of bed
- Fighting with caregiver
- No medications are approved by the FDA for treatment of delirium
- No benefit in reducing opioid
- Terminal Restlessness?
- Sedatives if needed
- Palliative sedation if intractable symptoms persist
Causes of Delirium
Note: Delirium is preventable
Reversible causes of delirium are outlined by the following acronym (DELIRIUM):
• Drug
• Electrolyte disturbances
• Lack of drugs
• Infection
• Reduced sensory input
• Intracranial
• Urinary problems
• Myocardial

Signs of Delirium
• Confusion – restlessness
• Odd sleep/wake cycles – “sun-downing”
• Agitation
• Mood swings
• Difficulty focusing attention
• Hallucinations (sight, sound, touch)
• Irritability
• Drowsiness

Delirium versus Agitation

<table>
<thead>
<tr>
<th>Delirium</th>
<th>Agitation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Altered mental status</td>
<td>Violent, disturbing motion or stirring - ex: pulling on lines, tight grasping, combative</td>
</tr>
<tr>
<td>Inattention</td>
<td>Emotional disturbance or excitement</td>
</tr>
<tr>
<td>Acute brain dysfunction</td>
<td>Hypoactive – calm, inattentive, decreased mobility, “spaced out”</td>
</tr>
<tr>
<td>Consciousness and cognition fluctuate</td>
<td></td>
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<tr>
<td>Disorganized thinking</td>
<td></td>
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<tr>
<td>Can’t think straight or focus attention</td>
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</table>
Interventions for Delirium

• Establish cause.
• Keep the person safe.
• Remind the person who you are.
• Tell them what you are going to do.
• Offer support, reassurance.
• Avoid night-time disruptions.

Interventions for Delirium (cont.)

• Use social restraints rather than physical restraints.
• Maintain routine, structure.
• Avoid asking many questions.
• Provide a quiet, peaceful setting.
• Turn off TV and loud noises.
• Play the patient's favorite music.
• Keep a nightlight on.

Other Interventions

• Check for and treat: pain, hunger, thirst, constipation, full bladder, fatigue, infections, and skin irritation.
• Avoid environmental triggers.
• Monitor personal comfort.
• Comfortable position in the bed or chair.
• Comfortable temperature room.
• Simplify tasks and routines.
• Provide opportunity for exercise, mobility.
Other Interventions for Agitation and Delirium (cont.)

• Ask permission.
• Use calm, positive statements.
• Slow down; add light.
• Offer guided choices between options.
• Focus on pleasant events.
• Find outlets for the person’s energy.
• Limit stimulation.

Depression is

• A range of feelings.
• May include sadness, gloom, numbness, emptiness, helplessness, and hopelessness.
• Occurs frequently in chronic and terminal illness.
• Compared to “Situational Sadness.”

Signs and Symptoms of Depression

• Fatigue – lack of energy.
• Sadness – depressed mood.
• Loss of appetite – weight loss or gain.
• Sleep problems – agitation or restless.
• Difficulty focusing – trouble thinking.
• Thoughts of suicide – wanting death.
• No interest or pleasure in daily activities.
• Withdrawal from family and friends.
• Feelings of worthlessness, hopelessness, guilt.
Depression versus Delirium

<table>
<thead>
<tr>
<th>Depression</th>
<th>Delirium</th>
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<tbody>
<tr>
<td>Last weeks to months</td>
<td>Lasts hours to days</td>
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<tr>
<td>Mood low/apathetic</td>
<td>Mood fluctuates</td>
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<tr>
<td>Chronic; responds to treatment</td>
<td>Acute-responds to tx of underlying cause</td>
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<tr>
<td>Concern for memory impairment</td>
<td>Cognition fluctuates</td>
</tr>
<tr>
<td>May neglect basic self-care</td>
<td>Self care may be intact or impaired</td>
</tr>
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Treating Depression

- Encourage person to express feelings.
- Give them as much control as much as possible.
- Be a therapeutic listener.
- Utilize relaxation techniques.
- Implement complementary therapies: aromatherapy, art, and music therapy.
- Encourage activities.
- Offer diversions and distractions.
- Encourage family, friend support.

Agitation, Confusion, Delirium and Restlessness

- Most common neuropsychiatric complications at End of Life (EOL).
- Impacts on quality of life, behavior, communication.
- Occurs up to 85% in the last weeks of life.
- Agitation up to 46% of patients.
- Up to 80% of patients near the end of life develop a hypoactive, non-agitated delirium.
- Very difficult for family and staff to watch.
- Can be difficult to manage.
Conclusion

• Conditions of anxiety, agitation, delirium, and depression are not easy to differentiate.
• There are distinguishing factors across the palliative care continuum when addressing the subjective, psychological impacts of anxiety, agitation, delirium, and depression.
• There are subtle but notable interventions for anxiety, agitation, delirium, and depression that are unique and can be very individualized.

Resources

HPNA Patient/Family Teaching Sheets:
• Managing Anxiety/Uneasy Feelings
• Managing Delirium
• Managing Depression

HPNA Quick Information Sheets:
• Delirium in Hospice and Palliative Patients

HPNA E-Learning:
• Psychiatric Issues in Palliative Care