BAPTIST HEALTH SCHOOL OF NURSING
NSG 3036A: PSYCHIATRIC-MENTAL HEALTH

CARING FOR PEOPLE WITH ANXIETY, SOMATOFORM, DISSOCIATIVE, AND PSYCHO-PHYSIOLOGICAL DISORDERS

LECTURE OBJECTIVES:

1. Contrast behaviors common to a healthy sense of self to that of an altered sense of self.
2. Explain the role of anxiety and fear in the development of anxiety disorders.
3. Discuss Biopsychosocial Theories.
4. Discuss the dynamics of Primary and Secondary Gain.
5. Discuss Anxiety Disorders and specify nursing care for the patient with Anxiety Disorders.
6. Discuss and specify nursing care for the patient with Dissociative Disorders.
7. Discuss Somatoform Disorders and specific nursing care for the person experiencing somatoform disorders.
8. Discuss Psychophysiological Disorders and nursing care related to psychophysiological disorders.
9. Discuss treatment (medication and non-mediation) for the patient experiencing anxiety, dissociative somatoform and psychophysiological disorders.

READING ASSIGNMENT:

Townsend:
Chapter 30 = Anxiety Disorders
Chapter 31 = Somatoform Disorders
Chapter 32 = Dissociative Disorders
Chapter 36 = Psychological Factors Affecting Medical Condition
Townsend Pocket Guide:
Chapter 7 = Anxiety Disorders
Chapter 8 = Somatoform Disorders
Chapter 9 = Dissociative Disorders
Chapter 14 = Psychological Factors Affecting Medical Condition
LECTURE OUTLINE:

Introduction: Everyone experiences some anxiety as part of daily life. Anxiety helps us stay alert and adapt to the ever changing demands of a complicated world. Fear develops at an early age and most people fear any form of entrapment or abandonment.

I. Healthy Self versus Altered Sense of Self
   A. Healthy Self
   B. Altered Sense of Self

II. Anxiety and Fear - these feelings play a big role in the disorders in lecture today.
   A. Role of anxiety and fear - fear of exposure and loss of control
   B. Levels of anxiety / continuum
      1. Mild and moderate anxiety can enhance capacities.
      2. Severe and panic anxiety can paralyze capacities.
   C. Neurosis versus Psychosis- What is the difference?

III. Biopsychosocial Theories
   A. Biological
   B. Psychodynamic / psychoanalytic
   C. Psychosocial / interpersonal
   D. Behavioral

IV. Psychological Factors: Primary and Secondary Gain
   A. Primary Gain/Internal Gain = relief from emotional conflict or anxiety (just like the purpose of coping mechanisms)
   B. Secondary Gain/External Gain = releases the person from responsibility and/or gives the person attention

V. Anxiety disorders include Generalized Anxiety Disorder, Panic, Phobia, Obsessive-Compulsive Disorder, and Post Traumatic Stress Disorder (PTSD). Anxiety disorders refer to conditions that are characterized by the EMOTION OF INTENSE TERROR. People with anxiety disorders RIGIDLY cling to maladaptative perception and behavior in an attempt to reduce or eliminate a painful emotional state.
   A. Assessment
      1. Generalized anxiety reaction/disorder- characterized by unrealistic or excessive worry. PERSISTENT WORRIED MOOD
2. Panic attack - Unexpected, unprovoked attacks of cognitive and physical symptoms of anxiety. These are acute terrifying attacks that typically last several minutes, but may last several hours.

a. Rx - Anxiolytics (short term) and Tricyclic and SSRI’s Antidepressants (long term) - allays intense anxiety.

3. Phobia “irrational fear” or anxiety displaced onto a neutral object.

   a. Simple or specific
      (1) acrophobia
      (2) claustrophobia
   b. Social Phobia -fears embarrassment or ridicule
   c. Agoraphobia
   d. Nursing Care?
   e. Treatment
      (1) Systematic desensitization
      (2) Antidepressants / anxiolytics
      (3) Flooding

4. Obsessive Compulsive Disorder (OCD)-intrusive thoughts that keep reoccurring despite effort to suppress. The rituals are coping mechanism designed to neutralize or prevent discomfort. This disorder causes marked distress, time consuming, and interferes with life and relationships. Medical treatment = Anafranil (clomipramine HCL) and Luvox (fluoroamine)

5. Post Traumatic Stress Disorder (PTSD)- this disorder goes unrecognized. Nurses can help by 1) recognizing symptoms and 2) establishing trust that encourages person to disclose their trauma and feelings. The DSM IV TR lists 6 criteria for diagnosis. The 6th criteria says there is clinically significant distress or impairment in social, occupational or other important areas of functioning. The underlying dynamic is the cycle of intrusive recall of a traumatic event accompanied by symptoms of re-experiencing (flashbacks) and hyperarousal followed by repression of memories. 2 qualities emerge in PTSD. 1) depersonalization (stripping away of individuality and humanity). 2) entrapment, which is the sense that escape routes are dangerous or costly. These can result in feelings of personal vulnerability and emotional disconnection from others. Children suffering from PTSD present as disorganized or agitated.

B. Nursing Diagnosis

1. Anxiety: panic level RT situational crisis/traumatic experience/threat to self esteem and safety
   AEB..............................................................
2. Fear RT being in a place from which there is no escape AEB “I cannot ride on elevators or I feel like I am going to have a heart attack”
3. Ineffective Individual Coping RT fear of loss of control or failure AEB..............................................
4. Powerlessness RT fear of disapproval from others/lack of positive feedback AEB “it doesn’t matter what I do does not matter”
5. Social Isolation RT fear of being in a place from which one is unable to escape AEB stays in room, refuses to leave room
6. Post trauma response RT distressing event of being stalked 2 years ago AEB “I keep having nightmares about the rape and feel it was my fault”
7. Dysfunctional grieving RT loss of self when raped two years ago AEB “I cry every day. I guess I am still angry or feel guilty”

C. Plan Implementation: Goal(s) and Interventions?

1. Goals:
   a. Patient will verbalize feelings to SN by end of one on one conversation
      identify 1-2 ways to deal with anxiety by end of conversation
      scale anxiety on a scale of 1 to 10 with one being no anxiety to 10 being highest anxiety
b. Nursing interventions/care  
   i. Create and maintain a calm, nonthreatening milieu. Rationale = anxiety is contagious and may be transferred to others. People will discuss feelings better when they feel safe and secure with a calm environment and nurse.  
   ii. Reassure the patient they are safe in the setting. Do not leave an anxious patient alone. Rationale = patient may fear for their life and the presence of a trusted individual provides a patient with feeling of security.  
   iii. Encourage patient to express feelings of anxiety by making self available and spending time one on one with patient. Note: one on one conversations are not to take place when patient is to be in school, groups, or any scheduled activities in the milieu. Rationale = when patient verbalizes feelings out loud to nurse in a non-threatening environment, the patient hears self and can better solve own problems and issues.  
   iv. Teach signs and symptoms of escalating anxiety and ways to interrupt anxiety progression  
   v. Encourage to decrease caffeine. What does caffeine do to the body physiologically?  

D. Evaluation  

VI. Adaptations to Anxiety: Dissociative Disorders. With Dissociative Disorders there is disturbance of identity, memory or consciousness. Denial and ego splitting are used to decrease anxiety. Disassociation is a common phenomenon that people employ to protect themselves from overwhelming emotions that are beyond coping ability.  

A. Assessment  
   1. Amnesia - Typically follows severe psychological stress - can accompany PTSD. Inability to remember personal information, Memory impairment may be partial or complete.  
   2. Fugue - Travels away - takes on new identity.  
   3. Dissociative Identity Disorder (formerly Multiple Personality Disorder where two or more distinct personalities or alters are present in the same body - serves as a survival mechanism in response to severe abuse. Defense mechanism?  

VII. Somatoform Disorders - there may be multiple somatic symptoms that cannot be explained medically and are associated with psychosocial distress and long term seeking of assistance from health care professionals.  

A. Assessment  
   1. Conversion disorder - unconsciously uses a physical symptom in an attempt to deal with psychological problem. LaBelle Indifference = person is totally indifferent to their physical alteration.  
   2. Hypochondriasis - preoccupation with somatic symptoms with erroneous belief that they are ill.  
   3. Malingering and Factitious (Munchhausen) - conscious deliberate exaggeration of disability or incapacity.  

B. Nursing diagnosis  
   1. Ineffective Individual Coping RT repressed anxiety AEB “I have been paralyzed and in this wheelchair for 6 months”  

C. Plan- Goals and interventions  
   1. Goal – Patient will  
      a. identify stressors in self (internal) and the environment (external) to the student nurse this 8 hour  
      b. verbalize feelings of anxiety to SN this shift  
      c. identify 1 or 2 types of stress reduction to help reduce anxiety  
      d. demonstrate ability to cope with stress by means other than preoccupation with physical symptoms by discharge from hospital  
   2. Interventions planned to meet goal  
      a. R/O organic -CHECK OUT THE MEDICAL!  
      b. Keep symptoms from being focus - focus on feelings  
      c. Focus on feelings not on physical expression of anxiety
D. Evaluate - is the patient demonstrating less anxiety? Feeling in control? Verbalizing how to cope with stress without somatizing?

VIII. Psychological Factors Affecting Medical Condition
A. Body system involvements: Adapting to stress
   1. Integumentary
   2. Neurological
   3. Respiratory
   4. Cardiovascular - type A personality
   5. Gastrointestinal
   6. Musculoskeletal
   7. Personality types
      a. Type A
      b. Type B
      c. Type C
      d. Type T
   8. Dependency versus independency needs
B. Nursing diagnosis
   1. Ineffective individual coping RT lack of coping skills for dealing with daily stressors AEB “I get severe migraine headaches due to all the stress at work”
C. Plan: goal and interventions
   1. Goal= Patient will
      a. identify or verbalize stressors in self and environment
      b. choose a technique to learn to utilize to reduce stress/anxiety
   2. Interventions
      a. Teach relaxation techniques and the physiological effects relaxation has on the body
      b. Assess caffeine intake and teach
D. Evaluate
   Is patient verbalizing 4, 5, 10 stressors? What relaxation techniques is patient utilizing for reducing stress/anxiety? Does patient feel they have more control of life?

IX. Treatment of Anxiety Disorders
A. Non-pharmacological Treatment / Approaches
   1. Nutrition / Diet
      a. Food Pyramid
      b. Decrease caffeine
   2. Exercise
   3. Relaxation
      a. Guided imaging
      b. Positive self talk
      c. 3-minute method technique - See RELAX - last page.
   4. Develop own healing powers.
B. Minor Tranquilizers / Anti-Anxiety Medications / Anxiolytics

2. Purpose of these medications?
To reduce moderate to severe anxiety and neurotic symptoms (worry) without making patient non-functional. Thereby with anxiety reduced the patient will be able to participate in one on one or group therapy.

3. Action?
a. Subcortical - depresses limbic system.
b. CNS depressant - similar to barbiturates.
c. Bind with receptor sites in the CNS and raise the effects of Gamma amino butyric acid (GABA), which inhibits transmission of nerve impulses in the brain

4. Contraindications
a. Hypersensitivity
b. History of abuse of any drugs or alcohol
c. Pregnancy
d. Glaucoma
e. Caution in elderly and children- usually smaller than usual doses are adequate for elderly or debilitated. In the elderly, most benzodiazepines are metabolized more slowly and half lives are longer in younger adults except for lorazepam and oxazepam.

4. Prototypes

<table>
<thead>
<tr>
<th>GENERIC</th>
<th>TRADE</th>
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<tbody>
<tr>
<td>Diazepam</td>
<td>Valium</td>
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<tr>
<td>Chlordiazepoxide</td>
<td>Librium Libritabs</td>
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<tr>
<td>Clorazepate di-potassium</td>
<td>Tranxene</td>
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<tr>
<td>Oxazepam</td>
<td>Serax</td>
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<tr>
<td>Meprobamate</td>
<td>Equanil Miltown</td>
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<tr>
<td>Hydroxyzine</td>
<td>Atarax</td>
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<tr>
<td>* Buspirone</td>
<td>Buspar</td>
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*How is this drug different?

E. Side Effects:

1. Drowsiness
2. Lethargy
3. Fainting
4. Transient hypotension
5. Constipation, nausea, vomiting and diarrhea
6. Habit forming-physical dependence, psychological dependence, tolerance
7. Dizziness, Blurred vision
8. Sedation (dose related)
9. Headache
10. Confusion
11. Rashes
F. Nursing care/teaching

1. Take the medication only as prescribe. Do not increase dosage or frequency, and do not take for long periods of times except for seizures disorder.

2. Do not operate machinery or drive a car.

3. Do not take other drugs without physician's knowledge, including alcohol or non-prescription sleeping pills.

4. If given a choice, administer orally when possible. Do not mix chloridazepoxide lor diazepam with any other drug in a syringe or add to IV fluids.

5. Large amounts of coffee can cancel or decrease the effects of these drugs:

<table>
<thead>
<tr>
<th>Increase Effect</th>
<th>Decrease Effect</th>
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<tbody>
<tr>
<td>CNS Depressants</td>
<td>CNS Stimulants</td>
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<tr>
<td>Cimetidine</td>
<td>Disulfiram</td>
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