ACUTE ANXIETY

Case history (1)
You are called to A&E to see a breathless young woman. She is acutely distressed and breathing rapidly. She feels light-headed and has paraesthesiae in her hands and feet.

Differential diagnoses such as a respiratory emergency (e.g. asthma, pulmonary embolus and pneumothorax) must first be excluded (see p. 309). Panic attack (see also p. 316) is suggested by:
• Extreme fear
• Subjective complaint of difficulty breathing in rather than out
• Respiratory alkalosis (causing tetany and relative hypocalcaemia)
• ABGs showing hypocapnia but normal oxygen levels
• Sweating
• Emotional trigger (shock)
• Environmental trigger (crowd phobia).

Management
Hyperventilation is best treated by rebreathing into a paper bag in order to increase pCO2. However, this did not help this young woman and a minor tranquilliser was given (diazepam 5 mg orally). Lorazepam 1–2 mg, orally or IM, is an alternative; this can be repeated 1 h later if necessary. She was sent home on diazepam with a family member and told to see her own doctor urgently for possible counselling.

Case history (2)
The nursing staff inform you that a 55-year-old man is refusing to have any more haemodialysis, having just started this treatment. A phobic reaction to dialysis is suggested by avoidance, abnormal fear and sympathetic overdrive, during dialysis or talking about it.

Depressive illness is a common association of anxiety and should always be excluded (see p. 497). These phobias are also common in oncology (vomit phobia with chemotherapy).

How would you manage this patient?
• Support and sympathy with explanation of the phobia.
• Minor tranquilliser (see early) for the short term only: up to 2 weeks of diazepam 5 mg × 3 daily (drugs with a long half-life are better).
• Ask a Psychologist to consider graded exposure therapy.
• An SSRI (sertraline, citalopram, paroxetine, fluoxetine) is often required in the presence of co-morbid depressive illness.

Information
Patients can be educated about panic attacks, how to prevent them when they are better (seek behaviour therapy for phobias) and how to use a paper bag during an attack.
What are the physical symptoms and signs of anxiety?

• Dilated pupils.
• Photosensitivity: patient might be wearing dark glasses.
• Phonosensitivity: patient cannot bear any noise.
• Dry mouth.
• Flushed face and neck.
• Sweating.
• Hyperventilation.
• Associated hypocapnia and respiratory alkalosis: cause relative hypocalcaemia (tingling or numbness) in extremities and face, light-headedness and tetany (see p. 317).
• Tachycardia (pulse may be as high as 140 bpm).
• Nausea.
• Diarrhoea.
• Frequency of micturition.
• Increased muscle tension.

What are the psychological symptoms of anxiety?

• Excessive fear.
• Derealisation (patient feels that the environment is less real and solid, with a feeling of detachment).
• Fear of collapse.
• Catastrophic thinking (‘I’m about to die from a heart attack’).

Always look for the following associations

• Phobias: abnormal fear and avoidance of particular situations or things.
• Depressive illness (see p. 97).
• Obsessive–compulsive disorder: repetitive ruminations that are inconsistent with the personality, along with repeated behaviours; checking excessively or hand-washing because of fear of germs.

Progress. This man settled quickly with counselling and 5 mg of diazepam. He subsequently continued dialysis without any problems.