

ANXIETY

Anxiety is used to describe excessive worrying that leads to distress, making it difficult for a person to function at their highest possible level. It may occur as part of adjusting to new conditions, as part of a psychiatric disorder, or as a component of both advancing dementia or depression.

Treating anxiety with drugs may cause *major* side effects. Medical problems like heart pains or other drugs or may be the cause. For instance, it is a *known* side effect of asthma drugs, antidepressants and 'benzodiazepines' (like Ativan and Xanax) used to *treat* anxiety, steroids, street drugs, and herbal remedies such as ma huang, St John's Wort, ginseng, belladonna and guarana.

Counseling is often considered, but is limited to persons with an ability to retain information (*so not for demented persons*) and those without psychiatric problems like schizophrenia for which serves no useful purpose. Counseling is not to be frequent or ongoing, so if no meaningful, lasting improvement is seen in a few months, it will be discontinued.

Searching for nonmedical causes and trying to find ways to avoid or modify them is the first step. For instance, familiar faces like family members may trigger old memories in demented patients that may lead uncontrollable anxious behaviors. Hot, cold, light, dark, music, foods... the list of potential reasons is long and hard to pin down.

Anxiety should not be treated with drugs unless the behaviors place the person or others at risk. Annoying behaviors like repetitive questioning, cursing, yelling, not sleeping all night, and pacing, do not generally place persons at risk, as much as we do not want to see them. There are no drugs that safely make people stop screaming, pacing, cursing or being mean and many residents do not sleep through the night because they nap often throughout the day.

When these drugs are used for anxious behaviors placing the patient or others at risk, the facility closely tracks the behaviors with input from staff, providers, family and friends. If or when there are attributable side effects or the anxiety does not seem to be a continuing issue, the facility and providers are required to taper and/or stop the medication.

If you have questions about any of this information at any time, please do not hesitate to ask the primary care provider or the facility medical director, consulting pharmacist, nurse or social worker. We will all work together to find safe, effective ways to manage abnormal behaviors in our residents without the use of any more drugs than are absolutely necessary.