Chapter 14
Drugs for Anxiety and Insomnia

Major Types of Anxiety Disorders

- Situational anxiety
- Generalized anxiety disorder (GAD)
- Panic disorder
- Phobias
- Obsessive-compulsive disorder
- Post-traumatic stress disorder

Common Causes of Anxiety

- Phobias
- Post-traumatic stress
- Generalized anxiety
- Obsessive-compulsive feelings
- Panic disorders

Nonpharmacologic Therapies to Cope with Anxiety

- Cognitive behavioral therapy
- Counseling
- Biofeedback techniques
- Meditation
Nonpharmacologic Therapies to Cope with Anxiety May Help To

- Change the way one thinks
- Eliminate the cause of anxiety

Limbic System

- Located in middle of brain
- Responsible for emotional responses, learning, memory
- Signals pass to hypothalamus

Hypothalamus

- Responsible for unconscious responses
- Connects with reticular formation

Reticular Formation

- Network of neurons along length of brainstem
- Stimulation causes heightened awareness and arousal
- Inhibition causes general drowsiness and sleep

Reticular Activating System (RAS)

- Projects from brainstem to thalamus
- Responsible for sleeping and wakefulness
- Signals from hypothalamus to higher brain centers

Classes of Medications Used to Treat Anxiety and Sleep Disorders

- Antidepressants
- Benzodiazepines
- Barbiturates
Antidepressants

- Reduce panic, obsessive-compulsive behavior, and phobia symptoms

Benzodiazepines

- Some treat short-term insomnia
- Others treat generalized anxiety disorders

Barbiturates

- Low doses reduce anxiety
- Moderate doses promote sleep

Monitor Client’s Condition and Provide Education

- Obtain vital signs, medical and drug history
- Discuss lifestyle and dietary habits
- What precipitated the feelings of anxiety?

Assess Client’s Need for Antianxiety or Insomnia Drugs

- Assess intensity and duration of symptoms
- Identify precipitating factors
- Identify coping mechanisms
- Assess for sleep disorder

Obtain Drug History

- Hypersensitivity
- Use of alcohol and other CNS depressants
- Drug abuse and dependence
Use Cautiously for Certain Clients

- Those who are elderly
- Those with suicidal potential
- Those with impaired renal or liver function

Benzodiazepine and Nonbenzodiazepine

- Assess for common side effects of CNS depression
- Assess neurological status, level of consciousness
- Monitor vital signs, observe respiratory patterns particularly during sleep
- Monitor patient’s intake of stimulants, such as caffeine and nicotine
- Monitor affect and emotional status

Normal Sleep Patterns Involve NREM and REM

- Occur every 90 minutes
- NREM sleep—four stages
- REM sleep follows NREM sleep
- During REM sleep, dreaming occurs

Stress Causes Mind to Be Too Active

- Interrupts normal sleep patterns

Benzodiazepines Bind To GABA Receptor-Chloride Channel Molecule

- Intensify effects of GABA
- **Examples:** Xanax, Librium, Tranxene

Barbiturates Bind to GABA Receptor-Chloride Channel Molecule

- Intensifies effect of GABA in brain
- **Examples:** Nembutal, Seconal, Amytal
Nonbenzodiazepines, nonbarbiturates (CNS depressants)

- **Mechanism of action:** binds to GABA receptor
  - Preserves sleep stages III and IV
  - Offers minor effects of REM sleep
- **Examples:** Buspar, Noctec, Placidyl

Benzodiazepines

- **Prototype drug:** lorazepam (Ativan)
- **Mechanism of action:** binds to GABA receptor-chloride channel molecule, which intensifies GABA effects
- **Primary use:** for anxiety disorders and insomnia
- **Adverse effects:** drowsiness, dizziness, respiratory depression

Barbiturates

- **Prototype drug:** diazepam (Valium)
- **Mechanism of action:**
  - Binds with GABA receptor-chloride channel molecules, intensifying effects of GABA
  - Inhibits brain impulses from passing through limbic and reticular activating systems
- **Primary use:** as sedative and hypnotic
- **Adverse effects:** tolerance, respiratory depression, psychological and physical dependence

Nonbenzodiazepines, Nonbarbiturate (CNS depressant)

- **Prototype:** zolpidem (Ambien)
- **Mechanism of action:** binds to GABA receptors
- **Primary use:** as hypnotic
- **Adverse effects:** mild nausea, dizziness, diarrhea, daytime drowsiness, amnesia, sleepwalking, ingesting carbohydrates while sleepwalking

Drugs for Anxiety and Insomnia

- **Assessment**
- **Potential nursing diagnoses**
- **Reason for drug**
- **Monitoring vital signs**
- **Cautions and contraindications**
Drugs for Anxiety and Insomnia (continued)

• Possible drug interactions
  – Completing health history
  – Drug history
  – Evaluation of lab reports

Drugs for Anxiety and Insomnia (continued)

• Nursing Diagnosis
  – Risk for injury
  – Knowledge deficient, related to drug therapy
  – Ineffective individual coping

Drugs for Anxiety and Insomnia

– Planning: client will
  • Exhibit decrease in symptoms of anxiety and insomnia
  • Demonstrate an understanding of the drug’s activity
  • Accurately describe drug side effects and precautions
  • Demonstrate proper administration technique

Drugs for Anxiety and Insomnia (continued)

• Implementation
  – Interventions and rationales
  – Administration of drug
  – Observing for adverse effects
  – Client education and discharge planning

Drugs for Anxiety and Insomnia (continued)

• Evaluation
  – Effectiveness of drug therapy
  – Evaluate the achievement of goals and expected outcomes

Table 14.2 Antidepressants for treatment of panic disorders
Antidepressants as anxiolytics

**Table 14.3 Antidepressants as Anxiolytics**

- Benzodiazepines for anxiety and insomnia

**Table 14.4 Benzodiazepines for Anxiety**

- Barbiturates for sedation and insomnia

**Table 14.5 Barbiturates**

- Miscellaneous drugs for anxiety and insomnia

**Table 14.6 Miscellaneous Drugs**

- Miscellaneous drugs for anxiety and insomnia

**Table 14.6b Miscellaneous Drugs**