**Eustress**: normal and beneficial stress. It motivates people to develop the skills they need to solve problems and meet personal goals.

-stress response is also known as the fight or flight response.

**HPA Axis** – hypothalamus -pituitary-adrenal.

Hypothalamus: command center.

Adrenal glands: pump epinephrine into the bloodstream causing increase HR, elevated BP, increased blood flow to skeletal muscles, and increased muscle tension.

-as epinephrine rush subsides the hypothalamus stimulates the HPA axis.

**Cortisol**: when ACTH travels to the adrenal glands, cortisol is released. Cortisol helps supply cells with amino acids and fatty acids for energy and divert glucose from muscles to the brain to maintain vigilance. Stress hormone released by the adrenal cortex.

**PTSD:** can occur in any individual who has had exposure to a trauma severe enough to be outside the range of normal human experience.

4 categories

1. Intrusive reexperiencing of the initial trauma such as flashbacks, recurrent nightmares, distressing memories of the event, strong response when reminded of the traumatic event
2. Avoidance: attempting to avoid anything that might cause recall of the event
3. Alteration in arousal: irritability, angry outburst, self-destructive behavior, hypervigilance, sleep difficulties.
4. Negative alterations in cognition and mood: includes distorted cognitions about self and others leading to excessive fear, guilt and feelings of detachment.

Traumatic event

Re-experiencing the trauma

Avoiding the trauma

Unable to function

Month

Arousal increased

Treatment

Antidepressants (Zoloft, Paxil)

Anxiolytics

Therapy

Cognitive and exposure

**Anxiolytics** – antianxiety drugs slow the limbic system.

-Limbic system regulates thoughts and feelings

-can treat PTSD

-Clonazepam and lorazepam help treat acute mania. Treat psychomotor agitation. Given for a short period of time. Avoid if patent has Hx of substance use disorder.

Medications: alprazolam (Xanax), chlordizepoxide (Librium), clonazepam (Klonopin), diazepam (Valium), lorazepam (Ativan)

**Somatic Disorder** – persistent psychological problem that convert to physical symptoms. No physical cause.

– impair occupational and social function, resulting in increased work absences, a lower quality of life, and increased health care utilization and costs.

-patients need to be treated with a mind body approach.

-women have higher incidence of somatic symptoms

-management of health locus of control is important for recovery

-somatic symptoms of pain seen in immigrant refugees which may indicate PTSD

-direct correlation between low back pain and depression and somatization

Symptoms

-may be vague or exaggerated

-anger if implied that cause is psychosocial

-doctor shop

-overmedication of pain and antianxiety meds

Treatment

-CBT to address maladaptive thoughts

-exposure to bodily sensations

-validation and empathy

-reinforcement of “no pain” behaviors

**DID** – dissociative identity disorder – a mental condition causing a split in the personality into multiple distinct personalities that may not know about one another.

Symptoms

-Behavioral: impulsivity, self-destructive behavior, or self-harm

-Mood: anxiety, feeling detached from self, or mood swings

-Psychological: altered consciousness, depression, or flashback

-Also common: amnesia or blackout

Treatment

-focus on reintegration of identities

-identify and neutralize cues/triggers that provoke memories of trauma / dissociation

-patient may have to relive the early trauma

**CBT** – cognitive behavioral therapy provides communication and interaction among group members as a vehicle of change.

-used to diminish distorted thinking that results in problematic attitudes and eating disorders.

-most effective treatment for personality disorders

**Anhedonia** – loss of ability to experience joy or pleasure in living.

-negative symptom

**SSRI’s:** inhibit reuptake of serotonin which makes it stay longer in the synapses. B/c it is selective there are fewer side effects b/c they don’t inhibit receptors for other neurotransmitters.

-too much serotonin can result in anxiety, insomnia, sexual dysfunction, and Gi upset.

-fluoxetine: Prozac

-sertraline: Zoloft

-paroxetine: Paxil

-fluvoxamine: luvox

-citalopram: Celexa

-Treats depression, some anxiety disorders such as panic disorder, PTSD, OCD

Registered Nurse RN 🡪 <https://www.youtube.com/watch?v=iRs9tbUAHAc>

-Treat depression, OCD,

-block reuptake of serotonin

-serotonin is an inhibitory neurotransmitter

-symptoms improve 1-1.5 months

-taper off slowly

-suicidal thoughts

-interactions with other meds. Avoid MAOI’s, certain opioids, OTC cold meds, triptans, St. John’s Wort.

-Side effects: n/v, erectile dysfunction, weight gain, insomnia, dry mouth

**MAOI** – monoamine oxidase inhibitor – antidepressant.

-for patients who don’t respond to other treatments or atypical clinical presentation of depression

-prevents breakdown of NE, serotonin, and dopamine which elevates mood

-Must have 2-5 week window of no antidepressant before starting

-hypotension is the most critical side effect

-monamines include catecholamines (NE, epinephrine and dopamine), indolamines (serotonin)

Medications

-phenelzine: Nardil

-tranylcypromine: Parnate

**ECT**: last resort. Treats severe depression, bipolar, schizophrenia, schizoaffective disorder, catatonia, NMS.

**Bipolar Disorder**: mood disorder characterized by periods of depression and periods of abnormally elevated happiness that last from days to weeks.

**Bipolar meds/anticonvulsants**

Lithium, valproate, carbamazepine, lamotrigine, apriprazole, olanzapine, quetiapine, risperidone.

**Lithium Level**

Low: 0.6 – 0.8 mEq/L

Normal: 0.8 – 1.4 mEq/L

High: 1.5 – 2.0 mEq/L

Symptoms of lithium toxicity: weakness, worsening tremor, mild ataxia, poor concentration, diarrhea, slurred speech, confusion, lethargy.

**Crisis – 3 types and 4 stages**

TYPES

Maturational: baby, marriage, retirement

Situational: comes from external rather than internal source. Job loss, death of loved one, moving, divorce, severe mental illness.

Adventitious: usually affects a a community and not just one person. Hurricane, wildfire, terrorist attack, or crime of violence

STAGES

Prodromal: warning stage, time before the event happens

Acute: the time of the crisis, goal is to control the situation as much as possible

Chronic: clean up phase, recovery and healing is most important

Crisis Resolution: planning for next crisis

**SAD Person scale** – provides data relevant to suicide potential

10 major risk factors

1. Sex
2. Age
3. Depression
4. Previos attempt
5. Ethanol use
6. Rational thinking loss
7. Social supports lacking
8. Organized plan
9. No spouse
10. Sickness

0-5: may be safe to discharge

6-8: psychiatric consultation

>8: requires hospital admission

**ADHD**: appears by age 7 and must have one of three symptoms

1. Extreme inattention
2. Hyperactivity
3. Impulsivity

Treatment

-behavioral therapy

-methylphenidate or amphetamines or atomoxetine

**Psychostimulants**

-methamphetamine

-cocaine

-nicotine

-caffeine

Chapter 20 – Crises and Mass Disaster

Chapter 10 – Trauma and Stress Related Disorders and Dissociative Disorders

**Chapter 11 – Anxiety, Anxiety Disorders, and Obsessive-Compulsive and Related Disorders**

Anxiety is a subjectively distressful disorder activated by the perception of threat.

-dysfunctional behaviors is often a defense mechanism

Anxiety

-a feeling of apprehension, uneasiness, uncertainty, or dread resulting from a real or perceived threat whose actual source is unknown or unrecognized.

-Fear is a response to a specific danger.

-normal anxiety pushes us to achieve our goals

-acute anxiety is precipitated by a real or perceived threat to one’s security.

-pathological anxiety: the intensity of the emotional response is out of proportion to the threat, persists after the threat is resolved, and is applied to benign situations. Can lead to anxiety disorders.

LEVELS OF ANXIETY

**Mild anxiety**: occurs in everyday life. Symptoms are mild. Restlessness, irritability, nail biting, and finger tapping.

**Moderate anxiety**: selective inattention. Hard to think clearly. Tension, pounding heart, increased pulse, and RR.

**Severe anxiety**: focused on one particular detail. Cannot learn or problem solve. Hyperventilation, sense of dread.

**Panic level anxiety**: loses touch with reality. Confusion, shouting, screaming, or extreme withdrawal. Hallucinations. Freeze or pass out.

HELPFUL INTERVENTIONS

**Mild to Moderate Anxiety**

-active listening communication techniques: broad openings, exploring, reflecting, clarifying.

-remain calm, recognize patient’s distress, be willing to listen.

**Severe to Panic level Anxiety**

-stay with the patient and help them to feel physically and emotionally safe.

-move patient to quiet environment with reduced stimulation

-allow pacing to relieve tension

-medication may be used

DEFENSE MECHANISMS

**Healthy Defenses**

Altruism: meet the needs of others. Receives gratification through the response of others.

Sublimation: substituting socially accepted behaviors for those that aren’t. Usually sexual or aggressive.

Humor: may emphasize the conflict or stressor through humor.

Suppression: denial of disturbing situation or feeling.

**Intermediate Defenses**

Repression: exclusion of unwanted or unpleasant experiences from conscious memory. First line of psychological defense against anxiety.

Displacement: transfer of emotions from one person or object to another

Reaction formation: unacceptable feelings are kept out of awareness by developing opposite behavior.

Somatization: anxiety demonstrated as physical symptoms that have no organic cause.

Undoing: performing an action to make up for a previous behavior

Rationalization: making up excuse for unreasonable behavior.

**Immature Defenses**

Passive aggression: indirectly expressing aggression towards others.

Acting out behaviors: addresses stressor by actions rather than reflection of feelings. May lash out verbally or physically.

Dissociation: usually seen in severe stressors. Disruption of consciousness, memory, identity, and perception of environment.

Devaluation: attributing negative qualities to self or others.

Idealization: attributing exaggerated positive qualities to others.

Splitting: inability to merge positive and negative aspect of oneself. Prevalent in personality disorders.

Projection: rejects emotionally unacceptable personal features and attributes those traits to other people.

Denial: ignoring unpleasant realities.

Anxiety Disorders

-includes panic disorders, phobias, GAD, and social phobia.

PREVALENCE AND COMORBIDITY

-most prevalent psychiatric disorder leading to stress and impairment worldwide.

-can star at any time usually has first episode by 21 or 22.

THEORY

-most likely caused by combo of biological, psychological, and environmental factors.

**Neurobiology**

Limbic system – emotional brain

\*Scans the environment for threats

\*Initiates fight or flight response

\*Terminate fight or flight response once threat is resolved

Cingulate – associated with anxiety disorders and OCD.

-when an imbalance in neurotransmitters occurs, the result is often anxiety

-anxiety response: serotonin-decreased, norepinephrine-increased, and GABA

**Genetic Factors**

-anxiety disorders tend to cluster in families

**Behavioral Theory**

-learned response that can be unlearned.

Cognitive Theory

-cognitive distortions in an individual’s thinking and understanding.

-learning to reframe one’s thinking can change the chemistry and function of the brain.

Cultural Considerations

-Latin American and Northern European: sensation of choking, smothering, numbness, tingling, and fear of dying.

-Japanese and Koreans: social phobia – blushing, eye contact, body odor is offensive to others

PANIC DISORDERS

-recurrent and unexpected out of the blue panic attacks. A panic attack is the sudden onset of extreme apprehension or fear, usually associated with feelings of impending door.

-can last 1-30 minutes.

-normal function is suspended, perceptual field limited, and misinterpretation of reality.

-palpitations, chest pain, diaphoresis, muscle tension, urinary frequency, hyperventilation, breathing difficulties, nausea, feelings of choking, chills, hot flashes, and GI symptoms.

-Treatment: benzodiazepines ending in lam and pam. Acute and short term basis, antidepressants such as SSRI’s, and cognitive and behavioral therapy.

PHOBIAS

-persistent, intense irrational fear of an object, activity, or situation that leads to a desire for avoidance or actual avoidance.

-behavioral therapy is the only effective therapy for phobias.

**Agoraphobia**

-intense, excessive anxiety about or fear of being in places or situations where help might not be available, and escape might be either difficult or embarrassing.

**Generalized Anxiety Disorder**

-excessive worry about a number of events and activities.

-3 must be present: restlessness, fatigue, poor concentration, irritability, muscle tension, and sleep disturbance.

-always in an alert state, sweating, nausea, diarrhea, chronic muscle tension, fatigue, restlessness, and difficulty concentrating.

-Treatment: buspirone and SSRI’s treat the worrying.

OTHER ANXIETY DISORDERS

-when anxiety is caused by medications or substance the DSM-5 diagnosis is substance/medication induced anxiety disorder.

Obsessive Compulsive and Related Disorders

-common, chronic, and long-lasting disorder.

-affects 1-2% of the population and can be painful and disabling.

-begins late teens to early twenties.

-neurologically based disorder

**Chapter Review Questions**

**1. Friends invite an adult diagnosed with type 2 diabetes to go on a mountain hike. The adult replies, “I can’t go because I don’t have any hiking shoes.” Unconsciously, this person is concerned about difficulty with blood glucose management during strenuous activity. Which defense mechanism is evident?**

a. Displacement

b. Rationalization

c. Passive aggression

d. Reaction formation

**2. Four adult patients describe frightening events that resulted in panic levels of anxiety/fear. Which patient’s report most clearly indicates a reasonable fear response?**

a. “I saw a large spider crawling along my kitchen wall.”

b. “I was at the mall when a gunman began firing an assault weapon.”

c. “I was at home when a storm with heavy thunder and lightning lasted over an hour.”

d. “I was trapped in an elevator that stopped between floors when the power went out.”

**3. A nursing student arrives late for a clinical experience and is not wearing the correct a􀄴ire. When the instructor privately criticizes the behavior, the student responds, “I’m always the one who gets caught. You’re going to cause me to fail.” Select the instructor’s best response.**

a. “Other students get caught as well.”

b. “I am not trying to cause you to fail. I am here to help you.”

c. “I am sorry you feel that way. I try to treat all my students equally.”

d. “The requirements for this experience were discussed during our orientation.”

**4. Select the best example of altruism.**

a. After recovering from a gunshot wound, a police officer a􀄴ends a local support group.

b. After recovering from open-heart surgery, an individual plays tennis three times a week.

c. An individual who received a liver transplant volunteers at a local organ procurement agency.

d. An individual with a long-standing fear of animals volunteers at a community animal shelter.

**5. A disaster relief nurse has just arrived to help efforts after a tornado that destroys a town. Which approach would be most appropriate when talking with survivors?**

a. Provide active listening.

b. Help the survivors generate possible solutions.

c. Help the survivors develop self-awareness to understand their stress response.

d. Offer firm, short, simple statements, and instructions.

Chapter 12 – Somatic System Disorders

Chapter 15 – Mood Disorders: Depression

Chapter 23 – Suicidal Thoughts and Behaviors

Chapter 25 – Care for the dying and Those Who Grieve

Chapter 16 – Bipolar Spectrum Disorders