As Needed Medication Use for Anxiety

WHAT DID WE DO & WHY?
Psychiatric patients often rely on “as needed medication” (PRN) to relieve symptoms of agitation, anxiety and insomnia during their hospital stay. PRN’s have shown to be helpful in treating dynamic and acute psychiatric symptoms, but caution is warranted due to possible side effects, dependency and medication interactions. Evidence based non-pharmacological alternatives, such as mindfulness-based stress reduction, emotion regulation skills, physical activities and others have been shown to be effective and can support patients in their development of their own coping skills and self-reliance and therefore improving their long-term outcomes. However those approaches are not commonly utilized by nurses. Our study intended to determine the rationale for administering PRN medication for anxiety and the use and barriers for use of non-pharmacological interventions for anxiety prior to the administration of the PRN through patient and staff interviews on the forensic assessment programs at Waypoint Centre for Mental Health Care and Ontario Shores Centre for Mental Health Sciences.

OUR FINDINGS
We found that most PRN administrations were the result of patient requests. The behavioural antecedents and symptom presentation was diverse and did not always include symptoms of anxiety. Nurses reported attempting some form of non-pharmacological intervention for anxiety in about half the cases and barriers to use were identified as, among others, symptoms being too intense, doubt of efficacy of alternatives and patients’ preferred choice to use prescribed PRN. PRNs were reported to be effective in most cases and almost no side effects were noted. Patients corroborated most staff accounts.

WHAT’S NEXT?
Although non-pharmacological intervention for anxiety was attempted more often than in previous studies, nurses may not be fully aware of psychological strategies that are most helpful for managing and treating anxiety, and identified barriers to using them. These findings indicate a need for education and training in the use of non-pharmacological strategies. Helping patients manage their anxiety symptoms without the use of potentially habit-forming medications may empower them towards self-management, autonomy and recovery.

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