

Anxiety sensitivity impacts care for ICU patients during and after hospitalization: Study

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Clinicians need to have a better understanding of the potential impact of patients' anxiety sensitivity, or "fear of fear," according to an article

[published](#) in the *American Journal of Critical Care*.

When a patient has anxiety sensitivity, they misinterpret nonthreatening symptoms as threatening, assessing the potential meaning across physical, social or cognitive domains. These "what if" thoughts may trigger a spiral effect, stimulating the [nervous system](#) and resulting in stronger sensations and further catastrophic misinterpretations.

It may lead to a patient avoiding activities they associate with anxiety-related sensations, such as [physical activities](#) or social situations. While in the hospital, they may resist interventions, such as repositioning or being weaned from sedatives. They may avoid physical or [occupational therapy](#) or struggle with efforts to help their recovery.

The article, "Understanding and Managing Anxiety Sensitivity During Critical Illness and Long-term Recovery," provides an overview of anxiety sensitivity in patients in intensive care units (ICUs) and after their discharge from the hospital, as well as implications for critical care clinicians.

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"Patients with anxiety sensitivity may falsely believe that their symptoms are the early signs of something bad, such as a heart attack, cognitive decline or social isolation," she said. "It's important for clinicians to be able to identify the difference between anxiety sensitivity and other medical conditions."

For example, patients who have difficulty weaning from [mechanical ventilation](#) should first undergo a detailed workup to search for any

underlying medical causes before anxiety sensitivity is considered as a primary cause.

ICU clinicians should be aware of patients' possible anxiety sensitivity so they can use clear communication and implement pain management or relaxation techniques to mitigate distress and improve patient outcomes.

The Anxiety Sensitivity Index (ASI-3) is one tool clinicians can use to measure the extent of a patient's physical, cognitive and social concerns about their anxiety.

Providing basic psychoeducation to ICU patients on common symptoms may temper anxiety sensitivity, reassuring them their feelings are not unusual and putting their symptoms into context.

After discharge from the hospital, patients may continue to experience anxiety sensitivity and need increased assessment time, detailed explanations and extra demonstrations before participating in [physical therapy](#) or other activities.

Research specific to [anxiety sensitivity](#) in the critical care setting is limited, and future studies should incorporate assessment and management techniques across the critical care recovery continuum.

More information: Leanne M. Boehm et al, Understanding and Managing Anxiety Sensitivity During Critical Illness and Long-Term Recovery, *American Journal of Critical Care* (2023). [DOI: 10.4037/ajcc2023975](https://doi.org/10.4037/ajcc2023975)

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