NCLEX MENTAL HEALTH · 2026 TEST PLAN · PSYCHOSOCIAL INTEGRITY

Anxiety — The Whole Picture

Pharmacology, priority nursing care & patient teaching for generalized anxiety, panic, and acute anxiety states.

MENTAL HEALTH | PHARM | SAFETY | CLINICAL JUDGMENT | HIGH-YIELD

1 Definition & Overview

Anxiety is a **vague, subjective feeling of dread or apprehension** in response to an unknown or perceived threat — distinct from fear, which has an identifiable source.

- **Becomes pathologic** when chronic, excessive, or impairs daily functioning, sleep, work, or relationships.
- **Most prevalent** psychiatric disorder category in the U.S.; high comorbidity with depression and substance use.
- **Mild anxiety can be therapeutic** — it sharpens focus and motivates problem-solving. Pathology starts at moderate and above.

2 Pathophysiology — Simplified

1. Internal or external **stressor** perceived as threat → activates **amygdala** (limbic system).
2. Neurotransmitter imbalance: ↓ **GABA** (inhibitory) + ↑ **Norepinephrine** + ↓ **Serotonin**.
3. HPA axis fires → ↑ **Cortisol**; sympathetic surge → **tachycardia, tremor, sweating, hyperventilation**.
4. If chronic → maladaptive **avoidance behaviors**, sleep disruption, and reinforced anxiety circuits in the brain.

*This is why **SSRIs/SNRIs** (boost serotonin) and **benzodiazepines** (boost GABA) work — they correct the underlying neurochemistry.*

3 Signs & Symptoms — Peplau's Levels

Anxiety exists on a **continuum**. The level determines which nursing intervention is appropriate — this is heavily tested.

Mild

+1 · THERAPEUTIC

- ↑ Alertness, sharper senses
- Enhanced learning & problem-solving
- Slight ↑ HR, RR; restlessness
- Best time to *teach* the patient

Moderate

+2 · NARROWED

- Selective inattention — misses cues
- ↑ HR, RR, muscle tension
- Voice tremor, pacing, GI upset
- Can refocus with direction

Severe

+3 · SURVIVAL

- Scattered, can't focus or learn
- Hyperventilation, diaphoresis
- Headache, dizziness, dread
- Needs redirection & reduced stimuli

Panic

+4 · CRISIS

- Loss of rational thought, terror
- Chest pain, palpitations, choking
- Depersonalization, sense of doom
- Cannot communicate or function

SAFETY = #1 PRIORITY

4 Priority Nursing Interventions

ABCs first. *During panic-level anxiety, hyperventilation can cause respiratory alkalosis — ensure airway & breathing before any psychosocial intervention.*

✓ Do This

- → **Stay with the patient** — never leave alone
- → Use a **calm, low voice**; short simple sentences
- → Move to a **quiet, low-stimulation** area
- → Maintain personal space; **ask before touching**
- → **Acknowledge feelings:** "You seem anxious."
- → Coach **slow diaphragmatic breathing**
- → Once anxiety ↓: explore triggers & coping
- → Administer **PRN anxiolytic** per order

✕ Avoid This

- ✕ Leaving the patient unattended
- ✕ Asking **"Why?"** questions (↑ anxiety)
- ✕ Long, complex explanations
- ✕ Forcing decision-making during panic
- ✕ Saying "Calm down" or "Don't worry"
- ✕ Touching without permission
- ✕ Bringing patient into a busy/loud area
- ✕ Teaching new content at severe/panic level

Quick coaching script

"Breathe in slowly through your nose for 4 seconds… hold for 7… exhale through pursed lips for 8." Repeat 3–4 cycles. Helps reverse hyperventilation and engages parasympathetic tone.

5 Pharmacology

SSRIs — Selective Serotonin Reuptake Inhibitors

FIRST-LINE · LONG-TERM

`sertraline` (Zoloft) · `escitalopram` (Lexapro) · `paroxetine` (Paxil) · `fluoxetine` (Prozac)

ACTION	↑ Serotonin in the synaptic cleft by blocking reuptake.
ONSET	**2–6 weeks** for full effect — set expectations early.
SIDE FX	Nausea, headache, sexual dysfunction, insomnia, weight gain.
WATCH FOR	Serotonin syndrome, ↑ suicide risk (esp. <25 yrs), hyponatremia in elderly.
TEACH	Don't stop abruptly → discontinuation syndrome; take in AM if insomnia occurs.

⚠ BLACK BOX WARNING
↑ Risk of suicidal ideation in children, adolescents & young adults <25 yrs.

SNRIs — Serotonin-Norepinephrine Reuptake Inhibitors

FIRST-LINE · LONG-TERM

`venlafaxine` (Effexor) · `duloxetine` (Cymbalta)

ACTION	Block reuptake of serotonin AND norepinephrine.
ONSET	2–6 weeks.
SIDE FX	↑ BP (dose-related, esp. venlafaxine), dry mouth, sweating, nausea.
MONITOR	Blood pressure at every visit; LFTs with duloxetine.

Buspirone (BuSpar) — Azapirone

NON-ADDICTIVE

`buspirone` (BuSpar)

ACTION	Partial 5-HT_{1A} agonist; no GABA effect → **no sedation, no dependence**.
ONSET	**1–2 weeks onset; full effect 3–6 weeks** — NOT for acute anxiety / PRN use.
SIDE FX	Dizziness, nausea, headache (mild).
TEACH	**Avoid grapefruit juice** (↑ levels); take consistently with or without food; will not get a "rush."

Benzodiazepines — GABA Agonists

SHORT-TERM · ACUTE USE ONLY

`lorazepam` (Ativan) · `alprazolam` (Xanax) · `diazepam` (Valium) · `clonazepam` (Klonopin)

ACTION	Potentiate GABA → CNS depression → rapid anxiolysis.
ONSET	**Minutes** — ideal for panic attacks / acute crisis.
SIDE FX	Sedation, ataxia, confusion (esp. elderly — *fall risk*), respiratory depression, paradoxical agitation.
CAUTION	Schedule IV controlled · high dependence/withdrawal risk · taper, never stop abruptly (seizure risk).
ANTIDOTE	**Flumazenil** (Romazicon) for benzo overdose.
AVOID	Alcohol, opioids, other CNS depressants (synergistic respiratory depression — fatal).

⚠ BLACK BOX WARNING
Concurrent use with opioids may cause profound sedation, respiratory depression, coma, and death.

Adjuncts & Alternatives

SITUATIONAL

HYDROXYZINE	(Vistaril/Atarax) — antihistamine; non-addictive PRN anxiolytic; causes sedation & dry mouth.
PROPRANOLOL	Beta-blocker for **performance anxiety**; blunts tachycardia/tremor — monitor HR & BP, hold if HR < 60.
GABAPENTIN	Off-label for GAD; sedation, dizziness.

6 NCLEX Test Traps

Trap: Choosing "explore feelings" or "discuss triggers" during *panic-level* anxiety.

× **Wrong:** Therapeutic communication first. ✓ **Right:** Safety + reduce stimuli + stay with patient.

Trap: Expecting SSRIs or buspirone to work right away.

× **Wrong:** "Take this and you'll feel better tonight." ✓ **Right:** Teach **2-6 weeks** for full effect; adherence matters.

Trap: Using a benzodiazepine long-term.

× **Wrong:** Daily lorazepam for chronic GAD. ✓ **Right:** Benzos = **short-term / PRN bridge only** (≤2-4 weeks).

Trap: Confusing panic attack with cardiac event.

× **Wrong:** Assume anxiety. ✓ **Right:** **Always rule out MI/cardiac first** — symptoms can be identical.

Trap: Treating all anxiety as bad.

× **Wrong:** Sedate every anxious patient. ✓ **Right:** **Mild anxiety = therapeutic**; ideal teaching state.

Trap: Stopping SSRIs or benzos abruptly.

× **Wrong:** "Just stop when you feel better." ✓ **Right:** Taper to prevent **discontinuation syndrome** (SSRI) or **seizures** (benzo).

Trap: Combining a benzo with alcohol or opioids.

× **Wrong:** "A glass of wine is fine." ✓ **Right:** Synergistic CNS depression → respiratory arrest. **Absolutely avoid.**

Trap: Asking "Why are you anxious?"

× **Wrong:** "Why" demands rationalization. ✓ **Right:** Open-ended: "Tell me what you're feeling right now."

7 Patient Education

💊 Medication Adherence

- SSRIs & buspirone need **2–6 weeks** — don't quit early
- **Never stop abruptly** — taper under provider supervision
- Take SSRIs in the morning if insomnia, evening if sedation
- Report mood worsening or suicidal thoughts *immediately*
- Use a pill organizer; set a daily alarm

⚠️ Substances to Avoid

- **Alcohol** — worsens anxiety, dangerous with benzos
- **Caffeine & nicotine** — mimic/worsen symptoms
- **Grapefruit juice** with buspirone (↑ toxicity)
- Recreational stimulants, energy drinks
- OTC cold meds with pseudoephedrine

🧘 Non-Pharm Coping Skills

- **Diaphragmatic breathing** (4–7–8 technique)
- **Progressive muscle relaxation** (PMR)
- **Grounding** (5–4–3–2–1 technique — see below)
- Mindfulness & guided imagery
- Journaling thoughts & triggers

🏃 Lifestyle & Therapy

- **CBT** is the gold-standard non-pharm treatment
- Regular **exercise** (150 min/week aerobic)
- **Sleep hygiene**: consistent schedule, no screens
- Limit news/social media if a known trigger
- Join a support group (NAMI, ADAA)

↓ GROUNDING · 5-4-3-2-1 TECHNIQUE

5	4	3	2	1
SEE	TOUCH	HEAR	SMELL	TASTE
things around you	textures nearby	distinct sounds	scents present	one thing

8 Memory Boosters & Mnemonics

PEPLAU'S LEVELS

M•M•S•P

- **M** ild — Motivates learning
- **M** oderate — Misses cues
- **S** evere — Survival mode
- **P** anic — Paralyzed

PANIC ATTACK SYMPTOMS

PANICS

- **P** alpitations / chest pain
- **A** bdominal distress
- **N** umbness, tingling
- **I** mpending doom
- **C** hoking / can't breathe
- **S** weating, shaking

NURSING APPROACH

RELAX

- **R** educe stimuli
- **E** stablish presence — stay
- **L** isten actively
- **A** cknowledge feelings
- **X** — e*X*press: encourage expression once calm

SSRI NAMES

"Some Patients Eat Salty Foods"

- **S** ertraline (Zoloft)
- **P** aroxetine (Paxil)
- **E** scitalopram (Lexapro)
- **F** luoxetine / fluoxetine (Prozac)

BENZO IDENTIFICATION

"-pam & -lam"

- **-pam** → lorazep*am*, diazep*am*, clonazep*am*, temazep*am*
- **-lam** → alprazol*am*, triazol*am*, midazol*am*
- **Flumazenil**: Antidote (Romazicon)

SEROTONIN SYNDROME

HARMED

- **H** yperthermia
- **A** utonomic instability
- **R** igidity / tremor
- **M** yoclonus
- **E** ncephalopathy (confusion)
- **D** iaphoresis & diarrhea