

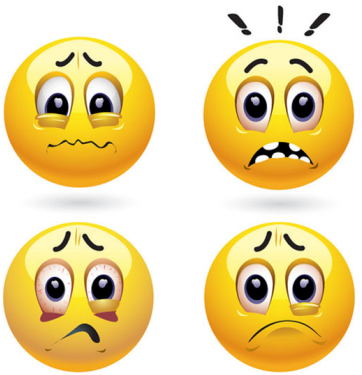
Confinement Anxiety- Claustrophobia

SEPTEMBER 2021



Overview

- Assessment for confinement anxiety or claustrophobia is indicated for all HBOT candidates.
- In patients with confinement anxiety consider premedication with a benzodiazepine (e.g. Lorazepam) or distraction techniques (e.g. television shows).
- Claustrophobic patients may require additional interventions such as biofeedback.
- It is important to reassure the patient that the technician is immediately available at all times during a treatment.
- Inform the patient that if he or she wants out of the chamber, they will be taken out.



Signs and Symptoms



Observe the patient for signs and symptoms of confinement anxiety such as:

- ***clenching of fists***
- ***facial flushing***
- ***diaphoresis***
- ***defensive attitude***
- ***urgency to empty bladder***
- ***feeling of being smothered or suffocated***
- ***sudden complaint of pain or discomfort***
- ***frequent complaints of nausea or diarrhea***

FACTS

An estimated 8% of the population has claustrophobia as defined by Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

Confinement anxiety is common.

Procedure

- On initial assessment avoid the use of the word claustrophobia.
- It is too often confused with mild to moderate anxiety experienced by most individuals in closed spaces.
- Ask the patient about experiences in confined spaces.
- If a patient has tolerated an MRI, for example, they will not meet the DSM-5 criteria for claustrophobia.
- Patients with confinement anxiety should tour the center prior to coming on for their first treatment.
- In moderate to severe cases the physician may prescribe a benzodiazepine such as Lorazepam.
- The patient takes the medication 30 minutes prior to treatment.
- Other techniques such as distraction and Lamaze have successfully treated patients with severe confinement anxiety.
- The treatment for claustrophobia is cognitive behavioral therapy under the direction of a psychiatrist or psychologist.

References

- Wardenaar KJ, et. al , The cross-national epidemiology of specific phobia in the World Mental Health Surveys. Psychological medicine. 2017 Jul; [PubMed PMID: 28222820]
- Thorpe S,Salkovskis PM,Dittner A, Claustrophobia in MRI: the role of cognitions. Magnetic resonance imaging. 2008 Oct;[PubMed PMID: 18524527]
- Hyperbaric Nursing, Larson-Lohr pp. 137-138, 141-142, Hyperbaric, Medicine Practice, Kindwall, pp.54

QWZ!

Question 1

Name three symptoms that your patient may exhibit if he/she are showing signs of confinement anxiety.

Answer 1

- *clenching of fists*
- *facial flushing*
- *diaphoresis*
- *defensive attitude*
- *urgency to empty bladder*
- *feeling of being smothered or suffocated*
- *a sudden complaint of pain or discomfort*
- *frequent complaints of nausea or diarrhea*

Question 2

Pre-treatment assessment will help identify patients that may suffer from claustrophobia.



Answer 2

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Question 3

What can be given prior to the treatment for confinement anxiety?

Answer 3

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ANSWER:

In moderate to severe cases the physician may prescribe a benzodiazepine such as Lorazepam.

Question 4

If the patient states they want out of the chamber, force them to finish the treatment.



Answer 4

If the patient states they want out of the chamber, force them to finish the treatment.



Question 5

Assure the patient that you are always present in the room should they need anything.



Answer 5

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