Nurses Assessment of Akathisia Versus Anxiety in Elders on Psychotropics

By
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To the faculty of Washington State University:

The members of the Committee appointed to examine the project of Shiela J. Stump find it satisfactory and recommend that it be accepted.

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Acknowledgements

God
grant me the
Serenity
to accept the things I cannot change
Courage
to change the things I can, and the
Wisdom
to know the difference

Ultimately, I must trust a Person not a plan. My plan for graduate school was a destination but God’s plan was a journey, and I can see now my faith made it possible. Living Christ is challenging but surrendering to God’s design for my life has been marked with wanderings, detours and dead ends.

God has surrounded me with a wholesome body of counselors to coax out of me the energy to stay in the process. Always nudging me to higher ground, their patience has brought strength out of weakness. The nature of the relationships requires they remain anonymous, in that light, 1st James 2..., 2nd John 12, 3rd John 13, & Didymus, by your giftedness and the grace of God, "For I am confident of this very thing, that He who began a good work in (me) will perfect it until the day of Christ Jesus." Philippians 1:5-7 NIV

By way of my heart, THANK YOU
Michael Rice: Committee chairs do their work invisibly, but are very visible in the final result. Your tireless determination and convincing critique required me to re-evaluate and rewrite, achieving a more readable text.

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Margaret Ruby: A feeling of gratitude is wholly appropriate with all the encouragement and guidance I received from you through graduate school.

By way of my heart, THANK YOU

Finally, I acknowledge the support of my husband, “John,” whose love and expressions of encouragement have been nothing short of incredible. In spite of the storms we have weathered and the pain we have endured together, not once have I felt anything but your unconditional love and absolute support. Rather than being pulled apart, we have bonded closer than ever.

“Tis grace that has brought us safe thus far
And grace will lead us home”

You have my heart → THANK YOU for 35 years of marriage.
Gratefully dedicated
to Warren and Donna Pett
of Africa Inland Mission who,
in the course of their service to Christ,
gave their lives as martyrs for the cause.

These honored servants,
of whom I was privileged to have served with,
have suffered like Christ,
to the shedding of their own blood.

They live on in my heart,
as a penetrating reminder
that not only is Christ
worth living for.
He is worth dying for.

1956-2004

The Pett’s were shot and killed March 17, 2004 when armed Ugandan bandits raided the Esther Evangelical School of Technology in Aringa, Uganda. A student was shot trying to warn the Pett’s to flee and a second student was wounded.
Elderly adults have rates of suicide, 50% higher than that of the nation as a whole and may be under reported by 40% or more (American Association of Suicidology 2001). Elders are increasingly prescribed new atypical antipsychotics as the number of elderly individuals with psychosis increases, (Madhusoodanan, Sinha, Brenner, Gupta, & Bogunovic, 2001). These new or atypical antipsychotics can produce akathisia but at a much lower rate than the older antipsychotic agents. This is a concern because akathisia has been associated with an increase in suicidal ideation and even suicidal attempts (Atbasoglu, Schultz, & Andreasen, 2001).

“Akathisia (Greek ‘not to sit’) is an extrapyramidal movement disorder consisting of difficulty in staying still and a subjective sense of restlessness” (Akagi & Kumar, 2002, p.1506). Detecting akathisia in patients can be difficult, especially in the elderly. This perplexing movement disorder may mimic a worsening of psychopathology leading to a missed diagnosis and inappropriate treatment. The distinctive features of akathisia require a thorough assessment and screening to identify the underlying pathophysiology separating it from the primary illness.

The literature supports the position that diagnosing akathisia through skillful assessment and prompt treatment, is an important step to minimize the link with suicide ideation. The Barnes Akathisia Rating Scale (BARS) assessment includes measurement of mild, moderate, and severe
akathisia within objective features of motor restlessness, subjective complaints of restlessness, and associated distress. The purpose of the project is to develop a standardized assessment that differentiates akathisia from anxiety in elders.
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Elderly individuals are the fastest growing element of the American population and comprise a larger proportion of the total population, (National Institute of Mental Health [NIMH], 2000). Elderly adults have rates of suicide, 50% higher than that of the nation as a whole and may be under reported by 40% or more (American Association of Suicidology 2001). For every completed elder suicide there are four attempts by this age group. Suicidal ideation may be quietly building while the clues in the elderly individual are missed. Underreporting and 4:1 ratio of attempts can be attributed to silent suicide deaths due to medical noncompliance overdoses, self-starvation, dehydration, and accidents, (American Association of Suicidology). These factors contribute to the failure to identify risk factors and the under diagnosis of suicide ideation in elders.

Elders are increasingly prescribed new atypical antipsychotics as the number of elderly individuals with psychosis increases, (Madhusoodanan, Sinha, Brenner, Gupta, & Bogunovic, 2001). These new or atypical antipsychotics can produce akathisia but at a much lower rate than the older antipsychotic agents. Nonetheless, elderly individuals are at higher risk for drug induced adverse effects because of various pharmacokinetic and pharmacodynamic factors (Madhasoomanan, Suresh, Brenner, & Pillai, 1999).

“Akathisia (Greek ‘not to sit’) is an extrapyramidal movement disorder consisting of difficulty in staying still and a subjective sense of restlessness” (Akagi & Kumar, 2002, p. 1506).
Akathisia is a side effect from treatment, not a behavior that needs to be treated. For example, “the characteristic feature of akathisia—a subjective sense of restlessness—may be accompanied by a variety of behavioral manifestations that range from fidgeting and irritability to an inability to sit still, sleep disturbance, hyperactivity, and extreme agitation” (Drake & Ehrlich, 1985, p.499).

Detecting akathisia in patients can be difficult, especially in the elderly. This is a concern because akathisia has been associated with an increase in suicidal ideation and even suicidal attempts (Atbasoglu, Schultz, & Andreasen, 2001). Research has identified high suicide rates among the elderly. Since there are an increase number of prescribed antipsychotics for elders, an important association between experiencing akathisia and subsequent suicide ideation or actual attempt and/or completed suicide seems of great clinical value. Enhanced clinical sensitivity to elder’s experiencing distressing adverse effects of antipsychotics may result in diagnosing and managing akathisia more effectively. Well established assessment tools are necessary to assist nurses with prompt diagnosis and treatment. Symptoms of akathisia can be intolerable, but with nurses alert to the adverse effects of antipsychotics, screening for akathisia can hopefully significantly lower suicidal risk.

This “highlights the importance of prompt recognition and treatment” (Cortese, Jog, McAuley, Kotteda, & Costa, 2004, p.32). If akathisia is misidentified as idiopathic anxiety, antipsychotic medication may be increased. This increases adverse effects and promotes deterioration. “The antipsychotic dosage should be reduced until the akathisia disappears or an alternative antipsychotic drug tried” (Therapeutic Guidelines Ltd., 2004, § Akathisia). In a study reporting the relationship of akathisia with suicidality, patients with akathisia had a greater probability of suicide than patients without akathisia (Atbasoglu et al.).
This perplexing movement disorder may mimic a worsening of psychopathology leading to a missed diagnosis and inappropriate treatment. “Akathisia can be severe enough that some patients want to die to escape the unrelenting distress” even to the point of attempting suicide. (Hirose, 2003, p. 548). “Within current rating scales and research diagnostic criteria in DSM-IV, both objective and subjective components of akathisia have to occur concomitantly in order for a diagnosis of akathisia to be made” (Hirose, p. 548). Diagnosis and prompt treatment of akathisia in elderly individuals may diminish the susceptibility to suicide ideation and behavioral disturbances. There is a need to focus on nursing assessment of akathisia, appropriate pharmacologic interventions and the potential contribution of akathisia to the elderly suicide rate. Diagnosis and prompt treatment of akathisia in elderly individuals may diminish the susceptibility to suicide ideation and behavioral disturbances. The purpose of this paper is to examine the systematic approaches of nursing assessment in the diagnosis of akathisia versus anxiety in elders on psychotropics.

**Specific Theoretical Framework**

Peplau’s theory of interpersonal relations, a conceptual framework for nursing, will be used as the conceptual framework for this study. Hildegard Peplau (1952) used the term, psychodynamic nursing, to describe the dynamic relationship between a nurse and a patient. Peplau’s Interpersonal Relations Model of nursing theory embraces the development of a trusting therapeutic relationship between the nurse and patient. Peplau suggested that the nursing therapeutic relationship is used to direct the nursing assessment that will provide evidence for intervention.

Peplau (1952) emphasizes anxiety as a major motivating force in the life of patients. She regards anxiety as the core of maladaptive behavior and the key to self-understanding of mental
illness. The correct use of the nurse patient relationship allows the nurse to differentiate between anxiety due to maladaptive behavior versus akathisia.

Peplau (1952) describes four phases of this relationship between the nurse and patient. Orientation is the search for support and understanding of experience. The nurse’s understanding of anxiety depends upon observations and the elderly individual’s verbal expression through use of language, gestures and body postures (Peplau). A behavioral and verbal expression of inner restlessness contributes to recognition of anxiety. Separating the observations associated with anxiety from those associated with akathisia will orient the nurse to the elderly patient’s problem. Within this process the patient’s perspective will provide useful information that might not otherwise be obtained from ‘hard’ (physical or laboratory based) parameters (Gilbody, House, & Sheldon, 2003). This approach is based on theories of the subjective experience of illness of which Peplau (1952) is a proponent.

Identification is the growth of a changing relationship to accomplish unification. Knowledge of a source of internal discomfort can be the motivating factor that encourages the elderly individual to try and meet unmet needs. As the elder connects the physical and mental discomfort of either anxiety or akathisia with relief behaviors, their internal discomfort can be reduced.

Exploitation is self interest of the patient for needs to be met. The elder’s willingness to participate in orienting the nurse will define the approach used to relieve internal and external discomfort. Resolution combines integration of experience, new goals formed, and finally autonomy from either anxiety or akathisia.

The separation of akathisia from anxiety associated with mental illness is essential in accurate diagnosis. Restlessness in the legs has been considered a decisive characteristic of akathisia.
distinguishing it from restlessness of anxiety. Akathisia usually appears in the first two weeks of antipsychotic medication treatment while anxiety is “more related to cultural needs or to social phenomena” (Peplau, 1952, p. 31). Identification of anxiety from akathisia gives clarity to the experience which would reduce the frustration associated with the akathisia that leads to suicide.

Review of Literature

A literature review on the rate of suicide ideation in the elderly with akathisia reveals that few studies have examined the issue. The majority of the literature focuses on major depressive disorders. “Depression is the strongest risk factor for late-life suicide and for suicide’s precursor, suicidal ideation” (Bruce, Ten Have, Reynolds, & Katz, 2004, p.1081). However over the last 15 years, anxiety has been found to also be a risk for suicide particularly in the short term. For example, “In a study of elderly nursing home residents, 65% of those with major depression also displayed concurrent symptoms of anxiety…” (Lenze et al., 2000, p.722). Fawcett et al. (1990) identify anxiety related symptoms within six months of onset as short- term risk factors, because they are more likely to respond to medication and therapy intervention than symptoms, such as hopelessness or anhedonia. In a study done on treatment outcomes, when depression remitted in suicidal and non-suicidal elderly patients, anxiety, hopelessness, and suicidal ideation did not persist (Szanto, Mulsant, Houck, Miller, Mazumdar, et al., 2001). Accordingly, comorbid anxiety symptoms with depression that are adequately treated suggest therapeutic optimism (Szanto, et al.).

The literature does note studies on the impact of akathisia on depression. Akathisia can add to the distress of depression and intensify the symptoms. Without recognition, it can eventually lead to mismanagement. Objectively, akathisia is characterized by limb sensations and motor restlessness in the legs and feet. In contrast, anxiety is expressed predominantly in the hands
and arms (Sachdev & Kruk, 1994).

“Although association does not denote causation,” there is strong evidence that akathisia contributes to suicidal behavior (Drake & Ehrlich, 1985, p. 500). Several studies independently report that akathisia contributes to suicidal behavior (Atbasoglu et al., 2001; Drake; Hansen, 2001; Shaw, Mann, Weiden, Sinsheimer, & Brunn, 1986). Case reports demonstrate the need for early diagnosis and treatment. Hansen concludes that “ignoring or misinterpreting akathisia can be dangerous, especially given its link to suicidal behavior” (p. 503).

The distinctive features of akathisia require a thorough assessment and screening to identify the underlying pathophysiology separating it from the primary illness. “Because akathisia is experienced as a subjective feeling of restlessness, the clinician can easily confuse it with anxiety...and without education patients themselves do not identify akathisia as a drug side effect” (Drake & Ehrlich, 1985, p. 500).

“It seems reasonable to believe that akathisia is one of the factors that, by early clinical intervention, could be modified to alleviate human distress and potentially reduce suicidal behavior in an already vulnerable group of patients” (Hansen, 2001, p. 503).

“There is abundant and clear literature describing the higher liability of motor abnormalities with first-generation antipsychotics, compared with their second-generation counterparts,” (Cortese et al., 2004, p. 34). In one study, two cases of completed suicide by patients who had been distressed by severe akathisia using typical antipsychotics were reported (Shear, Francis, & Weiden, 1983). Elderly patients taking first generation antipsychotics should be examined more closely to significantly reduce the prevalence and severity of akathisia. Since the introduction of atypical antipsychotics, a decreased risk of producing akathisia has been observed “owing to their decreased propensity to target dopamine receptors,” (Cortese, et al., p. 32). “The
percentage of unrecognized cases of akathisia is likely to be higher in patients treated with atypical antipsychotics, but no studies have quantified this” (Hansen, 2001, p. 496).

The literature supports the position that diagnosing akathisia through skillful assessment and prompt treatment, is an important step to minimize the link with suicide ideation. This in turn decreases the emotional distress manifested by the use of antipsychotic medication. The use of a standardized scale to measure akathisia can assist in evaluating the developing symptoms and degree of severity which occurs with antipsychotic medication. Currently, there are several rating scales available for nurses to measure both the subjective and objective symptoms of akathisia.

“The Barnes Akathisia Rating Scale was designed so that those using it would be directed to look for the characteristic motor phenomenon as well as systematically probe the subjective aspects of akathisia, including the amount of discomfort and distress that might be reasonably attributed to the condition” (Barnes, 2003, p. 365).

The BARS assessment includes measurement of mild, moderate, and severe akathisia within objective features of motor restlessness, subjective complaints of restlessness, and associated distress. Observations are done both in sitting, and standing while in conversation with the patient. There is also a global assessment which can give the nurse an overall picture of severity. “In contrast to the BARS, the characteristic restless movements of akathisia are not defined in the Hillside Akathisia Scale, and the rater decides whether the movements qualify as a manifestations of the condition” (Schneider, Tariot, & Olin, 2000, p. 24).

Another scale used to assess extrapyramidal side effects is the Yale Extrapyramidal Symptom Scale (YESS). The YESS was designed to be brief and easy to administer during acute treatment with traditional neuroleptics, (Mazure et al., 1994). This 8-item scale assesses “emergence,
severity, and type of side effects that commonly occur during acute treatment,” (Mazure, et al., p. 100). Both parkinsonian and akathisia symptoms are assessed. Previous research suggests the need to differentiate these extrapyramidal side effects (EPS) as they “may be responsive to different treatments,” (Mazure, et al., p. 95). As noted, akathisia can be extremely uncomfortable and from a clinical perspective detection and treatment can be accomplished in a rapid and systematic approach using available rating scales.

**Goal Statement**

The major goal is to develop a standardized assessment protocol to be used by nurses for the assessment of akathisia in elders. The purpose of the project is to develop a standardized assessment that differentiates akathisia from anxiety in elders.

**Definition of Terms**

This paper will define the major concepts as follows:

**Elderly:** Individuals that are older adults above age 65.

**Suicide Ideation:** “Having thoughts about killing oneself” (Evans & Farberow, 1988, p. 252).


**Akathisia:** “Akathisia (Greek ‘not to sit’) is an extrapyramidal movement disorder consisting of difficulty in staying still and a subjective sense of restlessness” (Akagi & Kumar, 2002, p. 1506).

**Algorithm, prescriptive:** “A procedure that is presented as the best or proper way of performing a process” (Hartley, 2004, § Definitions).

**Anxiety:** Will be defined according to the diagnostic criteria of the DSM IV (American Psychiatric Association, 1994, p. 476).
1) Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).

2) The person finds it difficult to control the worry.

3) The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months).

   - restlessness or feeling keyed up or on edge
   - being easily fatigued
   - difficulty concentrating or mind going blank
   - irritability
   - muscle tension
   - sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

Note: Only one item is required in children.

4) The focus of the anxiety and worry is not confined to features of an Axis I disorder, e.g., the anxiety or worry is not about having a Panic Attack (as in a Panic Disorder), being embarrassed in public (as in Social Phobia), being contaminated (as in Obsessive-Compulsive Disorder), being away from home or close relatives (as in Separation Anxiety Disorder), gaining weight (as in Anorexia Nervosa), having multiple physical complaints (as in Somatization Disorder), or having a serious illness (as in Hypochondriasis), and the anxiety and worry do not occur exclusively during Posttraumatic Stress Disorder.

5) The anxiety, worry, or physical symptoms cause clinically significant distress or impairment in social, occupational, or other important areas of functioning.

6) The disturbance is not due to the direct physiological effects of a substance (e.g., a drug of...
abuse, a medication) or a general medical condition (e.g., hyperthyroidism) and does not occur exclusively during a Mood Disorder, a Psychotic Disorder, or a Pervasive Developmental Disorder.

Significance to Nursing

The nurse has a critical role to assess and intervene with patients who suffer from akathisia. Nursing diagnosis of akathisia can all but eliminate anxiety as an easily mistaken mimic of akathisia. The nurse’s role is to recognize both the subjective complaints and objective signs of both anxiety and akathisia in the initial assessment, (Fagan-Pryor & May, 2000). Clearly it is important to determine the presence of akathisia as not an exacerbation of psychopathology but as a medication side effect. This leaves the elderly individual with resolution and ability to tolerate the distress until treatment.
Chapter II

Introduction

“The development and validation of psychiatric rating scales and measures for older adults have been relatively recent” (Schneider et al., 2000, p. 3). Few appear to be used to assess elder complaints when taking psychotropic medication. Studies have shown conducting appropriate assessment for targeted symptoms of akathisia can influence patient outcomes through early intervention. Nursing assessment of akathisia is a key determinant and an integral part of implementation of appropriate dose adjustments of psychotropic medication. When the elderly have a change in their health status due to prescribed psychotropic medication, nursing assessment of side effects should be an ongoing and mandatory intervention.

Types of Instruments

There are several movement disorder scales available, but only two are specific for akathisia using both objective and subjective assessments. The reliability of the Barnes Akathisia Scale and the Hillside Akathisia Scale were both within Cronbach's [alpha] = 0.70-1.00.

The Barnes Akathisia Scale and the Hillside Akathisia Scale represent a brief and effective mechanism to assess the presence and severity of movement disorders specific to akathisia. These scales comprise two subjective items: inner restlessness and urge to move; combined with, objective signs in three regional areas: axial; upper limbs; and lower limbs. Global impression items for severity are also included. “These features are strongly interrelated and correlate with severity of akathisia. They could be useful in differentiating akathisia from other states of restlessness” (Gruber, Northoff, & Pflug, 1998 p. 531).

These findings emphasize the importance of both objective and subjective assessment of akathisia of elders and their medication regime. Therefore, it is vital to assess elders for
akathisia to enhance the diagnosis and treatment of drug-induced akathisia.

**Database Search and Methods**

An electronic search of the literature was conducted for akathisia in the elderly. The search used the databases CINAHL (1999-2005) and PubMed (1999-2005). Searches were conducted using key words: akathisia; akathisia drug-induced; and nursing assessment. The search was limited to nursing journals of clinical trials, reviews, and practice guidelines. References of all identified studies were searched for further citations. Reports identified in the search were included if they were peer-reviewed and assessments done by nurses.

**Population of Articles**

Nursing assessment of akathisia associated with prescribed antipsychotic drugs in elderly populations has been identified as a research priority. Unfortunately, there is a scarcity of literature of empirically tested measures for the nursing assessment of akathisia. Limiting the studies to the past 5 years, only one study was identified as nursing assessment of akathisia, and ironically this study referenced only one other study in 1989. Expanding the literature search to 10 years did not increase the results and showed no relevant studies on nursing assessment of akathisia.

Clinical nursing assessment of akathisia is essential for recognition and accurate diagnosis. A scale developed to assess extrapyramidal side effects (EPS) and test interrater reliability was examined by Fagan-Pryor and May (2000). The study was done at a Veterans Affair Medical Center using 12 male participants and 20 nurses. The sample size was adequate because each nurse assessed every patient for each item on the scale. A patient was considered to have EPS with only one descriptor present, therefore, a total score would not be valid. Also, recording severity levels was changed to dichotomous responses which reflected only the presence or
absence of symptoms. This eliminated the discrepancy that was found in nurses evaluating the severity of symptoms. Since the nurses selected for this study had both an interest and expertise in extrapyramidal assessment and the study used only male patients, these factors limited the validity and generalization of the findings. Despite these limitations, "the interrater reliability significance was demonstrated at the 0.01 level" (Fagan-Pryor and May, 2000, p. 54). The significant outcome of this study is nurses at the facility now routinely assess EPS using the Nursing EPS Assessment Scale.

In another study, Michaels and Mumford (1989) reported on the relationship between patient's self-report and nursing assessment of drug induced akinesia and akathisia. This illustrates Peplau's interpersonal relations model of nursing theory. The development of a trusting therapeutic relationship between nursing assessment and patient self-report would enhance the recognition of more subtle symptoms of akathisia.

Data was obtained from 96 outpatients at four community mental health centers. The sample specifically targeted the chronically mentally ill. Overall, patient self-reports and nursing assessments of subjective symptoms had a positive correlation. The study also found that both subjective and objective symptoms were essential for a satisfactory assessment. This demonstrated that recognizing subjective symptoms as an underlying cause for discomfort is essential to then further examine objective symptoms. Analysis of the data concluded "the clinician's approach to assessment of akinesia and akathisia is a major force in the reported incidence of these side effects" (Michaels & Mumford, 1989, p. 100). Although this study did not address the introduction of psychotropic medication in the elderly, it did nevertheless highlight the importance of the clinician's approach to assessment.

Both articles discussed the need for early and routine nursing assessment of akathisia. This
would prevent inappropriate dosing changes of psychotropic medication. Psychiatric mental health nurses were also used. All nurses caring for elderly patients on psychotropic medication, including non-psychiatric nurses, must be able to recognize these symptoms as side effects, distinguish extrapyramidal symptoms from psychiatric symptoms, and assess the possible need for medication adjustment. This may best be achieved by development of a protocol and education of nurses of akathisia. This supplies guidance and clinical advice with a tool for evaluation of akathisia assessment and management.
Chapter III

Clinical Problem

"It seems reasonable to believe that akathisia is one of the factors that, by early clinical intervention, could be modified to alleviate human distress and potentially reduce suicidal behavior in an already vulnerable group of patients" (Hansen, 2001, p. 503). A diagnosis of akathisia, through skillful assessment and prompt treatment, is an important step to minimize the link with suicide ideation, and to decrease the emotional distress manifested by the use of antipsychotic medication. However, there is very little data on the contribution of akathisia to suicidal ideation in elders. Yet, there is no standardized form of assessment that allows nurses to differentiate between anxiety and akathisia in elders receiving atypical antipsychotic medication.

Clinical Protocol

Increased awareness and systematic attention to the diagnosis and treatment of akathisia can significantly reduce the clinical consequences. Both akathisia and anxiety can be difficult to identify due to the subjective symptoms. The use of an algorithm (see appendix A) will assist nurses or other health care providers in distinguishing between akathisia and anxiety in the elderly, and will provide appropriate and effective intervention. In nursing assessment, clinicians must first assess the current condition of the patient. Also, an assessment of psychotropic medications prescribed, dosage and duration of usage is vital information. This information can start to separate akathisia from anxiety since the essential criteria for diagnosis of akathisia is drug exposure. Next, the actual structured interview using the BARS (see appendix B) in a comprehensive and systematic approach will highlight the elders’ perceptions and also identify both the subjective and objective symptoms. Finally, an intervention with appropriate treatment for akathisia can stop progression to a potentially serious motor
Implementation Strategies

A physical examination for objective signs of akathisia is essential for clinicians caring for elders receiving psychotropic medication. Proper monitoring and sufficient training in using the BARS tool is a necessary step for utilization of an akathisia protocol. Brief but specific training has been documented in the literature as being successful (Dixon, Weiden, Frances, & Rapkin, 1989). Preferably, the BARS should be administered before the patient begins receiving psychotropic medication as a baseline. Administration of the BARS (see appendix B) to screen for akathisia has two essential parts:

- subjective measures the elder’s complaints of discomfort and how well they can control it, or the sensation/feeling of inner restlessness.
- objective measures, purposeless movements both in sitting and standing positions especially the legs.

There is also a subscale for summation of overall severity index. Any moderate to severe score requires further evaluation for possible treatment. If only moderate scores are present and the elder is not in distress, recording observations and notifying the clinician for further observation is sufficient. Of course, any severe score requires more immediate attention and treatment.

Conclusion

Detecting akathisia in patients can be difficult, especially in the elderly. This is a concern because akathisia has been associated with an increase in suicidal ideation and even suicidal attempts (Atbasoglu, Schultz, & Andreasen, 2001). Studies have shown conducting appropriate assessment for targeted symptoms of akathisia can influence patient outcomes through early
intervention. A diagnosis of akathisia, through skillful assessment and prompt treatment, is an important step to minimize the link with suicide ideation, and to decrease the emotional distress manifested by the use of antipsychotic medication. All nurses caring for elderly patients on psychotropic medication should have well established assessment tools available for prompt diagnosis and treatment. By early clinical intervention, nurses can alleviate the distress of akathisia and potentially reduce suicidal behavior in an already vulnerable group of patients.
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Journal of Clinical Psychopharmacology 6 (3) p.196-197.


# BARNES AKATHISIA RATING SCALE (BAS, BARS)

## INSTRUCTIONS

Patient should be observed while seated, and then standing while engaged in neutral conversation (for a minimum of 2 minutes in each position). Symptoms observed in other situations, for example, while engaged in activity on the ward, may also be rated. Subsequently, the subjective phenomena should be elicited by direct questioning.

Put appropriate code in box below.

### OBJECTIVE

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<tr>
<td>0</td>
<td>Normal, occasional fidgety movements of the limbs</td>
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<tr>
<td>1</td>
<td>Presence of characteristic restless movements: shuffling or tramping movements of the legs and feet or swinging of one leg, while sitting, and/or rocking from foot to foot or “walking on the spot” when standing, but movements present for less than half the time observed</td>
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<tr>
<td>2</td>
<td>Observed phenomena, as described in (1) above, which are present for at least half the observation period</td>
</tr>
<tr>
<td>3</td>
<td>Patient is constantly engaged in characteristic restless movements, and/or has the inability to remain seated or standing without walking or pacing, during the time observed</td>
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### SUBJECTIVE

**AWARENESS OF RESTLESSNESS**

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<tr>
<td>0</td>
<td>Absence of inner restlessness</td>
</tr>
<tr>
<td>1</td>
<td>Nonspecific sense of inner restlessness</td>
</tr>
<tr>
<td>2</td>
<td>Patient is aware of an inability to keep the legs still, or a desire to move the legs, and/or complains of inner restlessness aggravated specifically by being required to stand still</td>
</tr>
<tr>
<td>3</td>
<td>Awareness of an intense compulsion to move most of the time and/or reports a strong desire to walk or pace most of the time</td>
</tr>
</tbody>
</table>

**DISTRESS RELATED TO RESTLESSNESS**

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>No distress</td>
</tr>
<tr>
<td>1</td>
<td>Mild</td>
</tr>
<tr>
<td>2</td>
<td>Moderate</td>
</tr>
<tr>
<td>3</td>
<td>Severe</td>
</tr>
</tbody>
</table>

### GLOBAL CLINICAL ASSESSMENT OF AKATHISIA

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Absent - no evidence of awareness of restlessess. Observation of characteristic movements of akathisia in the absence of a subjective report of inner restlessness or compulsive desire to move the legs should be classified as pseudoakathisia</td>
</tr>
<tr>
<td>1</td>
<td>Questionable - nonspecific inner tension and fidgety movements</td>
</tr>
<tr>
<td>2</td>
<td>Mild Akathisia - awareness of restlessess in the legs and/or inner restlessness worse when required to stand still. Fidgety movements present, but characteristic restless movements of akathisia not necessarily observed. Condition causes little or no distress</td>
</tr>
<tr>
<td>3</td>
<td>Moderate Akathisia - awareness of restlessess as described for mild akathisia above, combined with characteristic restless movements such as rocking from foot to foot when standing. Patient finds the condition distressing</td>
</tr>
<tr>
<td>4</td>
<td>Marked Akathisia - subjective experience of restlessess includes a compulsive desire to walk or pace. However, the patient is able to remain seated for at least 5 minutes. The condition is obviously distressing</td>
</tr>
<tr>
<td>5</td>
<td>Severe Akathisia - The patient reports a strong compulsion to pace up and down most of the time, unable to sit or lie down for more than a few minutes. Constant restlessess which is associated with intense distress and insomnia</td>
</tr>
</tbody>
</table>