

Invisible suffering: recognizing signs of anxiety in mechanically ventilated patients in the intensive care unit

 **Romana Ivelić***,
 **Hrvoje Topalović**

University Hospital Centre
Zagreb, Zagreb, Croatia

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***ADDRESS FOR CORRESPONDENCE:** Romana Ivelić, Klinički bolnički centar Zagreb, Kišpatićeva 12, HR-10000 Zagreb, Croatia. / Phone: +385-99-749-3247 / E-mail: romanaiveli@yahoo.com

ORCID: Romana Ivelić, <https://orcid.org/0000-0001-7447-5541> • Hrvoje Topalović, <https://orcid.org/0000-0001-6246-970X>

Patients on mechanical ventilation in intensive care units often experience “invisible suffering” associated with anxiety. This emotional response arises from loss of control, inability to communicate, sensations of suffocation, and constant exposure to invasive procedures. Recognizing signs of anxiety is essential for ensuring quality of care and preventing long-term consequences.

The most significant factor contributing to anxiety is the inability to communicate. Patients report feelings of isolation, frustration, and helplessness, which further intensify fear and uncertainty¹. The use of alternative communication methods can alleviate these difficulties, but such methods are rarely applied systematically. Another key source of anxiety is the respiratory experience of dyspnea and the sensation of air hunger. This phenomenon may occur even when ventilator parameters are technically optimal. The experience of breathlessness directly triggers fear and panic and is considered one of the most distressing experiences during mechanical ventilation². Additional sources of distress include light, noise, airway suctioning, and painful procedures. In some patients, signs of anxiety appear despite sedation, underscoring the need for an individualized approach and continuous monitoring of psychological status. In the long term, anxiety during ventilation has been associated with the development of post-traumatic stress disorder, depression, and persistent anxiety after discharge from the intensive care unit³. This highlights the importance of using standardized assessment tools, such as the Faces Anxiety Scale or the Richmond Agitation–Sedation Scale.

Anxiety in mechanically ventilated patients often goes unrecognized, despite its significant impact on treatment outcomes and quality of life after discharge. The most common sources are the inability to communicate and the sensation of suffocation. Systematic assessment, communication support, and nursing interventions aimed at reducing stressors are essential to alleviate this “invisible suffering”.

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