

FEAR OF PROCEDURES USING NEEDLES

Who is this information for?

This information is for people who are interested in needle phobia, whether you are a patient who requires procedures with needles, a concerned friend or family member, or a health care professional who wants to know more about how you can support a person with a fear of needle procedures.

What is 'needle phobia'?

'Needle phobia' is a term that people often use incorrectly. There are different types of fears that can be related to needles:

Phobia = an excessive or unreasonable fear of a specific object or situation that is generally considered harmless. Very few people have an actual fear of needles ('belonephobia') or fear of pointed objects ('aichmophobia'). People who describe themselves as being needle phobic usually have a fear around something else that they relate to the needles, like having injections or blood tests ('trypanophobia'). The fear is not so much fear of needles themselves, but more anticipatory fear and distress that is related to having a medical procedure that involves needles. For instance, people may be afraid of the pain that they associate with having a blood test or an injection. Fear of pain is known as 'algophobia'. Some people feel disgust when having a needle procedure. Others who have experienced fainting (see BIIP) when having needle procedures may then go on to fear that they will faint.

Special Case: Blood-Injection-Injury Phobia (BIIP)

BIIP is a fear of blood, injections or of being injured. It is a special type of phobia of which symptoms and treatment are different to other phobias. It is the most common type of 'needle phobia'.

What happens? People with BIIP may feel faint, dizzy or nauseous before, during or after the experience of a needle procedure. Some people actually lose consciousness. This is known as a 'vasovagal reaction' and it is an inherited reflex.

What causes it? It is very rare to faint from anxiety, unless you have BIIP. When you are anxious, your heart rate and blood pressure go up. This is what happens at first when you start to feel worried about having a needle procedure or you see blood. However, if you have BIIP, it is followed by a sudden fall in your heart rate or blood pressure and this causes you to feel faint, nauseas and dizzy. You may even actually faint. In most cases, fainting is harmless. If you have felt faint or actually fainted during a needle procedure, then you may go on to have a fear of fainting whenever you have needle procedures.

What can you do about it? If you have experienced feeling faint or have actually fainted before, during or after a needle procedure, it is important that you tell your doctor and discuss the Applied Muscle Tension technique (see below) with them before trying another needle procedure.

Who has fear of needle procedures?

It is common. At least one in ten people in medical settings have it. It is more common in children as some people become less fearful as they get older. Health care professionals may not think it is this common as of course, people with a fear of needle procedures tend to avoid contact with them!

What causes it? Different types of needle procedure fears are caused by different things. For example, you could have had a traumatic and painful experience in the past when the person taking your blood couldn't find your vein. Or perhaps you were held down as a child when having a needle procedure. Memories of such experiences can then lead to more worry and anticipation, or an expectation, of a traumatic experience. Another reason could be that you are particularly sensitive to pain. We also sometimes learn what to fear by watching other people's reactions. Therefore, your fear of procedures with needles may come from seeing other people's distress in similar situations.

The amount of distress is also influenced by factors related to the overall experience of having a procedure undertaken with needles. For instance seeing medical equipment, hearing people talk about the procedure, and smelling the sterilising equipment, will all trigger off anxiety.

Why does fear of needle procedures persist?

Avoidance keeps fears going. When people fear something, they tend to avoid it. However, when you avoid the thing you are afraid of, you never learn that nothing terrible will happen to you if you face the thing. Therefore, you keep in your mind that you were right to avoid the thing as you associate avoidance with keeping safe and comfortable.

You may find that a **lack of support and understanding** from health care professionals during procedures with needles can make the phobia worse and may then put you off even more from trying to help yourself deal with your fears.

Why is fear of needle procedures a problem for people with thrombotic disorders?

As a person with a thrombotic problem, you may have to have blood tests, injections, or other procedures involving needles when you come to clinic, see your GP, or come into hospital. Such procedures could be for making diagnoses, monitoring your health or reaction to a medication, or actual life saving treatment. You may have to have an anticoagulant such as heparin, which can only be given by injection. If you are pregnant and also have a thrombotic problem, you may have to have frequent procedures involving needles, such as daily heparin injections. Often when someone needs an operation and is taking warfarin, they need to switch to taking heparin injections around the time of the operation.

Avoidance of medical procedures is a common coping strategy for people with fears of needle procedures. Therefore, as someone with a clotting disorder who avoids medical monitoring and interventions, you are putting yourself at risk of harm as it means you may not take up life saving treatment or you may not have the correct medical tests that could pick up problems. Another downside to avoiding procedures with needles is that it means that you are unable to go on holidays to countries that require travel vaccinations, or it can affect career choice, or your willingness to have children.

Coping Strategies

Since this is a fear you may have had for some time perhaps the best strategy is to find effective ways of coping with it which puts yourself back in control. Here are a few suggestions:

Identify why you get frightened. The strategies that will help you most will depend on what you are afraid of. You may never have really thought about this before. By thinking hard about what is driving your fear, it will help you work out exactly which coping strategies are the best for you. If you aren't sure, there is no harm in trying any of the following although it is important that you are clear about whether BIIP is relevant to you as that has its own set of coping strategies.

Information. Getting information about the procedure (e.g. what it is for, how long it will last, what size needles will be used, who will undertake the procedure, how the equipment is made

safe and clean) can be very helpful in clarifying misunderstandings that may be making you more anxious.

Getting involved in the procedure can help you gain control. It helps to develop trusting relationships with your health care professionals (HCPs). This will enable you to ask questions and to negotiate the way you would like the needle procedures to be carried out.

- Tell the HCP that you have a fear of needle procedures and that you would like some extra support.
- If your main concern is pain, ask the HCP if there is anything they can give you to numb the area of skin that the needle will be going into.
- If you normally shout and cry during a procedure, tell the HCP that this might happen.
- You can ask the HCP how you can get involved in the procedure. For example you could unwrap medical equipment, clean the skin where the needle will go, choose where you want the needle to go in (within limits of what is acceptable by the HCP) and you can inform the HCP that you either want to lie down or sit up.
- Don't be afraid to say no if you are asked whether you mind a trainee HCP doing the procedure, for example a student. It will also be a better experience for the student to practise the procedures on people who do not have a fear of needle procedures.

Relaxation. If you do **NOT** have BIIP, you can gain control over the physical effects of anxiety by trying to relax your body and your mind. You can do this by breathing slowly and deeply, and releasing muscle tension. If you do yoga or meditation, you can use breathing ideas from this. Relaxation can be helped by using your imagination in order to think of a pleasant scene – ask yourself how does it feel, what can you smell, what can you see. For instance, you can imagine yourself lying on a beach... you can feel the warm sand against your body and the warm air against your skin...you can hear the soft lapping of the tide... and you can imagine the beautiful scenery that surrounds you. If you close your eyes and do this whilst you are waiting for the procedure, or during the procedure, it can have a powerful effect on how you feel. Its better with practice though so it's best if you try out the relaxation ideas before your needle procedure.

Support. It can be reassuring for you to have somebody you know with you (who does not have needle fears). You can get them actively involved by asking them to talk to you and reassure you.

Distraction. Before or during the needle procedure, you can take your mind off it by distracting yourself. Alternatively you can ask someone else to help distract you. Distraction works best if you are doing something that is as interactive, absorbing and varied as possible. For example, having a conversation with someone, listening to music through headphones, or playing a handheld game.

If you have BIIP (that is feeling faint, dizzy or nauseous before, during, or after the needle procedure), then try following the next 3 steps:

You can stop yourself from fainting by learning some strategies:

Body Position. It is harder to faint when you are lying down. This is because blood pressure is less when lying down, compared to sitting down. It is also lower when sitting down compared to standing up. Therefore, if your blood pressure is already lower, then there is less of a drop to be had and this makes a fainting reaction less likely. When you have the needle procedure or you have just had it or just before it, lie down and keep your feet up higher than your body. If you can't lie down, then sit down. You can also put your head between your legs whilst sitting down.

Applied Muscle Tension. You can raise your blood pressure by tensing the muscles in your body. It is a very easy thing to do once you have learned how but it does take practice. Here is how you do it:

Sit in a comfortable chair.

- Tense the muscles in your arms, legs and body and hold this tension for 10-15 seconds. You can tense muscles by making fists with your hands, lifting your tense arms out in front of you as if lifting some weights, scrunching your toes, pushing your heels into the floor, sitting up straight. It may help to imagine yourself lifting weights, or imagine your feet gripping onto a narrow rod. Whilst you are tensing your muscles, you may feel warm in your face which is good as it shows that your blood pressure has risen.
- Release the tension for 20 to 30 seconds. Don't relax completely as you still want to keep your blood pressure raised.
- Then repeat the tension (for 10-15 seconds) and releasing tension (for 20 – 30 seconds) cycle FIVE times.
- Do this every day until you find it easy. It will probably take several days. Then you will be able to do Applied Muscle Tension when you start feeling faint in relation to having a needle procedure (or seeing blood).
- If you get a headache when doing Applied Muscle Tension just reduce the tension or practice it less than five times per day.

How do you know when to do Applied Muscle Tension?

You need to apply these strategies as soon as you feel faint so you need to know how to recognise this – what are your personal fainting warning signals? Do you get dizzy or light headed? Do you find noises are distant? Do you feel a bit sick? Do you get a cold sweat on your forehead? Do you have a sudden hot flush? If you aren't sure how to recognise that you are becoming faint, think back to the last time you felt faint and think in detail about what you were feeling physically at that time.

It is a good idea to do Applied Muscle Tension before and after you have the needle going into your arm/body. When the needle actually goes into your body if you tense up the part of the body that the needle goes into this can make it more painful, so whilst the needle goes into you, ideally you should relax the part of the body that is receiving the needle whilst tensing other parts of your body. This sounds complicated but by practicing Applied Muscle Tension in your own time and away from needle procedures, you will become an expert at it.

Get some professional help

If you have avoided needle procedures due to your fears and you do not feel able to attempt going through the needle procedure using the above coping strategies then it is important that you face your fears in a gradual, repeated and controlled way in order to reduce your fear and distress. This process is called 'exposure' and is part of cognitive behavioural therapy (CBT).

CBT is a type of talking therapy whereby clients and therapists work together to identify and understand problems in terms of the relationship between thoughts, feelings and behaviour. The therapist and the client work together to identify goals and to agree to a shared treatment plan. The focus of therapy is to try out solutions to problems that are more helpful than their present ways of coping. This often involves the client using the time between therapy sessions to try things out. You can ask the nursing and medical team to refer you to a clinical/health psychologist or a counsellor who will be able to offer you CBT which is likely to involve a number of sessions over time. The psychologist/counsellor will help you work out what has caused your fear of needle procedures and then together you will come up with a plan to get you through the procedures.

Guidance for health professionals

- Ensure only a well trained and experienced HCP undertakes the needle procedure with an anxious patient. This increases the likelihood of a quick and less painful experience for the patient.
- You should not give false reassurances (e.g. the needle 'will not hurt').
- Topical local anaesthetic gel and spray is very helpful (for some people more than others) especially in the context of fear of pain.
- Please consider the size of needle you choose - small needles are less frightening.
- Reduce unnecessary waiting and anticipation for the patient. Do the procedure as soon as possible after the patient arrives. This avoids a prolonged period where the patient is exposed to 'cues' related to the procedure which remind the patient of the imminent event or of previous traumatic needle procedures and therefore increases anxiety.
- Ask the patient if they have ever fainted or felt faint during a needle procedure. If so, take steps to prevent vasovagal reactions (see the 3 steps for BIIP above).
- Ask the patient if they want to know what you are doing at each stage. If so, explain it to them in a clear way, making eye contact with the patient, and using soothing tones.
- You can help to distract the patient by talking to them about things aside from the needle procedure.
- It's very helpful to draw up a plan with the patient about how they would like to manage needle procedures based on the ideas given above. This helps the patient to feel that his/her fear is being taken seriously by the whole team of HCPs which increases their confidence and also the likelihood that they will try to go ahead and have the needle procedure. You should encourage the patient to bring the care plan with them to show the HCPs involved in undertaking their needle procedure.

- If needle insertion becomes impossible due to the patient reacting with too much distress, then avoid conflict and coercion, and ensure that maintaining a trusting and respectful relationship are your priority. Ask yourself the following questions: Does the procedure have to be done this moment? Can you try again another time?

- If the patient wants further help with tackling their fears, involve your clinical/health psychologist or counsellor (if you have one in the team). Clinical/health psychologists and counsellors working in hospitals are often very experienced in supporting people with these phobias and work out what it is that frightens them and why. They utilise cognitive behaviour therapy in helping patients to learn about their thoughts and feelings about the phobia and how these impact on their behaviours.

References and acknowledgements:

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For more information on CBT or to find a therapist log on to: <http://www.babcp.com>

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