The Use of Weighted Blankets in Patients with Anxiety

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OBJECTIVES
The purpose of this evidence-based practice project is to explore the effects of weighted blankets (Lindstedt & Umb-Carlsson, 2013). In past interventions, health care personnel have trended towards pharmacological administration to calm any sort of anxiety or nervousness about medical/surgical procedures. Weighted blankets have not been traditionally used in a medical setting like a medical-surgical floor (Mullen, Champagne, Krishnamurti, Dickson, & Gao, 2008). However, newer trends tend to use weighted blankets to calm anxiety or autism-related symptoms along with other non-pharmacological interventions before administering medications (Losinski, Cook, Hirsch, & Sanders, 2017).

By analyzing and combining pre-existing data from a multitude of research studies, the benefits and effectiveness of weighted blankets can be evaluated. Positive results from this research could lead to funding for the purchase of more weighted blankets for this facility. The first step in accomplishing this goal is to determine the effectiveness of these blankets as a therapy practice. Research studies about weighted blankets heavily focus on the topics of anxiety and autism spectrum disorders. They have typically been used as a soothing, calming mechanism against these disorders that may cause feelings of nervousness, heightened arousal, agitation, and frustration (Losinski et al., 2017).

PICO T QUESTION
In hospitalized patients, how does the use of weighted blankets affect the control of anxiety-related symptoms?

METHODS
The purpose of this review of literature is to determine the safety and effectiveness of weighted blankets in patients in the Spencer Hospital with signs and symptoms of anxiety. A comprehensive literature review was conducted using articles from 2008 to 2017. Databases used include CINAHL and Google Scholar. The keywords weighted blanket, anxiety, deep pressure stimulation therapy, inpatient, medical-surgical, and mental health yielded 7 articles in CINAHL and 3 articles in Google Scholar.

25 articles were discarded from CINAHL because they were not relevant to the project. These included articles which focused on studies and data from more than ten years prior to the literature review. 10 articles were pertinent based on the research and are included in the literature review. These articles met the inclusion criteria of peer review, answering the PICOT question, and of being written within the last 10 years.

INTERVENTIONS
Based on the evidence provided, the researchers suggest purchasing more weighted blankets of various weights to accompany various weighted patients. The researchers suggest implementation of weighted blankets for those meeting the specific criteria related to anxiety symptoms. Nurses will assess levels of anxiety upon assessment, using the State-Trait Anxiety Inventory, and will implement the use of a weighted blanket in place of pharmacologic measures. Prior to application of the weighted blanket, nurses will collect a full set of vital signs to ensure the blanket is safe for this patient at this time. Reassessment of anxiety level will be completed after fifteen minutes of the blanket being applied. Proper documentation of use and effectiveness of this tool will then be completed to monitor the effectiveness for this patient.

RESULTS
After synthesizing the information researched, the results indicate that weighted blankets are efficacious anxiety-reducing agents. Numerous quantitative and qualitative studies show that a multitude of physiological symptoms and self-reported levels of anxiety are consistently reduced after use of a weighted blanket. The most common method of measurement researchers utilized was the State-Trait Anxiety Inventory, a tool approved for the purpose of diagnosing anxiety by the American Psychological Association. STAI has been found to be valid and reliable, with the internal consistency coefficients varying between 0.86-0.95 and test-retest coefficients falling between 0.69-0.89.

Because of this, the results from the studies summarized in this paper are trustworthy and relevant (American Psychological Association).

CONCLUSIONS
In summary, weighted blankets are beneficial for treatment in patients with anxiety-related symptoms. The tests and STAI are both reliable and valid, giving credence to the statistics summarized in this paper. Nurses play a role in the assessment of a patient’s anxiety as well as the implementation of the weighted blankets. The comforting and relaxing effects of deep pressure touch stimulation can produce optimal conditions for healing in anxiety-ridden patients.

REFERENCES