



Answers to Your Questions About Panic Disorder

▼ Introduction

Panic Disorder is a serious condition that around one out of every 75 people might experience. It usually appears during the teens or early adulthood, and while the exact causes are unclear, there does seem to be a connection with major life transitions that are potentially stressful: graduating from college, getting married, having a first child, and so on. There is also some evidence for a genetic predisposition; if a family member has suffered from panic disorder, you have an increased risk of suffering from it yourself, especially during a time in your life that is particularly stressful.

▶ Panic Attacks: The Hallmark of Panic Disorder

A panic attack is a sudden surge of overwhelming fear that comes without warning and without any obvious reason. It is far more intense than the feeling of being "stressed out" that most people experience. Symptoms of a panic attack include:

- racing heartbeat
- difficulty breathing, feeling as though you "can't get enough air"
- terror that is almost paralyzing
- dizziness, lightheadedness or nausea
- trembling, sweating, shaking
- choking, chest pains
- hot flashes, or sudden chills
- tingling in fingers or toes ("pins and needles")
- fear that you're going to go crazy or are about to die

You probably recognize this as the classic "flight or fight" response that human beings experience when we are in a situation of danger. But during a panic attack, these symptoms seem to rise from out of nowhere. They occur in seemingly harmless situations--they can even happen while you are asleep.

In addition to the above symptoms, a panic attack is marked by the following conditions:

- it occurs suddenly, without any warning and without any way to stop it.
- the level of fear is way out of proportion to the actual situation; often, in fact, it's completely unrelated.
- it passes in a few minutes; the body cannot sustain the "fight or flight" response for longer than that. However, repeated attacks can continue to recur for hours.

A panic attack is not dangerous, but it can be terrifying, largely because it feels "crazy" and "out of control." Panic disorder is frightening because of the panic attacks associated with it, and also because it often leads to other complications such as phobias, depression, substance abuse, medical complications, even suicide. Its effects can range from mild word or social impairment to a total inability to face the outside world.

In fact, the phobias that people with panic disorder develop do not come from fears of actual objects or events, but rather from fear of having another attack. In these cases, people will avoid certain objects or situations because they fear that these things will trigger another attack.

► **How to Identify Panic Disorder**

Please remember that only a licensed therapist can diagnose a panic disorder. There are certain signs you may already be aware of, though.

One study found that people sometimes see 10 or more doctors before being properly diagnosed, and that only one out of four people with the disorder receive the treatment they need. That's why it's important to know what the symptoms are, and to make sure you get the right help.

Many people experience occasional panic attacks, and if you have had one or two such attacks, there probably isn't any reason to worry. The key symptom of panic disorder is the persistent fear of having future panic attacks. If you suffer from repeated (four or more) panic attacks, and especially if you have had a panic attack and are in continued fear of having another, these are signs that you should consider finding a mental health professional who specializes in panic or anxiety disorders.

► **What Causes Panic Disorder: Mind, Body, or Both?**

Body: There may be a genetic predisposition to anxiety disorders; some sufferers report that a family member has or had a panic disorder or some other emotional disorder such

as depression. Studies with twins have confirmed the possibility of "genetic inheritance" of the disorder.

Panic Disorder could also be due to a biological malfunction, although a specific biological marker has yet to be identified.

All ethnic groups are vulnerable to panic disorder. For unknown reasons, women are twice as likely to get the disorder as men.

Mind: Stressful life events can trigger panic disorders. One association that has been noted is that of a recent loss or separation. Some researchers liken the "life stressor" to a thermostat; that is, when stresses lower your resistance, the underlying physical predisposition kicks in and triggers an attack.

Both: Physical and psychological causes of panic disorder work together. Although initially attacks may come out of the blue, eventually the sufferer may actually help bring them on by responding to physical symptoms of an attack.

For example, if a person with panic disorder experiences a racing heartbeat caused by drinking coffee, exercising, or taking a certain medication, they might interpret this as a symptom of an attack and, because of their anxiety, actually bring on the attack. On the other hand, coffee, exercise, and certain medications sometimes do, in fact, cause panic attacks. One of the most frustrating things for the panic sufferer is never knowing how to isolate the different triggers of an attack. That's why the right therapy for panic disorder focuses on all aspects -- physical, psychological, and physiological -- of the disorder.

► **Can People with Panic Disorder Lead Normal Lives?**

The answer to this is a resounding **YES** -- if they receive treatment.

Panic disorder is highly treatable, with a variety of available therapies. These treatments are extremely effective, and most people who have successfully completed treatment can continue to experience situational avoidance or anxiety, and further treatment might be necessary in those cases. Once treated, panic disorder doesn't lead to any permanent complications.

► **Side Effects of Panic Disorder**

Without treatment, panic disorder can have very serious consequences.

The immediate danger with panic disorder is that it can often lead to a phobia. That's because once you've suffered a panic attack, you may start to avoid situations like the

one you were in when the attack occurred.

Many people with panic disorder show "situational avoidance" associated with their panic attacks. For example, you might have an attack while driving, and start to avoid driving until you develop an actual phobia towards it. In worst case scenarios, people with panic disorder develop agoraphobia -- fear of going outdoors -- because they believe that by staying inside, they can avoid all situations that might provoke an attack, or where they might not be able to get help. The fear of an attack is so debilitating, they prefer to spend their lives locked inside their homes.

Even if you don't develop these extreme phobias, your quality of life can be severely damaged by untreated panic disorder. A recent study showed that people who suffer from panic disorder:

- are more prone to alcohol and other drug abuse
- have greater risk of attempting suicide
- spend more time in hospital emergency rooms
- spend less time on hobbies, sports and other satisfying activities
- tend to be financially dependent on others
- report feeling emotionally and physically less healthy than non-sufferers
- are afraid of driving more than a few miles away from home

Panic disorders can also have economic effects. For example, a recent study cited the case of a woman who gave up a \$40,000 a year job that required travel for one close to home that only paid \$14,000 a year. Other sufferers have reported losing their jobs and having to rely on public assistance or family members.

None of this needs to happen. Panic disorder can be treated successfully, and sufferers can go on to lead full and satisfying lives.

► **How Can Panic Disorder Be Treated?**

Most specialists agree that a combination of cognitive and behavioral therapies are the best treatment for panic disorder. Medication might also be appropriate in some cases.

The first part of therapy is largely informational; many people are greatly helped by simply understanding exactly what panic disorder is, and how many others suffer from it. Many people who suffer from panic disorder are worried that their panic attacks mean they're "going crazy" or that the panic might induce a heart attack. "Cognitive restructuring" (changing one's way of thinking) helps people replace those thoughts with more realistic, positive ways of viewing the attacks.

Cognitive therapy can help the patient identify possible triggers for the attacks. The trigger in an individual case could be something like a thought, a situation, or something as subtle as a slight change in heartbeat. Once the patient understands that the panic attack is separate and independent of the trigger, that trigger begins to lose some of its power to induce an attack.

The behavioral components of the therapy can consist of what one group of clinicians has termed "interoceptive exposure." This is similar to the systematic desensitization used to cure phobias, but what it focuses on is exposure to the actual physical sensations that someone experiences during a panic attack.

People with panic disorder are more afraid of the actual attack than they are of specific objects or events; for instance, their "fear of flying" is not that the planes will crash but that they will have a panic attack in a place, like a plane, where they can't get to help. Others won't drink coffee or go to an overheated room because they're afraid that these might trigger the physical symptoms of a panic attack.

Interoceptive exposure can help them go through the symptoms of an attack (elevated heart rate, hot flashes, sweating, and so on) in a controlled setting, and teach them that these symptoms need not develop into a full-blown attack. Behavioral therapy is also used to deal with the situational avoidance associated with panic attacks. One very effective treatment for phobias is in vivo exposure, which in its simplest terms means breaking a fearful situation down into small manageable steps and doing them one at a time until the most difficult level is mastered.

Relaxation techniques can further help someone "flow through" an attack. These techniques include breathing retraining and positive visualization. Some experts have found that people with panic disorder tend to have slightly higher than average breathing rates, learning to slow this can help someone deal with a panic attack and can also prevent future attacks.

In some cases, medications may also be needed. Anti-anxiety medications may be prescribed, as well as antidepressants, and sometimes even heart medications (such as beta blockers) that are used to control irregular heartbeats.

Finally, a support group with others who suffer from panic disorder can be very helpful to some people. It can't take the place of therapy, but it can be a useful adjunct.

If you suffer from panic disorder, these therapies can help you. But you can't do them on your own; all of these treatments must be outlined and prescribed by a psychologist or psychiatrist.

► **How Long Does Treatment Take?**

Much of the success of treatment depends on your willingness to carefully follow the outlined treatment plan. This is often multifaceted, and it won't work overnight, but if you stick with it, you should start to have noticeable improvement within about 10 to 20 weekly sessions. If you continue to follow the program, within one year you will notice a tremendous improvement.

If you are suffering from panic disorder, you should be able to find help in your area. You need to find a licensed psychologist or other mental health professional who specializes in panic or anxiety disorders. There may even be a clinic nearby that specializes in these disorders.

When you speak with a therapist, specify that you think you have panic disorder, and ask about his or her experience treating this disorder.

Keep in mind, though, that panic disorder, like any other emotional disorder, isn't something you can either diagnose or cure by yourself. An experienced clinical psychologist or psychiatrist is the most qualified person to make this diagnosis, just as he or she is the most qualified to treat this disorder.

This brochure is designed to answer your basic questions about panic disorder; a qualified mental health professional will be able to give you more complete information.

Panic disorder does not need to disrupt your life in any way!

 The content I just read:  **IS RELEVANT**  **MAY NEED AN UPDATE**

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