

Facts

Panic disorder is a type of anxiety disorder in which people repeatedly have brief episodes of intense fear or discomfort with physical symptoms (such as heart palpitations and dizziness) in situations without outside threat. These “panic attacks,” which are the hallmark of panic disorder, are believed to occur when the brain’s normal mechanism for reacting to a threat (the “fight-or-flight” response), becomes inappropriately aroused. Anxiety disorders are illnesses related to this fear response being activated more strongly than necessary or when not necessary at all. Most people with panic disorder feel anxious about having panic attacks and avoid situations in which they believe these attacks are likely to occur. Anxiety about another attack and the avoidance it causes can lead to disability.

About 1.6% of the U.S. population aged 18 to 54, about 3 million, or approximately one in 63 people, has panic disorder in a given year. Women are twice as likely to develop the disorder as men. Panic disorder usually begins in young adulthood; nearly half of those affected develop the condition before they turn 24. While people of all races and social classes can develop panic disorder, there are differences in how symptoms are expressed.

Signs & Symptoms

Usually, the first panic attack comes as a surprise, occurring while a person is engaged in some ordinary activity, like driving a car or walking to work. The person is suddenly struck by frightening and uncomfortable symptoms, including:

- Terror — a sense that something horribly unimaginable is about to happen and one is powerless to prevent it
- Racing or pounding heartbeat
- Chest pains
- Dizziness, light-headedness, nausea, sweating
- Difficulty breathing, shortness of breath, choking or smothering sensations
- Tingling or numbness in the hands
- Hot or cold flashes or chills
- Sense of unreality
- Fear of losing control, going “crazy,” or doing something embarrassing
- Fear of dying

The discomfort and sense of danger the attacks bring is so intense that people may think they are having a heart attack or stroke. Often people who are having a panic

attack go to the emergency room. Because the symptoms of panic disorder can resemble life-threatening conditions, the diagnosis of panic disorder is frequently overlooked.

People with the disorder have panic attacks repeatedly and develop an intense fear of having another one. This fear — called *anticipatory anxiety* or *fear of fear* — can be present most of the time and seriously interfere with the person’s life, even when a panic attack is not in progress. It is not unusual for a person with panic disorder to develop phobias about places or situations where panic attacks have occurred, such as in grocery stores or while in a car. It is common for affected people to try and create a zone of safety for themselves by avoiding those places or situations. As the frequency of panic attacks increases, this avoidance may eventually become *agoraphobia*, the inability to go past known and safe surroundings because of intense fear and anxiety.

Causes

Heredity, other biological factors, stress, and thinking in a way that makes the body react unnecessarily are all thought to play a role in the onset of panic disorder. Although the possible causes of panic disorder are unknown, family and twin studies indicate that panic disorder is involved with genetics.

Treatment

Treatment from an experienced professional can reduce or prevent panic attacks in 70 to 90% of those with the disorder. Most affected people show significant progress after a few weeks of therapy. Relapses may occur, but they can often be effectively treated.

Treatment may involve taking medications to adjust chemicals in the body, cognitive-behavioral therapy, or both. Research shows that both kinds of treatment can be very effective, but for many, the two together are more effective than either is alone. It is important to note that early treatment can help keep panic disorder from progressing.

Cognitive-behavioral therapy is a combination of cognitive therapy, which can modify or eliminate thought patterns, and behavioral therapy, which focuses on helping the person change his or her behavior. Usually the cognitive-behavioral therapy has five key elements:

- **Learning.** In the first stage, the therapist explains the illness, teaches the person to identify the symptoms, and outlines the treatment plan. The therapist helps people to

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identify and change patterns of thinking that cause them to incorrectly see ordinary events or situations as dangerous and to “think the worst.”

- **Monitoring-** The person keeps a diary to monitor panic attacks and record situations that make him/her anxious.
- **Breathing-** The therapist teaches breathing relaxation techniques to help prevent the hyperventilation that often starts a panic attack.
- **Rethinking-** The therapist helps the person change his or her notion of physical symptoms from world shattering to realistic.
- **Exposing-** The therapist helps the person by placing him in situations that cause frightening physical sensations at gradually increasing levels of intensity.

Cognitive-behavioral therapy is a short-term treatment, usually lasting 12 to 15 sessions over several months. People who go through this therapy have very few negative effects and a relatively low relapse rate of panic attacks.

Helping Yourself

- Remember that although your feelings and symptoms are very frightening, they are not dangerous or harmful.
- Understand that what you are feeling is just an exaggeration of your normal bodily reactions to stress.
- Do not fight your feelings or try to wish them away. The more you are willing to face them, the less intense they will become.
- Do not add to your panic by thinking about what “might” happen. If you find yourself asking “What if?” tell yourself, “So what!” Instead of “I’m dying,” think, “I’m hyperventilating — I can handle this.”
- Stay in the present. Notice what is really happening to you, as opposed to what you think might happen.
- Label your fear level from zero to ten and watch it go up and down. Notice that it is at a very high level for only a few seconds.
- When you find yourself thinking about the fear, change your “what if” thinking. Focus on and carry out a simple and manageable task, such as counting backward from 100 by 2s or snapping a rubber band on your wrist.
- Notice that when you stop adding frightening thoughts to your fear, it begins to fade.
- When the fear comes, expect and accept it. Wait and give it time to pass without running away from it.
- Be proud of the progress you have made, and think about how good you will feel when you succeed again.

(Adapted from Jerilyn Ross, M.A., L.I.C.S.W., The Ross Center for Anxiety and Related Disorders, Inc., Washington, DC. and Mathews, AM; Gelder MG; and Johnston, DW, ‘Agoraphobia: Nature and Treatment,’ 1981)

Helping Someone Else

1. Don’t make assumptions about what the affected person needs; ask him or her.
2. Be predictable; don’t surprise him/her.
3. Let the person with the disorder set the pace for recovery.
4. Find something positive in every experience. If the

affected person is able to go only part way to a particular goal, see that as an achievement rather than a failure.

5. Don’t allow avoidance. Negotiate with the person to take one step forward when he or she wants to avoid something.
6. Don’t sacrifice your life and build resentments.
7. Don’t panic when the person with the disorder panics.
8. Remember that it’s all right to be anxious yourself. It’s natural for you to be concerned about the person with panic disorder.
9. Be patient and accepting, but don’t settle for the affected person being permanently disabled.
10. Say, “*You can do it, no matter how you feel. I am proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It’s not the place that’s bothering you, it’s the thought. I know what you are feeling is painful, but it’s not dangerous. You are courageous.*” DON’T say: “*Relax. Calm down. Don’t be anxious. Let’s see if you can do this (i.e., setting up a test for the person). You can fight this. What should we do next? Don’t be ridiculous. You have to stay. Don’t be a coward.*”

(Adapted from Sally Winston, Psy.D., The Anxiety and Stress Disorders Institute of Maryland, Towson, MD, 1992).

Sources:

National Institute of Mental Health
American Psychiatric Association
Journal of the American Medical Association

For more information contact

Northern Lakes Community Mental Health
1-800-492-5742
(231) 922-4850

National Alliance on Mental Illness
www.nami.org
(800) 950-6264

National Institute of Mental Health
www.nimh.nih.gov
(800) 421-4211 (depression info)
(888) 826-9438 (anxiety info)
(301) 443-4513 (other info)

Mental Health America
www.nmha.org
(800) 969-6642

The Center for Mental Health Services
www.mentalhealth.org/cmhs/