

Panic Disorder

What's happening?

- Imagine you've just stepped into an elevator and suddenly your heart races, your chest aches, you break out in a cold sweat and feel as if the elevator is about to crash to the ground. What's happening?
- Imagine you are driving home from the grocery store and suddenly things seem to be out of control. You feel hot flashes, things around you blur, you can't tell where you are, and you feel as if you're dying. What's happening?

What's happening is a panic attack, an uncontrollable panic response to ordinary, nonthreatening situations. Panic attacks are often an indication that a person has panic disorder.

What is panic disorder?

A person who experiences recurrent panic attacks, at least one of which leads to at least a month of increased anxiety or avoidant behavior, is said to have panic disorder. Panic disorder may also be indicated if a person experiences fewer than four panic episodes but has recurrent or constant fears of having another panic attack.

Doctors often try to rule out every other possible alternative before diagnosing panic disorder. To be diagnosed as having panic disorder, a person must experience at least four of the following symptoms during a panic attack: sweating; hot or cold flashes; choking or smothering sensations; racing heart; labored breathing; trembling; chest pains; faintness; numbness; nausea; disorientation; or feelings of dying, losing control, or losing one's mind. Panic attacks typically last about 10 minutes, but may be a few minutes shorter or longer. During the attack, the physical and emotional symptoms increase quickly in a crescendo-like way and then subside. A person may feel anxious and jittery for many hours after experiencing a panic attack.

Panic attacks can occur in anyone. Chemical or hormonal imbalances, drugs or alcohol, stress, or other situational events can cause panic attacks, which are often mistaken for heart attacks, heart disease, or respiratory problems.

What are phobias?

Phobias are irrational, involuntary, and inappropriate fears of (or responses to) ordinary situations or things. People who have phobias can experience panic attacks when confronted with the situation or object about which they feel phobic. A category of symptoms called phobic disorder falls within the broader field of anxiety disorders.

Phobias are divided into three types:

Specific (simple) phobia: an unreasonable fear of specific circumstances or objects, such as traffic jams or snakes.

Social phobia: extreme fear of looking foolish or stupid or unacceptable in public that causes people to avoid public occasions or areas.

Agoraphobia: an intense fear of feeling trapped in a situation, especially in public places, combined with an overwhelming fear of having a panic attack in unfamiliar surroundings. This word means, literally (in Greek), "fear of the marketplace."

Phobias are usually chronic (long-term), distressing disorders that keep people from ordinary activities and places. They can lead to other serious problems, such as depression. In fact, at least half of those who suffer with phobias and panic disorders also have depression. Alcoholism, loss of productivity, secretiveness, and feelings of shame and low self-esteem also occur with this illness. Some people are unable to go anywhere or do anything outside their homes without the help of others they trust.

What does it mean to "fear the fear"?

Many people with phobias or panic disorder "fear the fear," or worry about when the next attack is coming. The fear of more panic attacks can lead to a very limited life. People who have panic attacks often begin to avoid the things they think triggered the panic attack and then stop doing the things they used to do or the places they used to go.

Am I the only one?

It is estimated that 2 percent to 5 percent of Americans have panic disorder, so you are not alone if you, too, have these symptoms. Usually panic disorder first strikes people in their early twenties. Severe stress, such as the death of a loved one, can bring on panic attacks.

A 1986 study by the National Institute of Mental Health showed that 5.1 percent to 12.5 percent of people surveyed had experienced phobias in the past six months. The study estimated that 24 million Americans will experience some phobias in their lifetimes.

Phobias are the leading psychiatric disorders among women of all ages. One survey showed that 4.9 percent of women and 1.8 percent of men have panic disorder, agoraphobia, or any other phobias.

What causes panic disorder?

No one really knows what causes panic disorder, but several ideas are being researched. Panic disorder seems to run in families, which suggests that it has at least some genetic basis. Some theories suggest that panic disorder is part of a more generalized anxiety in the people who have panic attacks or that severe separation anxiety can develop into panic disorder or phobias, most often agoraphobia.

Biological theories point to possible physical defects in a person's autonomic (or automatic) nervous system. General hypersensitivity in the nervous system, increased arousal, or a sudden chemical imbalance can trigger panic attacks. Caffeine, alcohol, and several other agents can also trigger these symptoms.

Is panic disorder treatable?

Recovery from panic disorder can be achieved either by taking medication or by cognitive behavioral therapy that is specific for panic disorder. Studies suggest that medication and cognitive behavioral therapy are about equally effective and

the decision about which to take depends largely on the preference of the person with the panic disorder. Medication probably works a bit faster, but has more adverse side effects than cognitive behavioral therapy. Also, when successful treatment is finished, people who have had cognitive behavioral therapy tend to remain well longer than people who have taken medication. There is some evidence that the combination of cognitive behavioral therapy and medication may offer some benefits over either one alone.

Cognitive therapy is used to help people think and behave appropriately. Patients learn to make the feared object or situation less threatening as they are exposed to, and slowly get used to, whatever is so frightening to them. Family members and friends help a great deal in this process when they are supportive and encouraging

Medication is most effective when it is used as part of an overall treatment plan that includes supportive therapy. Antidepressants and anti-anxiety medications are the most successful medications for this disorder. Ask your doctor about these medications or others that may help you.

Healthy living habits may also help people overcome panic disorder. Exercise, a proper and balanced diet, moderate use of caffeine and alcohol, and learning how to reduce stress are all important.

Peer support is a vital part of overcoming panic disorder. Family and friends can play a significant role in the treatment process and should be informed of the treatment plan and of the ways they can be most helpful.

*Reviewed by Jack Gorman, MD May 2003
Information from the NAMI website (www.nami.org)*