

Panic disorder

Panic disorder is characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness or abdominal distress. These sensations often mimic symptoms of a heart attack or other life-threatening medical conditions.

Panic disorder typically strikes in young adulthood. Roughly half of all people who have panic disorder develop the condition before age 24.

Most panic attacks last only a few minutes, but they occasionally go on for ten minutes, and, in rare cases, have been known to last for as long as an hour. They can occur at any time, even during sleep. Since people cannot predict when a panic attack will seize them, many live with persistent worry that another attack could overcome them at any moment.

Women are twice as likely as men to develop panic disorder. Heredity, other biological factors, stressful life events, and thinking in a way that exaggerates relatively normal bodily reactions are all believed to play a role in the onset of panic disorder. However, the exact causes of panic disorder are unknown.

Symptoms

People with panic disorder experience overwhelming feelings of terror that appear without warning, out of the blue. These feelings are accompanied by physical sensations and

fears that tend to intensify the terror. Some of the physical sensations of a panic attack include:

- Racing or pounding heartbeat
- Dizziness, lightheadedness, nausea
- Difficulty breathing
- Chest pains
- Trembling or shaking
- Feeling of choking or smothering
- Sweating, flushes or chills
- Tingling or numbness in the hands, feet or face
- Dreamlike sensations or perceptual distortions.

Fears that worsen the panic attack accompany the symptoms. During an attack, people with panic disorder are terrified that:

- Something terrible is about to happen
- They'll embarrass themselves
- They're powerless to prevent or stop the attack
- They're losing control and going berserk
- They're dying.



With the help of mental health professionals, treatment for panic disorder, often in a combination of cognitive behavior therapy and medication can be very effective.

Complications

Left untreated, panic disorder may result in other complications:

- **Phobic avoidance.** Specific phobias, or irrational fears, may develop about places or situations where a panic attack has occurred, driving the person with panic disorder to avoid these places. This behavior, known as phobic avoidance, may begin with something as simple as sitting in an aisle seat at a movie theater to allow for a quick escape in case of a panic attack. If the disorder continues untreated, these situations multiply. About a third of people with panic disorder develop agoraphobia, which is a fear of situations or places where panic attacks may occur, or where they already happened.
- **Alcohol and drug abuse.** Substance abuse is a frequent complication of panic disorder, as a person with panic disorder unwisely attempts to medicate himself without the help of a doctor, and winds up with an addiction on top of the panic disorder.
- **Depression.** Nearly half of those with panic disorder also experience depression at some point. But with effective therapy, depression usually lifts as the disorder is treated.

Treatment

With the help of mental health professionals, treatment for panic disorder, often in a combination of cognitive behavior therapy and medication, is quite effective. Such treatment can reduce or prevent panic attacks in as much as 90 percent of panic attack sufferers.

- **Therapy**—Treatment for panic disorder often includes a type of psychotherapy known as cognitive-behavioral therapy, which teaches people how to view panic attacks differently and demonstrates ways to reduce anxiety. Most patients show significant progress after a few weeks of therapy. Relapses may occur, but they can often be effectively treated just like the initial episode.
- **Medication**—One or more medications may be used to take the edge off the anxiety from panic attacks. Some of the newer anti-depressant medications that have anti-anxiety components have been useful, but can take as long as several months to reach full effectiveness. Often, psychiatrists prescribe a benzodiazepine on a temporary basis to reduce symptoms until the anti-depressants take effect. The most commonly prescribed drug for panic disorder is Xanax (alprazolam). Other drugs used in treatment include Ativan (lorazepam) and Klonopin (clonazepam).



Self-help strategies for panic attacks

- Talk to someone. Discuss the source of your anxiety with someone you trust.
- Talk to yourself. Remind yourself that you are in no real danger.
- Relax and let time pass. Think of things you are going to do when the attack is over.
- Take comfort along. Carry things with you that will provide comfort and security (e.g., a small paper bag to breathe into if you hyperventilate, or a worry stone to keep in your pocket).
- Rehearse stressful situations. Imagine yourself feeling calm. If you are going to be in a situation that has brought on attacks in the past, think about how being calm then would have helped, and practice that calmness now.
- Practice relaxation techniques. Learn to calm yourself through visualization, meditation or self-hypnosis. These techniques can be used when you sense an attack coming on, and can either shorten or prevent the physical symptoms of a panic attack altogether.
- Avoid caffeine, nicotine, and alcohol. All have chemicals that can heighten anxiety or leave you feeling not in control.

Learn more about panic disorder

- **Anxiety and Depression Association of America**
www.adaa.org
- **Freedom From Fear**
www.freedomfromfear.org

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