

# Panic Attacks

Panic attacks are acute, short-lived, extreme bouts of anxiety with physical symptoms. They can cause such symptoms as chest pain, choking, dizziness, nausea, and shortness of breath. Panic attacks are actually normal and not dangerous; in fact they are not a diagnosable disorder. Each year, 1 in 10 adults will have a panic attack. They are simply a sign that your body's alarm system has gone off at the wrong time. They are simply a sign that your body's alarm system has gone off at the wrong time. It is impossible to design an alarm that will always go off when needed, and never give false alerts – that is why it is normal to have panic attacks (or false alarms) from time to time.

Panic disorder is a diagnosable disorder that can be very disabling. Panic disorder is defined by having a fear of panic attacks. In this condition people can live in constant fear of panic. It is this fear, rather than the attacks themselves, that causes the disability. It can get the point that people are afraid to go in public or leave the home (called agoraphobia).

Panic disorder usually begins in late adolescence or early adulthood. 2-3% of people will develop panic disorder in their lifetime.

Many people have panic attacks that do not develop into panic disorder. You can help prevent that from happening by reminding yourself that it is a false alarm and not dangerous (you can even say "It's good to know my alarm is still working").

Sometimes the underlying fear behind the panic attacks is not "fear of panic" but a

different phobia, such as fear of snakes, of social situations, or of heights. Panic attacks often occur in post-traumatic stress disorder in situations that remind the person of a past trauma.

Good treatment options address this underlying fear, rather than just medicating the panic attacks. Fortunately there are many treatment options available, including antidepressants, anti-anxiety medications, exposure therapy, cognitive-behavior therapy, and supportive psychotherapy.

## Panic and Mood

Depression can raise anxiety levels and the risk of panic attacks. Panic is even more common in manic and mixed-states (when mania and depression overlap at the same time). Mania, which occurs in bipolar disorder, is often misunderstood as a happy, excited state; quite often it is an unpleasant, edgy and anxious feeling.

## Symptoms

A panic attack involves the sudden appearance of at least four of the following symptoms:

- ◆ Chest pain or discomfort
- ◆ Choking
- ◆ Dizziness, unsteadiness, or faintness
- ◆ Fear of dying
- ◆ Fear of going crazy or of losing control
- ◆ Feelings of unreality, strangeness, or detachment from the environment
- ◆ Flushes or chills
- ◆ Nausea, stomachache, or diarrhea

- ◆ Numbness or tingling sensations
- ◆ Palpitations or accelerated heart rate
- ◆ Shortness of breath or a sense of being smothered
- ◆ Sweating
- ◆ Trembling or shaking

Symptoms peak within 10 minutes and usually fade away over minutes to hours. Because panic attacks sometimes are unexpected or occur for no apparent reason, especially when people experience them as part of panic disorder, people who have them frequently anticipate and worry about another attack—a condition called anticipatory anxiety—and try to avoid places where they have previously panicked.

Panic attacks often make people worry that they have a dangerous medical problem involving the heart, lungs, or brain. They may seek help from a doctor or hospital emergency department. If the correct diagnosis of panic attack is not made, they may have the additional worry that a serious medical problem has been overlooked.

## Treatment

Some people recover without formal treatment. For others, panic disorder waxes and wanes over years.

People with panic disorder are more receptive to treatment if they understand that the disorder involves both physical and psychological processes and that treatment must address both. Medication and behavior therapy are both helpful for the condition.

## Medication

Medications for panic disorder include antidepressants and anti-anxiety drugs such as benzodiazepines. Most types of antidepressants—tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and serotonin/norepinephrine reuptake inhibitors (SNRIs)—are effective. Benzodiazepines work faster than antidepressants but can cause drug dependence and are probably more likely to cause sleepiness, impaired coordination, and slowed reaction time. SSRIs are the preferred drugs because they are as effective as the other drugs but usually have fewer side effects. For example, they are much less likely to cause sleepiness, and they do not cause drug dependence, although if stopped abruptly most SSRIs (and SNRIs) can cause uncomfortable withdrawal symptoms that can last a week or more. Initially, people may be given a benzodiazepine and an antidepressant. When the antidepressant starts working, the dose of the benzodiazepine is decreased, then stopped.

These medications have mainly been studied in people who only have panic disorder. When there are other problems occurring with the panic, such as mood disorders, bipolar disorders or substance abuse, these medications may not be as helpful and can even be harmful. It is therefore critical to make sure your doctor is aware of all mental health symptoms you've had before beginning treatment for panic.

[www.moodtreatmentcenter.com](http://www.moodtreatmentcenter.com)

When a medicine is effective, it prevents or greatly reduces the number of panic attacks. A medicine may have to be taken for a long time because panic attacks often return after it is stopped.

## Psychotherapy

Exposure therapy, a type of behavior therapy in which people are exposed repeatedly to whatever triggers a panic attack, often helps to diminish the fear. Exposure therapy is repeated until people become very comfortable with the anxiety-provoking situation. In addition, people who are afraid that they will faint during a panic attack can practice an exercise in which they spin in a chair or breathe quickly (hyperventilate) until they feel faint. This exercise teaches them that they will not actually faint during a panic attack. Practicing slow, shallow breathing (respiratory control) helps many people who tend to hyperventilate.

Cognitive-behavior therapy also may help. People are taught the following:

- ◆ Not to avoid situations that cause panic attacks
- ◆ To recognize when their fears are unfounded
- ◆ To respond instead with slow, controlled breathing or other techniques that promote relaxation
- ◆ Supportive psychotherapy, which includes education and counseling, is beneficial because a therapist can provide general information about the

disorder, its treatment, realistic hope for improvement, and the support that comes from a trusting relationship with a doctor.

## What Is Exposure Therapy?

Exposure therapy purposefully permits anxiety to occur (although sometimes it does not occur). By being repeatedly exposed to the feared situation, either literally or using imagination, people experience the anxiety over and over until the feared stimulus eventually loses its effect. This process is called habituation.

Two types of exposure therapy are flooding and graduated exposure.

Flooding exposes people to the anxiety-producing stimulus for as long as 1 or 2 hours.

Graduated exposure gives people a greater degree of control over the length and frequency of exposures.

Both types of exposure treatment may use the most feared stimulus first, unlike systematic desensitization, which begins with the least feared stimulus.

A useful self-help resource is available at [www.anxieties.com](http://www.anxieties.com).

—Modified by Dr. Aiken from *The Merck Medical Manual, 2007 Home Edition*