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Panic Disorder

www.nimh.nih.gov

Panic disorder is a real illness that can be successfully treated. It is characterized by sudden attacks of terror, usually accompanied by a pounding heart, sweatiness, weakness, faintness, or dizziness. During these attacks, people may flush or feel chilled; their hands may tingle or feel numb; and they may experience nausea, chest pain, or smothering sensations. Panic attacks usually produce a sense of unreality, a fear of impending doom, or a fear of losing control.

A fear of one's own unexplained symptoms is also a symptom of panic disorder. People having panic attacks sometimes believe they are having heart attacks, losing their minds, or on the verge of death. They can't predict when or where an attack will occur, and between episodes many worry intensely and

dread the next attack.

Panic attacks can occur at any time, even during sleep. An attack usually peaks within 10 minutes, but some symptoms may last much longer.

People who have full-blown, repeated attacks can become very disabled by their condition and should seek treatment before they start to avoid places or situations where panic attacks have occurred.

Some people's lives become so restricted that they avoid normal activities, such as grocery shopping or driving. About one-third become housebound or are able to confront a feared situation only when accompanied by a spouse or other trusted person. When the condition progresses this far, it is called agoraphobia, or a fear of open spaces.

Early treatment can often prevent

agoraphobia, but people with panic disorder may sometimes go from doctor to doctor and visit the emergency room repeatedly before someone correctly diagnoses their condition. This is unfortunate, because panic disorder is one of the most treatable of the anxiety disorders, responding in most cases to certain kinds of medication or certain kinds of cognitive psychotherapy, which help change thinking patterns that lead to fear and anxiety.

Current and previous issues of the CHP newsletter can be found on our website. Please feel free to email us with topic requests, questions, etc. for future issues.

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Symptoms of Panic Disorder DSM-IV-TR

In Panic Disorder, the patient may experience multiple physical sensations that together define a Panic Attack. A Panic Attack is not a codable disorder, but is a discrete period of intense fear or discomfort, in which four (or more) of the following symptoms develop abruptly and reach a peak within 10 minutes:

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feeling of

choking

6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, light-headed, or faint
9. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. Fear of losing control or going crazy
11. Fear of dying



12. Paresthesias (numbness or tingling sensations)
13. Chills or hot flushes

To receive a diagnosis of Panic Disorder, the patient

must experience recurrent unexpected Panic Attacks and at least one of the attacks has been followed by one month (or more) of one (or more) of the following:

- A. persistent concern about having additional attacks
- B. Worry about the implications of the attack or its consequences
- C. A significant change in behavior related to the attacks

Panic Disorder is differentiated as With Agoraphobia or Without Agoraphobia. The Panic Attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism)

Panic Disorder Statistics

- Panic disorder affects about 6 million American adults ages 18 and older, or about 2.7 percent of people in this age group in a given year (Kessler et al., 2005)
- Panic disorder is twice as common in women than men (U.S. Surgeon General's Report, 1999)
- Panic attacks often begin in late adolescence or early adulthood (median age of onset is 24 years old), but not everyone who experiences panic attacks will develop panic disorder (Kessler et al., 2005)
- The tendency to develop panic attacks appears to be inherited (www.nimh.nih.gov)
- About one in three people with panic disorder develops agoraphobia, a condition in which the individual becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack (Robins & Riger, 1991)
- Only 1 in 4 people with panic disorder receives treatment (National Institutes of Mental Health)
- Roughly 10% of healthy people experience an isolated panic attack in a given year (U.S. Surgeon General's Report, 1999)
- Most panic attacks last less than 30 minutes (U.S. Surgeon General's Report, 1999)
- Roughly 50-60% of those who suffer from panic disorder also suffer from a major depressive disorder (U.S. Surgeon General's Report, 1999)



Treatment of Panic Disorder

www.apa.org

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 possi-

ble 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 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 is focuses on is the exposure to the actual physical sensations that

someone experiences during a panic attack.

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 an attack and also prevent future attacks.

In some cases, medication may also be needed. Anti-anxiety medications may be prescribed, as well as anti-depressants, 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.