

I'm just freaking out and I feel like my body's freaking out. I mean the shaking and the breathing and the sweats, and the heart pounding and the pain in the chest—I feel like I'm going to have a heart attack or something. Except I never do . . ."

What Is a Panic Attack?

Panic attack, the core feature of panic disorder, is a period of intense fear or discomfort that strikes suddenly, often in familiar places, where there is seemingly nothing threatening an individual. But when the attack comes, it feels as if there is a real threat, and the body reacts accordingly.

Panic attacks are usually classified as being part of panic disorder if they occur more than once and are accompanied by at least four of the following symptoms:

- * **Sweating**
- * **Shortness of breath**
- * **Rapid or pounding heart beat**
- * **Chest pain**
- * **Feeling unsteady**
- * **Choking or smothering sensations**
- * **Numbness or tingling**
- * **Chills or hot flashes**
- * **Faintness**
- * **Trembling or shaking**
- * **Nausea or abdominal pains**
- * **Feeling unreal or disconnected**
- * **Fear of losing control, "going crazy", or dying**

The discomfort and sense of danger the attack brings is so intense that people with panic disorder often believe they are having a heart attack or other life-threatening illness.

Unchecked Panic: A "Triple A" Threat

Panic attacks are the psychological event most likely to motivate a person to seek medical attention. However, if told nothing is wrong or that the problem is psychiatric, the patient may feel frustrated or embarrassed and not seek further help. This can result in three serious consequences:

Anticipatory anxiety. This condition is triggered by thinking about the possibility of having a panic attack. Once this develops, anticipatory anxiety can cause the patient to become reclusive, opting to endure the attacks alone rather than in public where there is no chance of escape and slight chance of help.

Avoidance. Panic attack sufferers may discontinue activities that seem to trigger panic attacks, such as going to the park, driving, riding in elevators, or doing anything that brings on frightening body sensations. While avoidance may temporarily help with the fear of the attack and loss of control, it makes normal life nearly impossible. It also does not stop the attacks from occurring.

Agoraphobia. Often coupled with panic disorder, agoraphobia is the fear of being in places or situations from which escape might be difficult or in which help might not be available in the event of a panic attack. Agoraphobia is a severe form of phobic avoidance and can cause those with panic disorder to avoid public places, crowds, or traveling by bus or plane. This pattern may progress to the point that the sufferer will not leave home.

Incidence and Frequency

Approximately twice as many women as men experience panic disorder; however, there is no difference in frequency in panic disorder among people of different ethnic, economic, and geographic backgrounds. The disorder typically begins when patients are in their 20s and is sometimes preceded by a stressful event which can trigger the first attack, such as the death of a parent. In most cases, however, most people are unable to associate their first panic attack with any specific event in their life.

According to the National Institute of Mental Health (NIMH), more than 3 million Americans will experience

panic disorder sometime in their lives. There is a genetic component to panic disorder because it often runs in families, which supports the idea that the condition may be inherited. People with panic disorder are also prone to other illnesses such as depression and drug or alcohol abuse. In fact, more than half of those with panic disorder will experience depression at least once during their lifetimes. The illness is often complicated by drug and alcohol abuse.

Treatment

Two main treatment options are available for people with panic disorder: medication and cognitive behavioral therapy. Both of these treatments have success rates between 60 to 90 percent. Both treatment options are equally effective and can be chosen based on a patient's preference.

Cognitive Behavioral Therapy consists of five fundamentals:

- * **Learning.** In this first stage, the therapist explains the illness, teaches the patient to identify the symptoms, and outlines the treatment plan.
- * **Monitoring.** Patients keep a diary to monitor panic attacks and record anxiety-inducing situations.
- * **Breathing.** The therapist teaches breathing relaxation techniques to combat the physical reactions of a panic attack.
- * **Rethinking.** The therapist helps the patient change his or her interpretation of physical symptoms from catastrophic to realistic.
- * **Exposing.** The therapist helps the patient encounter situations that evoke frightening physical sensations at levels of gradually increasing intensity.

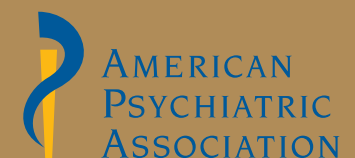
Medical treatments of panic disorder often include antidepressants, benzodiazepines, and other types of medications that have been shown to be successful in treating panic disorder. Effective treatments and ongoing research have brought new hope of recovery to those with panic disorder. Earlier detection significantly reduces the complications of untreated panic disorder. With appropriate psychiatric treatment, people who experience panic disorder can recover and return to normal life activities.

Panic Disorder

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Resources

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American Psychiatric Association (APA)

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Suite 1825
Arlington, VA 22209
703-907-7300
www.healthyminds.org

National Mental Health Association (NMHA)

2001 N. Beauregard Street
12th Floor
Alexandria, VA
800-969-NMHA (6642)
www.nmha.org

Anxiety Disorders Association of America (ADAA)

8730 Georgia Avenue, Suite 600
Silver Spring, MD 20910, USA
240-485-1001
www.adaa.org

National Alliance for the Mentally Ill (NAMI)

Colonial Place Three
2107 Wilson Blvd., Suite 300
Arlington, VA 22201-3042
703-524-7600
Information Helpline:
1-800-950-NAMI (6264)
www.nami.org



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