

PANIC DISORDER FACT SHEET

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?

You might be experiencing a panic attack, an uncontrollable panic response to ordinary, non-threatening situations. Panic attacks are often an indication that a person has panic disorder.

A person who experiences four or more panic attacks in a four -week period 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 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.

Phobias are irrational, involuntary, and inappropriate fears of 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.

Specific phobia: an unreasonable fear of specific circumstances or objects, such as snakes.

Social phobia: extreme fear of making a spectacle of oneself in public, thus avoiding public occasions or areas.

Agoraphobia: an intense fear about feeling trapped in any situation, particularly in public places, combined with an overwhelming

fear of having a panic attack in unfamiliar surroundings.

Phobias are usually chronic (long-term), distressing, and restrictive disorders. They can lead to other serious problems, such as depression. Alcoholism, loss of productivity, feelings of shame, secrecy, and low self-esteem also occur. Some people develop a pathologic dependency and are unable to go anywhere or do anything without the assistance of others they trust.

Many people with phobias or panic disorder "fear the fear," or worry about when the next attack is coming. Anticipatory anxiety, or the fear of more panic attacks, can be debilitating. People who are prone to panic attacks often begin to avoid the things they think triggered the panic attack, thus limiting the things they do or the places they go.

Two to five percent of Americans are thought to suffer from panic disorder. Most often, panic disorder first strikes people in their early twenties. A severe life stress, such as the death of a loved one, can precipitate panic attacks.

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

Is panic disorder treatable?

Recovery from panic disorder appears to be most successful when a combination of treatments is used. Most often, medication is used to block panic attacks, and when it is used in combination with cognitive or behavioral therapy, it allows people to overcome their fears and return to normal, functional living.

Treatments can be quite successful. In fact, 75 percent to 90 percent of those treated show significant improvements. Sadly, only about one quarter of those who suffer from this disorder ever seek appropriate treatment.

Cognitive therapy is used to help people think and behave appropriately, thus making the feared object or situation less threatening through supported exposure. Family members and friends play an important role in this process as they provide support, assistance, and encouragement.

Medication is most effective when used as part of a more comprehensive treatment plan that involves supportive therapy.

Antidepressants and anti-anxiety agents are most successful. Beta-blockers, which limit neuron activity in the brain, are helpful with social phobias.

Psychotherapy and healthy living habits are also believed to help people overcome the burdens placed on them by panic disorder. Exercise, a proper and balanced diet, moderate use of caffeine or alcohol, and reduced stress can help tremendously.

Fact sheet courtesy of Valeo Behavioral Health Care - Topeka, Kansas.