

# Facing panic disorder

## Turning the corner

By John McCormack

*While cooking sausages at his son's birthday party, Tony loses consciousness and causes a small explosion when he drops a bottle of lighter fluid onto the coals. Tony describes the experience as feeling as if he had "ginger ale in his skull." The incident—one of several similar recurring scenarios—causes Tony to seek medical help. Extensive testing, a magnetic resonance imaging scan, and blood work show no physical cause for the problem. Tony is then referred to a psychiatrist to help him deal with these unnerving episodes.*

Tony is a fictional character in *The Sopranos*, a TV show. But, his situation is very real. Tony suffers from panic disorder. It is a disease that often goes unnoticed, misunderstood, and—yes—misdiagnosed.

Although the TV show and other mentions in the popular media (stars such as Johnny Depp, Paula Dean, and Carrie Underwood have shared their experiences publicly) serve to raise much needed awareness, there are still plenty of misconceptions floating around about this particular mental illness.

"It's better recognized today than it used to be because of all this media attention. Doctors used to always tell people that they were just anxious. But now there is a better understanding of the condition,"

says Reid Wilson, PhD, director of the anxiety disorders treatment program and clinical associate professor of psychiatry at the University of North Carolina School of Medicine in Chapel Hill.

However, there is still a great need for health care professionals and the public to go beyond this simple awareness and truly understand the nuances of the disease.

### The state of panic

One basic misconception surrounding panic attacks and panic disorder stems from linguistics.

"People use the word 'panic' all the time. You'll say 'I was in a panic because my kids weren't home on time' or 'I was in a panic because I had to study for the final exam,'" explains Jonathan S. Abramowitz, PhD, professor and associate chair of psychology at University of North Carolina at Chapel Hill and director of the University of North Carolina Stress and Disorders Clinic. "The problem is that people may be experiencing high levels of stress in those situations, but they are not necessarily in a panic."

In clinical vernacular, a panic attack is a sudden episode of intense fear that triggers severe physical reactions. Often, sufferers feel as if they are losing control, having a heart attack, or even dying. These attacks—which commonly carry a "fight

or flight" response—typically last anywhere from a few minutes to a half hour, but can linger for hours.<sup>1</sup> The attacks may strike at any time and occur without a known reason, but frequently are triggered by specific events or thoughts, such as taking an elevator or driving.<sup>2</sup>

Panic disorder sets in when someone experiences recurrent panic attacks or lives in fear of another attack. That is, the trauma from the attacks is so significant that the person becomes preoccupied with worry over the possibility of suffering through another episode.

The condition affects many. As a matter of fact, approximately 6 million American adults ages 18 and older, or about 2.7 percent of people in this age group, suffer from panic disorder each year.<sup>3</sup>

### Heart of the problem

Such statistics, however, may not tell the whole story. Because panic attacks come with so many physical symptoms, sufferers are apt to search for an underlying medical condition, while medical professionals similarly might mistake panic attacks or panic disorder for other conditions. In fact, many people with panic disorder embark on a succession of physician visits, seeking medical treatment for what they believe is either a heart, respiratory, neurological, or



gastrointestinal condition. Some patients see as many as 10 physicians and undergo expensive and unnecessary tests.<sup>4</sup>

“A quarter of all visits to primary care doctors are for complaints that don’t have medical causes. And, panic is a big reason for this. A lot of patients think they might be having heart problems or something else and go to the doctor and get hooked up to an EKG, and it turns out that everything is normal,” Dr. Abramowitz says. “It makes sense for doctors to order the tests to cover themselves and make sure that they are not missing a serious physical condition, but medical professionals should also have an understanding of anxiety disorders such as panic attack and be on the lookout for its symptoms as well.”

Although the exact causes of panic disorder are unclear, some evidence suggests that the condition is hereditary. There also appears to be a connection with major life transitions, such as graduating from college, getting married, and having a baby. Severe stress, such as the death of a loved one, divorce, or job loss, can also trigger a panic attack.

### Open door to treatment

Getting patients the help they need is important, since the condition can be exacerbated by other problems. For instance, about 36 percent of people who suffer from panic disorders eventually develop agoraphobia—the fear of leaving the house.<sup>5</sup> In addition, panic disorder can lead to avoidance of social situations, problems at work or school, depression, increased risk of suicide, and financial problems.

Early intervention can also prevent sufferers from turning to drugs and alcohol when panic strikes. Approximately 20 percent of panic disorder patients have lifetime histories of alcohol or substance abuse.<sup>6</sup> People with panic disorder will often use alcohol or other drugs to alleviate the symptoms of a panic attack. However,

## When panic sets in

Panic attacks typically include a few of the following symptoms:

- A sense of impending doom or death
- Rapid heart rate
- Sweating
- Trembling
- Shortness of breath
- Hyperventilation
- Chills
- Hot flashes
- Nausea
- Abdominal cramping
- Chest pain
- Headache
- Dizziness
- Faintness
- Trouble swallowing<sup>1</sup>

such use creates a catch-22 situation, as it simply causes the disease to progress more rapidly. Chronic alcohol misuse worsens panic disorder due to distortion of the brain chemistry and function.<sup>7</sup>

The good news is that panic disorder, once diagnosed, is relatively easy to treat. Both medications and cognitive behavioral therapy help treat panic attacks. Several different types of medicine, such as inhibitors, antidepressants, and benzodiazepines, are used in the treatment of panic disorder.

Although the use of medicine is common in treating panic disorder—and can be effective—Dr. Abramowitz warns that patients could become overly dependent on drug therapy and, therefore, fall into a trap. “People become dependent on the medications. People then start to believe that the sedatives take the attacks away or that they survived because of the drugs. Then, if they forget to take their medicine with them when they go somewhere, that,

in and of itself, could set off a panic attack,” Dr. Abramowitz says.

Cognitive behavioral therapy (CBT) can treat panic disorder without the risk of such dependency. This therapy, therefore, is often cited as the most effective treatment. A number of randomized clinical trials illustrate that CBT achieves panic-free status in 70 to 90 percent of patients.<sup>8</sup>

“Such therapy provides the education needed and helps sufferers not [to] be afraid of the fight or flight response,” Dr. Abramowitz says. “You need to help the person get rid of that fear of fear. With therapy, we help the patient gradually confront the situation that acts as a trigger for the panic. After a while, the connection between the situation and having panic attacks will dissipate.” ◀

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