Did I fake a heart attack? The reports said so.

The Night That Changed Everything

At midnight, 16-year-old Mary woke up gasping for air, her heart pounding violently. Sharp pain shot down her left arm as sweat drenched her. "This is it," she thought. "I'm having a heart attack."

Her terrified mother rushed her to the emergency room (ER), where doctors immediately ran tests. From ECG to blood pressure and oxygen levels, everything was absolutely normal; nothing was physically wrong with her heart.

"Your tests are completely normal," the ER doctor said, flipping through the results. Mary's ECG showed perfect rhythm. Her bloodwork revealed no signs of heart damage. The chest X-ray was clear.

She could still feel her heart pounding in her chest. She knew that even if the tests revealed nothing, something was wrong with her. She wasn't lying or faking; she could feel the seriousness of the disease afflicting her.

What was the mysterious illness that led Mary to the ER ?
It was diagnosed as Panic Disorder.

DID YOU KNOW?

People with panic disorder have much higher rates of medical visits, procedures, and laboratory tests as compared to the general population and those with other anxiety disorders. They routinely express dissatisfaction with their medical treatment, and doctors view individuals with Panic Disorder as more difficult to care for.

Understanding the Invisible Illness

Panic disorder is a mental health condition characterized by sudden, overwhelming episodes of fear that trigger intense physical reactions. Each episode usually lasts 30–60 minutes.[1] The symptoms can include:

- Pounding heart/palpitations, a racing heart
- Shortness of breath that mimics suffocation
- Chest pain, dizziness, nausea, trembling, sweating or chills
- A terrifying sense of impending doom or loss of control

Dr. John, a psychiatrist who specializes in anxiety disorders, explains that during a panic attack, the brain's fear center, the amygdala, essentially triggers a false alarm. The physical symptoms are completely real and measurable, but they're not caused by what the patient fears. It's like a fire alarm going off when there's no fire.

DID YOU KNOW?

Panic attacks can occur in a range of psychiatric illnesses besides panic disorder.
The distinguishing trait of panic disorder is that panic attacks are recurrent, unexpected, and do not occur only in the context of another mental condition.

Mary's Hidden Struggle

Looking back, Mary recognizes the warning signs she had dismissed for years. After her parents' difficult divorce, her straight-A grades began slipping.

She began experiencing frequent illnesses, including sudden dizziness during exams, unexplained shortness of breath in crowded hallways, and nausea before presentations.

"I thought I just had bad immunity," Mary said. "I'd push through the symptoms at school, then collapse when I got home. My mom thought I was faking to get out of tests."

Doctors prescribed inhalers for her breathlessness, antiemetics for her nausea, and even medicines for her racing heart. But no one asked about stress, anxiety, or the recent family trauma. The medications appeared to be effective, as panic attacks usually subsided within an hour, leading Mary and her mother to believe medicines were performing miracles.

Gradually, Mary began avoiding triggers altogether. She skipped school, avoided malls and markets, and eventually stopped going out of the house altogether. She would avoid any open or closed space, and if she was there somehow, she would, in her mind, create scenarios of how to escape. “This avoidance, known as agoraphobia, commonly exists together with panic disorder in many patients,” said Dr. John.

“Due to limited mental education among the general population, it is not unusual to overlook the indicators of a mental condition. Prior to the episode involving Mary, she was entirely unaware of panic disorder; in fact, it was the first time she heard the term "panic disorder” said Dr. John.

DID YOU KNOW?

Panic attacks in children are quite uncommon. Panic attacks are reported at a much higher rate during middle adolescence and then rapidly drop beyond age 50. The presentation of symptoms appears to be consistent across age groups; however, adolescents are more reluctant to address problems due to fears that they may suggest a major medical issue.

The Biology Behind the Panic Attacks

When we look at panic or anxiety from an evolutionary perspective, it is an adaptational response. For example, confronted with a lion, the typical human reaction would be one of fear and anxiety, a natural response to perceived danger.

The amygdala, the body's alarm system, is constantly monitoring data from your senses, such as sights and noises, and memories from past events.

Even in the absence of an actual threat, panic attack symptoms are induced by an overreaction in the amygdala that initiates a chain reaction in the brain and body. In essence, it misinterprets trivial ideas or circumstances as crises and initiates a false alarm that appears to be all too real.

The amygdala achieves this via the use of brain chemicals and hormones, including cortisol (the stress hormone) and adrenaline, which functions as the body's emergency fuel, to stimulate the heart and induce a *flight or fight* response.

DID YOU KNOW?

Patients with panic disorder have significantly higher lifetime rates of cardiac, pulmonary, gastrointestinal, and other medical disorders than the general population.

Who is at risk for panic disorder?

Panic disorder can be caused by biological, genetic, and environmental factors. These include:

- **Biological:** Genetic predisposition (40% higher risk with a family history),[2] female gender.
- **Psychological** : easily anxiety-prone or fearful individuals, depression
- **Environmental**: Childhood trauma, loneliness, and significant life stressors.
- **Health and habits** : alcohol, smoking, caffeine intake, and some long-term diseases, such as heart disease.

Mary stated, "It was very difficult for me to cope with my parents' divorce, and since then, I have not been myself. I experienced a range of emotions, including anxiety, and my attempts to suppress these feelings ultimately led to my poor mental health."

DID YOU KNOW?

Panic disorder is linked to a higher frequency of suicidal ideas. A person with this disorder cannot function normally in his social and personal lives, hence it is also connected to a lower quality of life. The condition is associated with a higher prevalence of smoking and related medical conditions.

Mary's Road to Recovery

After her ER visit, Mary began treatment with a psychiatrist who specialized in anxiety disorders. Her recovery plan included:

1. **Medication**: These include anti-anxiety medicines and antidepressants such as SSRIs (selective serotonin reuptake inhibitors). SSRIs help restore chemical balance in the brain.

   "It took about 4–6 weeks for these medicines to really work," Mary recalls. "At first I was disappointed; I felt the medicines weren't working, and I got hopeless thinking nothing could treat me, not even the medicines, but my doctor explained that brains don't change overnight. And it took some time, but they started showing effects, and I started feeling better."

2. **Cognitive Behavioral Therapy:** Mary attended weekly sessions where she recalls it was difficult for her to first leave the house; she was fearful, but somehow she made it to the clinic. In the sessions, she learned to identify and

challenge negative thoughts; for example, "I'm dying" became, "No, this will pass; I am not dying; this is just my brain playing tricks and taking over my body."

3. **Gradual Exposure** : Beginning with small challenges and increasing it in difficulty. She would go small distances first in the neighborhood, later to long distances with her mother accompanying her. Despite her fear of crowds, buses, and trains, she would go on trips with her mother, who continued to talk to her and divert her attention during the journey. Throughout the trip, they would discuss the good things, including the scenery and the weather, which helped her forget her unpleasant thoughts. She eventually began to enjoy the rides and realized that it wasn't as terrible as she had made it in her mind.

4. **Lifestyle Changes** : Her worries kept her awake all night, so she adjusted her sleep schedule and added yoga, meditation, and breathing exercises to her routine. She avoided caffeine and energy drinks, as well as other foods or triggers that she believed caused her anxiety. And following these modifications, she felt the magic happen.

DID YOU KNOW?

Although very effective treatments for anxiety disorders exist, only around one-quarter of those in need (27.6%) receive any treatment. Lack of knowledge that this is a treatable health condition, insufficient investment in mental health services, a scarcity of educated health care practitioners, and social stigma are all barriers to care.

The Bigger Picture: Why Mary's Story Matter ?

Mary's experience highlights critical gaps in how we understand and treat mental health:

1. **Physical symptoms can have psychological roots**: If neglected, mental health can manifest as physical signs.

2. **Early intervention prevents years of suffering**: If recognized sooner, Mary might have avoided developing the disorder.

3. **Treatment works when properly applied**: The right combination of medication and therapy changed everything.

Mary's mother, a teacher at Westwood School, stated, "We teach children to recognize the symptoms of asthma and flu. Why not about panic attacks? Incidents like these change your perspective on mental health; it isn't something fictional; it is a real thing with serious implications and can affect anyone, including our children; therefore, it is best to be alert and prepared. If I'd known what to look for, Mary could have received help years ago. I don't want other children or their parents to go through what Mary and I did because of a lack of information about mental health. It was devastating, and I felt helpless; therefore, I teach both the children and their parents about the importance of mental health. Because children should not be imprisoned in their homes; instead, they should play, explore, and, most importantly, enjoy their lives."

Life After Panic

Eight months after her diagnosis, Mary boarded a plane alone to visit colleges — something she couldn't have imagined during her worst days. "I still have moments of anxiety," she admits. "But now I know how to handle it. I understand the difference between genuine danger and my brain's false alerts.

Mary's advice to others struggling with similar symptoms? "Listen to your body, but also find doctors who will listen to you. I couldn’t have made it without my mother. I regret not

sharing the problems or opening up to her sooner. You shouldn't suppress your emotions, and if needed, seek help; don't shy away. And most importantly, there is hope, and there are treatments.

And it gets better.

If you feel someone is suffering from a mental health disorder, call this toll-free Mental Health Rehabilitation Helpline KIRAN (1800-599-0019) by DEPwD, Ministry of Social Justice and Empowerment. The helpline is operational 24 hours a day, and service available in 13 different languages. or,
Contact Telemanas (by Ministry of Health and Family Welfare) at this toll-free number : 1-800-891-441. Available in multiple languages 24x7.

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