

# PANIC DISORDER

## What is Panic Disorder?

Panic attacks can occur at any time, anywhere: sitting in a movie theatre, shopping, or driving.

A panic attack is a sudden and unexpected episode of intense and overwhelming fear that has a distinct beginning and end point. The fear is accompanied by other physical symptoms that often mimic heart attacks or being suffocated. In a panic attack, the physical symptoms come to a peak within 10 minutes of starting. Often with panic attacks, you feel as if something terrible is about to happen. You feel like you must flee or escape.

Roughly one person in seven will experience at least one panic attack during his or her lifetime. This does not mean the person is suffering from Panic Disorder, nor does it mean the person will develop Panic Disorder. A true diagnosis of Panic Disorder is made when a person has experienced more than one panic attack, and the panic attack was unexpected.

Panic Disorder is a medical illness. A person with Panic Disorder will experience repeated panic attacks that are accompanied by several of the following symptoms:

- Chest pain, pressure or discomfort.
- Heart palpitations or rapid heart beat.
- Difficulty breathing or catching your breath.
- A choking sensation or lump in the throat.
- Excessive sweating; light-headedness or dizziness.
- Tingling or numbness in parts of the body.
- Chills or hot flashes; shaking or trembling or feelings of unreality or of being detached from the body.

After having a panic attack, it is not unusual for a person to feel as if they are going crazy or having a “nervous breakdown”. In fact, many people will continue to feel this way long after the initial panic attack has occurred. Many people begin to feel intense anxiety about the possibility of having more attacks. If untreated, many sufferers begin to avoid situations or places where they fear panic attacks will strike. This avoidance of situations where escape might be difficult or in which help may not be available can develop into a serious anxiety disorder of its own called **agoraphobia**. Agoraphobia develops when the person learns to fear having another attack in the same place or in a location where it would be difficult to get help. If **agoraphobia** becomes severe enough, the person may become housebound and unable to perform normal daily activities.

Panic Disorder is often misunderstood. People with the disorder may spend months or years trying to find an explanation for what they feel are mysterious physical symptoms. Others won't seek treatment because they are embarrassed, think their condition is just due to stress, or they are afraid of what the doctor will diagnose.

## **The truth about Panic Disorder**

- Panic Disorder is a medical illness.
- 4% of the population will experience at least one panic attack in their lifetime.
- Symptoms of Panic Disorder usually appear in late adolescence or early adulthood.
- Women are more likely to develop Panic Disorder.
- Panic Disorder is treatable.

## **What causes Panic Disorder?**

The exact cause of Panic Disorder remains a mystery. However, research suggests that it may be caused by a chemical imbalance in the area of the brain responsible for our ability to respond to perceived dangers, known as "fight or flight" response.

When faced with a dangerous situation our brain makes a decision on whether we should stay put and "fight" or if it is better to run away, "flight".

Researchers believe that in people with Panic Disorder this response mechanism is being turned "on" when there is no sign of danger.

Panic Disorder is not due to stress. It is not due to family situation. But these factors can worsen the symptoms. Panic Disorder is a medical illness, without proper treatment it can result in an inability to perform on the job, go to social functions or pass up opportunities from the fear of being placed in situations associated with panic attacks.

Panic Disorder is often associated with Depression. Some people try to control their symptoms with alcohol or other drugs, but it is important to understand that drugs and alcohol often make the problem worse.

## **How can I tell if I have Panic Disorder?**

Only your doctor can make the actual diagnosis of Panic Disorder. However, if you see yourself in the descriptions given in this pamphlet and think you might have Panic Disorder, complete the following questionnaire.

### **A self-test for Panic Disorder**

Check off any of the symptoms you have had in the past month.

Shortness of breath or the feeling that you are being smothered?

Yes                      No

Dizziness, unsteadiness or faintness?

Yes                      No

Palpitations or a rapid heart beat?

Yes                      No

Trembling or shaking?

Yes                      No

Sweating?

Yes                      No

Choking?

Yes                      No

Nausea or abdominal upset?

Yes                      No

Feelings of unreality or being detached as if watching yourself from afar?

Yes                      No

Numbness or tingling?

Yes                      No

Flushes or chills?

Yes                      No

Chest pain or discomfort?

Yes                      No

Fear of dying?

Yes                      No

Fear of going crazy or of doing something uncontrolled?

Yes                      No

1. Do these symptoms come together to reach a peak in 10 minutes?

Yes                      No

2. Do you worry about these symptoms, avoid places that might trigger an attack, or avoid situations and places that you cannot escape from if an attack comes?

Yes                      No

If you have answered “yes” to at least 4 of the symptoms and/or “yes” to either of the above two questions, you may have Panic Disorder and you should see your doctor.

## **I think I have Panic Disorder, what do I do now?**

Panic Disorder is a serious medical condition. Symptoms are not due to stress or personal difficulties. Talk to your doctor if you think you have Panic Disorder. Remember to tell your doctor about all your symptoms no matter how small they may seem. Because panic attacks often take the form of physical problems, such as racing or pounding heart, your doctor will want to give you a thorough physical examination to rule out the possibility of any physical illnesses such as respiratory disease, thyroid, or digestive disorders.

There is no reason for you to suffer any longer. The symptoms of Panic Disorder will not get better on their own and early treatment can help the disorder from getting worse. It is important to understand that panic attacks can be reduced, and in many cases eliminated with the right medication and therapy. Talk to your doctor about what treatments are best for you.

### **A word about Suicide**

The anxiety and distress of Panic Disorder can be so severe that some people think about hurting themselves or committing suicide. These thoughts can be very dangerous, especially if you are going through an episode of Depression. If you have had these thoughts or are having them now, **see your doctor immediately**. Help is available.

It is important to realize that thinking about suicide is not shameful; it is part of the illness. Share all of these thoughts with your doctor. He/she can help you through this period and give you medications that will ease the pain and make you feel better or he/she may recommend psychological therapy to help you discuss your situation.

## **Is it possible to have other illnesses as well as Panic Disorder?**

Yes. People who suffer from Panic Disorder often suffer from Depression, [Social Anxiety Disorder](#), [Post Traumatic Stress Disorder](#), and drug or alcohol abuse. If you have feelings of intense sadness, a lack of enjoyment in normal activities, difficulty sleeping or concentrating, be sure to tell your doctor.

There are treatments that can treat both Panic Disorder and its associated disorders. Alcohol or drug abuse can also be managed with different types of therapy such as counselling or self-help groups.

### **A word about Depression**

We all get “depressed” from time-to-time. Most often these feelings are short-lived and our moods improve when things change. We get back to being our “old selves”.

Yet for many people, the symptoms of [depression](#) are more severe and last much longer. [Depression](#) is very different from “feeling down” or “having the blues”. If left untreated for long periods, Depression can seriously affect sleep patterns, appetite, energy levels, and physical well-being. Negative thoughts, a sense of helplessness or hopelessness, and always feeling sad, are symptoms of people suffering from [Depression](#).

Some things to look for if you think you may be suffering from [Depression](#) are:

- **Changes in your mood:** you are bothered by small things, feel sad all the time or take less pleasure in things you once enjoyed.
- **Changes in your physical well-being:** increase or decrease in appetite and weight, trouble sleeping or waking up, low energy levels, lack of motivation, headaches, or general aches and pains.
- **Changes in your thought patterns:** negative thoughts, trouble concentrating or paying attention, feelings of helplessness or hopelessness, guilt or pessimism.

People with Panic Disorder often become depressed because the fear of experiencing another panic attack limits their ability to enjoy the every day pleasures that we often take for granted, like meeting a friend for coffee.

Fortunately, there are medications that can treat both Panic Disorder and [Depression](#). Talk to your doctor about treatments that can help you overcome the symptoms of these illnesses.

### **A word about [Social Anxiety Disorder](#) (Social Phobia)**

It is almost impossible to go through a single day without seeing or talking to another person. But for the thousands of Canadians suffering from [Social Anxiety Disorder](#) the thought of having to interact with others is frightening. Those suffering from Social Anxiety Disorder are afraid that they may do or say something “stupid” in front of others. They often avoid eating, drinking or writing in public places because of the fear that they will do something to embarrass themselves. [Social Anxiety Disorder](#) patients often go out of their way to avoid many different social situations. They often experience a great deal of anxiety prior to a known upcoming social or public event, which often leads to irrational thoughts about losing control, which in turn, causes them to fear the situation even more.

It is not uncommon for people with [Social Anxiety Disorder](#) to have panic attacks when they are forced to perform in social situations, this can lead to the eventual development of Panic Disorder.

It is also possible for people with Panic Disorder to develop [Social Anxiety Disorder](#). Because of their fear of panic attacks, people with Panic Disorder may soon avoid any and all places that they believe will cause them to have a panic attack. Often people with Panic Disorder become fearful of different social settings because they fear that a panic attack will make them look “stupid” in front of others.

### **A word about Posttraumatic Stress Disorder**

[Posttraumatic Stress Disorder](#) (PTSD) is a serious psychiatric disorder that affects thousands of people each year. In fact, in any given year 5% of the population can expect to suffer from [PTSD](#). Although, once thought to only occur in war veterans, we now understand that [PTSD](#) can develop in anyone who has experienced or witnessed a traumatic event, such as being in a car accident.

## **1 out of 2 people will experience at least one traumatic event in their lifetime.**

Although we all deal with traumatic events differently, many people do not suffer any adverse effects from a traumatic event. However there are people who will experience or witness a traumatic event and continue to re-experience the event over and over again, sometimes for months or years. They may begin to avoid situations or conversations that remind them of the traumatic event. They may have problems getting to sleep or staying asleep. They often startle easily and may seem “overly” alert like they are anticipating another traumatic event. For these people the trauma never seems to end – they have [PTSD](#).

It is not uncommon for a person with [PTSD](#) to experience panic attacks when they are confronted with something that reminds them of their traumatic event.

## **A word about Drug and Alcohol Abuse**

People with Panic Disorder often turn to drugs and alcohol in the vain attempt to relieve the pain and fear they experience as a result of their illness.

About 30% of patients abuse alcohol and about 17% abuse other drugs. It is important to understand that drugs and alcohol often make the anxiety even worse. The long-term effects of drug or alcohol abuse can also be very damaging to your health and well-being. It can also be disruptive to family, friends and other relationships.

When talking to your doctor, be honest about any drug or alcohol use. Drugs and alcohol can seriously affect the treatment your doctor will prescribe for you and can lead to dangerous side-effects.

## **What kinds of treatment can help me?**

It is important that your doctor understands not just your symptoms but also your thoughts and emotions during and after your panic attacks. Remember to tell your doctor if you are feeling depressed, have lost your appetite or don't enjoy your usual activities. Currently there are two types of treatments available to treat Panic Disorder: medication and psychological therapy.

### **Medications**

Medications have been shown to work well in controlling the symptoms of Panic Disorder: After discussing the problem, your doctor may suggest that you begin treatment with one of the newer antidepressants, known as Selective Serotonin Reuptake Inhibitors (SSRIs) which have been shown to be very effective in treating Panic Disorder. One of their biggest advantages is that they not only treat Panic Disorder, but they can also treat Depression and many of the anxiety disorders associated with Panic Disorder. For most people, symptoms of anxiety, fearfulness and avoidance begin to improve within a short period of time.

As with all medications, it is important to understand the side-effects associated with different medications. Be sure to tell your doctor if you are experiencing any side-effects, often he/she can help reduce or eliminate the different side-effects you may be experiencing.

Never stop taking your medication without talking to your doctor first. If your doctor decides to stop your therapy, he/she will explain the best way to do that. Stopping your medication too early can cause the symptoms to return.

## **Psychological therapies**

Most people benefit from adding psychological therapy by properly trained professionals to their treatment. Some of the available therapies are:

**Cognitive-behavioural therapy (CBT):** Teaches coping techniques to help you deal with your symptoms by teaching you to anticipate the situations and bodily sensations that may trigger a panic attack. **CBT** gradually exposes a person to the physical sensations of panic and agoraphobia to help reduce the anxiety felt in different situations. **CBT** has been shown to be extremely helpful. New research has shown that a full course of **CBT** can effectively halt the disorder for at least 6 months after the patient stops taking medication. You may also learn different relaxation and deep breathing exercises that can be used to help you calm yourself during a panic attack.

**Group therapy:** Which can help by allowing you to share your experiences with other sufferers and to exchange ideas about treatment techniques and coping skills. **CBT** can also be administered in a group setting by properly trained professionals.

## **Where can I find more information on Panic Disorder?**

There are many different patient programs designed to help you understand Panic Disorder. Talk to your doctor about which ones are right for you.

### **COMMUNITY RESOURCES AND ASSOCIATIONS**

- **Canadian Mental Health Association:** Offices located across Canada (consult your telephone directory) or call 211
- **Association/Troubles Anxieux du Quebec (ATAQ)** 1-514-251-0083
- **Association Quebécoise de Soutien aux personnes souffrant de troubles anxieux, dépression ou bipolaires** 1-800-738-4873 (1-800-REVIVRE)

### **ONLINE INFORMATION**

- Overall Online Resources for The Spectrum of Depression and Anxiety Disorders: [www.feelingblue.com](http://www.feelingblue.com)
- Depression Information Resource & Education Centre (DIRECT) operated by McMaster University, Department of Psychiatry: [www.fhs.mcmaster.ca/direct](http://www.fhs.mcmaster.ca/direct)

- Canadian Mental Health Association: [www.cmha-bc.org](http://www.cmha-bc.org)
- CANMAT Canadian Network for Mood and Anxiety Treatments. [www.canmat.org](http://www.canmat.org)
- National Institute of Mental Health: [www.nimh-nih.gov](http://www.nimh-nih.gov)
- Directory of Anxiety Treatment Resources in Canada: [www.macanxiety.com](http://www.macanxiety.com)
- Association des medecins psychiatres du Quebec [www.ampq.org](http://www.ampq.org)
- Association/Troubles Anxieux du Quebec (ATAQ) [www.ataq.org](http://www.ataq.org)
- Association Quebecoise de soutien aux personnes aux personnes souffrant de troubles anxieux depression ou bipolaires [www.revivre.org](http://www.revivre.org)