

PANIC DISORDER (WITH OR WITHOUT AGORAPHOBIA)

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What is panic disorder?

A panic attack is a sudden episode of very intense fear, accompanied by at least four of the following symptoms:

- Palpitations or accelerated heart rate;
- Dizziness, light-headedness, or feeling faint;
- A sensation of suffocating or shortness of breath;
- Nausea or upset stomach;
- Tingling or numbness;
- Chills or hot flashes;
- Fear of dying;
- Fear of going crazy or losing control;
- Sweating;
- Trembling or shaking;
- Chest pain or discomfort;
- A feeling of choking;
- Feeling detached from oneself or a feeling of unreality.

A panic attack reaches its peak quickly – usually in less than 10 minutes – and is limited in duration. It is frequently associated with the feeling that a disaster is about to happen, and the person often feels an urgent need to flee. It can happen anywhere at any time.

Panic attacks can occur with other anxiety disorders, such as social phobia or specific phobia. For example, for someone who has a phobia involving spiders, seeing a spider can trigger a panic attack. On the other hand, even though people who suffer from panic disorder sometimes have panic attacks that are associated with or made more likely by a particular situation, the diagnosis of panic disorder requires that panic attacks occur unexpectedly.

Panic disorder may or may not be accompanied by agoraphobia, which is a condition that causes an individual to make an effort to avoid places or situations where it would be hard to escape or find help in the case of a panic attack (e.g.: avoiding pools, crowds, and mass transit, being afraid of traffic jams, etc.). When these situations can't be avoided, it causes severe distress or intense fear of a panic attack.

Panic disorder affects between 1.5% and 3.5% of the population, and although there is a great deal of variation in terms of the age when it first appears, it is often between late adolescence and the mid-thirties. Panic disorder without agoraphobia is twice as fre-

quent among women as men. Panic disorder with agoraphobia is three times as frequent among women. Biological and psychosocial factors are believed to play a role in this disorder. Traumatic events, separation anxiety during childhood, and learning through observation may increase the likelihood of occurrence. From a biological perspective, certain neurotransmitters may be involved, such as norepinephrine, serotonin, and GABA.

50% to 60% of people who suffer from panic disorder also suffer from depression, and one-third of these people suffered from depression before they developed panic disorder. People often have other anxiety disorders as well.

Warning signs

For some people, panic disorder begins or intensifies when there's a break in or loss of a significant relationship. Signs that panic disorder may be developing include the following: an individual has experienced more than two unexpected panic attacks and the fear of having a panic attack has lasted for a month or more; the individual experiences significant distress and has problems performing daily activities and getting work done; the individual does not take advantage of interesting opportunities because of a fear of having a panic attack.

Symptoms

The symptoms of panic disorder can manifest as anxieties concerning the possible consequences or implications of a panic attack. For example, people who suffer from panic disorder may be afraid that their symptoms are caused by a serious illness (heart problems, etc.) or that they will lose control permanently and go insane. Many people may even go to the emergency room or call an ambulance.

People who suffer from agoraphobia may become more and more isolated, to the point where they significantly limit their activities and social life.

The frequency of panic attacks among those who suffer from panic disorder varies significantly from one person to another. Some people have several per day, while others may only experience them once per month. They also vary in severity.

Treatment

The two main forms of treatment for this disorder are psychotherapy and medication.

Psychotherapy helps to alter certain beliefs and thoughts that can intensify the symptoms of panic attacks. One form of therapy that has been recognized as effective for panic disorder consists of gradually exposing the person to problematic situations in order to replace avoidance behaviours with more appropriate behaviours.

In terms of medication, antidepressants that act on serotonin are often recommended for panic disorder. Benzodiazepines may also be prescribed, but should be used in moderation, because they can lead to addiction and dependency.

Self-help groups – such as those at Revivre – can help to break the isolation by bringing people who are going through similar situations together. They provide a place where you can talk about your feelings and anxieties without fear of being judged. It can also be helpful to hear the stories of other people who have learned to live with the disorder.

Where to go for help

If you think you have panic disorder and you want to learn more about the available treatments, one of the first steps may be to talk to a doctor. For psychological help, you can consult a psychotherapist who is recognized by a professional association, such as a psychologist or a social worker.

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