

Panic Disorder Fact Sheet



What is Panic Disorder?

Panic disorder is an anxiety disorder characterized by unexpected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness, or abdominal distress. These sensations often mimic symptoms of a heart attack or other life-threatening medical conditions. As a result, the diagnosis of panic disorder is frequently not made until extensive and costly medical procedures fail to provide a correct diagnosis or relief.

Many people with panic disorder develop intense anxiety between episodes. It is not unusual for a person with panic disorder to develop phobias (fears) about places or situations where panic attacks have occurred, such as in supermarkets or other everyday situations. As the frequency of panic attacks increases, the person often begins to avoid situations where they fear another attack may occur or where help would not be immediately available. This avoidance may eventually develop into agoraphobia, an inability to go beyond known and safe surroundings, because of intense fear and anxiety.

Facts About Panic Disorder

- Approximately 2.4 million American adults ages 18 to 54, or about 1.7% of people in this age group in a given year, have panic disorder.
- Panic disorder typically develops in late adolescence or early adulthood and is twice as common in women as in men.
- Attacks can occur at any time, even waking one from sleep.
- Panic disorder may coexist with other disorders, most often depression and substance abuse. Appropriate diagnosis and treatment of other disorders are important to successfully treating panic disorder.
- Not everyone who experiences a panic attack will develop panic disorder.

What Causes Panic Disorder?

No one really knows what causes panic disorder, but several ideas are being researched. Panic disorder seems to run in families, which suggests that it has at least some genetic basis. Some theories suggest that panic disorder is part of a more generalized anxiety in the people who have panic attacks or that severe separation anxiety can develop into panic disorder or phobias, most often agoraphobia.

Biological theories point to possible physical defects in a person's autonomic (or automatic) nervous system. General hypersensitivity in the nervous system, increased arousal, or a sudden chemical imbalance can trigger panic attacks. Caffeine, alcohol, and several other agents can also trigger these symptoms.

What are the Symptoms of Panic Disorders?

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 a sense of unreality
- Feelings of dying, losing control, or losing one's mind

Panic attacks typically last about 10 minutes, but may be a few minutes shorter or as long as 45 minutes. During the attack, the physical and emotional symptoms increase quickly in a crescendo-like way and then subside. A person may feel anxious and jittery for many hours after experiencing a panic attack.

(continued)

What are Phobias?

Phobias are irrational, involuntary, and inappropriate fears of (or responses to) 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. Phobias are divided into three types:

- **Specific Phobia** – An extreme or excessive fear of an object or situation that is not harmful under general conditions. People with specific phobias know that their fear is excessive, but they are unable to overcome the emotion.
- **Social Phobia (also called Social Anxiety Disorder)** – Significant anxiety and discomfort related to fear of being embarrassed or scorned in social or performance situations (e.g., public speaking, meeting people, or using public restrooms). Most people experiencing social phobia try to avoid situations that provoke the dread, or endure them with much distress.
- **Agoraphobia** – The fear of experiencing a panic attack in situations from which escape may be difficult or embarrassing. The anxiety of agoraphobia is so severe that individuals typically seek to avoid the situations altogether. Untreated, agoraphobia can become so debilitating that a person may refuse to leave the house.

Phobias are usually chronic (long-term), distressing disorders that keep people from ordinary activities and places. They can lead to other serious problems, such as depression. In fact, at least half of those with phobias and panic disorders also have depression. Alcoholism, loss of productivity, secretiveness, and feelings of shame and low self-esteem also occur with this illness. Some people are unable to go anywhere or do anything outside their homes without the help of others they trust.

Many people with phobias or panic disorder “fear the fear,” or worry about when the next attack is coming. The fear of more panic attacks can lead to a very limited life. People who have panic attacks often begin to avoid the things they think triggered the panic attack and they stop doing the things they used to do or going to the places they used to go.

Treatment of Panic Disorder

Two main treatment options are available for people with panic disorder: medication and cognitive behavioral therapy. These treatments are equally effective and can be chosen on the basis of each patient’s preference. A number of medications that are used to treat depression also help from 75% to 90% of patients with panic disorder. Cognitive behavioral therapy consists of five key elements:

- **Learning.** In the first stage, the therapist explains the illness, teaches the patient to identify the symptoms, and outlines the treatment plan;
- **Monitoring.** The patient keeps a diary to monitor panic attacks and record anxiety-inducing situations;
- **Breathing.** The therapist teaches breathing relaxation techniques to combat the physical reactions of a panic attack;
- **Rethinking.** The therapist helps the patient change his or her interpretation of physical symptoms from catastrophic to realistic; and
- **Exposing.** The therapist helps the patient encounter situations that evoke frightening physical sensations at levels of gradually increasing intensity.

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