



PANIC AND AGORAPHOBIA

What is Panic Disorder?

In panic disorder, brief episodes of intense fear are accompanied by multiple physical symptoms (such as heart palpitations and dizziness) that occur repeatedly and unexpectedly in the absence of any external threat. These "panic attacks" are believed to occur when the brain's normal mechanism for reacting to a threat—the so-called "fight or flight" response—becomes inappropriately aroused. Most people with panic disorder also feel anxious about the possibility of having another panic attack and avoid situations in which they believe these attacks are likely to occur. Anxiety about another attack, and the avoidance it causes, can lead to disability in panic disorder.

Symptoms of Panic Attacks

During a panic attack, some or all of the following symptoms occur:

- Terror—a sense that something unimaginably horrible is about to happen and one is powerless to prevent it
- Racing or pounding heartbeat
- Chest pain
- Dizziness, lightheadedness, nausea
- Difficulty breathing
- Tingling or numbness in the hands
- Flushes or chills
- Sense of unreality
- Fear of losing control, going "crazy," or doing something embarrassing
- Fear of dying

Initial Panic Attack

Typically, a first panic attack comes "out of the blue," occurring while a person is engaged in some ordinary activity like driving a car or walking to work. Suddenly, a barrage of frightening and uncomfortable symptoms strikes the person. These symptoms often include terror, a sense of unreality, or a fear of losing control. These symptoms usually last several seconds, but may continue for several minutes and gradually fade over the course of about an hour. People who have experienced a panic attack can attest to the extreme discomfort they felt and to their fear that they had been stricken with some terrible, life-threatening disease or were "going crazy". Initial panic attacks may occur when people are under considerable stress, such as overwork or from the loss of a family member or close friend. The attacks may follow surgery, a serious accident, illness, or childbirth. Excessive consumption of caffeine or use of cocaine or other stimulants or medicines, can also trigger panic attacks. Some people who have one panic attack, or an occasional attack, never develop a problem serious enough to affect their lives. For others, however, the attacks continue and cause much suffering.

Panic Disorder

In panic disorder, panic attacks recur and the person develops an intense apprehension of having another attack. This fear—called anticipatory anxiety or fear of fear—can be present most of the time and interfere with the person's life even when a panic attack is not in progress. In addition, the person may develop irrational fears called phobias about situations where a panic attack has occurred. For example, someone who has had a panic attack while driving may be afraid to get behind the wheel again, even to drive to the grocery store. People who develop panic-induced phobias will tend to avoid situations that they fear will trigger a panic attack, and their lives may be increasingly limited as a result.

Agoraphobia

Panic disorder may progress to where the person becomes afraid of being in any place or situation where escape might be difficult or help unavailable in the event of a panic attack. This condition is called Agoraphobia and affects about a third of people with panic disorder. Typically, people with agoraphobia fear being in crowds, standing in line, entering shopping malls, or riding in cars. Often, they restrict themselves to a "zone of safety" that may include only the home or neighborhood. Any movement beyond this zone creates mounting anxiety. Sometimes a person with agoraphobia is unable to leave home alone, but can travel if accompanied by a particular family member or friend. Even when they restrict themselves to "safe" situations, most people with agoraphobia have occasional panic attacks.

Treatment for Panic Disorder

Treatment can bring significant relief to 70 to 90 percent of people with Panic Disorder, and early treatment can help keep the disorder from progressing to the later stages where Agoraphobia may develop. Before undergoing treatment for panic disorder, a person should undergo a medical examination to rule out other possible causes of the symptoms. Several effective treatments have been developed for Panic Disorder and Agoraphobia. A treatment should be selected according to the individual needs and preferences of the person. Cognitive-Behavioral Therapy is a combination of cognitive therapy, which can modify or eliminate thought patterns contributing to the patient's symptoms, and behavioral therapy, which aims to help the patient to change his or her behavior. When indicated, a prescription medication is used both to prevent panic attacks or reduce their frequency and severity, and to decrease the associated anticipatory anxiety. Many believe that a combination of medication and cognitive-behavioral therapy represents the best treatment of panic disorder.

Causes of Panic Disorder

Though we do not know for sure what causes Panic Disorder, it is probable that there are multiple causes. Both genetics and brain biochemistry have been implicated as factors.

The above information was condensed from a public domain brochure produced by the National Institute of Mental Health. For the full text of the brochure, visit the NIMH website at www.nimh.nih.gov.

BOOKS: Available for browsing in the UI Counseling and Testing Center Self-Help Room

An End to Panic: Breakthrough Techniques for Overcoming Panic Disorder, 2nd Edition. By Elke Zuercher-White, Oakland, CA: New Harbinger, 1998.

This workbook begins with a discussion of recognizing and understanding panic attacks and when to consider medication for panic. Following a discussion of the physiology of fear and panic, the author focuses on ways to cope with panic through breathing retraining, changing thoughts and beliefs, and coping with phobias secondary to panic. Worksheets and exercises are presented.

Coping with Panic: A Drug-Free Approach to Dealing with Anxiety Attacks. By George A. Clum, Belmont, CA: Brooks/Cole, 1990.

This book begins with an examination of panic and its causes and symptoms. The author then discusses coping strategies people naturally acquire for dealing with panic and discusses how to develop better coping techniques. The primary focus is cognitive, focusing on changing catastrophic ways of thinking. Avoiding the feared situation and its relationship to Agoraphobia are discussed followed by an elaboration of ways to eliminate these avoidance strategies.

Panic Disorder and Agoraphobia: A Guide. Obsessive Compulsive Information Center, Madison Institute of Medicine. 1998.

This pamphlet describes the symptoms and causes of panic and agoraphobia. It then describes the treatment options, with an emphasis on medication.

Need Additional Help?

The University of Idaho Counseling & Testing Center offers free group and individual counseling/psychotherapy for these and related issues for full time UI students. For more information or to schedule an appointment, call the Counseling & Testing Center (Mary E. Forney Hall, Rm. 306, 1210 Blake Ave.) at 208-885-6716.

Website: www.uidaho.edu/ctc All appointments are strictly confidential.