



Did you know that... Psychology works for Panic Disorder

Imagine yourself relaxing by the pool. Suddenly, for no apparent reason, you feel faint, your chest hurts, you can't breathe, your legs tremble, and you think you are dying. You may be having a heart attack or you could be one of several thousand Canadians suffering from panic disorder.

What is panic disorder?

Panic Disorder (PD) is marked by repeated attacks of panic that occur unexpectedly in the absence of any external threat (i.e. out of the blue and without any obvious reason). These attacks begin quickly and build to a peak rapidly (usually in 10 minutes or less). They are often accompanied by a sense of imminent danger or impending death and an urge to escape. Panic attacks are often described as "the most terrifying experience I've ever had". They leave the individual emotionally drained, frightened, feeling vulnerable and anxious about their health.

PD sufferers often live in fear of having another attack. They may also worry about the possible implications of the attack (e.g., losing control, having a real heart attack, "going crazy"). Some individuals will significantly change their behaviour (e.g., quit a job) in response to the attacks. PD can lead to other problems such as agoraphobia. Often people with agoraphobia refuse to leave their homes. Some will leave home but only when accompanied by a trusted companion. Others are frightened of being alone.

Untreated, PD may lead to both chronic debilitating anxiety and excessive visits to health care facilities. PD often is compounded by other problems. Depression occurs in 50%-65% of individuals with PD. It is also common for them to develop other anxiety disorders. It is estimated that 36% of people with PD have substance abuse problems (drugs and/or alcohol).

Who gets panic disorder?

PD without agoraphobia is found twice as often and PD with agoraphobia three times as often in women as in men. PD can appear at any age but it begins most often in young adults. The onset of PD is often preceded by a period of considerable stress (e.g., from an overload of work, the loss of a loved one, a move to a new city, a serious accident, a surgery, a divorce) or the anticipation of a stressful life event. It can also start right out of the blue. Studies throughout the world indicate that three out of every 100 individuals will suffer from PD at some point in their lives. Usually, it does not go away by itself.

What causes panic disorder?

Many individuals attribute PD to a lack of "strength" or "character". Nothing could be further from the truth. Although no one knows the exact causes of PD, most experts believe that PD is caused by a combination of biological and psychological factors. For example, PD appears to run in families. This suggests that a genetic predisposition toward PD may exist. Another line of research shows that people with PD may have abnormalities in brain activity and biochemistry. Still another line of evidence suggests that there is a strong psychological component to PD. For example, scientists have found that people prone to panic attacks are much less likely to panic when they are told in advance about the sensations that some situations (e.g., hyperventilation) or substances (e.g., caffeine) will cause.

Can panic disorder be treated?

The vast majority of people with PD can be helped with the right professional care. Furthermore, they can almost always be treated without being admitted to a hospital. Recovery may occur in a matter of months, but can take longer depending on individual circumstances. People with PD often have more than one disorder, which can complicate treatment. A successful treatment program must address all of an individual's related problems including any depression or substance abuse that might accompany the underlying PD.

Can psychology help?

The most successful treatment approaches to PD include behaviour therapy, cognitive therapy and medication. There is no single correct approach.

Behaviour therapy helps individuals reduce their fears and gain more control over difficult situations.

Cognitive therapy attempts to change people's thought patterns by helping them analyze their feelings and separate realistic from unrealistic thoughts. Psychologists developed behaviour and cognitive therapy and most often use a combination of both to treat PD. Patients have fewer and less severe panic attacks, actively participate in their own recovery and learn skills they will continue to use in many situations after the therapy ends.

Anti-depressant and anti-anxiety medications can ease symptoms. They are a short-term solution and can be helpful when used in conjunction with other forms of therapy.

Support groups may be extremely useful. Many people learn from others, use the support offered by group members and need the reassurance that they are not the only ones with PD.

Effective treatment can bring significant relief to 70 to 90 percent of people with PD.

Resources

- Anxiety Disorders Association of Canada
<http://www.anxietycanada.ca/English.htm>
- Anxiety Disorders Association of British Columbia <http://www.anxietybc.com/>

Consultation with or referral to a registered psychologist can help guide you as to the use of these therapies. For a list of psychologists in your area, <http://www.cpa.ca/Psychologist/>.

This summary has been created for the Clinical Section of the Canadian Psychological Association by Dr. Janel G. Gauthier, Laval University.

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