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Panic Disorder

Panic attacks are terrifying episodes during which the person is convinced that they are about to die or collapse. They may be suddenly overwhelmed by physical and emotional sensations that feel like they signal imminent death such as heart palpitations, nausea, dizziness, faintness, chest pain, choking and sweating. Such attacks are actually a common occurrence; up to a third of adults will experience a full panic attack in any given year. However, when panic attacks occur in a person so regularly and to such an extent that they begin to seriously interfere with daily life, a person may have panic disorder.



Panic disorder is one of several types of anxiety disorders that collectively affect 12% of British Columbians in any given year. Anxiety disorders are the most common of all mental health problems. They affect a person's behaviour, thoughts, emotions and physical health. Fortunately, they are diagnosable and treatable.

Panic disorder, in particular, will affect about 3.7% of Canadians in their lifetime (just under a million people) and affects 1 to 2% in a given year. On average, it appears in a person's mid-20s, and like most other anxiety disorders, is treated more commonly in women than in men.

A person with panic disorder does not simply experience panic attacks in a stressful or anxiety-provoking situation. He or she may experience panic at any time, often when there is no real danger. Also, panic attacks are not to be confused with the panic-like feelings associated with medical conditions like heart murmurs, or those that occur as a consequence of drug or alcohol use, or caffeine consumption.

Heather began having panic attacks when she was 19, and panic disorder continues to be a part of her life today. "When I'm having a panic attack, there is a sense of unreality combined with sheer terror," she says. "It's almost indescribable. I get this horrible feeling in the pit of my stomach, and I feel like throwing up. The terror is unexplainable."

A subcategory of panic disorder is panic disorder with agoraphobia. Agoraphobia is a

What's the difference between a panic attack and panic disorder?

- A panic attack is a very sudden (typically within 10 minutes) rush of intense fear that is accompanied by at least four strong body sensations of anxiety such as pounding heart, dizziness, shortness of breath, nausea, etc.
- Research studies show that approximately 10-33% of adults in the general population experience a panic attack in any given year. In other words, a panic attack is a normal experience and more common than you might have thought.
- For most people a panic attack is usually a sign that the person is very upset about something or feeling a high level of stress (i.e., they feel a sense of danger or threat in their lives). For this reason, having a panic attack does not mean you automatically have panic disorder.
- A panic attack can occur in any of the anxiety disorders.
- However, for people with panic disorder, it's the panic attacks themselves that are the biggest problem (i.e., it is the panic attacks that cause distress, suffering and interference in one's life). More specifically, the feared consequences of panic attacks are the problem (e.g., fear that a pounding heart indicates an oncoming heart attack). A person is diagnosed with panic disorder when they have experienced regular panic attacks (including ones that come out of the blue) or when they live in fear of having another panic attack.

Benzodiazepine Addiction

Benzodiazepines—minor tranquillizers such as Valium or Ativan—are often prescribed to treat panic disorder and to help relieve anxiety, stress or sleeping problems. These pills may be helpful when used as part of a larger coping strategy. However, their use must be limited and carefully supervised since prolonged use of these drugs can result in dependency and severe withdrawal symptoms.

Signs of dependency:

- Daily doses (even small) for a month or more
- Increasing your dose over time
- Feeling the effects are wearing off (as a result, you may find yourself taking more of the drug or trying different brands)
- Monitoring your supply of pills and making sure you never run out
- Carrying your pills with you
- Taking “extra pills” when situations are stressful
- Unsuccessful attempts to quit or cut down
- Inability to cope without the drug
- Cravings for the drug
- Extreme discomfort if a pill is missed

If you think you might be dependent, don't stop your medication suddenly. Instead, ask a doctor or addictions counsellor about a withdrawal plan as well as other alternatives to help you address the underlying anxiety. Friends, family, support groups and spiritual communities can help provide support and encouragement through this process.

specific kind of phobia where the person is afraid of being in places or situations which would be difficult to escape from, or in which it would be difficult to find help, should they suffer a panic attack.

People with agoraphobia often go to great lengths to avoid such situations. For example, they may avoid taking public transportation or stay away from shopping malls and other crowded places. Sometimes, people develop a fear of being alone. Conditions like these can cause a person with this condition to shut themselves in their homes, sometimes for years at a time. For Heather, she began to have anticipatory anxiety, and started avoiding all the situations where she thought she might have a panic attack.

Although the causes of panic disorder—in all its variations—are still being researched, studies have shown that the occurrence or anticipation of stressful life events, anxiety in childhood, over-protective or anxious parents, perfectionistic tendencies and substance abuse are common among people with panic disorder.

A variety of approaches to treatment for the disorder are effective. Some people take medications like antidepressants or anti-anxiety drugs to decrease symptom severity.

Cognitive-behavioural therapy also shows tremendous benefits, in combination with medication or not, because it targets the source of future attacks: the thoughts. A combination of cognitive restructuring (that challenges ‘catastrophic thinking’) and behavioural strategies (that gradually expose the person to the anxiety-arousing situations) are the most successful techniques. They can also involve exploring what exactly triggers the person's panic and how to deal with it when it occurs.

Heather believes that public education about panic disorder is essential as well. “Panic disorder is a disability that's as extreme and disabling as any physical disability,” she says. “When I first started having panic attacks when I was young, there was no information about it out there. I thought I was not normal. It's really good to know now that I'm not the only one out there who's going through this.”

SOURCES

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See our website for up-to-date links.

Other facts about Canadians with panic disorder

According to a Statistics Canada survey released in 2003, we know more about people living with panic disorder in Canada. Among the findings:

- people who suffer from panic disorder tend to have poor coping strategies. To deal with stress, they are much more likely than people without the disorder to drink, smoke more than usual, or use illicit drugs.
- for three-quarters of those with the disorder, it had begun by the age of 33.
- panic disorder is more common among individuals who were separated or divorced than among married people, and more common among people with lower levels of education and income.
- almost half of those currently reporting panic disorder also had agoraphobia, social anxiety disorder, post-traumatic stress disorder, or a major episode of depression.
- three-quarters of people with panic disorder reported having at least one diagnosed chronic condition.
- close to three-quarters of adults with panic disorder aged 25-64 are in the workforce.

Source: Statistics Canada

Partners:

Anxiety Disorders Association of British Columbia

British Columbia Schizophrenia Society

Canadian Mental Health Association, BC Division

Centre for Addictions Research of BC

FORCE Society for Kids' Mental Health Care

Jessie's Hope Society

Mood Disorders Association of BC

For more information call the Mental Health Information Line toll-free in BC at 1-800-661-2121

or email bcpartners@heretohelp.bc.ca

web: heretohelp.bc.ca