

# Anxiety Disorders Association of British Columbia

www.anxietybc.com  
604.681.3400

## Our Mission

Increase awareness & promote education of anxiety disorders.

Increase access to evidence based treatment.

Encourage & develop new treatments & delivery

Small steps lead to big ...

# STRIDES

## PANIC & SUBSTANCE ABUSE DISORDER

Hello Everyone,

With spring, comes a new funding cycle and this year we embark on two new projects. Besides the LEAF program in the Tri Cities, we will focus on supporting youth within the Framework for Priority Action adopted by the BC Partners.

### Skill Building Seminars:

We plan to hold 4 or 5 community-based sessions for families on the topic of selective anxiety disorders in children and youth focused on evidence-based psychological treatments. These sessions will have an emphasis on the development of parental skills to successfully manage the identified anxiety disorder within the family context. Each session will be devoted to one of the three most common anxiety disorders faced by youth: separation anxiety (including school refusal), obsessive compulsive disorder and social phobia.

### Building Parenting Skills:

This 3-year project will focus on building positive parenting and promoting critical thinking.

In the coming year, we will enhance our existing set of web-based slide shows (with voice-over messaging to support the visual content) and develop a new set with skill-based information on the management of the 7 specific anxiety disorders. Concurrently, we intend producing guidelines for families based on evidence-based management each anxiety disorder. We hope to develop this into a broader skill building program over the next three years. Details will be posted on our web site [www.anxietybc.com](http://www.anxietybc.com)

### Activities in 2005-06:

With funding support from the BC Mental Health & Addictions Services, Provincial Health Services Authority, we held 5 information sessions in Richmond, Surrey, Coquitlam, Victoria and Prince Rupert and developed information audio video presentations on anxiety disorders to be posted on our web site shortly. In addition, we undertook 3 LEAF programs : 2 in the Tri Cities and 1 in Surrey with additional funding support from Mental Health, Fraser Health.

We would like to thank our sponsors and partners for their ongoing support. In addition, our sincere appreciation to our LEAF group leaders and their clinical supervisors.

# We Have Moved!



### Our new address is:

402 East Columbia Street

New Westminister

BC V3L 3X1

Our phone numbers will remain the same.

### Fundraising - A Success

We had a pub night fund raiser on April 1! Many thanks to Angela Kelly and Ian Fyffe who helped organize this event. We thank those who generously donated and supported our fundraising event and congratulations to those who won the Canucks hockey game tickets, wrist watch, paintings, gift certificates, and other prizes, all of which were donated. Besides the much needed funds raised, it was a wonderful opportunity to meet our well wishers and welcome new supporters.

### ANNUAL GENERAL MEETING NOTICE & AGENDA ATTACHED

VENUE : UBC (MAIN) HOSPITAL  
MCLEOD BOARDROOM

DATE : JUNE 8TH, 2006

AT : 7.00 P.M.

*(PLEASE ARRIVE BY 6.45 P.M)*

## Case Studies of Two People with Panic and Substance Abuse Disorders — By G. Ron Norton, Ph. D



The two men, John and Sam, described in this article are not real people. However, the information provided is based on actual cases. The names and certain details of their case histories have been changed to ensure their anonymity.

I first met Sam when I was doing research at the Addictions Foundation of Manitoba. He was one of the people described in our companion paper “Panic Disorder and Substance Abuse” who had an alcohol abuse problem and panic disorder. At the time I met Sam he was 52 years old and had been drinking heavily for over 20 years. He was unemployed, but had worked at various jobs for up to two years. He was also divorced. Again, this was due to his problems with alcohol

There were two reasons Sam entered treatment for his problems with alcohol. He had been arrested twice for drinking while driving. The last time he was arrested he had his seven-year-old son in the car with him. Because of that, his ex-wife was able to get a warrant preventing Sam from seeing his son. That was the wake-up call.

When Sam was diagnosed with having panic disorder, he was actually relieved. He had been having what he called “spells” where his heart would race, he would feel shaky, and he would have difficulty breathing—classic symptoms of a panic attack. Sam knew he had a problem, but when he went to his doctor the doctor gave him a series of tests to see if he had heart or lung problems. And, he was told there was nothing wrong with him. Until recently very few doctors knew very much about panic disorder. Many still don’t, unfortunately. What Sam did know is that alcohol reduced and sometimes, prevented the attacks from occurring. Or, if he did have a panic attack the symptoms didn’t seem so frightening while he was drunk.

Sam completed the alcohol treatment program, but continued to have panic attacks. That is when he came to me for treatment for panic disorder.

Sam proved to be a fairly bright and conscientious individual. That was very use-

ful for treatment. Sam was able to see that his panic attacks were actually not physically or mentally harmful. They were not pleasant, but they were not signs that he was dying or going crazy. We treated his panic disorder using cognitive behavior therapy (CBT).

CBT has three primary components: education, cognitive therapy, and exposure. The educational component attempts to provide information about what a panic attack is and what it is not. I gave him a copy of George Clum’s book Coping with Panic to read. He was asked to read the book and then discuss it with me. Our discussions constituted the educational component of CBT.

The next CBT component introduced was cognitive therapy which melds very nicely with the educational component. Cognitive therapy attempts to change the way a person thinks about his or her problems. The therapist challenges patient’s beliefs and attempts are made to correct the patient’s thinking.

Finally, at the end of each brief session I would give Sam exposure homework. Exposure for panic attacks is a bit different from exposure for some other anxiety disorders. For example, because Sam claimed that he had difficulty breathing and his chest would feel tight during a panic attack, I had him breathe through a straw for several minutes at a time. This is a difficult task and it feels as though one is not getting enough air. The breathing task was also used to produce a sense of dizziness like Sam claimed to experience during panic attacks. The purpose of this exercise was to show him that the feelings of not getting enough air or being dizzy were not harmful.

After 12 weeks of treatment, where each session lasts for less than a half-hour, Sam had made great progress. He was experiencing only occasional panic attacks and the ones he did experience occurred during periods of stress. Now even when he did have an attack, he did not experience the dread fear he used to feel. Sam had also found a job with a local construction company and was

regularly attending AA meetings. I contacted Sam a year later and he had continued to improve. He still had the occasional panic attack, and when he did he would go over the material he had learned. He was also dating a woman he met through friends and had some visitation rights with his son.

John also had panic disorder. When I first met him he was in his mid 30s. His panic attacks first began when he was in his late 20s. John, who was single and a lawyer, would get together with other single friends and smoke marijuana several times a week. Neither he nor his friends smoked a lot of marijuana. They would just mellow out, listen to music and have snacks. One night while hooking up with friends he had a massive panic attack. I suspected the batch of marijuana they were smoking might have been laced with PCB, an hallucinogen. His friends were so frightened they took him to the emergency ward at a local hospital. The tests he was given were negative, but the doctor suggested that John had had a panic attack and that if he ever had more he should consult a mental health specialist. The next time he smoked marijuana he had another attack. He also had several more attacks when not smoking marijuana. He did not immediately seek help from a mental health worker possibly because he wasn’t satisfied that the doctor was correct. He feared something more serious was wrong with him. John made an appointment with me. He didn’t do as well as Sam, partly because he had difficulty buying into the idea that his problems were not physical. Because CBT was not working as well as it should have, mainly because of his unwillingness to accept that his problem was panic disorder, I referred him to a psychiatrist who was very competent in treating anxiety disorders. He gave John a prescription for Paxil, a medication that can be very effective for treating panic disorder. John accepted the medication well mainly because medicines are given for real physical problems.

I did not follow up with John, but his psychiatrist told me he was doing well, but could be difficult at times because he felt he “knew it all.”

# Panic & Substance Abuse Disorders

by Dr G. Ron Norton

## Counsellor Jim Stabler's Comment

Research confirms that people who experience panic attacks or panic disorders are more likely to have a substance abuse problem. It is unclear which comes first, alcohol abuse or panic disorder. However, it appears that frequent marijuana use leads to the development of panic disorder.

The link between substance abuse and panic disorder is evident. Some substance abusers may develop panic disorder because they have Anxiety Sensitivity and might misperceive withdrawal symptoms as a panic attack. Others may abuse alcohol and other depressants because they find panic attacks to be so very frightening they will do anything to reduce their intensity and frequency. Alcohol and other depressants do reduce panic symptoms and the fear of panic attacks.

CBT and medication are both effective in the treatment of panic disorder. CBT works well for motivated persons, who are willing to educate themselves, change the way they think about their problem and to desensitize to their body symptoms through exposure activities. Medication can work well without CBT and without accepting the diagnosis of panic disorder and that erroneous thoughts and fear often trigger panic attacks.

### **You Can Contribute by:-**

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- **Share a Story**
- **Help us fund raise**
- **Join our mailing list.**

*Simply send us an e-mail requesting to join and you will receive all our updates!*

#### **Our Contact Information:**

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There is growing evidence that people who experience panic attacks or who have panic disorder are more likely to abuse alcohol, marijuana, cocaine, and hallucinogens such as LSD than people who do not have a mental disorder. For this article we will only talk about research that has looked at comorbidity (having both panic disorder and a substance abuse disorder) for panic disorder and alcohol abuse and marijuana. The evidence suggests that abuse of other drugs show patterns similar to alcohol or marijuana.

A panic attack is a sudden onset of intense fear ("I'm having a heart attack") and strong physical reactions (rapid heart rate, difficulty breathing) that cannot be accounted for by a real danger. Panic disorder occurs when people experience several or many panic attacks that disrupt their lives and create fear of having another panic attack. Some people become so fearful of having a panic attack that they will not go shopping or engage in other activities. This avoidance of activities because of fear of panic attacks is called agoraphobia. Substance abuse refers to alcohol or drug usage that produces a need for larger amounts to get the same effect and disrupts the person's life, job or relationships.

In the early 1980s two groups of researchers examined the relationship between panic disorder and alcohol abuse. An American group headed by Diane Chambless looked at alcohol consumption in people being treated at a clinic specializing in anxiety disorders. Her group found that people with panic disorder were many times more likely to abuse alcohol than were people who did not have an anxiety disorder. A Canadian research team that I lead obtained similar results. However, we were assessing the prevalence of panic disorder in patients who were receiving treatment for alcohol abuse. Our results were even more profound. Almost 30 percent of the alcoholics studied also met criteria for panic disorder. In fact, many of those being treated for alcohol problems had been previously treated for panic disorder. Over the next 25 years more than a dozen studies in North America and other parts of the world have confirmed these findings. The newer studies have evaluated people in the community, rather than in treatment clinics, and have obtained similar results. Interestingly there also seems to be a relationship between panic attacks (but not panic disorder) and increased alcohol use. However, it appears that alcohol and panic are most likely to co-occur when either the panic or alcohol problem (or both) is very severe.

Finally, when people who have both disorders were asked which came first, some claimed they experienced panic attacks prior to using and/or abusing alcohol. Others reported that the panic attacks began after they had been abusing alcohol for some time. Still others reported that the two problems began at about the same time. We will discuss the importance of "which came first" and how the two disorders might be linked later on in the article.

Similar results have been obtained when looking at the co-occurrence of panic disorder and marijuana abuse. Several very large-scale studies found that people who abuse marijuana are much more likely to experience panic disorder compared to those who do not use marijuana or use it infrequently. Unlike the confusion of "which came first" in the relationship between alcohol and panic, the relationship is much clearer for marijuana and panic disorder. It appears that frequent usage of marijuana leads to the development of panic disorder. This is also true for cocaine and hallucinogens: heavy usage leads to the onset of panic attacks and panic disorder.

The relationship between panic disorder and substance abuse brings up several questions. First, if the two are linked, why doesn't everyone who uses or abuses a substance develop panic disorder? Or, why is it that not everyone who has panic disorder abuses substances? The best answer to these questions is that we

## Panic & Substance Abuse Disorders .....Contd

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don't know for certain. However, we do have some really good ideas. Most people who develop panic disorder score very high on a measure of anxiety sensitivity. This measure does not, in fact, measure how anxious a person is. Rather, it measures how distressed a person becomes when experiencing symptoms of anxiety or panic. For example, people who score high on measures of anxiety sensitivity are more likely to believe that a pounding heart is a sure sign of serious heart problems. They are also more likely to believe that mental experiences such as difficulty in concentrating and confusion are sure signs that they are going crazy. Several researchers have shown that people who score high on anxiety sensitivity are not only likely to be currently experiencing panic attacks but are also more likely to develop panic disorder in the future.

It might be that anxiety sensitivity might be an important link between panic disorder and substance abuse. Many people who abuse substances experience withdrawal symptoms after heavy use of these substances. Several studies have shown that withdrawal symptoms are very similar to panic symptoms (e.g., shakiness, racing heart). It is very possible that, for at least some people, the withdrawal symptoms are misperceived as a panic attack. If the person is afraid of these symptoms, they might provoke full blown attacks leading to a vicious cycle: withdrawal provoking panic, which leads to greater and more frequent consumption to reduce panic attacks. This seems to be a particularly good explanation for the co-occurrence of panic disorder and substance abuse for people who suffer from severe withdrawal symptoms. It also seems like a plausible explanation for people who have unusual (and possibly frightening) mental and physical sensations when using marijuana and hallucinogens.

However, other possible relationships must be considered. For example, many people find panic attacks to be so very frightening that they will do anything to reduce their intensity and frequency. Alcohol and other depressants (such as tranquilizers) do reduce panic symptoms. They may also reduce the fear of panic attacks.

A second question we must ask about the relationship between panic disorder and substance abuse is: Does the effective treatment of one of the two problems reduce the other? The answer is sometimes. People with one anxiety disorder will often have another anxiety or mood disorder (e.g., depression). There is a good body of research that suggests that effectively treating the primary disorder (the one the person rates as most severe) usually leads to a reduction in the symptoms (sometimes totally) of the other anxiety and mood disorders.. However, when we look at the co-occurrence of panic disorder and substance abuse the findings are less positive. For example, we know that people with both types of problems are more likely to drop out of treatment or relapse after successful treatment.

We have learned so much about comorbidity and the effective treatment of anxiety disorders (and substance abuse disorders), but we have so much more work to do.

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Please Help US Fundraise..

Come Join our Dinner Cruise!

**We are organizing a dinner cruise fundraiser on  
Sunday, November 26th, 2006. This 3-hour event will include  
a full course meal, a live pianist and sing-along carols.  
The cruise boat will leave from the Plaza of Nations Marina and  
sail through the Burrard Inlet False Creek.  
Please contact our office for more details and tickets.**

