

DEALING WITH PANIC DISORDER



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

Hello and Welcome to 2005!

It's amazing how quickly time flies! I have been in the position of President since July 2004.

I'd like to take this opportunity to officially introduce myself. In addition to being President of ADABC, I am a counselor in several Vancouver elementary schools and coordinator of the Vancouver School Board's Critical Incident Response Team. Since completing my degree at UBC in Counseling Psychology, I have developed a strong interest in working with and supporting children and families who are coping to overcome the debilitating effects of anxiety.

It is my privilege to serve as your new President. The ADABC has always been an excellent resource for me as a practitioner and I am enjoying this active involvement. I am fortunate to be well supported by such competent and experienced colleagues. Needless to mention a big "thank you" to all our members for their support and generosity. You make it happen!

I am happy to be on board and I look forward to serve you as President of ADABC. All the very best to you and your loved ones.

*Sincerely,
Jacquelyn Weatherall*

LEAF

LIVING EFFECTIVELY WITH ANXIETY & FEAR

Do you wish to join our program ???

The ADABC has funding to bring the LEAF program to the Tri-Cities area in partnership with the Fraser Health Authority and the Canadian Mental Health Association—Simon Fraser Branch.

Our public info night in December 2004 at Eagle Ridge Hospital was a huge success. Many individuals and families left with new hope and can't wait for the groups to start. However, we are still looking for LEAF leaders and have a few additional spots left for participants.

If you are interested in being a leader or participant and live in the Tri-Cities area, now is your chance- get involved. Our free leader training workshop will take place at the end of February. Time is running out for new leaders to get on board. Please contact us for more information.

Tel: (604) 525 7566 Email: info@anxietybc.com

ADABC Brochures

Just for the asking.....

•Helping Anxious Children

Coping skills to manage anxiety, starting with help from parents.

•Obsessive Compulsive Disorder

Causes, Complications & cures in young people.

•Panic Disorder

In young people-thoughts and feelings-physical symptoms.

•Tips for Teachers of Depressed Students

Possible warnings of depression, effect of depression on school work etc

•Tips for Helping Your Anxious Child

Suggestions on coping

• Tips for Teachers of Anxious Students

How can you help?

•Combat-Related Posttraumatic Stress Disorder *

What is combat related stress?

•Shyness and Social Phobia *

What can be done to help ?

•Posttraumatic Stress Disorder *

Problems that can arise after trauma

•Phobia *

Causes & treatment

•Anxiety *

Types of anxiety disorders

•Panic & Panic Attacks *

Features of Panic attacks & disorders

•Sexual Assault *

What is sexual assault, trauma, problems encountered and therapy?

** These brochures are distributed by ADABC with the permission of AABT.*

If you require any of the above brochures, please call us.....

Richard's Story



I had a 30-year problem with panic when I first started university while attending an orientation for freshmen about to start the registration process. It

seemed to me at that time that the words coming from the people talking on a stage did not coincide with those sounds coming from the sound system. I had a feeling of being detached and since this occurred in an auditorium with a high ceiling I developed a phobia that lasted for many years. I had to sit in the last rows of auditoriums to avoid having an anxiety attack.

I spent two or three more years having a difficult time with more panic attacks. They occurred in my classes and in other situations throughout the day. Gradually I overcame these although I never felt quite right. When I went to graduate school often tensions would build up in me and I would go into a tremor for five minutes or so which I interpreted as a release of that tension.

After finishing graduate school I sought work in a large Canadian city. I was subject to many stresses and became, what I thought was depressed. However looking back I realized that the onset of this problem was really a series of panic attacks. These panic attacks affected me in lineups, large theatres, talking before audiences, walking in malls, going on planes. I didn't avoid these situations but sometimes I had to leave auditoriums during performances.

During my late thirties and forties these situations occurred frequently. My best way of facing these fears was to go forward into all of them. Sometimes I would be able to make these feelings reduce but most of them usually came back. Along with this situation I had become more phobic of planes, bridges, tunnels, boats and doing radio and TV programs.

In my early forties I was prescribed medication that greatly helped. Along with the medication I used a lot of cognitive therapy and improved even more. I still had problems and could function quite well in most situations but gradually it became difficult to continue to challenge these situations and I started to decline spots on television and radio shows. My fear of performing guitar or speaking to a large group of people returned.

In my early fifties I had to fly a lot and face my fear of flying. My father was critically ill and I had to take a plane to see him. However, my panic attack was so severe that for the first time I left the plane before take off. I have not been on a plane ever since. When my father passed on, rather than fly I decided to drive. This trip also proved futile since I had a panic attack while driving



across a bridge. I felt like I was back to square one, facing old phobias and fears. Fortunately, I was able to overcome most of these situations..

About two years later I changed medication to a newer one with fewer side effects. The result was the worst panic attack that I had ever experienced. I was afraid of being alone, leaving town, seeing people in my business, playing the guitar, crossing bridges, tall buildings and many other situations.

It was at this point that I was referred by my psychiatrist to the panic disorders clinic. I was apprehensive because I had been told that the clinic had a bias against medication and did not want people to take any. I remember driving out to my initial interview and while walking from my car to the clinic I had a panic attack and had to take some medication.

The interview itself was helpful and the information I received along with some other facts made me realize that I was not suffering that much from de-

pression as anxiety, as I had always thought. In fact I was having panic attacks and that the feeling of "going crazy" or "losing control" were typical of panic attacks. This was a very liberating feeling and made me reflect on all the episodes that I had gone through and had mislabeled as their cause.

It turned out that the eight sessions at the panic disorders clinic was almost tailor made for a person like me. I had used structure and a "do" process in my treatment of myself and in my practice treating others. The nature of the panic cycle was explained to me and it seemed appropriate to what I had been experiencing. It helped me to deal with my fear in situations that really were not dangerous. I also learned how to create body sensations such as dizziness, heart pounding, shortness of breath and how my fear reactions to these states reduced as I continued to practice them daily. I also practiced relaxation daily to learn to live life in a more relaxed way. On a bi-weekly basis I turned in my paper work and reported my experiences to the clinic leaders. I was also reinforced for my successes and never chastised if I fell a bit short of my goals.

The final part of therapy was to immerse myself and seek out real situations that had been problematicChristmas Holidays. Through this process I feel like I am making consistent progress and handle most situations much better and that I am moving forward rather than backward

James Stabler is a Psychotherapist in private practice comments on Richard's story

Richard's story demonstrates the nature of panic disorder: (1) unexpected, occurring out of the blue; (2) a range of physical sensations are experienced; (3) once in place, panic and phobic fears, take on a life of their own. Richard's original panic situation generalized over time to line ups, large theaters, talking before audiences, walking in malls, going on planes, and driving across a bridge.

His story illustrates that effective

Panic Disorder

It's Characteristics & Treatments

treatment of panic disorder revolves around several factors, accurate diagnosis, appropriate treatment, and persistence or self help. He was using medication and Cognitive Behavioral Therapy CBT over the years and this helped him cope. However, once he realized he was suffering from anxiety rather than depression CBT was more effective. It was tailored to treat his panic disorder. Very importantly persistence, self-help and determination to find the right help-brought about an accurate diagnosis and right treatment. While research has shown that panic disorder results from a combination of biological, psychological and stress factors, it is not possible to know exactly why any one person develops the disorder. The good news is that we do not need to know what caused the disorder in order to treat it effectively. We know that accurate diagnosis, medication and CBT along with a positive attitude and determination to succeed makes a remarkable improvement with the majority of those who suffer from panic disorder .

Talk to us -

- Any suggestions....
- Want to 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!

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By Maureen L. Whittal, Ph.D., R.Psych

Imagine that you are sitting watching television and out of the blue your heart starts pounding, you are dizzy, you begin to sweat and it feels as if you are going to run out of air to breathe. As you are trying to catch your breath you begin to notice that your chest is tight then your arms and hands go numb and it feels like you are having an out of body experience. Your worst fear is coming true – ‘I’m having a heart attack and I won’t be able to get to the hospital in time’.

If these episodes happen repeatedly you may be experiencing panic disorder (PD). PD involves the presence of repeated sudden rushes of intense fear along with the presence of a number of physical sensations that can be broadly described as falling into 1 of 3 categories: (1) respiratory (e.g., shortness of breath, derealization/depersonalization, dizziness), (2) cardiovascular (e.g., chest tightness, increased heart rate, sweating) and (3) gastrointestinal (nausea, diarrhea). The time from onset of the symptoms to when they are at their worst is quick, often with a few seconds, but typically within 5 minutes. They usually remain at their peak for 3-5 minutes, although it can seem like an eternity in the midst of a panic attack. However, the effects of an attack can last for a few hours.

Because these symptoms come on so fast with no apparent reason, it is natural to be frightened. People often think the worst – that they have some serious physical illness that might lead to death or that they are going crazy, or that they may do something uncontrollable and embarrass themselves. Understandably, people who experience repeated panic attacks often begin avoiding places or situations that are associated with the attacks, which is called agoraphobia. Typical **situations** that people avoid include crowds, driving, bridges/tunnels, malls, grocery stores, being by themselves. Sometimes the avoidance can be subtle (e.g. only going to the grocery store late at night or early in the morning when it is not busy, choosing an aisle seat near the exit in a theatre) or carry with them, items that make going out easier. These **safety signals** include medication, cell phones, vomit bags, water etc. People can also avoid **sensations** that remind them of the physical symptoms associated with panic (e.g., getting overheated, caffeine, alcohol, seeing scary movies, getting angry).

It is important to recognize the **panic attacks are not unique to panic disorder**. It is possible to have panic attacks if you have another anxiety disorder. For example, if the attacks happen only when you are worried about being evaluated negatively in a social situation, a diagnosis of social anxiety disorder may be more appropriate. Likewise, if you panic only when you leave the house and are worried that you might have left the door unlocked, obsessive-compulsive disorder is a more likely diagnosis. However, **if you begin to fear the physical sensations themselves and develop anticipatory anxiety about future panic attacks, then panic disorder is the most likely diagnosis.**

Treatment of panic disorder with or without agoraphobia

Effective treatment of PD(A) falls into broad classes: medication and cognitive behavioral therapy (CBT)

Contd.....

Panic Disorder

It's Characteristics & Treatments

Medications: There are a number of medications that have been shown to be effective for PD(A) in research studies and many of those considered are the antidepressants known as **selective serotonin reuptake inhibitors (SSRIs)**. Examples include Prozac, Luvox, Paxil and Celexa. Another class of medications that has been used in the treatment of PD(A) are **benzodiazepines** (e.g., Xanax, Ativan, and Klonopin). The benzodiazepines are used less frequently because they are addictive and can lead to inappropriate use. Some of the benefits of medications include their wide availability (they can be prescribed by your family doctor) and they can be relatively inexpensive. However, many people experience negative side effects such as weight gain and sexual dysfunction. Occasionally people have problems coming off SSRIs and benzodiazepines as it is associated with increased physical sensations that people interpret as frightening. **Cognitive-behavioral therapy.** CBT is the psychological treatment of choice for panic. Treatment begins with an explanation of what maintains panic, or what keeps it going. It is thought that people who have PD(A) experience a “catastrophic misinterpretation” of normal bodily sensations (e.g. a pounding heart is a sign of an impending heart attack). The thoughts of impending doom naturally increase anxiety/fear and a tendency to get to safety as well as increased muscle tension that in turn increases bodily sensations further increasing fears that something terrible is about to happen. A vicious circle quickly develops. We call this cycle **fear of fear**. Once you have experienced a few panic attacks, it becomes a fear of experiencing more. The fear of future attacks is called **anticipatory anxiety**, which can lead to increased awareness of bodily sensations that leads to more panic attacks.

Skills learned in CBT include diaphragmatic breathing (to reverse the effects of hyperventilation or shallow breathing), challenging the thoughts that lead to increased anxiety (e.g., ‘what if it never stops and I go crazy’) and exposure to the sensations and situations that are associated with panic. As the core fear in panic is fear of physical sensations, people are given exercises to help them get used to their sensations (e.g., spinning in a chair, drinking caffeine). Lastly people are reintroduced to situations they avoid or tolerate with discomfort.

Although there is no cure, the existing panic treatments are very effective. Approximately two-thirds of people who take medication will experience noticeable improvement and about 80% of people who complete CBT (typically around 8-12 sessions) will be panic free at the end of treatment. CBT has better long term improvement rates but it is more difficult to find in the public system and can be expensive (e.g., \$150/hour) if done privately. Fortunately, a less expensive self-help option exists (see below for a list of CBT self-help books).

In closing, if you are struggling with panic attacks, there is

good reason to be hopeful. Effective treatments do exist and may be as close as a trip to your family doctor.

Self-help books

- **Mastery of your Anxiety and Panic**

by Michele Craske and David Barlow

- **Stopping Anxiety Medication**

by Michael Otto, Mark Pollack and David Barlow

- **Stopping Panic**

by Reid Wilson

- **Overcoming Panic Disorder and Agoraphobia**

Client Manual - *By Elke Zuerxche—Whiter*

ADABC is a registered charity and would welcome your donations. Your contributions will be directed fully to programs and educational resources, and not administrative costs. We will provide you a tax receipt by February of the following year.

If you cannot help us financially, you can help us raise awareness, of the need for more resources to help those suffering with anxiety disorders by writing to your MLA.

We wish you all

A happy valentines day

Peace & Happiness always





Stay tuned for our next issue on.....

Specific Phobias