

Panic Disorder

WHAT IS PANIC DISORDER?

Panic disorder is characterised by the occurrence of repeated panic attacks, which last anything from a few seconds to a few minutes, but which are experienced as extremely frightening and uncomfortable.

Typically, someone who suffers from a panic attack is overcome by intense feelings of terror and fear that occur initially out of the blue and last only a few minutes. During a panic attack, people may fear they are having a heart attack, or are going crazy.

They report a racing or pounding heartbeat, chest pains, dizziness, light-headedness, nausea, feelings of smothering, breathlessness, tingling or numbness in the hands, hot flushes or chills, a sense of unreality, and a fear of losing control. People with panic attacks often consult various doctors and medical specialists, such as cardiologists, physicians, or neurologists, fearing that they suffer from a life-threatening disease. It is not unusual for many years to go by before an accurate diagnosis is made.

During this time sufferers tend to avoid situations or places (agoraphobia) where the initial attack(s) took place, fearing another attack. This can be very debilitating and unnecessarily limit their lives.

WHO GETS PANIC DISORDER?

Any person may possibly suffer from panic disorder, irrespective of gender, race, or socio-economic status. Studies have shown that about 2 to 4 in every 100 persons may suffer from panic disorder at some time in their lives, and the figure for agoraphobia is even higher.

Panic disorder usually starts between late adolescence and mid-thirties, although children may also suffer from this disorder. The first attack often follows a stressful life event such as the death of a close family member or friend, a loss of a close interpersonal relationship or after a separation. Women are two to three times more likely to suffer from panic disorder than are men.

WHAT CAUSES PANIC DISORDER?

It was initially thought that panic disorder was caused by psychological problems. It is now known though that brain chemistry and genetic factors play a role, as well as stressful life events or circumstances. First-degree relatives of people with panic disorder have a five times greater likelihood of developing panic disorder than the rest of the population.

WHAT TO DO AND WHERE TO GO FOR HELP

The most important step is to consult a professional for an accurate diagnosis. Help is available and in most cases is effective in relieving symptoms. Both medication and psychotherapy are used, although a combination of these two treatment methods is often recommended. Self-help cognitive-behavioural techniques are also of value.



Medications for treating panic disorder include those that work immediately but have the limitation that they cause dependence (benzodiazepines), and those that work slowly but that can readily be discontinued (antidepressants). In general, it is suggested that the slow but sure path is the best in panic disorder.

The term "antidepressant" is a poor one, as many of these agents are excellent anti-panic medications. The most widely used antidepressant agents for treatment of panic disorder are the selective serotonin reuptake inhibitors (SSRIs) and venlafaxine (SNRI), which are safe and easy to use.

Perhaps the key element of the psychotherapy (talk therapy) for panic disorder is "exposure" to feared stimuli. Many people with panic attacks begin to avoid places where they experienced panic; a vicious cycle then develops of more and more restrictions. Learning not to avoid is a crucial aspect of treatment.

By continually practicing feeling anxious, and at the same time experiencing that this does not in fact lead to catastrophic results may ultimately overcome panic attacks.

As in the cognitive-behavioural treatment of other anxiety disorders, this approach is difficult insofar as it initially involves increased anxiety levels. There are, however, several ways to help decrease such feelings of anxiety.

FOR MORE INFORMATION

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Updated: 2018