

# Panic Disorder - Psychologists treat the emotional side of panic attacks

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Perhaps the most prevalent psychological conditions fall under the umbrella of anxiety. Panic Disorder is one of the most common presentations with many individuals diagnosed with the disorder also meeting criteria for Agoraphobia. A diagnosis of Agoraphobia is given if (a) the patient reports anxiety about places or situations where escape may be difficult or embarrassing or in which help may not be immediately available, and (b) these situations are avoided or endured with marked distress.

Patients who present with panic attacks may appear as composed, competent individuals with full and fulfilling lives, however, beneath the surface they are enduring extreme discomfort and are often struggling to keep going. A patient may be experiencing a panic attack if they report discrete periods of intense fear in which 4 or more of the following anxiety symptoms develop abruptly and reach a peak within 10 minutes:

- Palpitations, pounding heart
- Sweating
- Trembling or shaking
- Shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded or faint
- Feelings of unreality or being detachment
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations
- Chills or hot flushes

Panic Disorder is diagnosed if panic attacks are:

- Recurrent and unexpected
- Have been followed by 1 month of either persistent concern about additional attacks, worry about the implications of the attack, or a significant change in behaviour related to the attacks
- Not due to the direct physiological effects of a substance or general medical condition

Treatment of Panic Disorder may require a combination of pharmacological and psychological treatment. Pharmacological treatment has come to include selective serotonin reuptake inhibitors, tricyclic antidepressants, high-potency benzodiazepines, as well as certain anticonvulsants.

Psychological treatment focuses on the emotional side of panic targeting the anxiety that builds in anticipation of an attack or leads to agoraphobic avoidance. Psychologists work with the cognitive and behavioural features of the disorder in an attempt to deal with the triggers of physiological reactions. By addressing the underlying cognitive features, the cycle of anxiety is frequently broken and the individual is able to learn skills to better manage high anxiety.

There is ongoing debate about whether treatment should focus initially on cognitive-behavioural or pharmacological approaches, however, a combination of treatments has been well documented to lead to greater maintenance of good treatment results. Thoughtful application of the available therapies alone, or in combination may enable individuals to experience resolution of disabling distress, regain confidence, and compensate for a vulnerability to anxiety.

#### Self-Help Resources for Patients

Aisbett, B. (1995). *Living With It: A Survivor's Guide to Panic Attacks*, Harper & Collins Publishers, Sydney.

Beckfield, D.F. (1994). *Master Your Panic and Take Back Your Life!*, Impact Publishers, California.