

### PANIC ATTACKS

Panic attacks are surprisingly common. Up to 40 per cent of the population will experience a panic attack at some time in their life. The common signs and symptoms of a panic attack include:

- a sense of overwhelming panic or fear
- the thought that you are dying or choking or 'losing control' or 'going mad'
- increased heart rate
- difficulty breathing (feeling that there is not enough air)
- feeling choked
- excessive perspiration
- dizziness, light-headedness or feeling faint
- shaking and trembling
- nausea or abdominal pains
- numbness or tingling in the fingers or toes
- a disconnection from oneself or one's surroundings
- hot flushes or chills.

People experiencing a panic attack may also experience 'derealisation'; a sense that you or the world around you is not real. This symptom is thought to be associated with the physiological changes that occur in the body during the anxiety response.

### WHAT IS PANIC DISORDER?

Panic Disorder is the term used to describe when panic attacks are recurrent and disabling. These are the features:

- The presence of recurring and unexpected (appearing to come 'out of the blue') panic attacks
- Followed by at least one month of worrying about having another panic attack
- Worry about the implications or consequences of a panic attack (such as thinking that the panic attack is a sign of an undiagnosed medical problem) – for example, some people have repeated medical checks and tests due to these worries and despite reassurance, still have fears of being unwell
- The experience of significant changes in behaviour that relate to the panic attacks (such as avoiding activities, like exercise because it increases the heart rate).



During a panic attack, an individual is suddenly overwhelmed by the physical sensations described to the left. Panic attacks reach a peak within about 10 minutes and usually last for up to half an hour, leaving the person feeling tired or exhausted. They can occur several times a day or may happen only once every few years, and can even occur while people are asleep, waking them up during the attack. Many people experience a panic attack once or twice in their lives; this is common and is not Panic Disorder.

Self-medication with alcohol or drugs is often associated with Panic Disorder and can complicate diagnosis. For example, alcohol withdrawal may trigger a panic attack, so a person who has panic attacks only when they are withdrawing from alcohol would not be considered to have Panic Disorder.

### HOW COMMON IS PANIC DISORDER AND WHO EXPERIENCES IT?

Approximately 5 per cent of Australians will experience Panic Disorder in their lifetime, with 2.6 per cent experiencing Panic Disorder over a 12 month period.<sup>1</sup> It is estimated that slightly more women than men have Panic Disorder, which usually begins when people are in their early to mid-20s or in mid-life. Although Panic Disorder can occur at any age, it is rare in older people and children.

<sup>1</sup> Australian Bureau of Statistics. (2008). *National Survey of Mental Health and Wellbeing: Summary of Results, 2007* (4326.0). Canberra: Australian Bureau of Statistics.

# Panic Disorder

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### WHAT CAUSES PANIC DISORDER?

There is no one cause for Panic Disorder and a number of factors contribute to the risk of developing this condition.

- **Family history:** People with Panic Disorder tend to have a family history of anxiety disorders or depressive illness and some studies suggest a genetic component.
- **Biological factors:** Some medical conditions (cardiac arrhythmias, hyperthyroidism, asthma, chronic obstructive pulmonary disease and irritable bowel syndrome) are associated with Panic Disorder.
- **Negative experiences:** Extremely stressful life experiences such as childhood sexual abuse, redundancy or bereavement, have been linked to panic attacks as well as periods of ongoing, unrelenting stress.

### PANIC DISORDER AND AGORAPHOBIA

Panic Disorder frequently co-exists with other anxiety disorders and is commonly experienced with Agoraphobia. Agoraphobia is an intense fear or anxiety about places where escape is perceived as difficult or embarrassing and help is difficult to attain.

People with Agoraphobia fear certain situations that they believe may cause them to have a panic attack.

It is often assumed that people with Agoraphobia are scared of open spaces and, while this may sometimes be true, what characterises Agoraphobia more accurately is a fear of being in places or situations from which escape will be difficult (or embarrassing) or where help may not be available in the event of a panic attack.

These could include, for example, being in a crowd, on a train, in a queue or an elevator, on a bridge or being alone.

As a result of the fear of a panic attack, someone with Agoraphobia will either avoid these situations completely, be able to put themselves in such situations only in the presence of a sympathetic companion or endure them with enormous stress, fear and anxiety.

The fear of panic and the avoidance of fearful situations can create serious difficulties in an individual's personal and professional life. For example, the person may not be able to hold down a job if the only means of going to work is by using public transport.

### WHAT TREATMENTS ARE AVAILABLE FOR PANIC DISORDER?

There are two main types of treatment for Panic Disorder: psychological therapy and medication. Treatment can be very effective in reducing the number and severity of panic attacks in most people.

#### Psychological therapy

**Cognitive Behaviour Therapy** (CBT) is the most commonly used therapy for people with Panic Disorder.

Cognitive behaviour therapists work closely with people to develop a shared understanding of their thinking and behavioural difficulties. Therapists will assist people to uncover unhelpful and unrealistic ways of thinking (e.g. "I will be trapped in the elevator and not be able to breathe"), and then assist the person to move closer to more helpful and realistic ways of thinking (e.g. "The chances of getting stuck in there are slim, but even if that happens, I will be able to breathe").

Therapists may also examine how an individual's way of thinking prompts avoidance and other behavioural patterns, exacerbating and prolonging the Panic Disorder and reinforcing the fear. Behavioural tasks such as exposure tasks are carried out to help the person to return to more helpful behaviours.

**Graded exposure** is the term that's commonly given to this series of tasks as the person is gradually exposed to the situation that is feared. Understanding how this treatment works and collaborating with the therapist is vital for improvement.

**Psycho education is critical to the treatment of this problem.** This is the education about the symptoms of anxiety, how they lead to disability and the mechanisms to recover. For example, people tend to be less fearful of symptoms if they are informed of the human physiological response to fear. People react to the threat of imminent danger with an acute stress response, commonly known as the *fight-or-flight response*, during which the brain releases hormones such as adrenaline that prepare the body for action. Education regarding the symptoms of anxiety and why they occur may assist the person in becoming less fearful of the symptoms themselves. Understanding this process may assist the person in understanding the importance of breathing, relaxation and aerobic exercise. Often, **breathing and relaxation strategies** are also taught to minimise physical symptoms of anxiety and manage stress in general.



## Medication

While psychological treatment is usually the first choice and best treatment for Panic Disorder, medication may also be helpful. Antidepressants are sometimes prescribed to adults to assist in the management of anxiety and depressive symptoms. For more details see *beyondblue* Fact sheet 11 – Antidepressant medication.

**The Therapeutic Goods Administration (Australia's regulatory agency for medical drugs) and manufacturers of antidepressants do not recommend antidepressant use for depression in young people under the age of 18.** For more information see *beyondblue* Fact sheet – Antidepressants for the treatment of depression in children and adolescents.

**Benzodiazepines:** These anti-anxiety and sedative drugs are commonly used to relieve anxiety and aid sleep. They are, however, addictive and so are useful only for a short period of time (two or three weeks) or if used intermittently. Benzodiazepines can be difficult to stop taking and if a person has become dependent, withdrawal symptoms may be quite severe. A common withdrawal symptom is high anxiety, which paradoxically can worsen the problem and make it difficult to assess whether current anxiety is related to the anxiety disorder or a result of long-term use of the Benzodiazepines. See [www.reconnexion.org.au](http://www.reconnexion.org.au) for more information about Benzodiazepines or talk to your doctor.

If you decide that you wish to stop taking your medication, it is crucial that you discuss this with a health professional before taking any action.

## HELP YOURSELF TO RECOVER FROM PANIC DISORDER

Once a person with Panic Disorder is receiving treatment, the process of recovery can be different for each individual. Recovery can involve both ups and downs; some days are easier than others. For more information see *beyondblue* Fact sheet 15 – Recovery.

The following tips may help:

- **During a panic attack:**
  - Take several slow breaths. Begin by holding your breath for 10 seconds and then breathe out through your nose saying, “relax” to yourself as you do. Next, breathe in for roughly three seconds and breathe out for about three seconds. Do this for a minute and then repeat the first step. If need be, repeat this cycle several times. For more information on breathing and relaxation techniques, see *beyondblue* Fact sheet 6 – Reducing stress.
  - Stretch your body (if you can), yawn, chew gum or suck on a lozenge or mint slowly and deliberately.
  - Focus on a nearby solid object, such as a table or chair
    - hold on to it or sit down if possible.
  - Bear in mind that the panic attack will end. It will **always** pass. Write the statement “*It will pass*” on a card along with breathing instructions and keep it in your wallet/purse. It can be useful to focus on this during a panic attack.
- **Find out more** about Panic Disorder and what help is available. You should aim to become your own therapist.
- **Talk to a doctor** about referral to a mental health professional who specialises in treating Panic Disorder.
- **Identify things you avoid:** Consider the situations or circumstances which make you feel anxious and which you actively avoid to try to reduce your anxiety. It is better to try to develop strategies to gradually confront situations from the least anxiety-provoking situation to the most anxiety-provoking situation – rather than avoid them. You may need the help of a therapist if your avoidances are entrenched or extensive.



- **Do what you can to reduce external things that are adding to your anxiety**, for example, too much caffeine, excessive alcohol, unrealistic demands on yourself.
  - **Practise letting go** and putting things into perspective. Don't feel you must relentlessly try to meet unrealistic standards. Focus on successes rather than failures and don't be too hard on yourself.
  - **Take time out:** Allow time for work, but also make time to relax, to do things you enjoy and to spend time with family and friends. Regular exercise is helpful in reducing symptoms of Panic Disorder. For more information see *beyondblue* **Fact sheet 8 – Keeping active** and **Fact sheet 15 – Recovery**.
  - **Maintain a healthy lifestyle:** To reduce anxiety, get regular exercise, have adequate sleep, eat a balanced diet, and limit your intake of alcohol and other stimulants, such as caffeine. For more information, see *beyondblue* **Fact sheet 7 – Sleeping well**, **Fact sheet 8 – Keeping active**, **Fact sheet 9 – Reducing alcohol and other drugs** and **Fact sheet 30 – Healthy eating for people with depression, anxiety and related disorders**.
- Acknowledge that the person has a disorder and is not just 'being difficult'; the anxiety is a very real and distressing experience.
  - Encourage the person to seek help. Assist the person to find out about available services and offer to accompany the person to the consultation.
  - Do not involve yourself in the person's avoidance (i.e. avoidance of activities that make the person anxious). Instead encourage the person to face the situation he/she fears step-by-step to regain their self-confidence.
  - If appropriate, offer practical support, such as helping the person to practise management strategies.
  - Encourage the person to challenge unrealistic or anxious thoughts.
  - Acknowledge any gains the person makes, no matter how small.
  - Work with the person to re-establish a daily routine that includes enjoyable and/or relaxing activities.
  - Encourage the person to maintain a healthy lifestyle.
  - Don't expect too much too soon. Recovery can take a while and there may be some ups and downs.
  - Find emotional support for *yourself* – dealing with and caring for a person with Panic Disorder can be difficult at times. You may need support too. This may involve attending a support group, individual, couple or family counselling, or educational sessions. For more information see *beyondblue*'s free booklet **A Guide for Carers** available from the website or call 1300 22 4636 (local call cost).

## HOW TO HELP SOMEONE RECOVER FROM PANIC DISORDER

Family and friends can play an important role in helping a person with Panic Disorder to recover. Knowing a lot about the disorder and the treatment of it is a good start. There are also ways in which family members and friends can help themselves to cope with caring for the person. Here are some points to consider:

### What to do if you're with a person experiencing a panic attack

- Remain patient and calm in the person's presence. It may be helpful to say something like: "You are having a panic attack. It will soon pass and in a few minutes you will start to feel better."
- Avoid telling the person to relax or calm down.
- Encourage the person to take slow and regular breaths from the diaphragm, but unnaturally deep breathing is not helpful. Counting may help keep the person focused on slowing the breathing.

(Learn about breathing techniques – see *beyondblue* **Fact Sheet 6 – Reducing stress**).

## WHERE TO FIND HELP

**A General Practitioner (GP)** is a good person with whom to discuss your concerns in the first instance. A GP can conduct and organise any medical tests needed, as well as provide you with a referral to a mental health professional if necessary. It is recommended that you go to your regular GP or another GP in the same clinic as they have access to your medical records. However, if you don't have a regular GP or clinic, a list of GPs with expertise in treating common mental health problems is available at [www.beyondblue.org.au](http://www.beyondblue.org.au) by clicking on **Find a Doctor or Other Mental Health Practitioner** or call the *beyondblue* info line on 1300 22 4636 (local call cost).



**Psychiatrists** are doctors who specialise in mental health. They can make medical and psychological assessments, conduct medical tests and prescribe medication. Psychiatrists also use psychological treatments, such as Cognitive Behaviour Therapy (CBT) and Interpersonal Therapy (IPT). IPT is a structured program with a specific focus on improving relationships.

**Psychologists, social workers, occupational therapists with mental health training and mental health nurses** specialise in providing non-medical (psychological) treatment for people with depression, anxiety and related disorders.

A rebate can be claimed through Medicare for psychological treatments if the person has a mental health problem and is referred by a GP, psychiatrist or paediatrician to a psychiatrist, registered psychologist, social worker or occupational therapist in mental health. This rebate can be claimed for part of the cost of up to 12 individual consultations and 12 group sessions in a calendar year. To find a list of health professionals who provide psychological treatment for which a Medicare rebate can be claimed go to [www.beyondblue.org.au](http://www.beyondblue.org.au) and click on [Find a Doctor or other Mental Health Practitioner](#).

## MORE INFORMATION

### ***beyondblue: the national depression initiative***

To find out more about depression, anxiety and related disorders call the ***beyondblue* info line on 1300 22 4636 (local call cost)** or visit the website [www.beyondblue.org.au](http://www.beyondblue.org.au)

### **Youthbeyondblue**

[www.youthbeyondblue.com](http://www.youthbeyondblue.com)

*beyondblue*'s website for young people – information about depression and anxiety and how to help a friend

### **Lifeline**

**13 11 14**

24-hour counselling, information and referral (local call cost)

### **MensLine Australia**

**1300 78 99 78**

Support for men, especially those with family and relationship problems

### **Suicide Call Back Service**

**1300 659 467**

24-hour telephone counselling for people at risk of suicide, their carers and those bereaved by suicide

### **Relationships Australia**

**1300 364 277**

[www.relationships.com.au](http://www.relationships.com.au)

Support for people with relationship problems

### **Anxiety Online**

[www.anxietyonline.org.au](http://www.anxietyonline.org.au)

Information and 'virtual' treatment clinic for people with anxiety disorders

### **Anxiety Network Australia**

[www.anxietynetwork.com.au](http://www.anxietynetwork.com.au)

Information on anxiety disorders, related programs, workshops, courses and stories from people living with these disorders

### **Anxiety Recovery Centre Victoria**

[www.arcvic.com.au](http://www.arcvic.com.au)

Information about anxiety disorders, their management and links to other services

### **Virtual Clinic**

[www.virtualclinic.org.au](http://www.virtualclinic.org.au)

Internet-based education and treatment programs for people with anxiety and depression

### **CRUFAD Clinical Research Unit for Anxiety and Depression**

[www.crufad.org](http://www.crufad.org)

Information about anxiety and its management

### **E-Couch**

[www.ecouch.anu.edu.au](http://www.ecouch.anu.edu.au)

Evidence-based information about emotional problems (including anxiety) and strategies to help you prevent problems and understand yourself better

### **headspace: National Youth Mental Health Foundation**

[www.headspace.org.au](http://www.headspace.org.au)

Mental health information for young people

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### MoodGYM

[www.moodgym.anu.edu.au](http://www.moodgym.anu.edu.au)

Online psychological therapy

### Multicultural Mental Health Australia

(02) 9840 3333

[www.mmha.org.au](http://www.mmha.org.au)

Provides mental health support for Australians from culturally diverse backgrounds

### Reconnexion

1300 273 266

[www.reconnexion.org.au](http://www.reconnexion.org.au)

Psychology services for people experiencing anxiety and depression and tranquilliser dependency

## STATE-SPECIFIC SERVICES

### ACT

#### Mental Health Foundation

(02) 6282 6658

[www.mhf.org.au](http://www.mhf.org.au)

Information about anxiety, depression, schizophrenia and bipolar disorder in the Australian Capital Territory

### New South Wales

#### Mental Health Association (NSW)

1300 794 992

[www.mentalhealth.asn.au](http://www.mentalhealth.asn.au)

### Northern Territory

#### Top End Association for Mental Health

1300 780 081

[www.teamhealth.asn.au](http://www.teamhealth.asn.au)

### Queensland

#### Panic Anxiety Disorder Association QLD

(07) 3353 4851

[www.anxiety.websyte.com.au](http://www.anxiety.websyte.com.au)

### South Australia

#### ACEDA – panic and Anxiety, obsessive Compulsive and Eating Disorders Associations

(08) 8297 4011

[www.aceda.org.au](http://www.aceda.org.au)

### Tasmania

#### Mental Health Council of Tasmania

1800 808 890

[www.mhct.org](http://www.mhct.org)

### Victoria

#### ADAVIC (Anxiety Disorders Association of Victoria)

[www.adavic.org.au](http://www.adavic.org.au)

Information about Panic Disorder, Social Phobia, Agoraphobia, Generalised Anxiety Disorder, depression and support services

### Western Australia

#### Anxiety Self Help Association

(08) 9346 7262

[www.cnswa.com/asha/](http://www.cnswa.com/asha/)

#### Other *beyondblue* anxiety information material available:

*beyondblue* Fact sheet 21 – Anxiety Disorders

*beyondblue* Fact sheet 31 – Post-Traumatic Stress Disorder

*beyondblue* Fact sheet 35 – Generalised Anxiety Disorder

*beyondblue* Fact sheet 37 – Obsessive Compulsive Disorder

*beyondblue* Fact sheet 38 – Specific Phobias

*beyondblue* Fact sheet 39 – Social Phobia

*beyondblue* wallet-size information card – Anxiety Disorders

*beyondblue* envelope-size information card – Anxiety Disorders

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