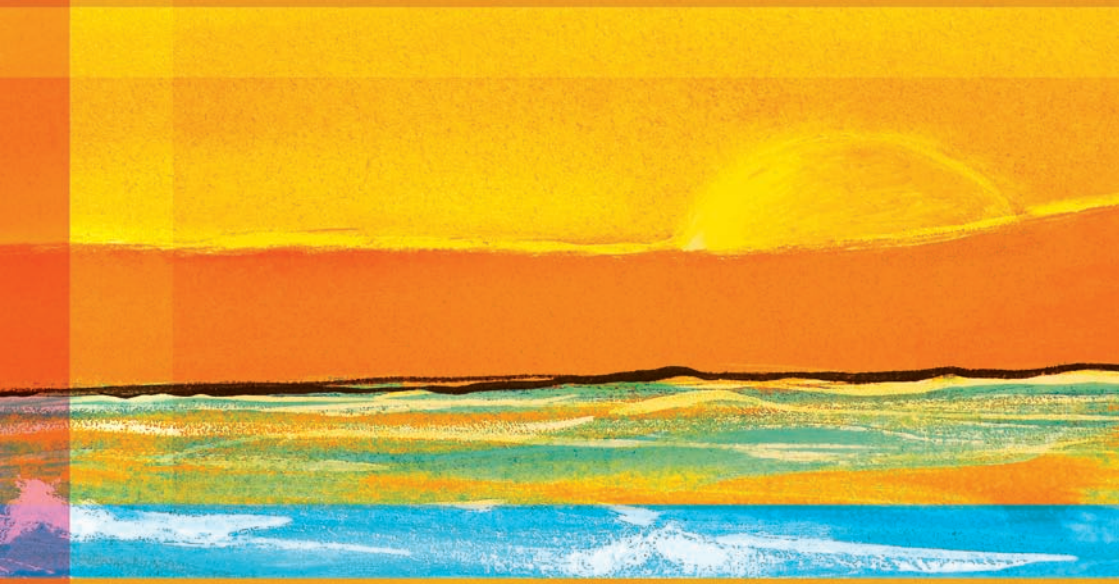
# Panic disorder and agoraphobia

**August 2009**

**Australian treatment guide for consumers and carers**



The Royal Australian & New Zealand College of Psychiatrists

The Royal Australian and New Zealand College of Psychiatrists
309 La Trobe Street
Melbourne Victoria 3000
Australia
Telephone: (03) 9640 0646
Facsimile: (03) 9642 5652
Email: ranzcp@ranzcp.org

Website: www.ranzcp.org

The Royal Australian & New Zealand College of Psychiatrists

# Contents

# Key points about panic disorder and agoraphobia

1. **Panic disorder involves recurrent and often unexplained attacks of panic.**
2. **If you think it possible that you or someone you care about has panic disorder, check with your family doctor who may suggest a referral to a psychiatrist or psychologist.**
3. **Effective treatments are available for panic disorder, and include psychological treatments as well as medications.**
4. **There are support groups to help you and your family to cope.**

# Introduction

This guide is a companion to the Australian and New Zealand Clinical Practice Guidelines for the treatment of Panic Disorder and Agoraphobia (2003) for professionals, which was developed by The Royal Australian and New Zealand College of Psychiatrists. This guide is intended to help you find the right care and treatment for your condition. It may also be of value to your family as they seek to understand your panic disorder and help you. You may like to hold onto this guide and take it with you when you visit your health care professional.

The information in this guide is based on international research on panic disorder. Other treatments are available but they have not been carefully studied. The treatments described in this guide have been shown to be effective in treating panic disorder.

## What is the difference between anxiety and panic disorder?

Everyone experiences anxiety at different times. It is normal and sensible to become anxious in some situations. For instance, if a stranger grabs you as you walk alone down a deserted street at night it would be usual to show symptoms of anxiety (also called the 'fight or flight' response). Your body has an in-built system that is activated in times of potential danger to make you more able to fight or flee. This type of anxiety is both useful and normal and is not a cause for concern. In fact, anxiety helps in many day-to-day activities such as job interviews, important meetings and sitting exams. To get a bit anxious is normal and often helpful. Panic disorder is diagnosed when the level of anxiety is out of proportion to the situation. A person with panic disorder is anxious when not in danger.

## What is panic disorder?

Panic disorder is very different to everyday anxiety. Panic disorder is a condition that affects 1 to 2% of adults in Australia every year. It usually begins during the teens or early twenties and women are twice as likely as men to experience it. The exact causes of panic disorder are still unclear but there is some evidence of a family tendency to nervousness and a link with major life events and stressors. What this means is that if a member of the family has suffered from panic, there is an increased risk of you suffering from it, especially when you are stressed. Often people with panic disorder have always thought of themselves as sensitive, but this may not always be the case.



Panic attacks are sudden attacks of fear or anxiety in situations that most people do not find frightening. They come on suddenly and are usually over in less than half an hour. Many people have had one to two panic attacks in their lifetime but people with panic disorder have repeated attacks. The attacks come out of the blue and in some situations, where help is not available or escape not possible, people become disabled by their panic attack. There is a fear of having future panic attacks. It is the interpretation of the experience that will be important in both the development and continuation of panic disorder. It is not the event that causes the panic; it's what you think the symptoms mean that causes the panic.

A panic attack is defined as a sudden period of intense fear or discomfort, in which four or more of the following symptoms reach a peak within ten minutes:

- palpitations, pounding heart, or accelerated heart rate
- sweating
- trembling or shaking
- sensations of shortness of breath or being smothered
- feeling of choking
- chest pain or discomfort
- nausea or abdominal distress
- feeling dizzy, unsteady, lightheaded, or faint
- derealisation (feeling 'unreal') or depersonalisation (feeling detached from yourself)
- fear of losing control or going crazy
- fear of dying
- numbness or tingling sensations
- chills or hot flushes.

At least one of these attacks is followed by one or more of the following, lasting for at least one month:

- worry about having more attacks
- worry about what the attacks 'mean' (e.g. losing control, heart attack, or 'going crazy')
- a significant change in behaviour related to the attacks.

## What is agoraphobia?

Agoraphobia is often thought to mean a fear of 'open spaces'. This is partly true. Many people with panic disorder avoid a number of situations because of their fears. This avoidance is known as agoraphobia, which is anxiety about being in places or situations from which escape might be difficult or in which help may not be available if a panic attack occurs.

For this reason people with agoraphobia often avoid places such as trains, crowds and queues, or only enter these situations with a trusted friend or relative. Some people with agoraphobia even avoid places where help would be available should a panic attack occur. Obviously this can be extremely disabling and often limits opportunities in terms of work, social or other activities.

**In this guide panic disorder refers to both panic disorder and panic disorder with agoraphobia unless otherwise specified.**

**In Australia and New Zealand most clinicians use the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to diagnose panic disorder. It is available in most libraries.**



# Managing anxiety symptoms

There are several strategies that people can use to help manage their anxiety symptoms. Here are some simple techniques you can practise.

**Slow breathing**

Part of the 'fight or flight' response is an increase in the rate of breathing. This would be useful if you did need to fight or run. Common sensations of over-breathing include feeling lightheaded and dizzy, a sense of unreality and feeling breathless. If you experience these sensations when you are anxious, it is possible that over-breathing is playing a role.

Some people with panic disorder may be more anxious in general and may over-breathe in other situations, whereas other people with panic disorder only tend to over-breathe in particular types of situations. You can demonstrate for yourself how an increase in breathing can affect the way you feel by deliberately over-breathing until you experience sensations such as feeling dizzy and lightheaded.

Learning to slow your breathing can be a useful way to control symptoms of panic, and may be helpful in combination with cognitive and behavioural therapy techniques. The slow-breathing technique (see panel) is a skill that is easy to learn and can be used at times when you experience symptoms of the 'fight or flight' response. Even if you do not usually over-breathe, it may be a useful strategy to focus attention on slowing yourself down to remind you to challenge what you are saying to yourself.

It is important to practise this technique until you are able to automatically start slowing your breathing in response to anxiety-provoking thoughts and/or situations. Over the next few weeks it

would be helpful to monitor your breathing rate at different times throughout the day and to practise the technique.

Remember that it is much easier to prevent a panic attack than to stop one that has already begun. The best approach is to start slowing your breathing at the first signs of anxiety. Breathe using your diaphragm (lower stomach), not your chest.

### Slow-breathing technique

**Take a regular breath (through your nose) and hold it initially for six seconds (count or use a watch).**

**When you get to six, breathe out and say the word 'relax' to yourself in a calm, soothing manner.**

**Breathe in and out in a six-second cycle (in for three, out for three).**

**Continue breathing in this way until the anxiety symptoms of over-breathing have gone.**

**There are a number of tapes and CDs available to assist you in this technique. It is not important which one you choose – the important thing is taking time to relax.**

#### Relaxation training

Relaxation is the voluntary letting go of tension. This tension can be physical tension in the muscles or it can be mental (or psychological) tension.

When we physically relax, the impulses arising in the various nerves in the muscles change the nature of the signals that are sent to the brain. This change brings about a general feeling of calm, both physically and mentally. Muscle relaxation has psychological benefits as well as physical. Through relaxation training, you can learn how to recognise tension and achieve deep relaxation.

When someone is in a continual high state of tension, it's easier for a panic attack to occur because the body is already highly activated. A minor event, such as getting stuck in traffic, can trigger further tension, which in turn can lead to hyperventilation (over-breathing) and panic.

Constant tension makes people over-sensitive and they respond to smaller and smaller events as though they were threatening. By learning to relax, you can reduce general levels of arousal and tension, and gain control over your feelings of anxiety.

There are many different types of relaxation that can achieve similar benefits. Choose to do something that you feel comfortable with and try to find time each day to relax. Possible types of relaxation are meditation, yoga, or tai chi. Any of these may be useful if they reduce tension for you and are used often.

#### Guided imagery

If you feel anxious about doing something difficult, it may be useful sometimes to practise doing it in your mind first. For example, if you don't think you are ready to drive the whole way across a bridge on your own, perhaps you can try to imagine yourself going some of the way across.

It is important that you think of yourself doing this in a successful, calm way, even if you think it would be hard. Imagine you are coping well. Other situations that can be practised in your imagination may include plane travel, train travel, weddings and job interviews.

#### Physical exercise

It is important to gradually start increasing the amount of exercise you do. This is an important part of stress management. Aim for at least

three sessions of exercise per week. Choose activities that you enjoy and vary the type of exercise so that you are able to establish and maintain a routine.

## I think I have panic disorder – can I help myself?

**Educate yourself**

'Don't panic!' This is important advice and the title of a short and easy-to-read book on panic disorder by Dr Andrew Page. It is available in most major bookstores and is not expensive.

Another book you may find useful is *Living With It*, by Bev Aisbett, which is available in most bookshops.

Educate yourself: read, speak to your health care professional, and look on the internet. Some useful websites are included in Appendix 3.

**Slow-breathing technique**

This has been discussed on page 10 of this guide and is described in the books listed above.

**Become an expert on your health. Libraries can be a good place to find information cheaply.**

**Expose yourself to things you fear**

Facing fears can be hard work. Start slowly, go slowly, do it gradually until you have mastered each step. Write a list of things you avoid because of your anxiety and start to slowly reintroduce these activities into your life. Be kind to yourself and set achievable goals. Reward yourself for success even if an event didn't go as well as you had hoped.



For example, a person who is afraid of driving because of their anxiety may set a goal to be able to drive to an unknown suburb 20 km away. They might start with short trips in familiar areas and gradually increase the distance from home and explore unknown places (it may be wise to be accompanied by a trusted friend or relative when undertaking these activities). It is important to feel some anxiety during the exposure exercises and to 'stay with' the anxiety until it reduces.

After a few weeks of using these recommendations, if you find that you are still experiencing panic attacks and/or avoiding certain situations, it is important that you get professional help in treating your panic disorder.

Facing fears can be hard work. Support and advice from a professional may be vital.

# Effective treatments for panic disorder

Panic disorder is a condition that we know a lot about. There has been a great deal of research to find out which treatments are effective and will significantly help someone with panic disorder.

The aims of treatment for panic disorder are:

- to help you cope with and stop panic attacks
- to become aware of and stop fear-driven avoidance
- to reduce your vulnerability to future panic attacks.

It is important to remember that even if treatment has been helpful, you will probably still experience some symptoms of anxiety during your recovery.

The major treatments for panic disorder are:

- Cognitive Behavioural Therapy (CBT)
- anti-depressant medication.

Each of these treatments will be briefly described, along with the potential advantages and disadvantages. Your choice of treatment may depend on the skill of the therapist, cost or other considerations.

**You do not need to be afraid of anxiety or panic attacks. You can learn skills to deal with them.**



## Is there a recommended treatment?

Research suggests that Cognitive behavioural therapy (CBT) is the preferred treatment but Selective Serotonin Reuptake Inhibitor (SSRI) anti-depressants are also commonly used. However, effective treatment typically includes some form of behavioural therapy to limit avoidance. Each treatment must be considered for its suitability in your particular case. Both psychological and medication options may be appropriate.

## Psychological treatments

**Cognitive Behavioural Therapy**

Cognitive behavioural therapy (CBT) for panic disorder involves treatments that change behaviour (i.e. that reduces exposure to stressors, and that helps in managing anxiety through, for example, slow breathing) and treatments that change thoughts, particularly thoughts that are anxiety-provoking and worrying. The goal is to help you develop a less upsetting understanding of physical changes that occur when you are anxious.

There is evidence that CBT is more effective than medication in both the short and long term. One advantage CBT has over medication is that it has been shown to be helpful several months to years after treatment has finished.

**Cognitive therapy**

This treatment involves identifying triggers for panic attacks and understanding the fears you have about the symptoms of panic. Triggers might be a thought or situation or a slight physical change such as faster heartbeat. You will be taught to be more realistic in your interpretation of panic symptoms and feared situations.

**Education about the disorder**

Following assessment, a therapist can teach you about anxiety in general, and panic disorder specifically. This may involve talking about the 'fight or flight' response and details of how this affects the body. Education may also involve dispelling fears that people commonly have about this disorder such as that they are 'going crazy' or will die as a result of the symptoms.

**Interoceptive and in vivo exposure**

Interoceptive exposure involves becoming less frightened of the symptoms of panic in a controlled manner. For instance, it might involve jogging on the spot in a therapist's office to become more familiar with the meaning of certain symptoms such as rapid heartbeat and shortness of breath. Alternatively, it may involve drinking cups of coffee or sitting in a hot room.

For those who avoid situations for fear of having a panic attack, it is important to face feared places. In vivo exposure involves breaking a fearful situation down into achievable steps and doing them one at a time until the most difficult step is achieved. For example, if a person is fearful of train journeys, the treatment may include going to a station, then going on a train, then going on trains with increasing numbers of stops and with increasingly larger crowds and so on.

**Relaxation and breathing techniques**

Panic can be made worse by over-breathing. Slowing one's breathing rate can be effective for some people to help deal with a panic attack and also to prevent a full-blown attack from occurring (see page10). Relaxation is probably more useful as a general strategy for dealing with anxiety but has been shown to be helpful for some people with panic disorder. Relaxation and slow-breathing alone have not generally been shown to effectively treat panic disorder, although there is some evidence that a form of relaxation called 'applied relaxation' can be helpful.



## Medications for panic disorder

**Anti-depressants**

There are many different types of anti-depressant medications that have been found to be effective in treating panic disorder. Each type works slightly differently, and with your doctor you will be able to decide which works best for you, and has minimal side effects.

Most medications will be started at a low dose and increased to an effective level. It is important that you take the medication as suggested by your doctor and do not make changes without checking with the doctor first. If you experience unpleasant side effects, let your doctor know immediately so that you can be advised whether they are normal or not. Some side effects are quite common and your doctor can help you to understand what to expect. See Appendix 1 for a list of possible questions for your prescribing doctor. Currently there is no evidence that the benefits of medications continue once the medication is stopped.

**Selective serotonin reuptake inhibitors (SSRIs)**

In recent years, there has been a lot of talk about drugs in this class of anti-depressants as they are as effective as the older types of anti-depressants but have fewer side effects. The most well known is probably Prozac (fluoxetine), which was the first available, but there are now a range of other SSRIs, many of which have been shown to help people with panic disorder (e.g. Cipramil/citalopram, Zoloft/sertraline).

Side effects, while less frequent, can still occur and include headaches, nausea, insomnia and difficulties with sexual intercourse. Symptoms can also occur as you stop the SSRI medication.

**Benzodiazepines are no longer recommended because they can be addictive and new treatments are now available.**

## How do I choose a treatment?

Listen to and carefully consider the advice provided by health professionals about the treatments available to you. Choose an option that seems to best fit your needs. You may choose CBT provided by a psychologist or other appropriately trained mental health professional, or medication prescribed by your doctor. You will only benefit from treatment if you stick to it, and to do that you must feel that the treatment is right for you.

## How long until I feel better?

Improvements will not be seen instantly with any type of treatment, so it is important to be patient and work hard towards recovery. Any treatment you choose will require your active involvement.

Generally with most anti-depressant medications, it will take three to four weeks for results to be seen. If after six weeks on a certain medication you do not see any improvement, it is important to discuss with your clinician what other options are available.

Improvement will often be gradual with CBT. It is important to give the treatment a chance. Treatment often involves eight or so sessions, each 60 to 90 minutes long. As with medication, if you have not seen any improvement after six sessions you may need to consider other treatments.

With CBT, you are required to be an active participant in the treatment. If you have practised the techniques and done homework between sessions and are still finding that you are not better, then a change in treatment could be advised. Research about long-term outcomes suggests that cognitive behavioural techniques have lasting benefits that continue after treatment has finished.

Keep an open mind and if you feel that the therapist you have chosen is not the right choice for you, take action and either seek a second opinion or change therapists altogether. It is important to fully participate in treatment and to be assertive regarding treatment recommendations and decisions. You should work with your clinician – not simply 'do as your clinician says'.

# Finding professional help

Panic disorder is a disabling condition, but it can be successfully treated with the right help. If you think you suffer from panic disorder, there are many ways to get the help you need including:

- contacting your general practitioner
- contacting your local mental health service
- looking in the phone book for 'clinical psychologists', 'psychologists' or 'psychiatrists'
- contacting one of the anxiety disorders support groups for help in finding a therapist (see Appendix 3)
- contacting a local university to see whether their psychology department offers treatment for the general public (alternatively, they may be conducting treatment research that you could participate in)
- looking on the internet; e.g. www.swinburne.edu.au/lss/swinpsyche/etherapy/ www.virtualclinic.org.au
- looking in your local bookshop to see what information is available.

## What level of treatment do I need?

Some people with panic disorder can be successfully treated by their general practitioner or psychologist. However, many people will need specialised treatment by a clinical psychologist or psychiatrist. This is often because the first treatment does not work, or because they need a combination of treatments, or because their panic disorder is severe and chronic. A clinical psychologist or psychiatrist with experience in panic disorder is the most suitable person to understand and treat your panic disorder.



## Why should I get help?

Panic attacks and avoidance can seriously get in the way of everyday life. Without seeking the right treatment, it is possible that many areas of your life will be affected, such as relationships, productivity at work, social activities and your general mood.

People with panic disorder often get demoralised and experience depression. They are also often told to 'get it together', 'snap out of it' and other unhelpful things. These comments are not usually intended to be cruel, but reflect the fact that those who do not have panic disorder often do not understand how awful it can be. You are probably a better judge of whether you need help than your relatives and friends, who may not be aware of the extent to which the problem interferes with your life.

## What the research says

Research suggests that people who suffer from panic disorder:

- report that they feel disabled by their problem and that it often interferes with work and other responsibilities
- may lead restricted lives, e.g. not driving far from home, or missing special occasions, due to their fear of panic attacks
- use more alcohol and other drugs, possibly as a way to deal with their distress
- spend less time on interests, sports and other satisfying activities
- are often financially dependent on others
- spend more time in emergency departments, afraid that they have a life-threatening illness.

## What happens at the initial assessment?

When you go for treatment for panic disorder, typically your health professional will first need to ask you a lot of questions to make sure that they know what the problem is. They will want to understand your panic attacks in detail. For example, by asking questions such as What? When? How often? Where do they occur?

They may also ask you questions about your life, such as if there have been other difficulties before the panic attacks began, whether you have had treatment before and so on.

They may ask you to fill in some forms to further assist the diagnosis. Such forms may ask about your panic attacks and avoidance directly, your mood, or about how the panic attacks have affected your life. At the end of your treatment, you can look back at these documents to check your progress and see if the treatment has been helpful.

## How do I choose a therapist?

Many mental health professionals say they can treat panic disorder but some may not use effective treatments to do so. It is essential to choose a professional who is trained and experienced in the treatment strategies described in this guide.

It is also very important that you feel comfortable with the therapist you choose, as therapy can be a difficult and a very personal experience. It might be good to give the chosen therapist a chance to see if they are right for you. Don't change after the first session unless you are really unhappy with them, or you have good reason to believe that the treatment they offer does not fit with what you know to be effective.

It is recommended that you check a therapist's qualifications. The following are possible qualifications that you could ask about. There may be others.

**For general practitioners:**

- Are they a Fellow of The Royal Australian College of General Practitioners (FRACGP) or similar?
- Are they a member of their local Division of General Practice?
- Do they have a post-graduate (e.g. Masters) degree in psychological medicine or other further training in psychological medicine?

**For psychiatrists:**

- Are they a Fellow of The Royal Australian and New Zealand College of Psychiatrists (FRANZCP) or of The Royal College of Psychiatrists (FRCPsych)?

**For psychologists:**

- Are they a registered psychologist? They need to show this on their letterhead.
- Do they have a Masters degree in clinical psychology or a postgraduate qualification such as a PhD in clinical psychology or a diploma in clinical psychology?
- Are they a member of the Australian Psychological Society (APS) and of the Society's College of Clinical Psychology?
- Are they a member of the Australian Association for Cognitive Behavioural Therapy?

**Other things to consider when choosing a therapist:**

**Are they familiar with the latest information from scientific studies?**

**Do they share information with you?**

**Do they consider your say in decisions?**

**Do they check the outcome of their treatment?**

## Cultural needs

Health professionals should always respect and cater for the wide diversity of cultural groups in our community. Depending on your cultural background or religious beliefs, when you are seeking treatment, or helping a person you care for get treatment, you may have special requirements that you need to communicate to the health professionals you encounter. You may need to request:

- a translator if your first language or that of the person you care for is not English
- explanations of medical or other terms that may not be clear
- respect for your religious practices and understanding of the roles of males and females in your culture
- treatment provided in a particular setting (you may have a cultural preference for home or clinic or hospital treatment)
- special food or access to a prayer room if you need to go to hospital
- understanding of your family's expectations of treatment.

It is very important to discuss cultural issues with your health care provider, to enable them to better understand you and so that your religious beliefs and cultural practices can be incorporated into your treatment plan.



## What does treatment cost?

It is important to discuss all potential costs involved in your treatment with your health professional.

In Australia, some GPs bulk bill, which means that Medicare will cover the full cost of any visit. If your GP does not bulk bill, partial rebates are available through Medicare and you will need to pay any difference. There will also be an additional cost for any medication that may be prescribed.

Your GP may refer you to appropriate services, such as for psychological services provided by a psychologist or an appropriately trained social worker or occupational therapist. Any treatment provided by these health professionals will only be rebated by Medicare if you have previously claimed a rebate for a GP Mental Health Treatment Plan.  A GP Mental Health Treatment Plan will be developed by your GP and tailored to your needs to find the treatment that is right for you, monitor your progress and assist you in achieving your goals for recovery.

Medicare rebates are also available for assessment and treatment by a psychiatrist. A psychiatrist may also refer you for Medicare-subsidised treatment with a psychologist, an appropriately trained social worker or occupational therapist. You may receive up to 12 individual/and or group therapy sessions in a year. An additional six individual sessions may be available in exceptional circumstances.

Your GP may also refer you to other government funded providers of psychological services depending on what is available in your local area.

## What if I live in a regional area?

Getting treatment can be hard if you live far from major cities and towns. If you can't find someone to deliver the treatments discussed in this guide then you might need to think about self-treatment, self-help of other kinds, or travelling to get specialist help. The books mentioned in the reading list in Appendix 3 may be useful. The internet can be a good place to find information and it may be helpful to share your experiences with people in 'chat rooms' for people with panic disorder. There are two centres in Australia that offer treatment over the web, and the treatment has been proven to be effective. These centres are:

Department of Psychology, Swinburne University – www.swinburne.edu.au/lss/swinpsyche/etherapy/

Clinical Research Unit for Anxiety and Depression, St Vincent's Hospital, Sydney – www.virtualclinic.org.au



APPENDICES

# Appendix 1

## Questions to ask your therapist

- What is the diagnosis?
- What can I expect if I do not get treatment? What happens if I do nothing?
- What are the treatment options?
- What are the benefits and harms (costs) of the treatment options?
- How long will it take?
- What results can I expect?
- How much time and/or effort will it take me?
- What will it cost me?
- Is there anything that would complicate treatment (other problems such as depression or substance abuse that may make treatment more difficult and delay the benefits)?
- Can we make a time to review progress and if necessary revise the treatment plan?
- Are these the latest treatment guidelines for my condition?
- Can you recommend any reading material including self-help books?
- How do the benefits and harms weigh up for me?
- Can I speak to someone who has been through treatment with you?
- Can I speak to someone who has been through this procedure with other therapists?

## Questions to ask about medication

- What is the name of the medicine?
- When and how often do I take the medicine?
- Are there any special instructions for its use?
- What are the side effects? Will I be tired, hungry, thirsty, etc?
- Are there any foods I should not eat while taking it?
- Can I have beer, wine or other alcoholic drinks?
- Can I take the medicine with other medicines I am taking?
- What do I do if I forget to take the medicine?
- How long will I have to take the medicine?
- What are the chances of getting better with this treatment?
- How will I know if the medicine is working or not?
- What is the cost of the medicine?

## Key questions to ask when choosing a health professional

- How many people with panic disorder have you treated?
- Do you have any special training in panic disorder treatment?
- What is your basic approach to treatment: Cognitive Behavioural Therapy, medication or both?
- If you provide only one type of treatment, how do I get other treatment if I need it?
- How long is a typical course of treatment?
- How frequent are treatment sessions? How long does each session last?
- What are your fees?
- Are your fees subsidised by Medicare?
- Can you help me determine whether my health insurance will cover fees?

# Appendix 2

## What should I do if my child or spouse is anxious?

Living with someone who is anxious can be difficult at times. It may restrict the activities of other members of the family in important ways. For instance, a child who is anxious about going to unfamiliar places may convince the family that they should not take a holiday to a new destination. Similarly, the partner of someone with agoraphobia may have extra chores they are responsible for, such as driving the children to sport and doing the weekly shopping.

The decision to get help for panic disorder can be a difficult one to make. There will often be a lot of fear associated with seeking treatment, and for those with agoraphobia even getting to treatment will often involve facing one's fears. For some, past treatment may have been disappointing and they may be sceptical about the benefits of seeking help.

The key to supporting a relative or friend who is anxious is to be encouraging and understanding.

The organisations and further reading suggested in Appendix 3 will also be helpful for family and friends of people experiencing panic disorder and agoraphobia.



# Appendix 3

## Sources of information and support

There are a range of options for support while you are experiencing panic disorder or agoraphobia. It is important to accept support when it is offered, as facing fears on your own can be hard work. Family and friends are an important source of support as well as your local general practitioner, other health professionals and mutual support organisations.

The list of organisations and information sources provided in this Appendix, whilst not exhaustive, may be of assistance in learning about and managing panic disorder. Inclusion of these organisations and information sources does not imply RANZCP endorsement but rather aims to help people find information and to encourage communication about mental illness.

These organisations and resources are not intended as a replacement for formal treatment but as an adjunct to it. If you are unsure about any of the information you find or would like to know if a treatment you read about may be appropriate for you, you should speak with your mental health care professional.

If you have access to the internet you may find it helpful to explore some of the websites listed on page 37 and perhaps to visit some of the 'chat rooms' available on many sites. The important thing is to know that you are not alone and do not have to face your anxiety without support.

**Child and adolescent psychiatrists and mental health services can assess and treat young people for anxiety disorders.**

**There is evidence that early intervention is recommended.**

**The organisations listed in Appendix 3 can provide referral information to parents for children and adolescents.**

## NATIONAL

**Panic Anxiety Education and Management Service**

Website: www.paems.com.au

**ARAFMI Australia**

Phone: (08) 9427 7100

Email: arafmi@arafmi.asn.au

Website: www.arafmiaustralia.asn.au

## NSW

**Anxiety Disorders Support and Information**
**(Obsessive Compulsive Disorder Support Group, Triumph Over Phobias Programs and Anxiety Support Groups)**

Phone: 1300 794 992

Phone: (02) 9339 6093 (Triumph over Phobias Program)

**Mental Health Association NSW Inc**

Phone: 1300 794 991 Mental Health Information Service

Phone: 1300 794 992 Anxiety Disorders Support and Information

Email: info@mentalhealth.asn.au

Website: www.mentalhealth.asn.au

**Serenity NSW**

Phone: 02 9740 9539

Website: www.serenitynsw.com.au

**ARAFMI New South Wales**

Central Coast ARAFMI: (02) 4369 4233

ccarafmi@bigpond.net.au

ARAFMI Illawarra: (02) 4254 1699

arafmi_i@bigpond.net.au

ARAFMI Hunter: (02) 4961 6717

arafmihunter@exemail.com.au

ARAFMI North Ryde: (02) 4961 6717

fcmhp@arafmi.org

Support: 1800 655 198 (NSW rural); (02) 9332 0700 (Sydney)

Website: www.arafmi.org

## QLD

**Mental Health Association (QLD) Inc**

Phone: (07) 3271 5544

Website: www.mentalhealth.org.au

**Panic Anxiety Disorders Association QLD Inc**

Phone: (07) 3353 4851

Website: www.anxietyqld.org.au

**ARAFMI Queensland**

Phone: (07) 3254 1881

Email: info@arafmiqld.org

Website: www.arafmiqld.org

## SA

**Panic Anxiety Disorders Association of South Australia**

Phone: (08) 8297 7309

Message Service: 16 886 377

Email: pada@chariot.net.au

Website: www.panicanxietydisorder.org.au

### VIC

**Anxiety Disorders Association of Victoria**

Phone: (03) 9853 8089

Email: adavic@adavic.org.au

Website: www.adavic.org

**Anxiety Recovery Centre Victoria**

Phone: 03 9886 9233

Helpline: 03 9886 9377 / 1300 269 438

Email: arcmail@arcvic.com.au

Website: www.arcvic.com.au

**ARAFMI (VIC) Inc**

Phone: (03) 9810 9300

Carer Helpline: 1300 550 265

Email: admin@arafemi.org.au

### NT

**Mental Health Association of Central Australia**

Phone: (08) 8950 4600

Email: info@mhaca.org.au

Website: www.mhaca.org.au

**Carers Australia NT**

Phone: (08) 8948 4877 / 1800 242 636

### TAS

**The Mental Health Council of Tasmania**

Phone: (03) 6224 9222 / 1800 808 890

Website: www.mhct.org

**ARAFMI Tasmania (Carer support)**

Phone (North): (03) 6331 4486

Phone (South): 03) 6228 7448

Email (North): north@arafmitas.org.au

Email (South): south@arafmitas.org.au

Website: www.arafmitas.org.au

### WA

**Anxiety Self Help Association Incorporated**

Phone: (08) 9346 7262

Email: asha@cnswa.com

Website: www.cnswa.com/asha/

**ARAFMI Western Australia**

Perth: (08) 9427 7100

Rural Freecall: 1800 811 747

Hillarys: (08) 9427 7100

Midland: (08) 9347 5741

Mandurah: (08) 9535 5844

Broome: (08) 9194 2665

Canarvon: (08) 9941 2803

Website: www.arafmi.asn.au

## Suggested reading

Nathan, PE, Gorman, JM, & Salkind, NJ (1999). *Treating Mental Disorders: A Guide to What Works*. New York: Oxford University Press (written especially for consumers)

**Panic Disorder and Agoraphobia**

Aisbett, B (1993). *Living with it*. Sydney: Angus and Robertson

Bourne, E.J (2005). *The Anxiety and Phobia Workbook*. California: New Harbinger Publications

Franklin, J (1996). *Overcoming Panic: A complete 9-week home-based treatment program for panic disorder*. Melbourne: A.P.S. Ltd

Page, A (2004). *Don't Panic: Anxiety, Phobias and Tension - Your 4-step program to control anxiety disorder.* ACP Publishing Pty Ltd

Rapee, R & Lampe, L (1998). *Fight or Flight* (video). Monkey See Production (PO Box 5019, Lyneham, ACT, 2602, www.monkeysee.com.au).

**Cognitive therapy**

Greenberger, D & Padesky, C (1995). *Mind over Mood: A cognitive therapy treatment for clients*. NY: Guildford Press

Tanner, S & Ball, J (2001). *Beating the Blues: A Self-help Approach to Overcoming Depression*. Australia: Southwood Press

**Stress management**

Barlow, D & Rapee, R (1997). *Mastering Stress: A Lifetime Approach: A Lifestyle Approach*. Killara, Australia: Lifestyle Press

Burrows, GD, Stanely, RO & Norman, TR (1999). *Stress, Anxiety and Depression*. New Zealand: Adis International Pty Ltd

Davis, M, Eshelman, E & McKay, M. (2008). *The Relaxation and Stress Reduction Workbook*. Oakland, Ca: New Harbinger Publications

## Scientific and academic references

Andrews G, Creamer M, Crino R, Hunt C, Lampe L & Page A. (2003). *The Treatment of Anxiety Disorders*. Cambridge: Cambridge University Press

Gould, RA, Otto, MW, & Pollack, MH (1995). A meta-analysis of treatment outcome for panic disorder. *Clinical Psychology Review*, 15, 819-844

Irwig, J, Irwig, L & Smart, M (2007). *Smart Health Choices: Making Sense of Health Advice.* London: Hammersmith Press Limited

Nathan, P & Gorman, J (2007). *A Guide to Treatments that Work*. New York: Oxford University Press

*Treatment protocol project: Management of mental disorders*. 4th edition (2004). Darlinghurst, World Health Organisation Collaborating Centre. Also available at www.crufad.org

Andrews, G et al (2003) Summary Australian and New Zealand Clinical Practice Guideline for Panic Disorder and Agoraphobia; *Australasian Psychiatry* March, 11:1, 29-33

## Useful websites

| Organisation/ website | Web address | Comment |
|---|---|---|
| GP Care | **www.gpcare.org** | Information for GPs and other health professionals on common mental disorders, psychological treatments, and outcome measures. |
| Clinical Research Unit for Anxiety and Depression | **www.crufad.org** | Information for health professionals and for people experiencing anxiety and depression. |
| Centre for Clinical Interventions | **www.cci.health.wa.gov.au** | Information for health professionals and for people experiencing mental health problems. |
| Australian Psychological Society (APS) | **www.psychology.org.au** | Includes information for the community on a range of topics related to psychology |
| Australian Association for Cognitive and Behaviour Therapy (AACBT) | **www.aacbt.org** | Includes a definition of and background on CBT. |

# Appendix 4

## Common acronyms

**CBT** Cognitive Behavioural Therapy

**GP** General Practitioner

**SSRI** Selective Serotonin Reuptake Inhibitor

**TCA** Tricyclic Anti-depressant

# Appendix 5

## Development of the guideline

This guide is a research-based clinical practice guideline based on a thorough review of the medical and related literature. It was written in association with people who have panic disorder and agoraphobia, and those working with them.

In 2009, the content of this guide was revised and expanded by an expert advisory panel comprising mental health professionals, and consumer and carer representatives. The purpose of the revision was to ensure the information contained in the booklet was current and comprehensive in terms of treatment best-practice and therefore remained relevant for people with panic disorder and agoraphobia, and their carers, families, and friends.



## Authors

Ideas and information for the original edition of this guide came from many sources. Significant contributors and their then affiliations were:

**Professor Gavin Andrews** and **Louise Shepherd** - CRUfAD, University of New South Wales at St Vincent's Hospital, Sydney

**Professor Andrew Page** - University of Western Australia, Perth

**Dr Andrew Baillie** - Macquarie University, Sydney.

The expert advisory panel for the May 2009 revision comprised:

**Professor Gavin Andrews -** UNSW at St Vincent's Hospital, Sydney

**Ms Janne McMahon OAM** - Director and Chair, Private Mental Health Consumer Carer Network (Australia)

**Associate Professor Dorgival Caetano** - M.D., PhD, FRANZCP, UNSW at Rural Clinical School, Senior Consultant Psychiatrist

## Quality statement

The original edition of this guide was consulted upon bi-nationally and drafts were available for comment on www.ranzcp.org. It was appraised using DISCERN by a national workshop of consumer consultants and meets NHMRC criteria for presenting information on treatments for consumers. The 2009 revision sought to maintain the integrity of this process by incorporating updated information supported by research findings published in recent medical and other scientific literature.

## Acknowledgements

The project to develop and print the original version of this booklet was commissioned by The Royal Australian and New Zealand College of Psychiatrists and was funded by Australia's National Mental Health Strategy, Commonwealth Department of Health and Ageing, and the New Zealand Ministry of Health.

We appreciate the involvement of consumer organisations in Australia and New Zealand which contributed to the consultation process for the original edition of the booklet.

The original edition was edited by Jonine Penrose-Wall, Consultant Editorial Manager RANZCP.

The 2009 revision and reprint was undertaken with funding provided by the Commonwealth Department of Health and Ageing.

The Private Mental Health Consumer Carer Network (Australia) reviewed the revised edition.

The Royal
Australian &
New Zealand
College of
Psychiatrists