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Panic Disorder

THIRD EDITION

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Preface

This book is intended to provide the reader with basic information about panic disorder, which is relatively common. In our clinical practice we have found the need for a reliable book to recommend to sufferers and their families and friends. We hope that this book will also be of interest to the general reader.

In a major development the Department of Health is massively expanding access to psychological treatment for anxiety disorders, including panic disorder. The plan is to train 8000 new psychological therapists to provide evidence-based treatments, and reduce the lengthy waiting times, from 18 months to a few weeks. This progressive advance is extremely welcome news for sufferers and their families.

There has been much theoretical and clinical interest in panic disorder in the last few years, and we have tried to summarize this, and its relevance to patients today. In this edition, we have included up-to-date information based on recent work. We also give practical advice. References are provided for readers who may wish to read more widely. Research into panic disorder is continuing, and we await new developments and new findings.

S. R., *Vancouver*

September 2009

Foreword

I have read this book from a personal as well as a professional point of view. I know how terrifying the symptoms can be, having experienced panic disorder myself, and it is not something that I would trivialise.

During the last 15 years I have worked with anxiety sufferers at No Panic and the majority of our help-line callers phone because they are desperately afraid of panic attacks. They cannot believe such intense feelings of terror are not the precursor to a major mental/physical disaster. To get some sense of the scale of the problem, the No Panic charity took 75,000 calls to the help-line last year; imagine how immense the numbers of panic sufferers must be worldwide.

This book will be of great help to professionals and sufferers alike as it is extremely comprehensive and covers every aspect of the illness. The case studies illuminate the idiosyncrasies and false presumptions that sufferers begin to believe are realities. These mistaken beliefs are contradicted by the explanations given to patients to show how wrong their thinking processes are and how they can be changed, allowing progress towards recovery.

The chapter *Theories of panic disorder* is especially interesting as it shows how the illness has been approached over a period of years and both biological and psychological theories are covered by the authors.

I was delighted to see that the suggested treatments were practical, based on common sense, and compatible with what No Panic, as a self-help organisation, advocates.

It gives me great pleasure to be able to recommend this book; I think it will become an important contribution to the understanding of complex anxiety disorders.

Margaret Hawkins
Chairperson, NO PANIC
July 2009

Foreword

As cardiologists the manifestations and clinical consequences of panic disorders are commonly seen in our clinics. Having trained both as a cardiologist and general practitioner I am fully aware that the anxiety and uncertainty generated by both the initial attack and subsequent investigations cause sufferers further tension and anxiety and that the need for empathetic reassurance and, importantly, practical, concise, and understandable information about the condition and the potential treatment strategies available are paramount. This edition of *Panic Disorders, The Facts*, written by experts in the field provides simple, easy-to-understand and practical information and advice for both patients and healthcare professionals alike. The case vignettes will be readily recognised by those who have suffered from panic disorder and I believe both they and their clinicians will find reassurance in this well-balanced and practical publication.

Ed Nicol MD MRCP RAF

July 2009

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Introduction

Important developments have taken place since the second edition of this book was published in 2004. In October 2007, the Secretary of Health announced a massive expansion of psychological services for people suffering from anxiety disorders, such as panic disorder, and/or depression. The UK Government has embarked on a 6-year programme ‘to provide better support for people with problems ... such as anxiety and depression’, and approximately £170 million was allocated for the first three years. ‘Psychological therapies have proved to be as effective as drugs in tackling these common mental health problems and often are more effective in the long run.’ The aim is to ‘reduce the average waiting time for psychological treatment from the current 18 months to a few weeks ... as the service rolls out’.

In order to achieve this goal ‘8000 newly-trained psychological therapists giving evidence-based treatment’ are to be introduced (www.gnn.gov.uk—the government news network, article dated 10 October 2007). A related development was the publication of specific recommendations for treatment set out by the National Institute of Health and Clinical Excellence (NICE), an independent review organization that carries out comprehensive, regular evaluations of the available evidence. The NICE recommendations for treating panic disorders, and associated agoraphobia, are incorporated in this third edition. The insistence on using evidence-based treatments is an important advance. Unusually for an Institute of this type, the NICE recommendations also include clear statements about treatments that are not supported by acceptable evidence, and hence are not recommended.

In explaining to a senior engineer the new insistence on using only evidence-based psychological treatments, he asked: ‘What were they based on before?’

A considerable amount of research into the nature and treatment of anxiety disorders, such as panic, has been carried out over the past few years. Most of the research was designed to evaluate the effectiveness of psychological and pharmacological treatments, and the results are referred to in the present edition. Research into the nature and causes of anxiety disorders has not been neglected, and the major findings are integrated into the appropriate chapters.

Following the new style of this series of books, the key points are set out at the beginning of each chapter, and common questions about panic disorders are dealt with in the concluding chapter.

Panic and panic disorder

Key Points

- ◆ Panic disorders are psychological disorders.
- ◆ The main features of the disorder are repeated episodes of panic—abrupt episodes of intense fear, bordering on terror.
- ◆ The person fears an impending catastrophe, such as a heart attack.
- ◆ The episodes are accompanied by distressing bodily sensations, such as a pounding heart, shortness of breath, faintness, shaking.
- ◆ A proportion of the episodes are unexpected and inexplicable.
- ◆ The episodes generally last between 10 and 20 minutes.
- ◆ The episodes leave a residue of anxiety and the person feels shaken, exhausted, and emotionally drained.
- ◆ Recurrent episodes of panic often are followed by the development of extensive avoidance behaviour, such as crowded places, shopping alone, driving, bridges and tunnels, or even of being alone at home.
- ◆ Not infrequently the affected people experience a panic if they enter these situations ('situational panics').
- ◆ Their fear of having a panic in their dreaded situations can become pervasive, and in extreme cases they are housebound.
- ◆ Extensive avoidance behaviour, formerly called 'agoraphobia', can also develop without prior episodes of panic.
- ◆ Panic disorders are one of several forms of anxiety disorder (such as obsessive-compulsive disorders, post-traumatic disorders, acute stress disorders, intense health anxiety).
- ◆ Panic disorder is a treatable disorder.

What is panic?

A panic is an episode of intense fear of abrupt onset, usually peaking within a minute. The fear, often bordering on terror, is generally accompanied by unpleasant bodily sensations, difficulty in reasoning, and a feeling of imminent catastrophe: ‘Something terrible is happening to me’; ‘I am in great danger’.

The term ‘panic’ is derived from the name of the Greek god Pan. According to Greek mythology, the cloven-footed, dwarfish Pan was a lonely and moody god with an impish sense of humour who played practical jokes on humans. If a wanderer happened to pass the cave where he was hiding, Pan would jump out with a shrill and terrifying scream. The acute terror felt by the wanderers who experienced this treatment came to be called ‘panic’.

Most people experience the occasional panic but if it is understandable and does not recur, no problems develop. However, a panic that occurs unexpectedly and inexplicably can give rise to a secondary fear. During the initial panic the person is likely to fear an imminent heart attack, choking, suffocation, or other serious threat. If the appropriate medical examinations reveal that the person is healthy and the feared threat to their safety is discounted, they are extremely relieved. However, if they then experience a second or third episode of panic, another fear arises. People are puzzled and alarmed by the recurrence of panics because they have been assured that their fears of a medical catastrophe are unfounded but they are experiencing repeated episodes of terror. The original fear, say of an imminent heart attack, is replaced by an intense fear of having panics.



Case study

A 23-year-old woman described her first, unexpected episode of panic: ‘I was at home one weekend and suddenly had trouble with my breathing. My heart was pounding and I began sweating heavily. I thought that my heart had given in and felt I was about to die. My husband rushed me to the hospital emergency where they tested my heart and assured me that there was no danger. I gradually calmed down and returned home after an hour or so feeling shaken but no longer terrified’. When she began to experience panics repeatedly it became evident that she had a significant psychological problem, and received psychological treatment.