

## **Panic Disorder- More Common Than You Think**

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### **Panic**

If you are an adult reading this column, the chances are about 50-50 that you have had at least one panic attack in your lifetime. And if you are a woman over 23, your chances are almost 5% of having some degree of Panic Disorder (PD) in your lifetime. There aren't many, if any, commoner chronic conditions; even diabetes and high blood pressure aren't much more common. However, many people with PD aren't even aware that they have it; or, worse yet, they are embarrassed to tell anyone about it. Symptoms of PD are quite varied. As the name suggests, the commonest is an overwhelming feeling of fear or a sense of doom that comes on suddenly and usually for no apparent reason. This may be followed by heart palpitations, shortness of breath and hyperventilation, chest pain or discomfort, nausea, sweating, trembling, dizziness, and feelings of "depersonalization," or a feeling that one is no longer the same person, or that things suddenly seem unreal. People with PD describe the fear that they are going to die from the attack or that they are "going crazy." Many PD patients have a strong urge to escape their environment, such as from a classroom or a meeting. Others may find that being in a situation where they would be embarrassed to escape or one in which they might not be able to get help might precipitate an attack. "Sleep panic" occurs in 30% of PD patients; it causes awakening with panic symptoms, but is not associated with nightmares. Occasionally we see a patient with the physical symptoms of PD but without the fear or apprehension. Women are three to four times likelier to develop PD than men. It usually starts in early adulthood, though children sometimes suffer panic attacks. Some patients have only occasional attacks, while others may have them daily. Attacks may be quite mild and brief; or they may be totally debilitating, and result in missed work, emergency room visits, or refusal to leave home. We don't know a lot about the cause, but we do know that PD in many cases is familial. We also know that women tend to have more attacks just before their menstrual period. And we know that PD is associated with other psychological disorders (depression, anxiety disorders, phobias, obsessive-compulsive disorder, alcoholism and substance abuse) in a substantial number of patients. Experts now believe that like many psychiatric disorders, PD has a chemical basis. This means that brain chemistry is altered in PD patients, and explains why attacks may occur without any particularly stressful or traumatic situation. The first and most important step in treatment of PD is to recognize the signs and to seek help. It may be difficult to overcome the embarrassment of having this condition, but simply knowing how common it is seems reassuring. Most PD patients feel better simply talking about their symptoms, especially during an attack. Calm reassurance from friends or family who understand the condition is usually helpful. If medical or psychological treatment is necessary either counseling or medication can be effective. Treating an underlying disorder such as depression usually improves PD symptoms. The new group of antidepressants called SSRI's (selective serotonin reuptake inhibitors) such as Prozac, Paxil, Zoloft and Celexa are usually effective in treating PD symptoms. Alcohol, caffeine, and especially recreational drugs should be avoided, since they can actually cause PD or bring on an attack. Some sedative/tranquilizer drugs are used in treatment of PD, but they may be habituating, or interfere with normal function, and I usually advise against them. Good emotional health like good physical health comes from healthy lifestyles. This includes using healthy ways of dealing with stress and

conflicts, seeking self-help or professional guidance when necessary, and maintaining good sleep, exercise and eating habits. PD doesn't necessarily have to ruin your life, or even your day. I am amazed at how many people have kept their symptoms of PD a secret for months or even years. If you think you might have PD, talk to your primary health care provider.