Panic Disorder

Overwhelming fright, fear, or terror, called panic, may happen to a person a few times in his or her life. During panic, you may feel like you are having a heart attack or that you are dying. Usually, panic is short-lived and is often related to a frightening event that happens to you. If panic occurs unrelated to situations, happens frequently, and is followed by at least 30 days of worry about another panic attack, this is termed **panic disorder**. Not every person who has a panic attack will develop panic disorder. There is evidence that panic disorder is sometimes **genetic** (inherited). Along with the other types of anxiety disorders (obsessive-compulsive disorder, generalized anxiety disorder, social anxiety disorder, posttraumatic stress disorder, and phobias), panic disorder is fairly common. Anxiety disorders affect more than 40 million adults in the United States alone, about 18% of the population. Worldwide, approximately 20% of persons who receive primary health care have anxiety disorders or depression.

SYMPTOMS

- Fast or irregular heartbeat (**palpitations** or "fluttering" in the chest)
- Difficulty breathing
- Chest pain
- Sweating or flushing of the skin
- Muscle tension
- Difficulty sleeping
- Edginess or irritability

Agoraphobia is a complication of panic disorder. The word means "fear of open spaces," but agoraphobia actually involves fear and avoidance of situations in which the person particularly fears having a panic attack. These situations typically include crowds, stores, cars on busy streets, and public transportation. Persons with agoraphobia may become homebound because they fear they may have a panic attack when they are out of their comfort zone.

DIAGNOSIS

Physical reasons for some of the symptoms of panic disorder include heart problems, thyroid conditions, or other medical issues. After taking a medical history and performing a physical examination, your doctor may order testing to help rule out these medical problems. Mental health professionals (psychiatrists, psychologists, and licensed therapists) ask questions and use specific testing methods to examine an individual's symptoms to see if they have panic disorder, one of the other anxiety disorders, or another mental health issue such as depression or bipolar disorder. Psychiatrists are medical doctors with specialized education in diagnosis and treatment of mental illnesses.

TREATMENT

- Treatment for panic disorder usually has several approaches, combining some type of therapy with medication to help reduce the feelings and symptoms of anxiety.
- Cognitive behavioral therapy (CBT) is effective for panic disorder. CBT helps persons find ways of coping with their feelings to learn new methods to deal with the situations that make them anxious.
- Exposure therapy may be useful in treatment of panic disorder. This involves gradual exposure to places or events that trigger panic attacks to reduce fear and anxiety associated with those triggers.
- Medications may include one or more types of antianxiety medicines, many of which are also used to treat depression and other mental illnesses.
- Substance abuse often goes along with anxiety disorders. Treating substance abuse, including tobacco dependence, should be considered as part of the overall management of any of the anxiety disorders.

FOR MORE INFORMATION

- National Institute of Mental Health
  www.nimh.nih.gov
- American Psychiatric Association
  www.healthyminds.org
- Anxiety Disorders Association of America
  www.adaa.org

INFORM YOURSELF

To find this and previous JAMA Patient Pages, go to the Patient Page link on *JAMA*'s Web site at www.jama.com. Many are available in English and Spanish. A Patient Page on generalized anxiety disorder was published in the February 2, 2011, issue.

Sources: National Institute of Mental Health, American Psychiatric Association, Anxiety Disorders Association of America, World Health Organization

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