Information About Panic Attacks

Panic attacks are one of the most intense and frightening episodes that can be experienced by a person. A panic attack can develop with little or no warning and can be experienced by people of all ages. There is no age range where a panic attack can first occur and often one can happen when you are not expecting it.

Many people will describe that a panic attack feels like a heart attack and for that reason many people immediately worry and take themselves to the hospital. Other times, people will equate the feeling of a panic attack to “going crazy” and many people fear that that they are dying when this happens.

How do I know if I'm having Panic Attacks?

Criteria for Panic Attack - A person experiences a discrete period of intense fear or discomfort:

- It occurs suddenly
- It reaches a peak within 10 minutes

A person experiences four (or more) of the following 13 symptoms:

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, lightheaded, or faint
9. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. Fear of losing control or going crazy
11. Fear of dying
12. Paresthesias (numbness or tingling sensations)
13. Chills or hot flushes

Do I need to take medication if I have panic attacks?

Cognitive behavioural therapy is the treatment of choice for panic disorder. When cognitive behavioural therapy is not an option pharmacotherapy can be used. SSRIs are considered a first line pharmacotherapeutic option. In addition, people with panic disorder may

need treatment for other emotional problems. Comorbid clinical depression, personality disorders and alcohol abuse are risk factors for treatment failure.
Having a support structure of family and friends who understand the condition can help increase the rate of recovery. During an attack, it is not uncommon for the sufferer to develop irrational, immediate fear, which can often be dispelled by a supporter who is familiar with the condition. For more serious or active treatment, there are support groups for anxiety sufferers which can help people understand and deal with panic.

A number of randomized clinical trials have shown that CBT achieves reported panic-free status in 70-90% of patients. Clinically, a combination of psychotherapy and medication can often produce good results. Some improvement may be noticed in a fairly short period of time — about 6 to 8 weeks. Psychotherapy can improve the effectiveness of medication, reduce the likelihood of relapse for someone who has discontinued medication, and offer help for people with panic disorder who do not respond at all to medication.

The goal of cognitive behavior therapy is to help a patient reorganize thinking processes and anxious thoughts regarding an experience that provokes panic. An approach that proved successful for 87% of patients in a controlled trial is **interoceptive therapy**, which simulates the symptoms of panic to allow patients to experience them in a controlled environment. Symptom inductions generally occur for *one minute* and may include:

- **Intentional hyperventilation** – creates lightheadedness, derealization, blurred vision, dizziness
- **Spinning in a chair** – creates dizziness, disorientation
- **Straw breathing** – creates dyspnea, airway constriction
- **Breath holding** – creates sensation of being out of breath
- **Running in place** – creates increased heart rate, respiration, perspiration
- **Body tensing** – creates feelings of being tense and vigilant

The key to the induction is that the exercises should mimic the most frightening symptoms of a panic attack. Symptom inductions should be repeated three to five times per day until the patient has little to no anxiety in relation to the symptoms that were induced. Often it will take a period of weeks to feel no anxiety in relation to the induced symptoms. With repeated trials, a person learns through experience that these internal sensations do not need to be feared and becomes less sensitized or desensitized to the internal sensation. After repeated trials, when nothing catastrophic happens, the brain learns (hippocampus & amygdala) to not fear the sensations, and the sympathetic nervous system activation fades.

What is involved in medication therapy?

There are two classes of anti-panic medicines that are highly effective. They are:
Class 1 - Benzodiazepines:
Klonopin (clonazepam), Ativan (lorazepam), Xanax (alprazolam), Tranxene, Serax Valium, Librium, and others
Class 2 - Antidepressant anti-panic medicines (ADAPs):

1. SSRI's (Zoloft, Prozac, Paxil, Celexa, Lexapro, and Luvox)
2. tricyclics (Tofranil, nortriptyline, protriptyline, Elavil, Sinequan, Surmontil, and others).

The most important difference between the two classes is that medicines in Benzodiazepines work much quicker, i.e. stop panic attacks in twenty minutes to a couple of weeks in worse cases. Antidepressant-anti-panic medications require 1-8 weeks to be effective. On the other hand, Benzodiazepines can be physically addictive. Patients with substance abuse tendencies have a high risk of abusing these medicines and/or they may be a gateway substance leading to relapse on their drug of choice.
ADAPs are just as likely to stop all panic attacks as Benzodiazepines after a lag period. The lag period is 1-3 weeks to the onset of reducing the severity and frequency of attacks. It takes ADAPs, 3-10 weeks to totally stop all panic attacks in 70% of patients. Since most people need to be on medicine for at least 1 year to significantly reduce the risk of relapse back into panic attacks soon after stopping the medicines, ADAP medications are preferred for maintenance because of no risk of physical or psychological dependence and withdrawal. However, ADAP medicines do need to be tapered somewhat when stopping to avoid some discontinuation symptoms, i.e. uncomfortable, flu-like symptoms associated with stopping ADAP meds abruptly.

Therefore, if substance abuse is not an issue, some patients in severe distress are started with a Benzodiazepine immediately and encouraged to start an ADAP drug as well. The purpose is to get immediate relief as soon as possible and to prepare to taper off the Benzodiazepine and rely on the ADAPs alone after the lag period until the ADAP medication is fully in effect. This usually takes 1-3 months. When choosing a Benzodiazepine, one tries to choose an agent that has a slow onset of action and a long life in the blood because these are the least habit-forming. It provides much more even blood levels over twenty-four hours after a single dose. Consequently, it provides more consistent reduction and protection against onset of new panic attacks and less severe attacks if they break through.

Which medicine has the fewest side effects?
Both Benzodiazepines and ADAP medications have risks of side effects. Most patients do not have side effects to a significant extent. Those who do usually have side effects that are generally very mild and go away within a few days or weeks.
The most common side effects of Benzodiazepines occur in a minority of patients. They are drowsiness and/or poor coordination, usually occurring if the initial dose is too high or the dose is increased too fast. The risk of developing physical and/or psychological dependence to Benzodiazepines is very low unless the person has a history of substance abuse.
ADAP medicine side effects occur in only a minority of patients as well. Most common are nausea, dizziness, sedation, insomnia, sexual side effects, and/or increased appetite and weight gain. Usually panic attacks are reduced or stopped in a few days or a week or two.

How long do I have to stay on the medicine?
Most evidence suggests the majority of patients should stay on their medicines for at least one year after the panic attacks are stopped. If the medicine is stopped before one year, there is a higher incidence of relapse more quickly than for those who wait for at least a year. Data show that it is best to stay on the same dose that stopped the panic attack for the year unless there is an uncomfortable side effect. Most patients could be successfully and painlessly weaned off Benzodiazepine medicines during the first month(s) and come to rely solely on the robust long-term effectiveness of an ADAP medicine. Cognitive behavioral therapy (CBT) has proven effective to address panic attacks and increases a patient's likelihood of successfully weaning off all medicines. CBT also has a longer effect than medication therapy alone. We will usually be engaging in CBT while focusing on medication management.

Why can't I just have my primary physician administer these medicines?
If your PCP is uncomfortable treating panic attacks or reaches the limit of their skills, your psychiatrist has vast experience in evaluating for some other condition that may be underlying the panic attacks (depression, bipolar disorder, PTSD, ADHD). Sometimes a complicating condition develops after the onset of panic attacks such as depression or substance abuse. Addressing the core panic disorder or other condition with the vast selection of tools with which psychiatrists are familiar will likely result in relief and success.