



Panic Disorder

Panic Disorder produces very rapid physical sensations of fear. A person who suffers from panic disorder can have these "panic attacks" so often that they interfere with their life and livelihood.

It's a common enough expression—*"I'm having a panic attack!"*—that you may not realize it refers to a larger anxiety condition. People who suffer from panic disorder don't think about their "panic attacks" as just overblown stress (which panic is not). The physical feelings and accompanying fearful thoughts of Panic Disorder can be debilitating and exhausting. Here, we'll learn about the suddenness and severity of panic disorder and explain how these "attacks" can be interpreted in a more beneficial cognitive light.

Definition/Exploration

Panic Disorder is an anxiety disorder which involves experiencing sudden bursts of mental and physical panic [1]. A sufferer of panic disorder may live in perpetual fear that these "panic attacks," often for which there are no immediate triggers, will happen time and again.

Panic attacks generally last between 15-30 minutes and are experienced as rapid and terrifying physical symptoms of fear. Most anxiety disorders can include panic attacks in their diagnosis and symptoms. Panic disorder specifically is diagnosed as its own condition if a person experiences two or more unforeseen "out-of-the-blue" panic attacks on a consistent basis and, after the initial attack, fears and believes another one is inevitable up to a month later. Some people experience panic attacks on a daily, weekly, or monthly basis. A cycle of panic attacks can either spawn from specific identifiable triggers or where none are involved.

About 6 million American adults [2] are diagnosed with panic disorder per year. The condition is almost twice as prevalent among women as it is for men. Most people will experience one or two "full-blown" panic attacks in their lifetime [3] and not develop the subsequent disorder.

Symptoms

As mentioned, panic attacks can be incredibly intense experiences [4]. Many of the physical symptoms of panic mimic those of breathing disorders, thyroid problems, and heart attacks. Mentally, panic sufferers may feel completely out of control and even that they might go insane from the seemingly random and sudden appearance of symptoms.

Panic disorder/attack symptoms include:

- Pounding heart and/or palpitations
- Shortness of breath
- Feeling like you are being smothered
- Chest pain and tightness
- Trembling, shaking, or numbing of the extremities

- Stomach and/or abdominal pain
- Derealization (feeling that things are unreal)
- Depersonalization (feeling detached from one's body)
- Fear of passing out
- Fear of going crazy
- Fear of dying

This list of mental and physical symptoms certainly sounds extreme. The important thing to remember, however, is that the symptoms of panic, though exaggerated fear responses and thought they happen in a moment's notice, **are neither dangerous nor deadly**. In the moment and without regular methods of treatment (see [here](#) ^[5]), people with panic disorder may feel embarrassed or ashamed of these events and start to isolate themselves from people or situations they believe to be the "cause" of their panic.

Empirically at this time, the cause of panic is unknown, though it can be tied to very specific panic-inducing situations and seems to be linked to family members. Oftentimes, a person experiences their first panic attack in response to an obvious life event or stressor. Other times a "connection" is made between the feelings of panic and certain scenarios. A person will [create false connections](#) ^[6] between cause and effect regarding panic attacks in a desperate effort to peg its cause and thus eliminate its influence.

Unfortunately, by responding negatively to a "random" attack and seeking scapegoats, they establish a cycle of bringing about subsequent panic. Some of the best coping methods for Panic Disorder involve learning how to accept the short-lived but intense feelings they bring. [Mindfulness practices](#) ^[7] and [Cognitive-Behavioral Therapy](#) ^[8] techniques help millions of people rewire their thoughts about panic.

Furthermore, [the psychological fallout of recurrent panic](#) ^[9] is mentally taxing. The experiences are very draining and cause mental and bodily fatigue. People may become demoralized by the seeming arbitrariness of panic's sudden dramatic entrance. In their frenzied search for a cause, people inadvertently reinforce the idea that these attacks are dangerous and should be avoided.

The good news is no "cause" need be found to treat panic disorder. What is most important is retraining yourself to realize that these symptoms are short-lived and can be endured and embraced. The more you think and react without enhancing your fear response, the more readily your body will register symptoms of panic as minor annoyances. Remember also that though panic attacks are discomfiting and disconcerting, they are not life-threatening.

Myths & Agoraphobia

Sometimes, a person may lack the knowledge or support system they need to learn that panic attacks are not dangerous, that situation shouldn't be avoided, and that the attacks themselves always end. A person with panic disorder [may come to restrict their lives](#) ^[9] and behaviors to such an extent that they rarely leave their own house. 1 in 3 people with panic disorder experience this string of isolationist behavior. They may feel that they can no longer go places or do things they used to do because an "attack" might happen. They may surrender independent tasks (going shopping, doing chores) unless a trusted loved one accompanies them.

This extension of panic disorder is called **agoraphobia** and can be avoided if proper intervention and behavioral techniques are learned. When panic disorder reaches this level,

there is also an increased risk of self-medicating (using alcohol or drugs) or developing other anxiety/depressive disorders, which will all have to be treated separately.

There are also many myths people with and without panic disorder or agoraphobia believe about their condition. Let's dispel some of them right now (you can find some others [here](#) [10]):

- Panic and anxiety/stress are not the same thing
- You cannot pass out or die from a panic attack
- Avoiding places/people/events is not the way to manage panic disorder; it only reinforces that "something is wrong"

Case Study

Here is an [illustrative example](#) [11] of what a panic attack feels like:

"I remember my first panic attack like it was yesterday...Suddenly this thing just took me over. I got these pains in my chest and I couldn't breathe. I was sure I was having a heart attack and was going to die...Since the first time, I've had about a dozen attacks and each one was terrifying. I've stopped going anywhere that I can't get out of easily in case I have another one. No shopping centres. No cinemas. No football games. No public transport. No crowded places. I left the navy because I couldn't face going to sea again."

Source URL: <https://explorable.com/e/panic-disorder>

Links:

[1] <http://www.nytimes.com/health/guides/disease/generalized-anxiety-disorder/print.html>, [2] <http://www.adaa.org/understanding-anxiety/panic-disorder-agoraphobia>, [3] <http://www.mayoclinic.org/diseases-conditions/panic-attacks/basics/definition/con-20020825>, [4] <http://www.adaa.org/understanding-anxiety/panic-disorder-agoraphobia/symptoms>, [5] <https://explorable.com/psychotherapy>, [6] <http://www.apa.org/topics/anxiety/panic-disorder.aspx>, [7] <https://explorable.com/mindfulness-breathing-exercise>, [8] <https://explorable.com/cognitive-behavioral-therapy-cbt>, [9] <http://www.nimh.nih.gov/health/topics/panic-disorder/index.shtml>, [10] <http://www.everydayhealth.com/news/9-panic-attack-myths-we-need-stop-believing/>, [11] <http://at-ease.dva.gov.au/veterans/resources/case-studies/case-study-panic-and-agoraphobia/>, [12] <https://explorable.com/users/grharriman>, [13] <https://explorable.com/e/panic-disorder>