

Panic disorder with or without agoraphobia

Édouard Auger (m.d., frcpc)

Alan is 30 years old and a supervisor in a superstore. He is under a lot of stress at work and is experiencing marital problems at home. At work one day, he felt a tightening in the chest, he had difficulty breathing and thought he was going to die. He was taken to hospital by ambulance where, after a thorough examination, he was declared to be in perfect health. He left the hospital with little reassurance. Three days later, he had a similar attack. Alan thinks that he has a heart condition. He often sees his doctor. He is beginning to be less active to prevent his heart from working too hard. He is afraid to leave the house. He is unable to go back to work. He has difficulty taking the car...

Anxiety and fear are normal and useful emotions. A feeling of panic can also be a well-adjusted reaction to extreme situations that can be compared to an internal alarm system. However, the person suffering from a panic disorder with agoraphobia (PDA) seems to have lost control of this alarm system. The disorder is characterized by sudden and often inexplicable episodes of anxiety and discomfort (panic attack). These anxiety surges are dreaded by the person, and can rapidly lead to fear and avoidance of situations where these reactions are likely to occur (agoraphobia).

Roughly 1.5% to 3.5% of the population will experience PDA during their lifetime. Women are twice as likely to get the disorder as men. It often appears in early adulthood.

Origins of the disorder

While a genetic predisposition contributes to the development of this disorder, this factor cannot totally explain its origin. Certain biological and psychological factors seem to make certain individuals more vulnerable than others.

Current research indicates that different neurotransmitters may be involved in the genesis and expression of this illness. The psychological theories focus on the manner in which the person with panic disorder will interpret different physical and mental phenomena associated

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with panic attacks and anxiety.

Symptoms and characteristics

The beginning of a panic disorder is marked by the occurrence of panic attacks without the person being able to identify what could have triggered such a reaction.

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A panic attack is characterized by a rapid onset (within a few minutes) and a duration of about 30 to 40 minutes. It is accompanied by the following symptoms:

- > Chest pain, pressure or discomfort.
- > Heart palpitations or increased heart rate.
- > Difficulty breathing or increased respiratory rate.
- > Feeling of being suffocated or of having a lump in the throat.
- > Excessive sweating, vertigo, dizziness, numbness.
- > Trembling, chills.
- > Feelings of unreality, fear of dying or of going crazy.

Having identified these first panic episodes has being very dangerous for their health or life, the sufferers then begin to live with the fear of having another attack. Thus, they interpret every physical sensation that reminds them of their panic attacks as a source of potential danger. They will then start to avoid certain activities (e.g.: exercising, standing up quickly, drinking coffee) and certain places or situations in which help might not be available if the panic sensations recurred (e.g.: being in a crowd, waiting in line, being on a large boulevard).

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Fear and avoidance can lead the individual to diminish his participation in more and more activities and to gradually isolate himself from his world.

Briefly stated, the diagnostic of panic dis-

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order cannot be based only on the presence of unexpected panic attacks, but on the fact that the person lives with the persistent fear of re-experiencing anxiety symptoms that are out of control. Also to be considered is the existence of a vicious circle between the perceived sensations (e.g., heart palpitations), their interpretation as being dangerous (e.g., having an heart attack), and the resulting anxiety reaction and intensified sensations (e.g., more palpitations). This vicious circle rapidly leads to a full blown panic attack. Agoraphobic avoidance and physical sensations also contribute to the maintenance of the PDA.

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Treatment

There are currently two therapeutic approaches proven to be effective for the treatment of this condition: pharmacotherapy and cognitive-behavioral therapy (CBT).

Several antidepressant medications have been shown to significantly reduce the symptoms of PDA, in particular selective serotonin reuptake inhibitors (SSRIs) and serotonin and norepinephrine reuptake inhibitors (SNRIs). These medications may take a certain time before having any beneficial effects and they often require a dose adjustment to insure an optimal response. Other antidepressants can also be used successfully. Benzodiazepines have also been shown to be useful in the treatment of the disorder, but they are associated to higher relapse and failure rates when the medication is discontinued.

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In CBT, the therapist helps the sufferers to gradually face the sensations and situations associated with anxiety, and he helps them normalize the dysfunctional thoughts that they have developed with the presence of a PDA.

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Certain natural products might have a calming effect that could help reduce the manifestations of PDA. However, no study has demonstrated their actual efficacy. If you are taking any of these products, it is better to advise your doctor or pharmacist about it, because some of them may interact with your prescribed medication.

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Conclusion

Panic disorder is a common and very disabling condition. It affects young adults often when their active life is just beginning. A variety of treatment modalities with proven efficacy are available to treat this illness. We also know that if the disorder is not treated it can persist and may worsen, and it can also cause other health problems in the short or long-term. It is thus very important to consult a doctor as soon as possible, if you think that you are suffering from this condition.

The suggested resources may prove useful for the person who wants to learn more about this illness. However, these references are given on an indicative basis only and they are surely not complete. Also, we cannot insure that all the information provided is exact.

Dr Édouard Auger, psychiatrist
Hôpital Robert-Giffard,
Québec



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Useful books

Mastering your anxiety and panic, Barlow & Craske

La peur d'avoir peur, 3^e édition, Marchand, A. & Letarte, A., Éditions Alain Stanké, 2005.

Surmontez vos peurs: vaincre le trouble panique et l'agoraphobie, Emery, Jean-Luc, Éditions Odile Jacob, Paris 2000.

Helpful Websites

ADAC/ACTA : www.anxietycanada.ca/

Association/Troubles Anxieux du Québec (ATAQ) : www.ataq.org/

Anxiety Disorder Association of America : www.adaa.org/

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