

Panic disorder: what it is and how to get help

What is panic disorder (and what does agoraphobia mean)?

- ✓ Panic disorder involves recurrent, unexpected panic attacks - **sudden** periods of **intense fear** or discomfort.
- ✓ Worry about the meaning of attacks and about future attacks.
- ✓ Change in behaviour – e.g. avoidance due to fear of attacks = **agoraphobia**.
- ✓ Panic disorder is very different to everyday anxiety.
- ✓ Panic disorder affects between 1-2% of the Australian and New Zealand adults each year.

Finding help

- ⇒ Contact your general practitioner
- ⇒ Contact your local community health centre. They can either help you or tell you where to get help
- ⇒ Look in the phone book for 'clinical psychologists' or 'psychiatrists'
- ⇒ Contact one of the anxiety disorders support groups for help in finding a therapist
- ⇒ Contact a local university to see whether their psychology department offers treatment for the general public. Alternatively, there may be treatment research being conducted and this may be a good option to consider.
- ⇒ Look on the Internet or in your local book shop to see what information is available

What should I do?

- ✓ If you think you have panic disorder, it is important to **do something!**
- ✓ **Buy a book** which explains the 'fight or flight' response to you (e.g. "Don't Panic" by Dr. A. Page, available in good book shops and through the WHO Collaborating Centre for Mental Health and Substance Abuse: ph: +61 2 93321013). Another good book is "Living with it", by Bev Aisbett.
- ✓ Learn the **slow-breathing technique** (see box below) and practice 4 times daily for 2 weeks.
- ✓ If the panics are still a problem, see your **local doctor** (general practitioner). Ask him/her if they are trained to treat panic disorder. If yes, ask about treatment. If no, ask for a **referral** to a psychiatrist or clinical psychologist trained to give effective treatment for your panics.

What is effective for treating panic disorder?

- ✓ Cognitive-behavioural therapy (more effective in long-term than medication)
- ✓ Tricyclic antidepressants (e.g. imipramine - Tofranil)
- ✓ Serotonin Specific Re-uptake Inhibitors (newer antidepressants such as Aropax)
- ✓ Benzodiazepines (e.g. Xanax. But there are problems with long-term use that include dependence and increased risk of car accidents)

The **aims** of treatment for panic disorder are:

- 1) To learn how to cope with and stop panic attacks.
- 2) To become aware of and stop fear-driven avoidance.
- 3) To reduce the likelihood of having future panics.

Slow-breathing technique

- ✓ Take a regular breath (through your nose) and hold it for 6 seconds (use your watch).
- ✓ When you get to 6, breathe out and say the word "relax" to yourself in a calm, soothing manner.
- ✓ Breathe in and out in a 6 second cycle (in for 3, out for 3).
- ✓ Continue breathing in this way until the symptoms of overbreathing and anxiety have lessened.

Note: slow breathing is only one part of treating panic disorder. It will help to lessen the severity of the panics. Changing unhelpful thoughts and confronting difficult situations are the main strategies for long term benefit.

Why should I get help?

Panic attacks and the avoidance associated with them can **seriously interfere** with everyday functioning. Without seeking appropriate treatment, it is possible that many areas of your life will be affected such as relationships, productivity at work, social activities and your general mood.

Summary of the *Australian and New Zealand Panic Disorder and Agoraphobia treatment guide for Consumers and Carers*. © RANZCP, 2003. This guide is a research-based clinical practice guideline summary and should be read in conjunction with the full consumer guide. It is a guide only and does not replace individual medical advice. It should be discussed with your specialist mental health professional.