



Panic Disorder

What Is Panic Disorder?

Between 1 and 2 percent of the population have panic disorder during their lifetime. Panic disorder is characterized by multiple panic attacks and episodes of extreme fear and terror that last anywhere from a few minutes to an hour. People who have had such an attack often describe it as being the most intense, frightening, and confusing experience that has ever happened to them. They may have felt like they were having a heart attack, dying, or going crazy—and as a result, they tend to avoid the place or situation in which they first experienced it. This high level of anxiety can greatly interfere with everyday functioning; people with panic disorder may completely shut themselves off from the outside world by staying home and avoiding normal, everyday activities. A person has panic disorder if such an attack has occurred more than once, and if at least four of the primary symptoms listed below are present.

What Panic Disorder Is Not

The term “panic disorder” does not apply to the anxiety associated with a stressful life situation such as a legal problem, divorce, or parental worries. A person feeling fear or apprehension about a social situation, an event, or a performance does not necessarily have a panic disorder.

Some feelings related to substance use may resemble panic sensations: for example, the heightened energy following drug use, sometimes called a “rush.” Many symptoms of withdrawal can also mimic those of panic. Care should be taken to discern substance-related symptoms from panic attacks or panic disorder.

What Are the Primary Symptoms of Panic Disorder?

Symptoms of panic attacks include

- rapid or pounding heartbeat
- sweating
- trembling or shaking
- shortness of breath
- choking or smothering sensations
- chest pain

- feeling unreal, disconnected, or detached from oneself
- feeling unsteady
- faintness
- fear of losing control, going crazy, or dying
- numbness or tingling sensations
- chills or hot flashes

What Is the Cause of Panic Disorder?

Research shows that panic disorder is caused by a combination of genetic and environmental factors, and it is sometimes immediately preceded by a very stressful life event, such as the death of a loved one. But in most cases, people with panic disorder cannot connect its beginnings with any one event.

What Are the Usual Treatments for Panic Disorder?

Two types of treatment are effective for managing this disorder: therapy and medication. The most effective therapy is cognitive-behavioral therapy (CBT). CBT focuses on education, self-monitoring, relaxation techniques, gradual exposure to feared situations, and developing new ways of thinking and coping with situations and experiences. Medications can also be used to treat panic disorder. The most effective medications are antidepressants. Benzodiazepines are sometimes prescribed, but they are less effective than antidepressants since they can cause “rebound anxiety” when the medication begins to wear off. Beta-blockers, often used to treat heart conditions, may also be used to minimize certain physical symptoms of anxiety, such as rapid heartbeat and shaking. Medications are sometimes combined with therapy.

How Does the Use of Alcohol and Other Drugs Affect Panic Disorder?

Since the person with panic disorder often worries about intense fear and tries to avoid specific situations, ongoing distressed feelings are likely. The use of drugs and alcohol may seem like an attractive option for easing that distress. Although drugs and alcohol provide the person with a brief respite, the symptoms of the panic disorder usually return and, without treatment, they worsen. And not only is substance use an ineffective coping strategy, it can distract the user from learning more effective coping skills and even prevent the user from seeking treatment for the panic disorder at all. Furthermore,

people who do get treatment for their panic disorder tend to benefit less from both medication and therapy if they continue using substances.

An ongoing drug or alcohol use disorder will compound and complicate panic disorder and make any treatment for it less effective.

How Does Panic Disorder Affect Addiction Treatment and Recovery?

For people who have been using drugs and alcohol to deal with panic disorder, it is possible that after they stop using, the symptoms may re-emerge or worsen—sometimes leading to a relapse and causing the person to question the benefits of abstinence, at least in the short term. Many people with substance use disorders did not have panic disorder symptoms until they started using drugs and alcohol. They may have suffered a panic attack while high or in withdrawal, but nonetheless have come to associate certain places or situations with intense anxiety (even though it was the effect of the substance). Even after the person stops using, he or she may continue to be afraid of having panic attacks in these situations. A person with panic disorder may feel embarrassed by the symptoms and not discuss them with an addiction treatment counselor. Meanwhile, the person may continue to experience overwhelming fear and avoid certain places and situations. Not talking about these issues will make it harder to benefit from the substance use treatment. Another complication arises if benzodiazepine medications have been seen as the only option for dealing with fear of having a panic attack and all the associated distress. Antidepressants are more effective in the long-term treatment of panic disorder, although they may take time to work and may not offer the same immediate relief as the benzodiazepines (or drugs and alcohol). A candid discussion of such a switch—both its challenges and its benefits—is essential.

Untreated and persistent symptoms of panic disorder will increase the risk for relapse and make addiction treatment and recovery more difficult and complicated.

Treatment for Co-occurring Panic and Substance Use Disorders

An integrated treatment approach—one that addresses both disorders at the same time, sometimes using both therapy and medication—usually yields the best results. The substance use disorder must be adequately treated in a safe setting such as a residential or outpatient program, using appropriate addiction therapies and medications. The panic disorder must first be detected and diagnosed, and then treated with medication (preferably an antidepressant), CBT, or both. People with panic disorder can benefit from

attending peer support groups, and can also benefit from connecting with others who have these co-occurring disorders and are in recovery.

Resources

- Antony, M. M., and R. E. McCabe. 2004. *10 simple solutions to panic: How to overcome panic attacks, calm physical symptoms, and reclaim your life*. Oakland, CA: New Harbinger.
- Carbonell, D. 2004. *Panic attacks workbook: A guided program for beating the panic trick*. Berkeley, CA: Ulysses Press.
- National Institute of Mental Health. "Panic disorder." Available at www.nimh.nih.gov/health/topics/panic-disorder/index.shtml.
- National Institute on Drug Abuse. "Drugs of abuse information." Available at www.nida.nih.gov/drugpages.html.
- Pollard, C. A., and E. Zuercher-White. 2003. *The agoraphobia workbook: A comprehensive program to end your fear of symptom attacks*. Oakland, CA: New Harbinger.
- PsychCentral. "Panic disorder treatment." Available at www.psychcentral.com/disorders/sx28t.htm.
- Wilson, R. R. 1996. *Don't panic: Taking control of panic attacks*. Rev. ed. New York: Harper Collins.
- Zuercher-White, E. 1998. *An end to panic: Breakthrough techniques for overcoming panic disorder*. 2nd ed. Oakland, CA: New Harbinger.

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