Anxiety Disorders

ANXIETY DISORDERS: PANIC DISORDER

Clinical Overview: Panic Disorder

- One in five emergency room visits is panic related.
- A screening tool for panic disorder in the primary care setting includes the following questions:
  1. In the past six months, have you had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy?
  2. In the past six months, have you had a spell or attack when for no reason you heart suddenly began to race, you felt faint, or you could not catch your breath?
- Before making a diagnosis of panic disorder, the following medical conditions should be ruled out: thyroid disease, cardiac disease, intoxications/withdrawal symptoms, stimulant dependence, pulmonary disease, complex partial seizure disorder.
- Education is a critical component to panic disorder treatment regardless of the type of treatment used.
- Medication, psychotherapy and a combination of both have all been shown to be equally effective. The choice should be based on clinical judgment, patient history and patient/physician preference.
- Long-term medication treatment of panic disorder often includes SSRIs or TCAs.
- If symptoms persist, the patient should be referred to HIP Behavioral Health Services (1-888-447-2526).

Clinical Snapshot: Panic Disorder

- Brief "snapshot" of a panic disorder patient's presentation:
  - Difficulty traveling away from home or out of "safety zone."
  - May report "hyperventilating" or having difficulty breathing.
  - Difficulty being in crowds, restaurants or driving on the highway.
  - Fear of dying, losing control or going crazy.
  - Patient may complain of dizziness, headaches, nausea, muscle pain or heart racing rather than panic.
  - Patient may feel convinced that he or she is going to have a heart attack.
  - Avoidance of places where panic attacks have occurred or where escape would be difficult if an attack were to occur.

Facts about Panic Disorder

- Over two million American adults have panic disorder.
- One in five emergency room visits is panic related.
- Panic disorder patients are 12 times more likely to visit the ER and represent 15 percent of all medical visits.
- It typically takes 10 different physician evaluations before a correct diagnosis of panic disorder is made.
- In an attempt to get proper diagnosis, panic disorder patients visit doctors 700 percent more often than the general population.
- Peak age of onset is 15-20 years. Onset over age 40 may suggest an underlying medical condition or depression.
- People with panic disorder have higher rates of depression and suicide attempts.
- People with panic disorder have higher rates of alcohol and other drug abuse.
- Studies have shown that even after diagnosis, patients with this disorder tend to receive less than adequate pharmacotherapy or psychotherapy.
- NIMH reports that proper treatment can reduce or prevent panic attacks in 70-90 percent of people with panic disorder.

How to Identify and Diagnose Panic Disorder

- ***Screening Tools***
  - A brief diagnostic screen for panic disorder designed to be used in the primary care setting has been developed by Stein and colleagues (1999). The authors recommend asking the following questions:
    1. In the past six months, have you had a spell or attack when all of a sudden you felt frightened, anxious or very uneasy?
    2. In the past six months, have you had a spell or attack when for no reason your heart suddenly began to race, you felt faint, or you couldn't catch your breath?

    If the patient answers "yes" to either of these questions, panic disorder should be considered and a more in-depth assessment conducted.

DSM-IV Criteria for Panic Attack

- A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:
  - ❑ Palpitations, pounding heart or accelerated heart rate.
  - ❑ Sweating.
  - ❑ Trembling or shaking.
  - ❑ Sensation of shortness of breath or smothering.
  - ❑ Feeling of choking.
  - ❑ Chest pain or discomfort.
  - ❑ Nausea or abdominal distress.
  - ❑ Feeling dizzy, unsteady, lightheaded or faint.
  - ❑ Derealization (feeling of unreality) or depersonalization (feeling detached from oneself).
  - ❑ Fear of losing control or going crazy.
  - ❑ Fear of dying.
  - ❑ Numbness or tingling.
  - ❑ Chills or hot flashes.

DSM-IV Criteria for Panic Disorder

- Recurrent unexpected panic attacks.
- At least one of the attacks has been followed by one or more months of one (or more) of the following:
  - Persistent concern about having additional attacks.
  - Worry about the implications of the attack or its consequences.
  - Significant change in behavior related to the attacks.
- Panic attacks are not due to a medical condition, substance abuse or other mental health condition.
- Panic disorder may or may not involve agoraphobia. Agoraphobia involves intense anxiety about being in situations from which escape might be difficult or in which help might not be available in the event of having an unexpected panic attack or panic-like symptoms.

Medical Rule-outs

The following are the most common medical conditions with symptoms that mimic panic disorder:

- *Thyroid Disease (Hyperthyroidism, Grave's disease):*
  - Palpitations.
  - Increased anxiety
  - Trembling/shakiness.
  - Increased heart rate.
  - Excessive sweating.

- *Cardiac Disease (Coronary Artery Disease, Non-CAD):*

  Coronary Artery Disease:
  - Palpitations.
  - Chest Pain.
  - Tachycardia.

  Non-CAD:
  - Palpitations.
  - Tachycardia.

- *Intoxication/Withdrawal Symptoms:*

  During Drinking:
  - Tachycardia.
  - Palpitations.
  - Tachycardia.

  Withdrawal from Drinking:
  - Anxiety
  - Tremor.
  - Panic Attack.
  - Palpitations.
  - Tachycardia.

- *Stimulant Dependence:*
  - Nervousness.
  - Tachycardia
  - Excessive sweating.
  - Irritability.
  - Palpitations.

- *Pulmonary Disease (Asthma, Chronic Bronchitis, Emphysema, COPD):*
  - Rapid Respiration.
  - Anxiety.
  - Palpitations.
  - Shortness of breath.
  - Tachycardia.

- *Complex Partial Seizure Disorder:*
  - Sudden onset panic or anxiety.
  - Sudden fear or sense of impending doom.
  - Shakiness/tremor.

■ ***Uncovering a Possible Underlying Panic Disorder***

The following populations have been identified as being at elevated risk for panic disorder:

- Patients with vestibular abnormalities.
- Patients with reflux.
- Patients with fibromyalgia.
- Patients presenting with headaches and/or migraines.

Treatment of Panic Disorder

■ ***Education***

- Regardless of the mode of treatment, education is a critical component to panic disorder treatment.

Physicians should provide the following information on panic disorder:

1. Panic disorder is very real and effective treatments are available. Avoid saying "it is all in your head."
2. Panic attacks are common, affecting millions of people.
3. While the exact cause is unclear, there may be a connection between panic disorder and genetics, biology and major life transitions.
4. The physical sensations you feel during a panic attack are very real and are related to the body's "fight or flight" response. While this feeling is happening at the wrong time and is uncomfortable, it is not life threatening and does not mean that you are "going crazy."
5. Do not avoid places where you have had a panic attack.

- If time allows, patients can be taught diaphragmatic breathing to help manage anxiety.
  1. Take deep, slow breaths (inhale for three seconds, hold for three seconds, exhale for three seconds).
  2. Breathe in through the nose and out through the mouth.
  3. Breath comes from your stomach (as opposed to your chest). The stomach should expand as you breathe in.
  4. Exhale slowly.
  5. Practice when you are NOT anxious, as well.

- Discuss treatment options including patients' questions, preferences and concerns.

- Effective treatment modalities for panic disorder include medication, psychotherapy or a combination of the two.

Medication

- When SSRIs or tricyclic antidepressants (TCAs) are prescribed, the following information should also be presented (see reproducible patient handout in Appendix A):
  - Take your medication as prescribed.
  - It may take up to four weeks of continuous medication use before experiencing symptom relief.
  - Make a follow-up appointment to review medication within two to four weeks.
  - Do not stop taking the medication without discussing this with your doctor.
  - The medication is generally not “life-long” but in most cases it should be taken for at least six months.

- A discussion with patients pertaining to expected treatment length (at least six to eight months) and side effects of medication should be routinely conducted. Patients are often better able to adhere to treatment protocols when they are provided with detailed information.

- A follow-up appointment to discuss side effects and review treatment gains made on the medication should occur typically within two weeks as this represents a time when side effects may develop before symptom relief, which may, in turn, decrease adherence to the medication.

- The monitoring of response over time is very important. It is recommended that patients be seen a minimum of three times during the initial three months of treatment.

- If a patient does not respond to the initial medication, or is intolerant of side effects, a reappraisal of the treatment regimen should take place with a possible referral to a psychiatrist or therapist.

- The first choice of medication is usually an antidepressant (SSRI or TCA).

- Initial drug doses should be low with gradual increases as needed to achieve symptom relief.

- During the early weeks of therapy, some patients experience a stimulatory effect resulting in an increased number of panic attacks. If this happens, dosage should be decreased and then increased more gradually.

- Drug treatment should continue for at least six to 12 months after cessation of panic symptoms and then gradually tapered.

Psychotherapy

- Some physicians may be hesitant to discuss a referral to a mental health provider due to the “stigma.” However, research indicates that most primary care patients would go for psychiatric care if they were told of the diagnosis and treatment options.

- If psychotherapy is desired, patients should be referred to behavioral health services. Services are available at the HIP Mental Health Centers, or by calling the Mental Health Service Line for a referral to a network provider **(1-888-447-2526)**.

- When referring your patient to behavioral health treatment, it is helpful to discribe the components of therapy:
  1. Psychoeducation on panic disorder, anxiety and treatment.
  2. Panic monitoring.
  3. Anxiety management training/breathing retraining.
  4. Cognitive restructuring focused on correction of catastrophic misinterpretation of bodily sensations.
  5. Exposure to fear cues.

■ ***Deciding Whether to Treat with Medication, Psychotherapy or Both***

- Medication, psychotherapy and combination treatment have all been shown effective. The choice of which treatment to initiate should be based on clinical judgment, patient history, and patient/physician preference.
- If significant improvement has not been achieved after adequate dosing of medication, consider adding psychotherapy to treatment or consider referral to psychiatrist.

Special Populations

■ ***Panic disorder in children and adolescents***

- Panic disorder does occur in children and adolescents.
- Panic disorder often precedes or co-occurs with separation anxiety.
- Panic disorder is commonly associated with a variety of specific phobias (e.g., heights, dark, monsters, etc.).
- Nightmares or difficulties sleeping alone may co-occur.

■ ***Panic Disorder in the Elderly***

- It is particularly important to rule out medical or pharmacological causes of panic in elderly patients.
- The medication dose should start very low and increases should be slower and more limited than with younger adults.

Other Anxiety Disorders

■ ***Social phobia*** – Marked and persistent fear of one or more social and performance situations.

■ ***Specific phobia*** – Marked and persistent fear of a specific object or situation.