PANIC DISORDER

COURSE: PSYCHOPATHOLOGY
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Anxiety

Anxiety is a “normal” phenomenon, which is characterized by a state of apprehension or unease arising out of anticipation of danger. Anxiety is often differentiated from fear, as fear is an apprehension in response to an external danger while in anxiety the danger is largely unknown (or internal).

Types of Anxiety Disorders

In ICD-10, "neurotic, stress-related and somatoform disorders have been classified into the following types:

Generalized Anxiety Disorder

Panic Disorder

Obsessive-Compulsive Disorder

Post-Traumatic Stress Disorder

Specific Phobias

Panic Attack

- A Panic Attack is characterized by discrete episode of acute anxiety. The panic attack occur recurrently every few days. There may or may not be an underlying anxiety disorder. The episode is usually sudden in onset, last for few minutes and is characterized by very severe anxiety. Usually there is no apparent precipitating factor, though some patients report exposure to phobic stimuli as a precipitant. Panic disorder can present either alone or with agoraphobia (Agoraphobia is anxiety about, or avoidance of places or situations from which escape is difficult or embarrassing).

- Symptoms include shortness of breath, palpitations, chest pain or discomfort, choking or smothering sensations, and fear of “going crazy” or losing control are present

Panic Disorder

- The abrupt onset of an episode of intense fear or discomfort, which peaks in approximately 10 minutes, and includes at least four of the following symptoms:

- A feeling of imminent danger or doom
- The need to escape
- Palpitations
- Sweating
- Trembling
- Shortness of breath or a smothering feeling
- A feeling of choking
- Chest pain or discomfort
- Nausea or abdominal discomfort
- Dizziness or lightheadedness
- A sense of things being unreal, depersonalization
- A fear of losing control or "going crazy"
- A fear of dying
- Tingling sensations
- Chills or hot flushes

Panic Disorders

There are three types of Panic Attacks:

1. Unexpected - the attack "comes out of the blue" without warning and for no discernable reason.

2. Situational - situations in which an individual always has an attack, for example, upon entering a tunnel.

3. Situationally Predisposed - situations in which an individual is likely to have a Panic Attack, but does not always have one. An example of this would be an individual who sometimes has attacks while driving.

Aetiology

The cause of anxiety disorders is not clearly known. There are however several theories, of which more than one may be applicable in a particular patient.

1. Psychodynamic Theory

According to this theory, anxiety is a signal that something is disturbing the internal psychological equilibrium. This is called as *signal anxiety. This* signal anxiety arouses the ego to take defensive action which is usually in the form of *repression, a primary* defense mechanism. Ordinarily when repression fails, other secondary defense mechanisms (such as conversion, isolation) are called into action.

In anxiety, repression fails to function adequately but the secondary defense mechanisms are *not activated. Hence, anxiety comes to the fore-front* unopposed. Developmentally, primitive anxiety is manifested as somatic symptomatology while develop mentally advanced anxiety is signal anxiety. Panic anxiety, according to this theory, is closely related to the separation anxiety of childhood

Aetiology

2. Behavioural Theory

According to this theory, anxiety is viewed as an unconditioned inherent response of the organism to painful or dangerous stimuli. In anxiety and phobias, this becomes attached to relatively neutral stimuli by conditioning.

3. Cognitive Behavioural Theory (CBT)

According to cognitive behaviour theory, in anxiety disorders there is evidence of selective information processing (with more attention paid to threat-related information), cognitive distor tions, negative automatic thoughts and perception of decreased control over both internal and external stimuli.

Aetiology

4. Biological Theory

i. **Genetic evidence**: About 15-20% of first degree relatives of the patients with anxiety disorder exhibit anxiety disorders themselves. The concordance rate in the monozygotic twins of patients with panic disorders is as high as 80% (4 times more than in dizygotic twins).

ii. **Chemically induced anxiety states:** Infusion of chemicals (such as sodium lactate, isoproterenol and caffeine), ingestion of yohim bine and inhalation of 5% CO2 can produce panic episodes in predisposed individuals. Administration (oral) of MAOIs before the lactate infusion protects the individual(s) from panic attack, thus providing a probable clue to the biological model of anxiety.

Treatment

The treatment of anxiety disorders is usually multimodal.

1. Psychotherapy

Psychoanalytic psychotherapy is not usually indicated, unless characterological (personality) problems co-exist. Usually supportive psycho therapy is used either alone, when anxiety is mild, or in combination with drug therapy. The establishment of a good therapist-patient relationship is often the first step in psycho therapy.

Recently, there has been an increasing use of CBT in the management of anxiety disorders, particularly panic disorders (with or without agoraphobia). CBT can be used either alone or in conjunction with SSRIs.

2. Relaxation Techniques

In patients with mild to moderate anxiety, relaxation techniques are very useful. These techniques are used by the patient himself as a routine exercise everyday and also whenever anxiety-provoking situation is at hand. These techniques include

- Jacobson's progressive relaxation technique,
- Yoga,
- *Pranayama,*
- *Self-hypnosis,* and meditation (including TM or transcendental meditation).

3. Other Behaviour Therapies

The behaviour therapies include biofeedback and hyperventilation control. These methods are important adjuncts to treatment.

4. Drug Treatment

The drugs of choice for generalised anxiety disorder have traditionally been benzodiazepines, and for panic disorder, antidepressants. It is useful to begin the treatment of panic disorders with small doses of anti depressants, usually SSRIs (e.g. fluoxetine).

Benzodiazepines (such as alprazolam and clonazepam) are useful in short-term treatment of both generalised anxiety and panic disorders. However, tolerance and dependence potential limit the use of these drugs. Several antidepressants (such as sertraline) are now licensed for treatment of anxiety and panic disorders.

THANK YOU FOR YOUR ATTENTION