

# A Look at Panic Attacks

Panic attacks are unmistakable. You're involved in some ordinary aspect of life when suddenly your heart begins to pound and you hyperventilate, sweat, tremble. You fear you are having a heart attack, going crazy, or even dying. The feeling of anxiety is out of your control and the best efforts to control those feelings are usually unsuccessful. In fact, attempts to control them can at times make the anxiety worse. Then, 10 minutes or so later, it's gone. What just happened?

Unfortunately, there is no clear answer. You have had a panic attack, and for a small minority of sufferers, they recur again and again in a pattern known as panic disorder. Between attacks, sufferers live in dread of the next one. Frequently, the dread of an unanticipated panic attack contributes to an actual attack, causing further confusion for the individual. Or, it can accentuate the intensity of the attack itself.

Panic attacks are fairly common, usually beginning between ages 15 and 25. If you have recurrent panic attacks -- and persistent fear of subsequent attacks -- or if you change your behavior significantly because of such attacks, you have panic disorder.

Many people with panic disorder relate an attack to what they were doing when it occurred. They may assume that the restaurant, elevator, or classroom caused the attack, and decide to avoid that situation. In this case, panic disorder may lead to agoraphobia -- the fear of leaving home or being in public places -- though the relationship between the two conditions is unclear. While an event may trigger a panic attack, the event itself likely is not the cause in and of itself.

## What Causes It?

The underlying cause of panic disorder is unclear. There is evidence of both a genetic and a biochemical basis. There is also an association with phobias, such as school phobia or agoraphobia, and with depression, alcohol abuse, suicide risk, and seasonal affective disorder.

The sudden feeling of terror or doom often brings on hyperventilation -- uncontrollable, rapid, shallow breathing. This in itself can cause many of the other physical symptoms by upsetting the balance of oxygen and carbon dioxide in the bloodstream.

Panic disorder may begin after a serious illness or accident, the death of a close friend, separation from the family, or the birth of a baby. Attacks may also accompany the use of mind-altering drugs. Most often, however, a panic attack comes "out of the blue"; it may even begin during sleep.

Some medical problems and medications can cause panic attacks, including some antidepressants at high dosage. Panic disorder that begins after age 40 suggests depression or an underlying medical disorder.

## What Are the Symptoms?

If you have four or more of the following, you are having a panic attack:

1. Heart palpitations
2. Sweating
3. Shaking
4. A "smothering" sensation
5. A feeling of choking
6. Chest pain or discomfort
7. Nausea
8. Dizziness or faintness
9. A sense of unreality
10. A fear of going crazy
11. A fear of dying
12. Numbness or tingling
13. Chills or hot flashes

An isolated panic attack, while extremely unpleasant, is not uncommon or life-threatening. You think you're having a heart attack -- and it's true that the symptoms can be similar. However, most people having a panic attack have had one before, triggered by a similar event or situation.

The chest pain of a panic attack usually stays in the mid-chest area (the pain of a heart attack commonly moves toward the left arm). It is often accompanied by rapid breathing, rapid heartbeat, and fear. Persons report sweating, shaking and an emotional confusion over what is transpiring as well.

## What Are the Treatments?

The cause of most panic attacks is not clear, so treatment may be different for each person. Typically, it involves psychotherapy, cognitive-behavioral therapy, or medication. Alternative treatments like meditation and relaxation therapy are often used to help relax the body and relieve anxiety. Psychotherapy offers support and

helps to minimize the fearfulness of symptoms, and sometimes is sufficient to clear up the disorder. Individual therapy can also provide assistance in building new ways to react to panic attacks that can diminish their occurrence and intensity. Recurrent attacks, however, require additional measures.

Cognitive-behavioral therapy helps people learn to deal with panic symptoms, using techniques like muscle and breathing relaxation. They also gain reassurance that panic will not lead to the catastrophic events they fear, since many people fear they are having a heart attack.

Antidepressants, such as Tofranil, often help reduce anxiety and the frequency and severity of panic attacks. Even more frequently used medications are the selective serotonin reuptake inhibitors (SSRIs, such as Prozac, Paxil, and Zoloft). This group of medications is often considered the first line of treatment for panic disorders. Often, anti-anxiety medications such as Xanax and Ativan are provided at least in the beginning of medical therapy.

Important note regarding medications: Some of these drugs can actually produce the anxiety symptoms of a panic attack. It is often best to start with a low dose and slowly increase medication for this disorder.

## How Can I Prevent Them?

You can take steps to lessen the chance of attacks and learn to manage them better. Learn to recognize a panic attack. When you sense the first symptoms, know that others may come. You have survived them before and can do so again. Try slow, deep breaths.

1. Take your time. It's important not to hope for a quick cure. Therapy takes time, and improvement comes in small steps.
2. Go easy on yourself. People who feel panic tend to be overly critical of themselves.
3. Learn to lower your level of everyday anxiety through a variety of techniques, including meditation and exercise.

Reviewed by Gary D. Vogin, MD, February 2002

This information is presented for educational purposes only. It is not a substitute for informed medical advice or training. Do not use this information to diagnose or treat a mental health problem without consulting a qualified health or mental health care provider.

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## **HOW DO YOU KNOW IF YOU WOULD BENEFIT FROM COUNSELING?**

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These conditions or situations are widely experienced and may indicate the need for professional counseling:

- Depression, discouragement
- Lack of motivation, apathy
- Anger, bitterness, resentment
- General dissatisfaction with life or relationships
- Difficulties in handling life events
- Marriage and family conflicts
- Sexual dysfunction
- Difficulties in decision making
- Physical ailments for which no medical cause can be found, such as headaches and lower back pain. (Medical consultation may be required in conjunction with therapy.)
- Difficulty in building and maintaining satisfying relationships
- Job stress, inability to keep jobs
- Inability to deal with a child's misbehavior or school problems
- Compulsive behaviors (eating disorders, spending, sexual issues)
- Issues related to low self-esteem or lack of self-worth
- Excessive dependence upon the approval or validation of others

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*Causes and  
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