

Anxiety and Panic Disorders

Summarized by Thomas T. Thomas

People diagnosed with schizophrenia or depression sometimes experience anxiety or panic attacks as part of their mental illness. **Sarah Stadler, MD**, who privately practices general adult psychiatry in San Francisco, addressed these debilitating problems at our September 28 meeting.

“Anxiety is a big area,” Dr. Stadler said, “with many different manifestations in many different disorders.” The most common elements are an awareness of being nervous; physical manifestations such as shortness of breath, pounding heart, trembling, sweating, flushing, and nausea; and neurological changes.

Awareness of the physical sensations, she said, often brings on the feeling of being threatened. Laboratory experiments, however, show that a rise in pulse rate often precedes everything else, including awareness. This indicates a chemical change in the nervous system.

Treatment for anxiety and panic disorders includes a variety of therapies, including behavioral and cognitive therapies, and medications such as benzodiazepine (brand name Xanax) or antidepressants such as tricyclics, monoamine oxidase inhibitors (MAOIs), and Prozac. “But all anxiety disorders can be treated without medication,” Dr. Stadler said.

She then defined the major categories of disorder and some of their symptoms.

Panic Disorder is a distinct syndrome characterized by intense feelings, an abrupt and spontaneous onset of ten minutes or less, and symptoms that are obvious to the person and sometimes to others as well.

These feelings often engender agoraphobia—a fear of being alone in public places—as a learned response. This is a coping mechanism that the person adopts to conceal the problem.

Treatment for panic disorder can involve benzodiazepine, which can have differing subjective responses: either it masks the fear, or leaves the person aware of the fear but makes him or her uncaring of it. The trouble with this drug is its addictive nature, which makes it frequently subject to abuse.

Antidepressants can also be used with panic disorder, but because of their slightly stimulating nature they can initially exacerbate the anxiety.

Social and Simple Phobias relate to a single object, like a dreaded animal, or an experience, like flying, or a situation, like public speaking. These phobias often are not detected clinically because people are good at either masking or mastering them. Dr. Stadler noted that many times a person will try to experience the fear in order to overcome it—such as taking up rock climbing to master a fear of heights.

The key to these phobias is that the person knows they are irrational but can't do anything about them. Pure reason cannot overcome the experience.

Treatment usually involves psychotherapy, in which the person confronts the fear directly, like the rock climber, or in imagination.

General Anxiety Disorder is a grab-bag category, defined as having unreasonable or excessive worry about two or more life circumstances, such as having a secure job but worrying about money, or being excessively worried about a child's safety. The concern usually lasts longer than six months and restricts the person's life in some way.

Treatment can involve the same medications as panic disorder. Interestingly, however, the nonaddicting drug buspirone (brand name Buspar) works with general anxiety disorder but not with panic disorder.

Dr. Stadler remarked in this context that the relationship between medication and brain chemistry is an empirical field. So many different chemical systems operate and interact inside the brain that doctors simply use those chemicals which seem to work, even when we don't know exactly how or why.

Obsessive-Compulsive Disorder closely overlaps the symptoms of schizophrenia, Dr. Stadler said. For a long time this disorder was considered a prodrome of schizophrenia. In fact, people with longstanding obsessive-compulsive disorder may lose the awareness that their symptoms don't make sense—and then they may become classified as psychotic.

Obsession is defined as recurrent, obtrusive mental events, like ideas or sensations. Compulsion involves standardized and recurrent behaviors that the person is aware of and knows don't make sense, such as endlessly checking and counting things, avoiding certain areas of a room, or rituals and superstitions. Because so many people have some of the later symptoms, compulsions usually must be time consuming and cause emotional distress to qualify as a disorder.

"Obsessive-compulsive is the only area where the ratio of males to females is one-to-one," the doctor said. "In most other anxiety disorders females outnumber males by two to one." She also noted that population studies, often involving twins, suggest that these disorders may have a familial or genetic basis.

Post-Traumatic Stress occurs in the wake of an event that would be stressful for anyone, such as a fire or earthquake. But not everyone exposed to the event gets the disorder. Not all Vietnam veterans, for example, suffer from post-traumatic stress.

The main characteristic is anxiety brought about by a dream or a waking stimulus. In addition to physical symptoms like sweating and shortness of breath, the person may experience depression and difficulties with memory and concentration. Drugs will control the immediate symptoms, but psychotherapy is usually in order.

Dr. Stadler said that many people with schizophrenia have symptoms that look like anxiety disorders. This is only natural: people with thought disorders may know that they are not making sense and feel anxious about it. Paranoid ideas can make people anxious, too. Avoidance behavior can also look like the negative symptoms of schizophrenia.

She warned, however, that some of the medications used to treat anxiety disorders should be taken cautiously by schizophrenics. These drugs often release inhibitions, which is not a problem if the person normally has good judgment—but many schizophrenics don't.

Dr. Stadler noted that these syndromes can look the same in a schizophrenic as in anyone else, but the schizophrenic may use terms that sound crazy. For example, saying “My lungs are filling up with water” is an apt description for shortness of breath, but it may sound unrealistic if heard out of context.

She also warned that many common physical conditions, especially in older people, can have the same symptoms as anxiety disorders. For example, heart problems can cause shortness of breath and rapid pulse, as can an asthma attack. Endocrine disorders like thyroid disease and diabetes can simulate panic. Therefore, if an older person without a history of anxiety suddenly feels these symptoms, a physical checkup is probably a good idea.