

Panic Disorder — Stories of Hope

Summarized by Thomas T. Thomas

That sudden feeling of undirected terror, tightness in the chest and a racing heart, and an inexplicable sense of loss and disorientation—this is the terrible swift sword of panic disorder. Although it sometimes comes as a component of other conditions, panic disorder is now recognized as a distinct mental illness. Untreated, it can rob you of productivity at work and limit your life.

At our March 26 meeting, we saw a video prepared by the National Institute of Mental Health and introduced by NBC personality Willard Scott, who suffers from panic disorder himself. Afterwards, **Sarah Stadler, MD**, answered our questions. Dr. Stadler is a psychiatrist in local practice in San Francisco and Berkeley. She spoke to us two years ago on the subject of anxiety and panic disorders. One of the insidious effects of panic disorder, as the videotape pointed out, is that it often comes on in perfectly familiar surroundings. The sufferer will then associate this environment or incidental action—crossing a bridge, in Willard Scott's case—with the attack. This leads to avoidance behavior.

Chuck Jackson, interviewed on the tape, experienced his first panic attack while driving in the open countryside. Because he lives in Indiana, he was unable to drive far from home and did not leave the state for 20 years.

Laura Schy experienced motion sickness and bouts of panic while visiting an amusement park as a child. In the years since, any form of motion—especially driving across town—has left her feeling panicky and nauseated. So she planned her route to and from work by way of a network of fire stations and other “safe” spots.

Tammy Holland of New York had her first attack on a city bus and was unable to take public transit afterward. Holland recounted her experience during that first attack when she went to the hospital because of the pains in her chest. The doctors could find nothing physically wrong and would only tell her to “calm down.”

Afraid of another attack, Holland then retreated into her apartment, where she felt safe. For four years her life was circumscribed by its walls.

The treatment for panic disorder is a combination of medications and cognitive behavioral therapy. The nature of the attacks determines how these treatments are applied.

Choice of medication depends on the frequency of the attack, Dr. Stadler said. Relatively rare episodes are best treated with Valium and its family (benzodiazepenes). But because these drugs are addictive, more frequent attacks are controlled with antidepressants such as Prozac, Zoloft, and Paxil.

Cognitive behavioral therapy involves helping the patient imagine or simulate the conditions surrounding the attack and then learn coping skills, such as breathing exercises. Another part of the therapy is to retrain the patient and unlearn the behavior that has become associated with the panic attacks.

For example, Laura Schy in the video practiced spinning herself around, with her therapist as guide and support. Then she examined her feelings and learned to control her reactions.

Chuck Jackson overcame his avoidance behavior through a strong desire to accompany his daughter on her first trip to college out of state. Along the way, he imagined that they could stop *here* and let him off, to stay in a motel until his wife came by on the drive home. Then, having gone a bit farther, Jackson decided he could stop *there*, if he really needed to. Little by little, he achieved the state line.

Each of these people, including Willard Scott, all managed to fight free of the self-imposed strictures of panic disorder. The video closed with a toll-free number, 1-800-64-PANIC, to call for further information. After the tape, Dr. Stadler answered questions.

What are the correlations between panic disorder and schizophrenia and other affective disorders?

Panic disorder can be both a symptom of another illness, such as schizophrenia, and an entity in its own right. But, significantly, panic attacks are commonly found in the general population with no other symptoms of mental illness. Panic is sometimes also associated with a physical disorder, such as heart disease. So it's wise to have a general checkup after a first attack to rule out a physical cause.

What is the relationship between panic attacks and an “unbearable overload”?

Stress can sometimes precipitate an attack. Also, it is difficult to distinguish between stress as a reaction to mental illness and as an isolated phenomenon of general living. However, Dr. Stadler observed, one of the hallmarks of panic disorder is that the attacks come out of the blue, with no obvious causation in a person's life situation, such as distress or danger.

Similarly, panic disorder and general anxiety can coexist. This is not a hierarchy, with anxiety preceding or inducing panic attacks. Interestingly, some of the drugs used to treat anxiety, such as Buspar, don't touch panic disorder.

What have anatomical studies shown about panic disorder?

Not much. Magnetic resonance imaging (MRI) of brain structure and autopsies on people who suffered panic disorder and anxiety are not very useful, probably because there are too many variables.

Positron emission tomography (PET scans) of metabolic activity in the brain is still in its infancy. It doesn't tell you much, Dr. Stadler noted, when you can twist a knob one way to get a reading that says one thing, then twist it the other and get a totally different reading, all on the same scan data.

People who suffer panic disorder complain of chest pains. Can the sudden anxiety be causing a heart attack?

Not really. Electrocardiograms (EKG) taken during an attack show a faster heart rate but none of the other signs of distress—no arrhythmia, no blockage of blood flow to the heart.

What about people who self-medicate? And does marijuana help with panic disorder?

The most common self-medication is with alcohol, which mimics the benzodiazapenes and may offer short-term relief. Certainly, withdrawal from these drugs creates symptoms that look like anxiety attacks.

Marijuana is a depressant. So it would not address these symptoms.

What is the success rate among panic disorder sufferers who seek treatment?

Dr. Stadler said her experience indicated the number of people who experienced relief was high. Of course, the first step in treating any disorder is to get the patient to recognize and identify the problem. Dr. Stadler also acknowledged that she might not be seeing the most resistant cases. Still, speaking anecdotally, her sense was that panic attacks were among the most treatable of mental disorders.