



Panic Stations

Module 2

More about Panic

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Introduction

As we discussed in Module 1, panic attacks are surges of intense anxiety and fear. In panic disorder, panic attacks seem to occur unexpectedly and cause considerable distress.

The aim of this InfoPax module is to provide you with some more detailed information on how panic attacks actually develop. This module will also describe how panic attacks develop into panic disorder and what treatment strategies may be useful.

How do panic attacks happen?

In Module 1, we discussed how a panic attack can be described as a “false alarm”; a spontaneous surge of fear without a real, physical threat. You might be wondering why panic attacks happen.

A particular person may have an initial panic attack (a false alarm) for a complex mixture of reasons. This mixture probably includes a person’s biological make-up, their personality, and the tendency for the body to initiate a fear response. While these factors provide the setting for the possibility of a panic attack, one thing that often sets the stage is a person’s experience of stress. Many people recall that their first panic attack happened after a stressful period in their lives, such as after negative life events, or relationship difficulties, or significant loss. In people who have a greater likelihood of experiencing the fear response, going through this kind of stress can make a panic attack more likely. So for some people then, their physical response to negative events may be similar to how they would respond to physical danger – as a threat to their well being.

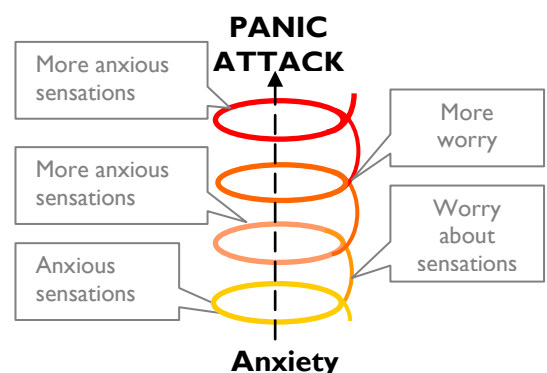
PANIC STATIONS

At other times, panic attacks may begin to build when there is an internal or external trigger that is perceived as threatening. External triggers may be situations in which you feel a little apprehensive. For example, going into a room that feels stuffy, or onto a train, or in a supermarket from which it may be difficult to escape. You can probably think of a few situations right now in which you often feel apprehensive.

Internal triggers might be thoughts, images, memories, and even bodily sensations. These triggers may be ordinary events until you interpret them as somehow threatening. For example, have you ever felt tightness in your chest, felt your heart beat faster, and thought “What’s wrong with me?” - which then leaves you feeling quite anxious? Remember, it is our belief that something is threatening that leads to anxious feelings. When we perceive a situation, thought, image or a sensation as somehow threatening, we begin to feel anxious or apprehensive.

So, when we start to feel anxious, we may notice some physical changes, such as, accelerated heart rate, shortness of breath, tightness in the chest, dizziness, etc. Normally these signs of anxiety will soon subside or fade away on their own if the threat is not a real one. However, what do you think would happen if, before these sensations subside, you start worrying intensely about the meaning of those sensations, such as thinking it might be a heart attack, or perhaps, that you are losing control or going crazy? Such thinking would add to your fears and in response your anxiety would continue to build up? You can probably guess that this extra layer of thinking produces a rush of increasing anxiety and it’s “PANIC STATIONS!”.

Think about it this way: what do you think would happen if you started thinking that you were going to have a heart attack or going to faint? Your anxiety about these anxious sensations would probably increase, which makes the anxiety sensations stronger, which would increase your anxiety about those sensations, and so on. You can probably see where this situation is leading. The anxiety would rise so quickly that a “panic attack” would result.



Restoration of the systems

Once the immediate danger has abated, the body begins a process of restoration back to a more relaxed state. As a result, the heart rate begins to slow, breathing rate slows, the body's temperature begins to lower and the muscles begin to relax. However, the systems involved do not return to normal straight away. In primitive times, if a wild animal confronted us we would still need to remain prepared in case it came back. Full restoration to a relaxed state happens slowly. This can leave the individual feeling 'keyed up' for some time afterwards. This helps to understand why it is that people can feel anxious for ongoing periods of time when no obvious stressor is present.

How does panic disorder develop?

As we mentioned, many people have panic attacks, but it becomes a problem when a person cannot function adequately in their daily life due to the frequency and severity of symptoms. Now that we've talked a little about how a *panic attack* develops, you may be wondering how someone develops *panic disorder*. There's no simple answer, of course, as everyone is different. However, there are some important factors that have been identified. These factors can generally be divided into biological and psychological causes.

BIOLOGICAL FACTORS

No single gene has been associated with anxiety or panic disorder, although based on twin studies and family studies, it does seem that individuals may inherit a vulnerability to developing an anxiety disorder. As we mentioned earlier, some people may be physically more prone to experiencing a panic or fear response, be it in response to physical threat or negative life events.

PSYCHOLOGICAL FACTORS

Having this vulnerability does not necessarily mean that someone will develop panic disorder. A great deal depends on the person's lifestyle, types of life stressors and early learning. For example, perhaps as a child you were taught that certain changes in bodily sensations, such as those due to anxiety, were negative or dangerous. Or perhaps you learned that if you had such sensations that you should rest, or be very cautious about them. If you have not had the opportunity to unlearn these patterns of thinking and behaviour, they may have continued to develop, contributing to your distress about panic symptoms.

Now let's say that, with these patterns of thinking and behaviour, you experience a false alarm. It's no surprise then that you might become even more anxious and apprehensive about these bodily sensations. Panic attacks can be very intense! When this apprehension about physical symptoms develops, a number of psychological factors can also contribute to frequent and severe panic symptoms.

Anxiety sensitivity

When someone experiences panic attacks and is apprehensive about them, it can be easy to associate mild physical symptoms (such as an increase in heartbeat) with the possibility of intense panic symptoms or believe that such symptoms might signal the onset of a heart attack or "going crazy". As a result, the person can become very attentive to bodily sensations such as tightness in the chest, breathlessness, dizziness, sweating because they are worried about having a panic attack. They scan the environment for any situation or sensation that may indicate a potential episode of anxiety, in the hopes to avoid it.

This situation is like a smoke alarm that is ultra sensitive. It is so sensitive that its alarm system gets activated at the slightest possibility of smoke. In fact, it is so sensitive it basically activates the alarm when no danger is present (eg, when someone is cooking, or even when hot air escapes from the bathroom!). Something similar happens with a person who is anxiety sensitive. They continually find themselves becoming anxious (activation of fight/flight alarm system) at the slightest suggestion of threat (eg. "I'm feeling hot - I might have a panic attack").



Focus on internal sensations

As mentioned, being sensitive to anxiety symptoms often results in the person scanning their environment for possible cues for anxiety. Often this means focusing inwards and noticing all the different physical sensations. By focusing on your own body reactions, such as sweating or trembling, it can be easy to convince yourself that you have a physical problem (eg, “I’m having a heart attack”) or a mental problem (eg, “I’m going crazy”). This can start the panic cycle that we described previously, leading to more frequent panic attacks.

So, what’s the end result? Well, because there seems to be no obvious external reason for the panic attacks, they appear to be unpredictable and to “come out of the blue”. They can also be very distressing because of the intensity of the symptoms, because they are unpredictable, or because it is difficult to escape from places where they might occur. As we discussed in Module 1, these are the markers of panic disorder.

How is panic disorder maintained?

Once panic disorder develops, several factors contribute to the maintenance of panic disorder.

ANXIETY SENSITIVITY AND FOCUS ON INTERNAL SENSATIONS

We have discussed how these factors might influence the development of panic disorder. They also help to keep it going. The more a person learns that anxiety symptoms may signal an oncoming panic attack the more focused they become on monitoring internal changes. Perhaps by doing this, there may be adequate warning about the onset of a panic attack so that it can be avoided. When people believe that these symptoms mean physical or mental danger, it is no wonder that they start scanning for signs of threat! However, we all have normal fluctuations in physical symptoms over the course of the day, which means that even normal changes in physical sensations can be mistaken for the possibility of a panic attack or the potential for mental and physical danger. It is the belief that those symptoms are dangerous that contribute to the ongoing distress associated with panic, and which might even make panic attacks more likely.

AVOIDANCE

Many people who have become distressed about the possibility of having panic attacks often avoid situations where panic attacks may occur or activities that may trigger symptoms associated with panic. While avoidance of some situations may reduce anxious feelings in the short term, it also reduces opportunities to prove to yourself that anxiety symptoms are not dangerous. In other words, avoidance prevents people from disconfirming their fears. The more we *don’t do* something, the more we tell ourselves we *can’t do* something.

SAFETY BEHAVIOURS

Even if you don’t fully avoid the situations where you think panic attacks may happen, you may go into these situations and behave in ways to minimise those anxiety symptoms. In Module 1, we talked about how you might use “safety behaviours” to prevent future panic attacks or symptoms of anxiety. For example, you might sit in the chair closest to the door to make a quick escape if necessary. Perhaps you do some breathing exercises to reduce your anxiety in the situation. In this case, although you’re not avoiding the situation, you are avoiding the anxiety symptoms. However, in using this subtle avoidance, these safety behaviours, you never lose fear of your panic attacks. This means that you continue to worry about them, focusing attention to them.

Do you recognise any of these factors in how your own anxiety has developed?

What can be done about panic disorder?

MEDICATION

Medication has been used to reduce anxiety symptoms and reduce the likelihood that you will have panic attacks. While there are a number of different medications that may help to reduce anxiety symptoms, it is often difficult to know which one will work the best. You should always speak to your doctor if you have any queries about medication, and if your doctor prescribes them, make sure you follow all the instructions, and report any side effects.

COGNITIVE-BEHAVIOURAL STRATEGIES

Another powerful treatment option for reducing panic attacks is cognitive-behavioural therapy (CBT). Cognitive and behavioural strategies address the three components that specifically contribute to panic and intense anxiety. You may recall from Module 1 that these components include cognitions, behaviours and physiology. In this way, cognitive-behavioural strategies seek to change the anxiety habits that may have developed around panic and anxiety.

Cognitions

For people who experience panic attacks, cognitions can occur in the 'here-and-now' of the situation, and may include focusing on physiological sensations of anxiety and panic, and then interpreting them in a catastrophic way. Importantly, it is our perception of particular cues as dangerous that contributes to increasing anxiety.



These cognitions are also part of a bigger picture of thinking processes. People who experience panic attacks often worry excessively about anxiety symptoms. They may overestimate the likelihood of having a panic attack and overestimate the consequences of having a panic attack. It is this continued fear of fear that starts the feelings of anxiety, which then prompts the search for evidence of threat and danger. In these modules, we will take a closer look at the types of cognitions and thinking styles that might contribute to anxiety about panic symptoms.

Behaviour

One of the most important factors that needs to be addressed when overcoming panic and anxiety is the avoidance of symptoms of anxiety, avoidance of situations where panic attacks might occur, and the use of safety behaviours to try to prevent panic attacks. These modules will suggest some ways to gently confront the things you are avoiding so that you can start to feel less anxious about symptoms of panic attacks. After all, if you didn't want to feel less anxious and panicky, chances are you wouldn't be reading this information!

Physiology

Remember the physical symptoms that our bodies experience in reaction to anxiety-provoking events? These include rapid breathing, pounding heart, sweating, clammy palms, and muscle tension. For some people, changing breathing patterns can help to show that anxiety symptoms are not dangerous because they are under your control. However, we don't want you to use breathing strategies, like the calming technique, as a safety-behaviour to avoid anxiety. We want to first focus on experiencing those panic sensations so that you have real proof that they are not dangerous.

On the next page is a worksheet that you can use to monitor your panic attacks.

Monitoring your panic attacks

Date:	Time:	Indicate prominent symptoms:	
Intensity (0-100):	Expected: Y N		
Describe trigger: eg Where were you? What were you doing? What were you thinking?		<input type="checkbox"/> Skipping/racing/pounding heart	<input type="checkbox"/> Dizzy, lightheaded, feeling faint
		<input type="checkbox"/> Sweating	<input type="checkbox"/> Tingling or numbness
		<input type="checkbox"/> Trembling/ shaking	<input type="checkbox"/> Hot flushes or chills
		<input type="checkbox"/> Difficulty breathing	<input type="checkbox"/> Thoughts of losing control/ going crazy
		<input type="checkbox"/> Choking sensations	<input type="checkbox"/> Fear of dying
		<input type="checkbox"/> Chest pain/pressure/discomfort	<input type="checkbox"/> Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from your body
		<input type="checkbox"/> Nausea/stomach problems	

Date:	Time:	Indicate prominent symptoms:	
Intensity (0-100):	Expected: Y N		
Describe trigger: eg Where were you? What were you doing? What were you thinking?		<input type="checkbox"/> Skipping/racing/pounding heart	<input type="checkbox"/> Dizzy, lightheaded, feeling faint
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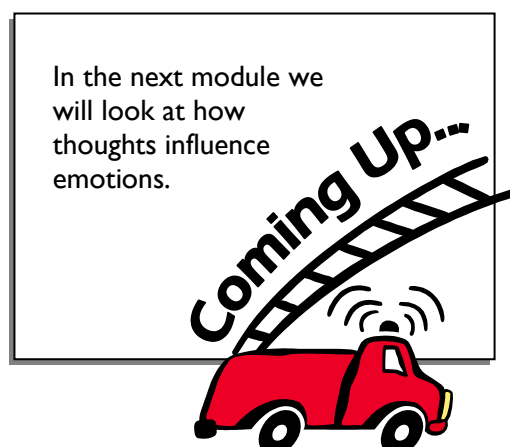
Date:	Time:	Indicate prominent symptoms:	
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		<input type="checkbox"/> Nausea/stomach problems	

Module Summary

Please remember that it is always important to ensure that you first have your symptoms checked by a qualified health professional. Once you are sure that your symptoms are due to anxiety, then the information in the rest of these modules may help you to reduce your panic symptoms and your anxiety about panic attacks.

- Panic attacks are brief, sudden surges of intense anxiety, with symptoms that are very similar to intense fear. Initial panic attacks, or “false alarms” can happen for a mixture of reasons including biology, personality, and stress.
 - Panic attacks can be set off by internal or external triggers that the person believes is somehow threatening. The distress about having panic symptoms can create an increasing spiral of anxiety that builds quickly into a panic.
 - The body has mechanisms to naturally restore itself to a more relaxed state. However this process is usually slow and can leave a person feeling “on edge” for quite some time afterwards.
- Many people have panic attacks, but panic disorder develops when it interferes significantly in a person’s life. Biological and psychological factors can influence the development of panic disorder. Psychological factors include being sensitive to anxiety symptoms and focusing on internal sensations.
- Psychological factors also contribute to the maintenance of panic disorder. In addition to anxiety sensitivity and focusing on internal sensations, avoiding situations or activities, and using safety behaviours to minimise anxiety symptoms all keep panic disorder going.
- Medication can help to alleviate some of the symptoms associated with panic. Cognitive behavioural strategies have also been effective in helping people to overcome panic disorder. This includes targeting the thoughts and cognitions that fuel the maintenance of panic disorder and addressing the behavioural aspect, such as avoidance and the use of safety behaviours. In addition, once these strategies have been effectively used, some people may find changing their breathing patterns may help to reduce their overall anxiety.
- It is important to monitor the frequency and duration of panic attacks so that you have some idea about whether these modules are helping you to overcome your panic.



About This Module

CONTRIBUTORS

Paula Nathan (MPsych*)

Director, Centre for Clinical Interventions

Adjunct Senior Lecturer, School of Psychiatry and Clinical Neuroscience, The University of Western Australia

Dr Helen Correia (MApp Psych*; PhD)

Centre for Clinical Interventions

*MPsych/MApp Psych: Masters of Psychology (Clinical Psychology)

Some of the material in this module was taken from

Nathan, P.R., Rees, C.S., Lim, L., & Smith, L.M. (2001). *Mood Management – Anxiety: A Cognitive Behavioural Treatment Programme for Individual Therapy*. Perth: Rioby Publishing.

BACKGROUND

The concepts and strategies in this module have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for panic disorder is a type of psychotherapy that is based on the theory that panic disorder is a result of problematic cognitions (thoughts) and behaviours. There is strong scientific evidence to support that cognitions and behaviours can play an important role in panic disorder, and that targeting cognitions and behaviours in therapy can help many people to overcome panic disorder. Examples of this evidence have been reported in the following:

Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Panic Disorder and Agoraphobia. (2003). Australian and New Zealand clinical practice guidelines for the treatment of panic disorder and agoraphobia. *Aust N Z J Psychiatry*, 37(6), 641-56.

REFERENCES

These are some of the professional references used to create this module.

Barlow, D.H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic (2nd Edition)*. London: Guilford Press

Craske, M.G., & Barlow, D.H. (2001). Panic disorder and agoraphobia. In D.H. Barlow (Ed.), *Clinical Handbook Of Psychological Disorders, Third Edition*. New York: Guilford Press.

FURTHER READING

There have been many other information resources written for people with panic attacks and panic disorder.

Barlow, D. H., & Craske, M. G. (2000). *Mastery of your anxiety and panic (3rd edition)*. San Antonio, TX: The Psychological Corporation. (ISBN: 0127850783)

Royal Australian and New Zealand College of Psychiatrists. (2003). *Panic Disorder and Agoraphobia: Treatment Guide for Consumers and Carers*. Available: <http://www.ranzcp.org/publicarea/cpg.asp> (click on "Panic Disorder and Agoraphobia"). Accessed Feb. 2004.

Zuercher-White, E. (1998). *An End To Panic: Breakthrough Techniques For Overcoming Panic Disorder (2nd Edition)*. Oakland, CA: New Harbinger Publications. (ISBN: 1-56731-3760)

"PANIC STATIONS"

We would like to thank Uta Juniper for the title of the InfoPax that this module forms part of:

Nathan, P., Correia, H., & Lim, L. (2004). *Panic Stations! Coping with Panic Attacks*. Perth: Centre for Clinical Interventions.

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