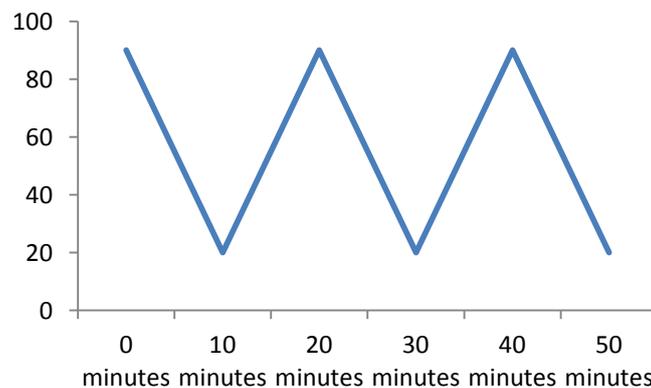


Self-Help Information

Let's Talk

Leaflet 5: Managing Panic

Avoidance versus Exposure



Leaflet 5: Managing Panic

What is panic disorder?

Panic disorder is a very common mental health problem and affects approximately 7 per 1000 people within the population. It is important to distinguish between panic attacks and panic disorder. Panic attacks are very common and can be distressing.

The official criteria (DSM V criteria) for a panic attack are:

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, light-headed or faint
- De realisation (feelings of unreality) or depersonalisation (being detached from oneself)
- Fear of losing control or going crazy
- Fear of dying
- Parathesias (numbness or tingling sensations)
- Chills or hot flushes

Panic disorder occurs when people have recurrent or unexpected panic attacks and they become concerned about having further attacks. They also become concerned about the consequences of these and what the panic attacks mean. The behaviour of someone with panic disorder often changes significantly – usually involving avoidance or attempts to prevent attacks happening.

Panic disorder can occur with or without agoraphobia. Panic disorder with agoraphobia occurs when people associate their panic attacks with particular situations or places. These situations are avoided altogether or cause a lot of anxiety when they occur. (For example, someone may avoid going to the supermarket as they had previously experienced a panic attack there) Sometimes people can enter these situations only in the presence of someone else supporting them. In other cases, people do not associate their panic attacks with particular situations and say that their attacks 'come out of the blue'. This is panic disorder without agoraphobia.

Some useful books which you may like to buy or borrow from your local library:

Breton, S (1996). Panic Attacks. Vermilion

Rachman, S and De Silva, P (1996). Panic Disorder, the Facts. Oxford Silcove, Derrick.

Overcoming Panic Trickett, S (1992). Coping Successfully with Panic Attacks, Sheldon.

Key features of panic disorder

Essentially, people with panic disorder view the normal symptoms of acute (short-lived but intense) anxiety in a catastrophic manner. This means that the distressing symptoms which occur in panic are misinterpreted as a sign that a physical or mental disaster that is about to happen. Typical feared consequences might include “I’ll collapse”, “I’m going mad”, “I’ll have a heart attack”. However, the consequence we fear may not be likely to happen. These frightening thoughts generate anxiety and tend to make the physical symptoms worse, thus increasing the panic.

A number of behaviours serve to keep the problem going once it has started. People often become extremely aware and pay a lot of attention for any bodily sensations which might indicate to them that a panic attack is about to take place. Such over-attention often involves the misinterpretation of normal symptoms and causes further anxiety.

Avoidance of situations leads to short-term reduction in anxiety, making it more likely that people will continue to avoid them. In the longer term this means that anxiety provoking situations become even more frightening and people never learn that the outcome they are afraid of does not occur. Other subtle forms of avoidance might involve carrying certain objects (e.g. water or medication) or having to be with certain people to enter particular situations. These are called ‘safety behaviours’, they are used to prevent a feared consequence but often serve to keep the problem going.

Managing panic

Get informed

It is important to learn about the nature of anxiety symptoms and the ‘fight or flight’ response. You can find out more information about this in one of the self-help books we recommend (See Books on Prescription Recommended Reading at www.talk2gether.nhs.uk). Once you can begin to see the symptoms as those of anxiety rather than anything more dangerous, then the sense of panic should reduce.

Avoidance versus Exposure

If you are avoiding situations or are using safety behaviours in order to cope when entering particular situations you may find it helpful to understand more about exposure (see Let’s Talk ‘Leaflet 3: Facing Your Fears’ at www.talk2gether.nhs.uk). Typically, exposure would work by facing the feared situations until anxiety drops. You can do this gradually by developing a list (hierarchy) of feared situations and then gradually working up it whilst dropping safety behaviours.

Diary Recordings

Cognitive restructuring (see Let’s Talk ‘Leaflet 2: Think Good Feel Good’ at www.talk2gether.nhs.uk for details of how to record your thoughts) can also be used to help you respond to your thoughts about what your symptoms mean. As you learn more about normal anxiety mechanisms it should be possible to find different explanations for your symptoms and more balanced thoughts to keep you calm.

You can download extra copies of this worksheet from our website:

www.talk2gether.nhs.uk

Panic Diary

Date and Situation (Where, when with whom)	Intensity of panic Rate from 0-100%	Physical Symptoms	Feared consequence What did I think the symptoms meant? Rate your belief in these thoughts from 0-100%	Behaviour What did I do?	Alternative Explanations for symptoms