

A panic attack is a discrete period of intense fear or discomfort, in which four (or more) of the following symptoms develop abruptly and reach 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, lightheaded, or faint
- Derealisation (feelings of unreality) or depersonalisation (being detached from oneself)
- Fear of losing control or 'going crazy'
- Fear of dying
- Paraesthesias: numbness/ tingling sensations
- Chills or hot flushes

These symptoms represent the body's 'fight/flight/fright' response but without the usual external stimulus, such as being attacked by a bear!

NOTE:

(1) **increased autonomic hyper reactivity may trigger a pain flare-up.**

(2) Panic attacks may not necessarily involve emotional/behavioural aspects: a minority of patients experience the physical symptoms without the panic or fear, because after a period of

time, people can become desensitised to varying degrees, to the fear response aroused by the abnormal autonomic activity; this can lead to very intense episodes, but without a resolution: similar in essence to being sexually aroused but without experiencing orgasm.

Other symptoms that relate to abnormal autonomic function include:

- *Heart/circulation-related*: fluctuating blood pressure
- *Breathing-related*: under or over-breathing, inability to take a deep enough breath or yawn
- *Muscle/skin/nerve-related*: jerking, spasm, tremor, rigidity, itching, 'goose bumps', sweating; a whole-body tactile and auditory 'whoosh' sensation, hypersensitive startle response, hypersensitivity to mild stimulants (cup of coffee) and to medication
- *Gut and excretory-related*: reflux of acid or bile, reflux asthma, reflux sinusitis, sensitivity to specific foods
- *Endocrine-related*: as mentioned, abnormal levels of insulin and cortisol amongst others.
- *Emotional-behavioural*: intense fear, feeling of impending doom, anticipation of imminent death, feeling as if bound to faint, eruption of anger.

Frequent panic attacks in certain situations can lead to avoidance behaviour, which, in its extreme form, could precipitate the highly disabling condition agoraphobia.

In any event, it is common for there to be frequent and escalating anxiety about the next episode and often hypervigilance for sensations, with interpretation of symptoms as being threatening of themselves, whereas in fact panic attacks are not actually physically harmful.

These emotions are in fact reaction to the autonomic manifestations rather than an actual part of the panic attack.

This is, however, the feature that leads to panic attacks becoming part of **panic disorder**.

This disabling condition can have enormously adverse impact upon life, especially if some aspects of life have already been curtailed by physical illness. Fortunately, there is treatment that is highly effective.

In brief, this treatment is 3-pronged, comprising education, cognitive-behavioural therapy and sometimes medication depending on the severity and frequency of attacks.

There are also a number of self-help strategies that are considerably useful. We shall look at this in further detail later on.