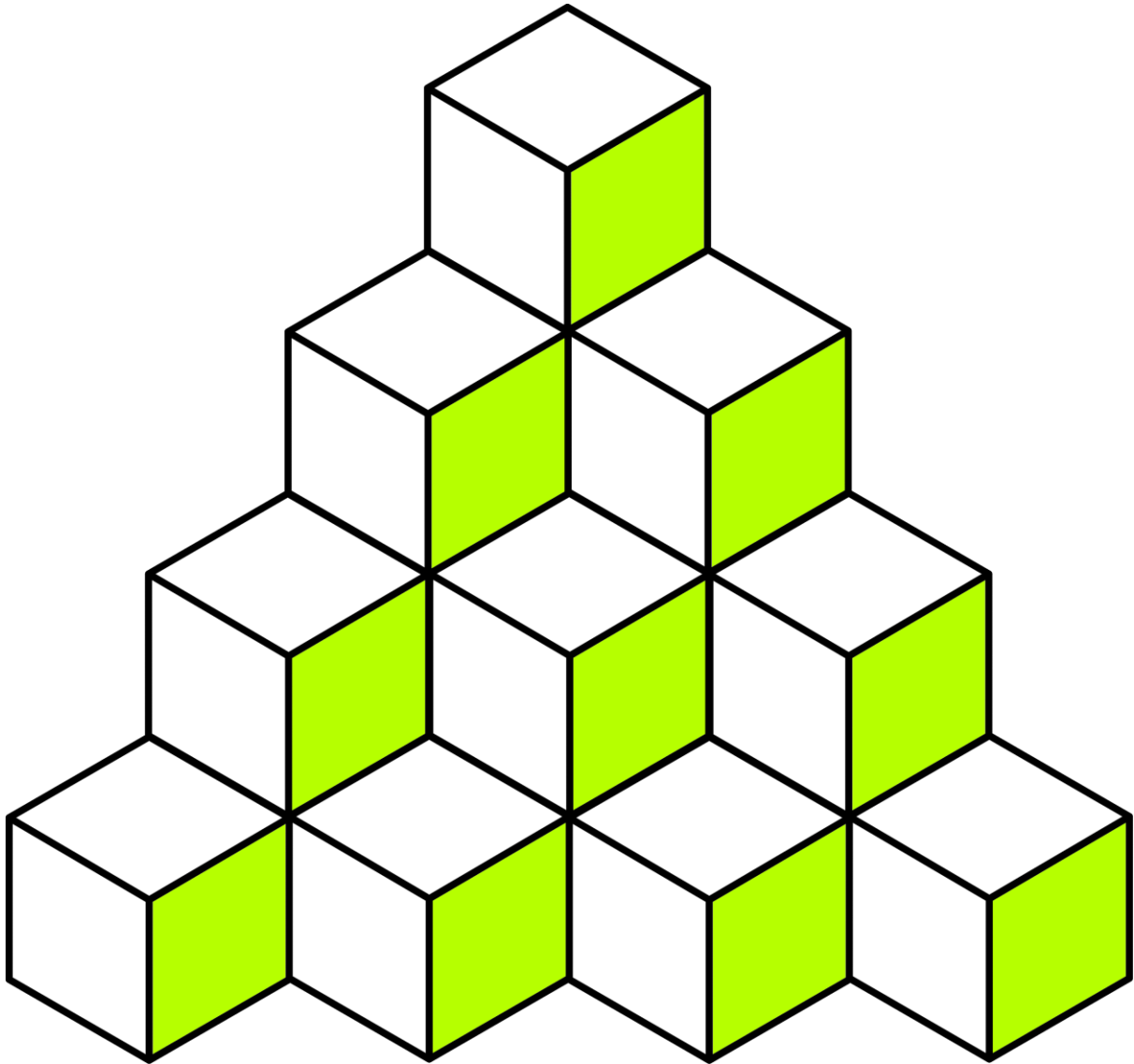


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INFORMATION SHEET

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What is a panic attack?



A panic attack is a sudden, extreme fear that seems to come from nowhere with little or no warning. Fear is the body's alarm signal, alerting us to a potential threat. When we have a panic attack, we feel the fear but there's no real threat – a panic attack is a kind of 'false alarm'.

This information sheet can help you recognise panic attacks, understand them, and learn some ways of reducing them.

Recognising panic attacks

Everyone's familiar with brief periods of panic; maybe if we think we've lost our child in the supermarket, narrowly avoided a traffic accident or crossed a road without looking. These brief 'heart-in-the-mouth' moments come quickly and mostly pass quickly.

Panic attacks are different. They tend to last a bit longer and can start with little or no warning. The fear is more intense and they're not related to any of 'near misses' such as those above. Panic attacks usually last for less than 10-15 minutes.

It's common for people who have panic attacks to stay at home and avoid the situations and places where they might panic – agoraphobia and panic often go hand in hand. They may also have (or develop) social anxiety and depression.

Panic attacks are very common; most people will understand what it means to have a panic attack from personal experience. Some people will only ever have one panic attack; some may have more than one a day.

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Some people might have several, then no more for many years. Panic attacks are hard to predict, though they do seem to be linked to the level of stress we're under.

Symptoms of a panic attack

Panic attacks are so upsetting that many sufferers think they're dying or going mad. In reality, panic attacks aren't that serious – though they certainly feel as though they are. The physical symptoms are dreadful; the chest pain and shortness of breath can make people think they're having a heart attack. However panic attacks are not, as some people fear, signs of serious mental or physical illness.

When we panic, the fear and desire to escape can make us feel ashamed. In the midst of a panic attack, we might leave our shopping behind and bolt out of the supermarket. At work we may feel we have to run out of a meeting. The shaking and sweating can make it seem as though everyone will notice, making us feel ashamed and want to escape even more.

Four groups of symptoms

We can think about the symptoms of panic in four groups – physical sensations, emotions, thoughts and behaviour.

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Physical symptoms

'Tick' any physical symptoms you may have:

Physical symptoms of panic

Fast and / or 'pounding' heart	<input type="checkbox"/>
Chest pain	<input type="checkbox"/>
Tightness in the chest	<input type="checkbox"/>
Difficulty breathing	<input type="checkbox"/>
Feeling faint	<input type="checkbox"/>
Numb or tingling hands and feet	<input type="checkbox"/>
Pounding head	<input type="checkbox"/>

Do you have any other physical symptoms not listed above? Make a note of them below.

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Emotional symptoms

'Tick' any emotional symptoms you may have:

Emotional symptoms of panic

Feeling of terror	<input type="checkbox"/>
Fear in places or situations where panic attacks have occurred before	<input type="checkbox"/>
Feeling as though you're somehow not 'real'	<input type="checkbox"/>
Feeling as though the world is somehow 'unreal'	<input type="checkbox"/>
Feeling that things are changing in size, colour or perspective	<input type="checkbox"/>

Do you have any other emotional symptoms not listed above? Make a note of them below.

--

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Thought symptoms

'Tick' any 'thought' symptoms you may have:

Thought symptoms of panic

'I'm having a heart attack'	<input type="checkbox"/>
'I'm seriously ill'	<input type="checkbox"/>
'I'm going mad'	<input type="checkbox"/>
'I can't breathe'	<input type="checkbox"/>
'I'm going to collapse'	<input type="checkbox"/>
'I'm going to die'	<input type="checkbox"/>
'Everybody's looking at me'	<input type="checkbox"/>
'I've got to get out of here'	<input type="checkbox"/>
'I'm making a fool of myself'	<input type="checkbox"/>

Do you have any other 'thought' symptoms not listed above? Make a note of them below.

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Behaviour symptoms

'Tick' any 'behaviour' symptoms you may have:

Behaviour symptoms of panic

Wanting to escape from people, places or situations	<input type="checkbox"/>
Avoiding people, places or situations that might trigger, or have previously triggered, a panic attack	<input type="checkbox"/>
Carrying out some ritual for 'safety' or 'good luck'	<input type="checkbox"/>
Calling (or wanting to call) emergency services for help	<input type="checkbox"/>

Do you have any other 'behaviour' symptoms not listed above? Make a note of them below.

When we try to prevent panic by avoiding people or situations, or by fleeing from difficult situations, we make things harder for ourselves in the long term because:

- We don't discover that nothing bad would have happened
- We don't build our skills and self-confidence
- Our fear of the situation grows stronger

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Panic attacks and panic disorder

Everyone who has panic disorder will have panic attacks. However, if you've had a panic attack it doesn't necessarily mean you have panic disorder.

Panic disorder can only be diagnosed after repeated, unexpected panic attacks that are followed by at least one month of worry or altered behaviour (usually avoiding people, situations or places).

Some medical conditions can produce similar symptoms to panic disorder.

Before a diagnosis can be made, any underlying medical causes will need to be eliminated.

Diagnosis

A panic attack is a sudden rush of fear or discomfort accompanied by at least four of the symptoms listed below (table 1). A 'sudden rush' means the symptoms peak within 10 minutes. Episodes like panic attacks, but with fewer than four of the symptoms below, are called 'limited symptom attacks'.

Rapid or pounding heartbeat	Nausea	Feelings of unreality
Chest pain or discomfort	Breathlessness	Fear of dying
Chills or hot flushes	Trembling or shaking	Feeling of choking
Sweating	Dizziness or faintness	Fear of losing control or going crazy
Numbness or tingling		

Table 1

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What causes panic disorder?

We don't know precisely; it's most likely to be a combination of things. Our genes, our experiences and our outlook on life all play a part. Sometimes panic is triggered by things that happen to us, often a sudden extreme stress of some kind, or continued stress over a longer period. Some people seem to be more prone to panic than others. More women seek help for panic disorder than men.

We know that the part of the brain called the amygdala is involved in panic attacks, and that willpower alone isn't enough to stop them.

Physical causes

Panic attacks may happen for the first time when we're ill or under a great deal of stress.

Low blood sugar can cause the symptoms of panic, as can drinking too much caffeine (caffeine is found in chocolate, tea, coffee, cola and energy drinks).

Many women have their first panic attack when they're pregnant, possibly linked to hormonal changes.

Thyroid problems can produce similar symptoms, as can certain heart problems.

If you think your symptoms might have a physical cause, you may want to make an appointment with your GP to eliminate any possible physical causes.

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Understanding panic

The diagram below shows Clark's panic model (figure 1). Some sort of trigger occurs – it might be something that happens to you, a situation or perhaps a thought, emotion or sensation. Our 'threat assessment' system kicks in and we think it might be a threat of some sort (maybe to our health, or perhaps to our pride or social standing).

We begin to feel anxious. We have a range of anxiety symptoms, which we then focus on and begin to worry about. We misinterpret these symptoms as signs of something serious, which increases our anxiety in a 'vicious circle'.

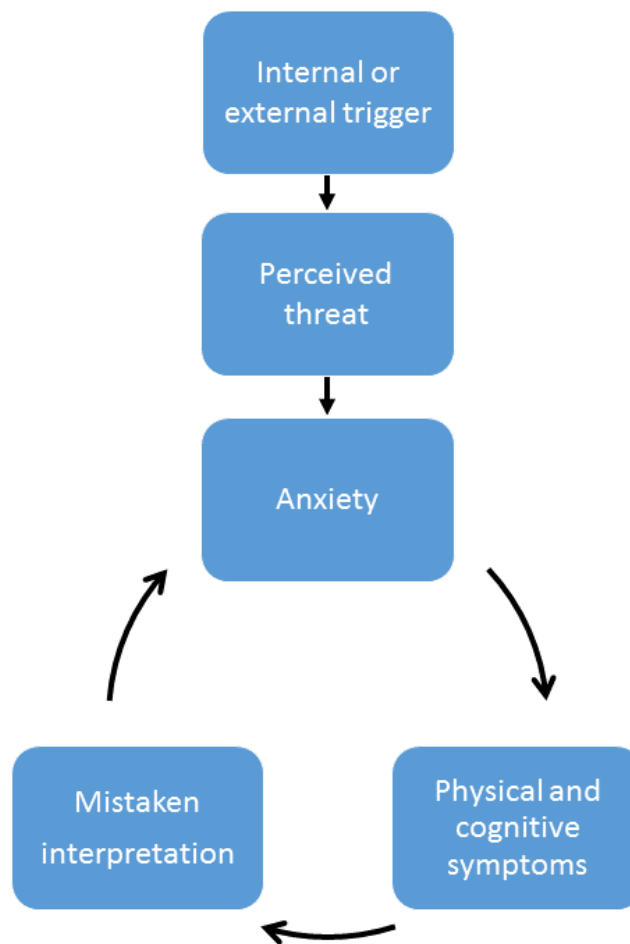


Figure 1

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In the following example, a sensation in the chest begins a cycle of anxiety, which increases until a panic attack results (figure 2).

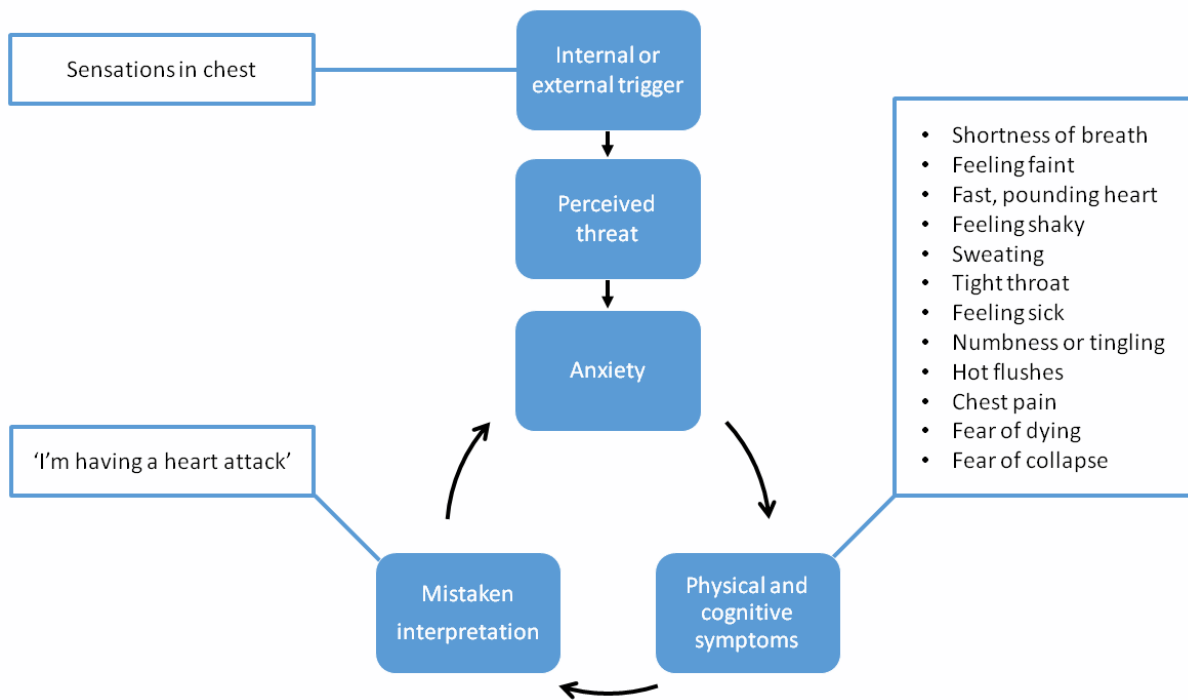


Figure 2

Try this for yourself. Think about a recent panic attack ... fill in the missing details in figure 3, showing what might have been the initial trigger, the physical and cognitive (thinking) symptoms you experienced and how you could possibly misinterpret those symptoms, leading to further anxiety. If doing this makes you feel panicky, take your time and get the support you need to help you.

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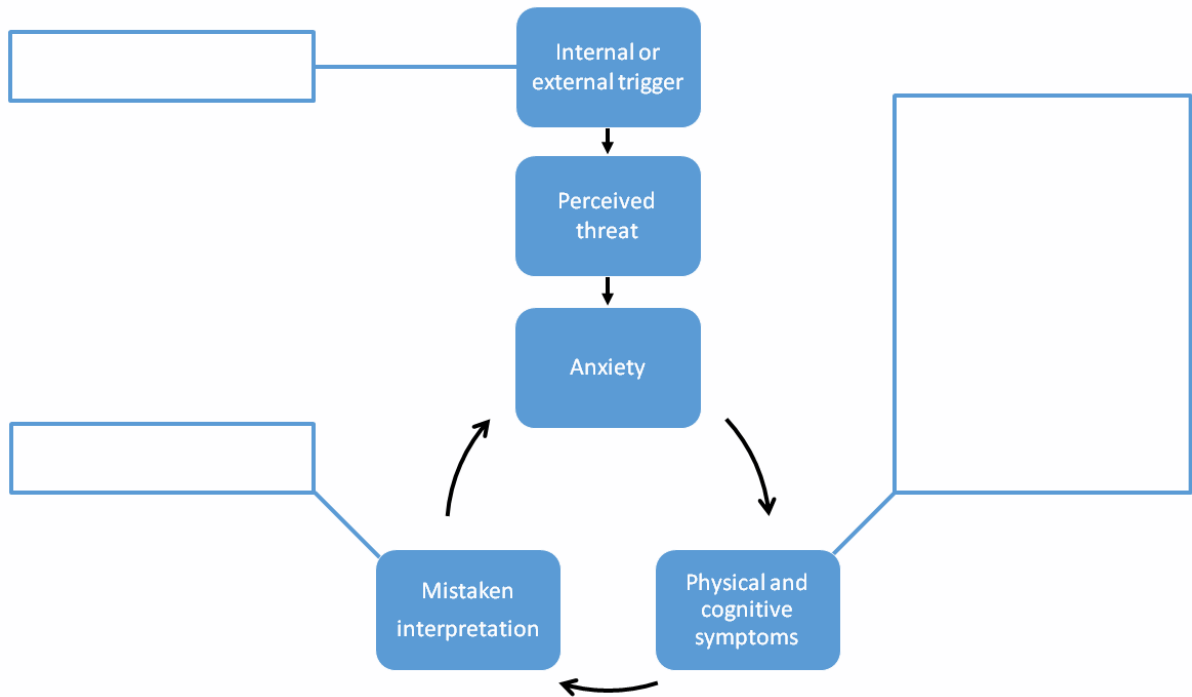


Figure 3

Recovery from panic disorder

There are several ways of dealing with panic.

- Refocus your attention
- Challenge your thoughts
- Relax your body
- Slow your breathing
- Avoid avoiding

Refocus your attention

When we're anxious our attention narrows and turns inwards; and when we focus on our worries and bodily sensations, we tend to intensify them. The mind fills with doubt and fear. It's a useful skill to be able to gently lift our

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attention away from fearful thoughts and place them elsewhere. Whenever you notice yourself dwelling on twinges, pains, aches or sensations that might trigger anxiety, gently coax the mind away to something else - preferably something around you, instead of some sensation from within.

Try looking for, noticing and attending to something beautiful or in some way pleasing to you, whatever that might be. If this is difficult, try remembering and thinking about a particularly happy or interesting time in your life.

Challenge your thoughts

Sometimes we might catastrophise – that is, think about the very worst thing that could possibly happen. For example, when we notice shortness of breath, we might jump to the conclusion that it's a heart attack, instead of (the much more likely) muscle tension.

We might have a pounding head caused by a fast heartbeat, and think we're having a stroke or that we have a brain tumour.

If you recognise thoughts like these, stop, take a deep breath and ask yourself how likely a serious problem really is. Muscle tension is a lot more common than a heart attack! Just as palpitations are more common than brain tumours.

Breathlessness and pain are common symptoms of panic attacks, so rather than make them worse by alarming yourself, speak calm and soothing words to yourself inside your head. Speak them aloud if it helps. Say something like:

'I know this is just anxiety, I've come through this before, nothing bad will happen, I will stay here and breathe slowly until it passes, I will be fine.'

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In time we can let ourselves know that nothing bad will happen; that we really will be fine. When we truly believe this, panic loses its grip over us.

Relax your body

Starting with your feet - tense and relax your muscles, progressing up your calves, to the muscles in your thighs, up over your chest and into your arms and hands. Tense and relax the muscles in your shoulders, neck, jaw and scalp.

The more you practice, the easier this will become. Making a conscious effort to relax your muscles helps the body become calm and settled and reduces panic. There are many freely available relaxation exercises on the Internet, some as MP3 files that you can download and use.

The benefits from relaxation don't come straight away, they accumulate over time. Continued practice is the key.

Slow your breathing

- 1) Place the flat of your hand over your stomach
- 2) Open your mouth and breathe out with a sighing sound. As you breathe out, allow your shoulders and upper body muscles to relax
- 3) Close your mouth and pause. Keep your mouth closed and breathe in through your nose, your stomach should move out as you breathe in
- 4) If your shoulders rise again or your stomach doesn't move out, slow down and try again till you're breathing by pushing your stomach out
- 5) Breathe out slowly, gently and deeply
- 6) Repeat steps 3 – 4 – 5 until you feel calmer

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Breathing by pushing out your stomach means you're using your diaphragm to breathe, that's the large muscle underneath your lungs. This helps you relax and breathe more deeply.

You might find you're taking in a bit more oxygen like this, so might feel a little light-headed. This is nothing to worry about, just slow down if this is the case.

Avoid avoiding

It's easy to understand how it can seem to make sense to withdraw, to shut the world out. Fear of panic attacks and the desire to avoid embarrassment means we can avoid stressful situations. We might choose to avoid social situations, do our shopping over the Internet; avoid stress at work, whatever it takes to avoid the places, people or situations where we think we might panic.

The problem with avoiding situations is that our fear grows stronger. We avoid things because we fear what will happen if we don't. The more we avoid, the less we can challenge our fears.

The Panic Disorder Self-Report Scale (PDSR)

The PDSR was developed in 2006 as a way of detecting panic disorder. Helping to identify the problem helps people get the right treatment.

Questions one to four assess whether a person has had **recurrent** and **unexpected** panic attacks, and if so, the total number of attacks. Questions five, six and seven assess **worry** and **change in behaviour** in response to panic attacks. Questions eight to nineteen ask about **twelve symptoms** associated with panic attacks.

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You are then asked to rate **distress** and **interference** caused by panic attacks. The PDSR concludes with a question to verify that most panic attacks peaked within 10 min, as well as two questions to rule out substance and medically-related causes.

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Panic Disorder Self-Report (PDSR)

		No	Yes
1	During the last six months, have you had a panic attack or a sudden rush of intense fear or anxiety?	<input type="checkbox"/>	<input type="checkbox"/>
If YES , please continue			
If NO (you have not experienced a panic attack), please leave the rest of this form blank			
When was the most recent time this occurred? (please record date)		<input type="text"/>	
2	Was at least one panic attack unexpected, as if it came out of the blue?	<input type="checkbox"/>	<input type="checkbox"/>
3	Did it happen more than once?	<input type="checkbox"/>	<input type="checkbox"/>
4	If YES to 3, approximately how many panic attacks have you had in your lifetime?	<input type="text"/>	
If NO to 1, 2, and 3, please leave the rest of this form blank, otherwise continue			
5	Have you ever worried a lot (for at least one month) about having another panic attack?	<input type="checkbox"/>	<input type="checkbox"/>
6	Have you ever worried a lot (for at least one month) that having the attacks meant you were losing control, going crazy, having a heart attack, seriously ill, etc?	<input type="checkbox"/>	<input type="checkbox"/>
7	Did you ever change your behaviour or do something different (for at least one month) because of the attacks?	<input type="checkbox"/>	<input type="checkbox"/>
If YES to 5, 6 or 7 please answer the following questions:			
Think back to your most severe panic attack. Did you experience any of the following symptoms?			
8	Shortness of breath or smothering sensations?	<input type="checkbox"/>	<input type="checkbox"/>
9	Feeling dizzy, unsteady, lightheaded, or faint?	<input type="checkbox"/>	<input type="checkbox"/>
10	Palpitations, pounding heart, or rapid heart rate?	<input type="checkbox"/>	<input type="checkbox"/>
11	Trembling or shaking?	<input type="checkbox"/>	<input type="checkbox"/>
12	Sweating?	<input type="checkbox"/>	<input type="checkbox"/>
13	Feelings of choking?	<input type="checkbox"/>	<input type="checkbox"/>

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14	Nausea or abdominal distress?	<input type="checkbox"/>	<input type="checkbox"/>
15	Numbness or tingling sensations?	<input type="checkbox"/>	<input type="checkbox"/>
16	Flushes (hot flashes) or chills	<input type="checkbox"/>	<input type="checkbox"/>
17	Chest pain or discomfort?	<input type="checkbox"/>	<input type="checkbox"/>
18	Fear of dying?	<input type="checkbox"/>	<input type="checkbox"/>
19	Fear of going crazy or doing something uncontrolled?	<input type="checkbox"/>	<input type="checkbox"/>

20. How much do these symptoms interfere with your daily functioning? (Please circle one)

0	1	2	3	4
Not at all	Mildly	Moderately	Severely	Very severely / disabling

21. How distressing do you find these symptoms? (Please circle one)

0	1	2	3	4
No distress	Mild distress	Moderate distress	Severe distress	Very severe

22	When you have bad panic attacks, does it often take less than ten minutes from the point at which the attack begins, to the point at which it reaches a peak or becomes most intense?	<input type="checkbox"/>	<input type="checkbox"/>
23	Just before you began having panic attacks, were you taking any drugs or excessive amounts (more than 4 cups daily) of stimulants (e.g., coffee, tea, or cola with caffeine)?	<input type="checkbox"/>	<input type="checkbox"/>
23a	If YES , what was it that you were taking?	<input style="width: 100%; height: 20px;" type="text"/>	
23b	How much of it were you taking (in cups, etc.)?	<input style="width: 100%; height: 20px;" type="text"/>	
24	Have you ever been diagnosed with a medical problem (e.g., hyperthyroidism, a seizure or cardiac condition, etc.) that could have caused your panic symptoms?	<input type="checkbox"/>	<input type="checkbox"/>

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Add your results for questions **1 to 3**, **5 to 19**, and **22**, 'Yes' scores one, 'No' scores zero. Questions **4**, **23**, and **24** are not included in the total score.

The score for questions **20** and **21** are each divided by two. Unanswered questions score zero.

The values of scored items are added to create a total score, ranging from zero to twenty-four.

A score of **8.75** provides the best balance between sensitivity and specificity. On the basis of this cut-off, 95% of research participants were correctly classified as having, or not having, panic disorder.

If your score is 8.75 or more, it is likely you have panic disorder.

Treatments for panic disorder

The vast majority of people with panic disorder are treated by their GP. Often medication won't be your prescriber's first choice, as some forms of talking therapy can be just as effective as tablets.

There are different approaches to the treatment of panic disorder. If at first you find one doesn't work, try a different approach until you find one that you feel comfortable with and that works for you. Research suggests that cognitive-behaviour therapy (CBT) is one of the most effective psychological treatments for panic disorder. Mindfulness and other forms of meditation can help too.

If you are taking prescribed medication, it can take some time to work, so don't give up hope if you don't feel better straight away. Sometimes tablets work best when taken for a longer time and they shouldn't be stopped suddenly without medical advice.

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Your first appointment with a GP can feel difficult, especially if you view panic disorder as a 'weakness' (it isn't!) so it might be helpful to write down what you want to talk about before you go. Make a note of any questions or worries you might have. Some people find it helpful to take a friend or family member along.

Panic disorder can make us feel alone, afraid and ashamed, making it hard to summon the courage to get help. A quick 'phone call to your GP can get things moving and start you on the road to recovery.

Acting opposite

Anxiety often makes us want to avoid people or situations. It can be very hard, but facing our fears and staying with people can be very helpful. Remaining in work or returning to work might be very hard too, but can help us keep a sense of control. Keeping a normal daily routine is usually much better than withdrawing. We might feel like shutting ourselves away, but doing so can make things worse. When we avoid a situation, it's harder to gain control over our fear. In fact, one of the most rapid and effective forms of treatment for panic disorder involves being helped to deliberately bring on a panic attack. This might sound a little scary, but it's one way we can truly convince ourselves that panic attacks won't harm us.

Talking therapies

There are many different types of talking therapy; the most effective for panic disorder is probably cognitive-behaviour therapy (CBT). In CBT, we learn to face our fears and about the ways in which our thoughts can make us more

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anxious and less able to cope. A CBT therapist will help you learn new skills to deal with panic and help support you face up to things you may have avoided.

Dealing with things

Putting off problems can make them mount up. Are there things in your life you're putting off dealing with? Might an advocate or some extra support help? The Citizens Advice Bureau can help with a range of issues from housing to money worries. Doing things to address our problems relieves the burden and helps us feel 'in control' again.

Repairing relationships

Are you struggling with a difficult relationship? Are withdrawal or panic attacks causing problems in your relationship? If so, you can contact [Relate](#), or you could speak to your GP about other types of relationship counselling.

Avoiding alcohol and drugs

Alcohol is a depressant – it lowers the mood. Other non-prescribed drugs are best avoided. If you think alcohol or drug use might be a problem, you can contact [Alcoholics Anonymous](#) on 0800 9177650 or [Narcotics Anonymous](#) on 0300 999 1212. While drinking can seem to help with some of the symptoms of panic, it usually makes things worse in the long run.

Self-help resources

There are many good books and websites that can help. Your GP, practice nurse or mental health practitioner will be able to recommend from a range of excellent and helpful material.

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Act now!

If you think you may have panic disorder, contact your GP. Some physical health problems can have similar symptoms to panic disorder; your GP will be able to help you eliminate any potential physical causes.

Disclaimer

This material is for information only and should not be used for the diagnosis or treatment of medical conditions. We have used all reasonable care in compiling the information but make no warranty as to its accuracy. We recommend you consult a doctor or other health care professional for the diagnosis and treatment of medical conditions, or if you are at all concerned about your health.

References

Clark, D.M. (1986). A cognitive approach to panic. *Behaviour Research and Therapy*, 24, p. 461-70.

Newman, M.G., Holmes, M., Zuellig, A.R., Kachin, K.E., Behar, E. (2006). The Reliability and Validity of the Panic Disorder Self-Report: A New Diagnostic Screening Measure of Panic Disorder. *Psychological Assessment*, 18(1), p. 49-61.

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Written by: SC.

Written on: 16-06-15.

Last updated on: 21-04-2022.

Checked by: MS.

Checked on: 21-04-2022.

Date for review: April 2025.

Flesch Reading Ease Score: 62.5

