Diagnostic Considerations:

1. **Review diagnostic criteria** and assess current physical and emotional symptoms. Differentiate between panic attacks versus panic disorder. While panic attacks occur across a variety of conditions, such as anxiety and mood disorders and in non-clinical situations, this is different from panic disorder.

   - Panic attacks are characterized by:
     - Discrete periods of intense fear or discomfort, accompanied by somatic or cognitive symptoms;
     - Sudden attacks of terror, usually accompanied by a pounding heart, shortness of breath, sweating, weakness, faintness, or dizziness;
     - A sense of unreality, a fear of impending doom, or a fear of losing control;
     - An abrupt onset that usually reaches a peak within 10 minutes.

   - Panic disorder is diagnosed when an individual:
     - Experiences recurrent panic attacks;
     - Has persistent concern, for one month or longer, about having another attack and/or worries about the implications and consequences of the attacks.

2. **Assess for co-occurring problems.** Panic disorder is often accompanied by other mental health concerns such as generalized anxiety disorder, depression, specific phobias, posttraumatic stress disorder, separation anxiety, and substance abuse. Co-occurring agoraphobia is especially common. Suicide risk should be thoroughly assessed, as risk increases in individuals with a panic disorder diagnosis within the past year.

3. **Assess the presence of nocturnal panic attacks** that occur when a person suddenly wakes in a state of panic, with no obvious trigger like a nightmare or a noise. Thirty to 45% of people with panic disorder report repeated nocturnal panics. These individuals often attempt to delay sleep onset as they are afraid of the attacks. This may result in sleep deprivation, which precipitates more nocturnal panics.

4. **The prevalence** of panic disorder is 2-3% in the United States, with females at higher risk. Symptoms usually develop during a person's twenties, and onset after age 45 is rare. While the syndrome is usually not evident until adulthood, symptoms of anxiety often occur in childhood. While anxiety can occur under the age of 14, panic disorder is uncommon in childhood.

5. **Thoroughly assess personal and family history.** Personal risk factors for developing panic disorder include situational panic attacks, a history of anxiety related symptoms (proneness to negative emotions or anxiety sensitivity), history of childhood abuse, smoking, or identifiable stressors prior to their first attack. Family history is important to consider as there is an increased risk of panic disorder for individuals whose parents have anxiety, depressive or bipolar disorders. Having a personal or family history of respiratory illness, such as asthma or chronic obstructive pulmonary disease (COPD,) is correlated more highly with patients with panic disorder than patients with other anxiety disorders.

6. **Assess severity and functional impairment.** Consider the impact of panic disorder on daily functioning in major areas, such as relationships, work, and leisure. Minimizing the degree to
which panic disorder impacts functioning should be a primary goal of treatment. Assessment of severity can be aided by the use of APA online assessment measures, “Severity Measure for Panic Disorder-Adult” and “Severity Measure for Panic Disorder- Child Age 11-17.”

7. **Review medical history** and health status, as a number of medical conditions may mimic panic symptoms or can co-occur with panic disorder and exacerbate symptoms. Ensure recent medical exam has ruled out conditions such as asthma, hyperthyroidism, COPD, cardiac conditions, hypoglycemia, or substance use, particularly caffeine or amphetamine drug use. If a medical condition is present and distinct from panic disorder, consider this in your treatment planning.

**Treatment Guidelines:**

1. **Assess regularly** for factors that increase suicidal risk, including suicidal ideation, an increase in depressive symptoms, changes in substance use, and new environmental stressors. Also assess the use of substances as an avoidance strategy, as this may decrease treatment effectiveness by prohibiting necessary exposure to and tolerance of anxiety.

2. **Encourage clients to monitor their panic attacks** using techniques such as keeping a daily diary in order to link panic symptoms with their own internal stimuli and external triggers. It is important to note that physiological arousal, related to the feeling of panic, can start as a natural response and evolve into a disorder.

3. **Intervene as early as possible.** If people can learn to interpret that a panic attack is not dangerous, they may not develop the fear or preoccupation with their own panic. This knowledge can prevent a panic attack from becoming panic disorder. Additionally, early treatment can often prevent agoraphobia. People with panic disorder may sometimes go from one clinician to the next for years and/or visit the emergency room repeatedly before someone correctly diagnoses the condition. This is unfortunate, because panic disorder is one of the most treatable of all the anxiety disorders, responding in most cases to certain kinds of medication or psychotherapy.

4. **Cognitive Behavioral Therapy** has been empirically validated for the treatment of panic disorder. Specifically, CBT implements panic monitoring, breathing retraining, cognitive restructuring of misinterpretations of bodily sensations, and exposure to fear cues and exposure to physiological effects of anxiety. Recent research on exposure trials demonstrates that having the experience of tolerating fear and anxiety appears to be more critical than experiencing a natural reduction of fear and anxiety. The length of a given exposure trial is based not on fear reduction but on staying in the situation until the client learns that he/she is able to tolerate fear.

5. **Panic Control Therapy**, developed by David Barlow, is a specific CBT program for panic disorder (Craske & Barlow, 2006.) It involves three components, emphasized to varying degrees based on clinical presentation. The first component includes educating the client and helping re-label somatic experiences. In the second component, the client learns to intervene in the maladaptive cycle that maintains panic by retraining breathing and practicing relaxation. In the final component, interoceptive/in-vivo exposure to the feared stimuli increases fear tolerance. Research shows that 80% to 100% of clients who undergo this treatment are panic free at the end of treatment and maintain gains for a number of years.

6. **Pharmacologic treatment** can be helpful in conjunction with CBT therapies. PET scans have demonstrated central nervous system changes in individuals who report chronic anxiety symptoms. Pharmacological interventions have been shown to address these neurological changes and treat anxiety related symptoms effectively. However, medication should be used as an adjunct to therapy or until the person is ready to participate in an exposure based therapy.
Consider referral for medication evaluation if there has been no response or only partial response to therapy alone within 6-8 weeks (see medication algorithm).

7. **Stress management techniques** can help people with panic disorders calm themselves and may enhance the effects of therapy. There is preliminary evidence that aerobic exercise may have a calming effect. Since caffeine, certain illicit drugs, and even some over-the-counter cold medications can aggravate the symptoms of panic disorders, they should be avoided.

8. **Social support** is important in recovery. Through education, family and friends can learn supportive techniques such as helping the client face feared situations instead of avoiding them, helping the client to implement newly acquired skills and reinforcing the client’s mastery of feared situations. Family members should know that this is a very real and treatable condition. Self-help or support groups provide persons with panic disorder the opportunity to share their problems and achievements with others.

9. **Cultural considerations** are important in treatment planning and determining an appropriate therapeutic approach. Culture undoubtedly influences what is viewed as anxiety-provoking and also can influence what level of anxiety is considered problematic. Anxiety may be expressed in specific cultural idioms. Likewise, the standards for display of emotion may vary by gender. The clinician should inquire about cultural expectations or beliefs about the experience of panic symptoms and its etiology within the individual’s cultural perspective.

Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition

**Additional References and Resources for Clinicians**

American Psychiatric Association: Online Assessment Measures


Panic Disorder Medication Algorithm

Diagnostic Assessment (include assessment of co-occurring SUD)*

1) Non-Medication Treatment: CBT, exposure etc.
2) Begin medication protocol

Severity?

High

1) SSRI/SNRI
   Start with low dosage and titrate upward
2) Augment with Benzodiazepines **

Response?

Good

Partial or no response

Partial or no response

1) Change SSRI/SNRI
   OR
2) Change augmentation: beta blockers, antihistamines

Response?

Good

Partial or no response

1) MAOI, tricyclic, heterocyclic antidepressants
   OR
2) Change augmentation: benzodiazepines **, gabapentin, topiramate, atypical antipsychotics, trazodone

Response?

Good

Partial or none

Non-Medication Treatment: CBT, exposure based therapies, mindfulness, relaxation/breathing techniques

Response?

Good

Continuation of therapy if needed, or self-management

**Benzodiazepines should be used conservatively, ideally only for short-term symptom stabilization and/or to manage SSRI initiation effects, and should seldom be prescribed long-term for panic. Longer acting Benzodiazepines such as diazepam are generally less effective in panic than shorter-acting agents, but are less addictive. Be sure to monitor for increased tolerance or overuse.

*Panic disorder and its treatment are particularly affected by co-occurring SUD. SUD can be a result of self-medicating and often worsens panic symptoms. If SUD is present, treatment with CAC therapist and tapering substance use is recommended.
Tips for Panic Disorder
Developed in collaboration with the mental health centers of NBHP and FBHP & the Client and Family Advisory Board

1. Learn about panic disorder. “Fight, flight or freeze” is your body's natural defense to danger. Panic happens when your body’s fight or flight system is triggered when there is no actual danger. Educating yourself about the cause of anxious feelings and correctly interpreting your body’s reactions to stress will allow you to feel more in control and less likely to feel panicky. Panic attacks are scary, but they are not life-threatening and you are not “going crazy.” Panic attacks are short lasting, usually peak within 10 minutes, and subside after that.

2. Effective therapeutic interventions have been used for many years to treat panic disorder. You can expect to receive education about anxiety and panic disorder. Your therapist will help you to learn breathing and thinking skills to confront the situations that cause anxiety. You may also work with your therapist to slowly expose yourself to the panic sensations in your body and situations that cause them.

3. Avoidance is your enemy. Avoidance may give immediate relief, but it also makes things worse in the long run. When you confront the things you fear, your body and mind learn to correctly interpret the feelings you get when you have a panic attack. The sensations are part of the fight or flight system; they are not harmful. The more you avoid, the more difficult life will be and the more strongly your panic will hold on. Getting into a habit of avoidance can decrease engagement in valued activities and decrease your quality of life.

4. Practice anxiety management strategies. When you are having a panic attack, practice the skills that you have learned in therapy and remind yourself that this will end and won’t last too long.

   - **Breathing.** You may be breathing short shallow breaths throughout the day, and have a tendency to hyperventilate, which increases the feelings of panic. Practice breathing exercises daily when you are not feeling panicky in order to reduce physical sensations of anxiety, and know how to regain control more quickly during a panic attack. Type “diaphragmatic breathing” in Youtube to watch videos that teach proper technique.
   - **Notice your thoughts.** People with panic attacks tend to tell themselves some pretty scary things. Work with your therapist on learning skills to be aware of your thinking and how it fuels your anxiety and panic. You will learn to use your thoughts to deal with anxiety, not to avoid it.
   - **Track panic attacks.** Keep a journal to increase awareness of patterns during the week and share this with your therapist. You may find that there are certain situations that trigger your panic. By paying attention to these triggers and writing them down, you can learn to recognize them and to manage your reactions. Search “panic attack” in your smart phone apps for help managing panic in the moment.
   - **Stress management techniques** such as meditation and aerobic exercise can help people with anxiety disorders calm themselves and may enhance the effects of therapy. Be aware that caffeine, certain street drugs, such as amphetamines, and even some over-the-counter cold medications, can aggravate the symptoms of anxiety disorders.

5. Take medications as agreed. Medications will not cure anxiety disorders, but they may help you manage symptoms while you receive psychotherapy.

6. Regular medical care is important. Rule out medical conditions that can mimic symptoms of panic or make your symptoms worse, such as asthma, hyperthyroidism, COPD, cardiac conditions, and hypoglycemia.

7. Create the support you need. Family and friends can help you face and overcome your fears. Sharing your problems and successes with others in a self-help or support group may also be helpful.

8. Set personal goals. You can learn to manage your anxiety and have a full and productive life. Use the skills you are learning to move towards the things that are important to you, and try not to let panic hold you back.

Rev. 12/2013

The Panic Center (www.paniccenter.net)

National Institute for Mental Health

Anxiety and Depression Association of America
http://www.adaa.org/
1. **Aprenda sobre el trastorno de pánico.** “Pelear, huir o paralizarse” es la defensa natural de su cuerpo ante el peligro. El pánico sucede cuando el sistema de huir o pelear de su cuerpo se activa cuando no hay peligro real. Educándose usted mismo sobre la causa de los sentimientos de ansiedad e interpretando correctamente las reacciones de su cuerpo al estrés le permitirán sentirse más en control y menos propenso a sentir pánico. Los ataques de pánico dan miedo, pero no ponen la vida en peligro y usted no está “volviéndose loco”. Los ataques de pánico duran poco, generalmente hacen pico dentro de 10 minutos y disminuyen después.

2. **Hay intervenciones terapéuticas efectivas** que se han utilizado por muchos años para tratar el trastorno de pánico. Usted puede esperar recibir educación sobre la ansiedad y el trastorno de pánico. Su terapeuta le ayudará a aprender técnicas de respiración y pensamiento para enfrentar las situaciones que causan ansiedad. También puede trabajar con su terapeuta para exponerse lentamente a las sensaciones de pánico en su cuerpo y las situaciones que las causan.

3. **El evitarlo juega en su contra.** Evitarlo puede darle alivio inmediato, pero también hace que las cosas empeoren a la larga. Cuando se enfrenta a las cosas que teme, su cuerpo y su mente aprenden a interpretar correctamente los sentimientos que tiene cuando le viene un ataque de pánico. Las sensaciones son parte del sistema de pelear o huir, no son dañinas. Mientras más las evita, más difícil será la vida y más fuertemente se arraigará su pánico. Entrar en un hábito de evitar cosas puede disminuir su participación en actividades valiosas y disminuir su calidad de vida.

4. **Practique estrategias de manejo de la ansiedad.** Cuando esté teniendo un ataque de pánico, practique las técnicas que aprendió en terapia y recuerde que es algo pasajero y que no durará mucho tiempo.

- **Respiración.** Usted puede estar tomando respiraciones cortas y poco profundas durante el día y tener una tendencia a hiperventilar, lo que aumenta los sentimientos de pánico. Practique ejercicios de respiración todos los días cuando no esté sintiendo pánico para reducir las sensaciones físicas de ansiedad y saber cómo retomar el control más rápidamente durante un ataque de pánico. Busque “respiración con el diafragma” en Youtube para ver videos que enseñan las técnicas adecuadas.
- **Preste atención a sus pensamientos.** Las personas con ataques de pánico tienden a decirse cosas que asustan bastante. Trabaje con su terapeuta para aprender técnicas para tomar conciencia de sus pensamientos y cómo impulsan su ansiedad y pánico. Usted aprenderá a utilizar sus pensamientos para tratar la ansiedad, no para evitarla.
- **Lleve un registro de los ataques de pánico.** Lleve un diario para aumentar la toma de conciencia de patrones durante la semana y comparta esto con su terapeuta. Puede descubrir que hay ciertas situaciones que le generan el pánico. Al prestar atención a estas cosas y anotarlas, puede aprender a reconocerlas y manejar sus reacciones. Busque “ataque de pánico” en las aplicaciones de su teléfono inteligente para obtener ayuda con el manejo del pánico en el momento.
- **Hay técnicas de manejo del estrés** como meditación y ejercicio aeróbico que pueden ayudar a las personas con trastornos de ansiedad a calmarse y pueden mejorar los efectos de la terapia. Tenga cuidado con la cafeína, ciertas drogas callejeras, como anfetaminas y hasta algunas medicinas para la gripe de venta libre que pueden agravar los síntomas de los trastornos de ansiedad.
5. **Tome sus medicinas como se lo indicaron.** Las medicinas no curan los trastornos de ansiedad, pero pueden ayudarle a manejar los síntomas mientras recibe psicoterapia.

6. **El cuidado médico regular es importante.** Descarte problemas médicos que puedan parecerse a los síntomas del pánico o hacer empeorar sus síntomas, como asma, hipertiroidismo, enfermedad pulmonar obstructiva crónica, problemas cardíacos e hipoglucemia.

7. **Cree el apoyo que necesita.** Los familiares y amigos pueden ayudarle a enfrentar y superar sus miedos. Compartir sus problemas y éxitos con otros en un grupo de autoayuda o apoyo también puede servir de ayuda.

8. **Establezca metas personales.** Usted puede aprender a manejar su ansiedad y vivir una vida plena y productiva. Use las técnicas que está aprendiendo para acercarse a las cosas que son importantes para usted y no permita que el pánico lo detenga.

**Recursos para los Clientes**


The Panic Center (www.paniccenter.net) (El Centro del Pánico)

National Institute for Mental Health (Instituto Nacional de Salud Mental)

Anxiety and Depression Association of America (Asociación Americana de Ansiedad y Depresión)
http://www.adaa.org/