

PANIC ATTACKS

QUICK! Your heart is pounding, your chest aches, you can't catch a breath or swallow, your palms are sweating and tingly, your face is flushed, you feel faint, and if help doesn't come soon you feel you may go crazy, pass out, or die. What's wrong? Heart attacks? You've fallen in love? Well, maybe. But what you may be experiencing is a panic attack.

What is a panic attack? You may have had a panic attack if you experienced a bunch of the symptoms listed above coming on abruptly and peaking in about 10 minutes. Panic attacks are the body's alarm system gone awry. All^{rev 10/01} of us have a built-in alarm system, powered by adrenaline, which increases our heart and breathing rate and blood flow to the body in response to danger. Ordinarily it works well. In some people, however, for reasons we don't completely understand, the response is either out of proportion to whatever stress is going on, or may come out of the blue without any stress at all.

The following is a list of common symptoms of panic attacks. Make a check in the box beside any symptom you have had that developed quickly and reached a peak in about 10 minutes:

- Pounding heart or increased heart rate
- Sweating
- Trembling or shaking
- Shortness of breath
- Feeling of choking
- Chest pain
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Feelings of unreality or being detached from yourself
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling
- Chills or hot flushes
- Other symptoms you may have experienced: _____

Panic attacks are sometimes accompanied by avoidance of certain places or situations. These are often situations that would be difficult to escape from or in which help might not be available. Examples might include crowded shopping malls, public transportation, restaurants, driving, etc.

If panic attacks keep recurring or result in a fear of going places, you may have Panic Disorder. You are not alone. Panic Disorder is present in 1 ½ % of the population. It can be treated with certain types of behavioral methods and medications, which prevent or diminish attacks. Behavioral interventions include breathing retraining and changing anxious thinking.

THE PHYSIOLOGY OF PANIC

Panic is a response to danger or threat. The danger or threat can either be *real* or *perceived*. Although panic is unpleasant, it is not in the least dangerous. Panic is the body's way of protecting itself against danger. When the mind perceives that the body is in danger (e.g., sees a large bear coming its way), it will activate the fight-flight response, or emergency response system. A variety of changes occur in the body to prepare the body to either fight the danger or flee from the situation. Luckily, the body also has a system for "recovering" by bringing your body back down to a normal state when the danger is over.

Here's a quick summary:

Area of body	Emergency response system	Recovery system
Heart	Beats faster & stronger	Beats slower & normally
Lungs	Breathe faster & shallowly	Breathe slower & deeper
Muscles	Tighter, more tense	More loose & relaxed
Stomach	Decreases digestion	Increases digestion
Sweat glands	Increases perspiration	Decreases perspiration
Adrenal glands	Increases adrenaline	Decreases adrenaline
Immune system	Becomes suppressed	Functions normally

*What all this means to you is that the physical symptoms you feel when you are anxious (or when you have a panic attack) are part of a system **designed to keep you safe – they cannot harm you**. They will subside with time as your body's recovery system "kicks in" and brings things back to normal. The only problem is the panic attacks may be occurring out of the blue, or in response to situations where you are not physically threatened.*

WHAT TRIGGERS A PANIC ATTACK?

Sometimes particularly stressful situations can trigger a panic attack. For example, an argument with your spouse or stressors at work can cause a stress response (activating the emergency response system) because *you perceive* it as threatening or overwhelming, even if there is no direct risk to your survival.

Sometimes panic attacks don't seem to be triggered by anything in particular – they may “come out of the blue.” Somehow, the natural “fight or flight” emergency response system has gotten activated when there is no real danger. Why does the body go into “emergency mode” when there is no real danger??

Often, people with panic attacks are frightened or alarmed by the physical sensations of the “emergency response system.” First, unexpected physical sensations are experienced (e.g., you might feel a tightness in your chest, or have some shortness of breath). This then leads to feeling fearful or alarmed by these symptoms (e.g., What’s wrong? Am I having a heart attack? Am I going to faint?) The mind perceives that there is a danger (even though no real danger exists). This, in turn, activates the emergency response system (“fight or flight”), leading to a “full blown” panic attack.

In summary, panic attacks occur when we misinterpret physical symptoms as signs of impending death, craziness, loss of control, embarrassment, or fear of fear. Sometimes you may be aware of thoughts of danger that activate the emergency response system (for example, thinking “I’m having a heart attack” when you feel chest pressure or increased heart rate). At other times, however, you may not be aware of such thoughts. After a number of times of being afraid of physical sensations, anxiety and panic can occur in response to the initial sensations without conscious thoughts of danger. Instead, you just feel afraid or alarmed. In other words, the panic or fear may seem to occur “automatically” without your consciously telling yourself anything.

After having had one or more panic attacks, you may also become more focused on what is going on inside your body. You may scan your body and be more vigilant about noticing any symptoms that might signal the start of a panic attack. This sometimes leads to picking up on sensations you might not otherwise have noticed and misinterpreting them as something dangerous. A panic attack may then result.

How can I stop the cycle of panic attacks?

An important part of overcoming panic attacks involves re-interpreting your body’s symptoms/reactions as normal responses, rather than as signs of danger. This can be done by developing positive coping statements. Another important component of overcoming panic involves teaching yourself ways to decrease the physical arousal that occurs when your body is in “fight or flight” mode (and to “catch” yourself before this emergency system is activated in the first place). One way to do this is through breathing retraining (abdominal breathing relaxation).

BREATHING RETRAINING

Role of Hyperventilation and Overbreathing in Panic

Research has found that over half of people who have panic attacks show some signs of hyperventilation or overbreathing. This can produce initial sensations that alarm you and lead to a panic attack. Overbreathing can also develop as part of the panic attack and make the symptoms worse. When people hyperventilate, certain blood vessels in the body become narrower. In particular, the brain may get slightly less oxygen. This can lead to the symptoms of dizziness, confusion, and lightheadedness that often occur during panic attacks. Other parts of the body may also get a bit less oxygen, which may lead to numbness or tingling in the hands or feet or the sensation of cold, clammy hands. It also may lead the heart to pump harder. Although these symptoms may be frightening and feel unpleasant, it is important to remember that hyperventilating is not dangerous. Natural bodily processes adjust for the hyperventilation to adjust for overbreathing. You can help overcome overbreathing by learning breathing control.

“Why should I learn breathing control?”

- To decrease some of the physical cues or initial triggers for panic
- To reduce physical sensations during panic attacks
- To promote general relaxation, which will lower overall levels of tension and help break the cycle of panic

“When and where should I practice the breathing exercises?”

- Like any skill, breathing control requires practice
- Practice twice per day for 10 minutes during the first week
- Find a quiet, comfortable place where you won't be disturbed
- Initially, do not try this technique in specific situations or when you become frightened or have a panic attack. Begin by practicing in a quiet environment to build up your skill level so that you can later use it in time of an actual “emergency”.

Instructions for Breathing Retraining

1. Comfortable, quiet location
2. Count “one” on breath in, and think “relax” on breath out.
3. Focus attention on breathing and counting
4. Normal rate and depth of breathing
5. Expand diaphragm on breath in and keep chest still
6. Count up to ten and back to one
7. Practice 2 times per day, 10 minutes each time
8. Monitor your practice

CHANGING ANXIOUS THINKING

As we've discussed earlier, anxious thoughts can increase anxiety symptoms and panic. One tool to help divert panic attacks is change or disrupt a pattern of anxious thoughts by replacing them with more calming or supportive statements. This coping strategy, when combined with breathing relaxation, can be helpful in diminishing a panic attack before it becomes "full blown."

1. Identify your negative self-talk

The first step in changing anxious thinking is to identify your own negative, alarming self-talk. Here are some examples of common thoughts that can increase anxiety and panic symptoms. Place a check mark next to any thoughts that you have had regarding your panic symptoms:

- "I'm having a heart attack"
- "I must be going crazy"
- "I think I'm dying"
- "People will think I'm crazy/strange/etc."
- "I'm going to pass out"
- "Oh no – here it comes"
- "I can't stand this"
- "I've got to get out of here!"

What other alarming or negative self-talk might contribute to your panic symptoms? Please list them below:

1. _____
2. _____
3. _____
4. _____
5. _____

2. Develop positive coping statements

The second step in changing anxious thinking is to accept what's happening by making reassuring, calming statements to yourself. This helps to keep your initial panic symptoms from escalating to higher and higher levels.

Some people find it helpful to write several coping statements on a 3x5 index card. When panic symptoms begin, you can pull this card out and repeat the coping statements over to yourself until the physical symptoms begin to subside. This process, combined with abdominal breathing relaxation, can help prevent the panic symptoms from growing stronger.

Here are some examples of positive coping statements that people have found helpful when they first feel the symptoms of panic coming on:

This is not an emergency.
 I don't like feeling this way, but I can accept it.
 I can feel like this and still be okay.
 This has happened before and I was okay; I'll be okay this time too.
 I can be anxious and still deal with this situation.
 I can handle these symptoms or sensations.
 I'm going to go on with this and wait for my anxiety to decrease.
 I'll just let my body do its thing. This will pass.
 I can take all the time I need in order to let go and relax.
 I've survived this before and I'll survive this time too.
 I can do my coping strategies and allow this to pass.
 This anxiety won't hurt me – even if it doesn't feel good.
 Fighting and resisting isn't going to help—so I'll just let it pass.
 This isn't dangerous.
 So what.

Please put a check in the boxes of coping statements that you believe could be most helpful for you.

What additional coping statements do you believe would be helpful for you to combat your own anxious/alarming self-talk?

1. _____
2. _____
3. _____
4. _____
5. _____

DECREASING AVOIDANCE

Regardless of whether you can identify why you began having panic attacks or whether they seemed to come out of the blue, the places where you began having panic attacks often can become triggers themselves. For example, Karen had her first panic attack while shopping in the grocery store. The next time she went to the grocery store she couldn't stop thinking about the panic attack she had there the week before. She became more and more anxious as she thought about it, and experienced another panic attack while shopping. She is now afraid to go to the grocery store for fear of having another panic attack, and her husband has agreed to do the shopping. This scenario is not uncommon. Even when there initially is nothing frightening about a particular location, like the grocery store, it can easily become frightening after a panic attack occurs there. It is not uncommon for individuals to begin to avoid the places where they have had panic attacks. Accordingly, over time the individual may begin to avoid more and more places, thereby decreasing their activities and often negatively impacting their quality of life. To break the cycle of avoidance, it is important to first identify the places or situations that are being avoided, and then to do some "relearning." Just as the negative experience of a panic attack can result in learning to avoid certain locations, having positive, successful experiences can result in learning that the location is nothing to be afraid of.

Consider the example of Karen. She worked with a behavioral health consultant to learn breathing exercises and skills for changing her anxious thoughts. She then developed a list of situations or places that she had been avoiding since she began having panic attacks. Here is her list:

Karen's list of places/activities she avoids due to panic attacks:

1. Grocery store
2. Post office
3. Shopping mall
4. Driving on the highway
5. Church
6. Movie theater

What locations or situations do you often avoid since you began having panic attacks? Try to make your list as complete as possible.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____

Next, Karen selected one place or activity from her list to focus on first (She selected the grocery store first, since avoiding the grocery store was causing difficulty for her family). Together, she and her behavioral health consultant created a hierarchy of steps related to her feared situation of going to the grocery store, ranging from least to most anxiety provoking. Here is Karen's hierarchy:

1. Thinking about going to the grocery store alone.
2. Going to the grocery store with a friend or family member.
3. Going to the grocery store alone to pick up a few small items (spending 5-10 minutes in the store).
4. Shopping for 10-20 minutes in the store alone.
5. Doing the shopping for the week alone (20-30 minutes in the store).

Karen then gradually progressed up through the steps in the hierarchy, moving on when a step no longer produced anxiety for her. She practiced Item 1 (thinking about going to the grocery store alone) several times while using her breathing relaxation and coping statement techniques. Once she was able to imagine this situation without high levels of anxiety and panic, she moved on to Item 2. She went to the grocery store with her husband. Although she felt some anxiety and panic symptoms while there, she remained in the store and used her breathing relaxation and positive coping statements. She continued to work on Step 2 until she was able to go to the grocery store with her husband with minimal anxiety. Karen eventually was able to go to the grocery store alone to do her weekly shopping without worrying about having a panic attack.

Which item on your list of avoided locations or situations would you like to target first?

Please list this situation here: _____

Now, together with your behavioral health consultant, develop a hierarchy for this situation or location. This hierarchy will help guide you as you gradually begin to "expose" yourself to this situation or location that you have been avoiding. *It is often helpful to have the first item on your hierarchy involve thinking or imagining part of the feared/avoided situation.*

1. _____
2. _____
3. _____
4. _____
5. _____

