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Helping People Build Better Relationships

## PANIC ATTACKS 101

1. **Panic attacks** happen suddenly and feel terrifying. Many times, panic attacks may seem to come out of nowhere, with no clear cause—sometimes even when you're asleep! Panic attacks usually come on quickly and usually only last a few minutes—most end within 20 minutes. **Symptoms** include:
  - Racing or skipping heartbeat, shortness of breath/hyperventilation, feeling like you're choking, sweating, trembling, chest pain, feeling sick to your stomach, feeling faint or dizzy, numbness/tingling, chills, hot flashes, feeling like nothing is real, and being afraid of losing control, going crazy, or dying.
2. 7% of us will experience a panic attack sometime in our lives. While the exact cause of panic attacks is often unclear, attacks often begin with **major changes** such as the birth of a child, the death of a parent, marriage, divorce, graduation, changing or losing jobs, etc.
3. Some people who have one panic attack go on to have several repeat episodes. **Panic disorder** happens when people have frequent panic attacks, then come to worry constantly about having more attacks. This "fear of fear" makes the person more anxious and more susceptible to panic attacks. One out of every 75 people has panic disorder. You're much more likely to get panic disorder if you have a relative with it, which suggests it's at least partially genetic.
4. One-third of people with panic disorder will develop **agoraphobia**, an anxiety disorder that causes people to avoid places they might have a panic attack (often places they feel like they couldn't "escape" from easily or without embarrassment). Agoraphobia commonly begins before age 35 and is more common in women than men. Risk factors include an anxious temperament, stressful life events (e.g. trauma, death of a loved one, etc.), and having a blood relative with agoraphobia. Agoraphobics are commonly afraid of:
  - Bridges, tunnels, elevators, crowded rooms and streets, social gatherings, driving (especially outside of specific "safe" areas), being away from home, going anywhere without a "safe" person, public places they can't escape from quickly or without



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embarrassment (restaurants, theaters, buses, trains, planes, malls)

5. Agoraphobia may cause people to entirely avoid the above situations, or they may endure them only with a close friend or family member by their side. Agoraphobics will start to avoid more and more situations until they have only a few “safe” places left—some people even have trouble leaving the house. The limitations caused by panic disorder and agoraphobia can also cause isolation and damage to self-confidence, leading to a secondary depression.
6. Panic disorder and agoraphobia are very treatable. Treatment usually involves making adjustments to the thinking patterns and behaviors that are perpetuating the panic attacks. Medication can help, too.
  - **Cognitive therapy** involves challenging your irrational thoughts and asking yourself “What’s the worst that could actually happen here?” (Example: If you had a panic attack while driving, the worst thing that would actually happen is you might have to pull over for awhile and be a little late getting to work/school/home vs. the catastrophic fears you may torture yourself with.)
  - As with any fear, avoidance only makes it worse, so a big part of treatment involves a behavior therapy that therapists call **exposure** work. Treatment involves being exposed to the physical symptoms of a panic attack in a safe environment so you get used to the feeling and can practice facing the sensation and coping in healthier ways vs. avoiding. (Example: You may be asked to run up stairs or to spin in a circle to recreating a fast heartbeat or dizziness.) The more you recreate these symptoms, the less afraid you feel of these body sensations, giving you a greater sense of control. Exposure for agoraphobia might involve driving over a bridge or going into a crowded mall until the panic goes away.
  - While cognitive and behavioral therapies are required to treat panic disorder, **medications** may be helpful in the short term. Antidepressants called SSRIs (including Paxil, Prozac, and others) may be helpful in treating panic disorder and agoraphobia (especially if there is secondary depression). These medications work not as an acute treatment for a panic attack, but as a constant neurochemical support. Benzodiazepines (e.g. Xanax, Ativan) are fast acting anti-anxiety drugs, but have several drawbacks. First they are highly addictive, and thus may be



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inappropriate for those with addiction histories. Second, note that most panic attacks will naturally be over in the time it takes a benzodiazepine pill to take effect (usually 30-60 minutes). For some people, though, having a benzodiazepine prescription in their medicine cabinet can just provide “peace of mind.”