

PANIC DISORDER

BY PROFESSOR DR PHILIP GEORGE

JK was on the LRT when he had his first panic attack. It was a busy morning and the carriage was packed. Suddenly, he felt his heart thumping and chest tightening. He was breathless and dizzy and thought he was having a heart attack. He feared he was going to die, so he got off at the next station and rushed to the nearest hospital. While waiting in the Emergency, the symptoms started to disappear. After seeing the doctor and having all the tests done, he was told that he's suffering from a panic attack. But he only sought Mental Health Professional help later after six more attacks.

People with panic disorder have feelings of terror that strike suddenly and repeatedly with no warning. They can't predict when an attack will occur, and many develop intense anxiety between episodes, worrying when and where the next one will strike.

When a panic attack strikes, most likely your heart pounds and you may feel sweaty, weak, faint, or dizzy. Your hands may tingle or feel numb, and you might feel flushed or cold. You may have chest pain or breathing difficulties, a sense of unreality, or fear of impending doom or loss of control. Hence, may genuinely believe you're having a heart attack or stroke, losing your mind, or on the verge of death.

Attacks can occur any time, even during non-dream sleep. While most attacks average a couple of minutes, occasionally they can go on for up to ten minutes. In rare cases, they may last an hour or more.

Everyone has anxious times. Modern life, the pace, the pressure to perform and produce, and difficult relationships, seem at times almost to be a factory for stress. But this is not the fodder for panic attacks and normal life's strains are not the cause of panic disorder. The panic attacks stemming from the illness often strike in familiar settings, where there is seemingly "nothing to be afraid of." But when the attack



comes, it comes as if there is a real threat, and the body reacts accordingly.

Panic disorder is twice as common in women as in men. It can appear at any age, but most often it begins in young adults. Not everyone who experiences panic attacks will develop panic disorder; for example, many people have one attack but never have another. For those who do have panic disorder, though, it's important to seek treatment. Untreated, the disorder can become very disabling.

Panic disorder is often accompanied by other conditions such as depression or substance use disorders, and may trigger phobias, which can develop in places or situations where panic attacks have occurred. For example, if a panic attack strikes while you're riding an elevator, you may develop a fear of elevators and perhaps start avoiding them. Some people's lives become greatly restricted and they avoid normal everyday activities such as grocery shopping, driving, or in some cases even leaving the house. They may be able to confront these feared situations only if accompanied by a spouse or a trusted person. Basically, they avoid any situation they fear would make them feel helpless if a panic attack occurs. When people's lives become so restricted by the disorder - happens to about one-third of all people with panic disorder - the condition is called agoraphobia. A tendency toward panic disorder and agoraphobia runs in families. Nevertheless, early treatment of panic disorder can often stop the progression to agoraphobia.

Panic disorder has been called one of the great impostors among illnesses because it is so easily mistaken for other medical or psychiatric problems, such as heart disease, thyroid problems, respiratory problems, or hypochondriasis. Those afflicted with the condition may go from doctor to doctor seeking help and may even give up the hope of a cure, doubting their sanity. The taboo and stigma related to mental health and their services prevent or delay people from seeking effective early treatment.

JK was convinced that this was not a disorder of the mind but something the doctors were not picking up related to his heart or lungs. He visited several different specialists but was told the same thing that there was nothing medically wrong. Every day he would wait in the carpark for several hours until he was sure there no attack imminent before he gets out from the car. This greatly

impacted his work and finally his boss encouraged him to seek Psychiatric help. After 4 weeks of treatment with the Psychiatrist, he started to feel less anxious and his panic attacks disappeared.

The most successful treatment regime for panic disorder is the combination of medication, cognitive and behavioral treatment. A number of medications that worked well against depression also work against panic disorder, helping almost 75 to 90 percent of its sufferers. The cognitive and behavioral elements of treatment usually begin with education about the illness and encouragement to reenter situations to which the patient has become phobic along the history of the illness. Psychiatrists and/or Psychologists will then proceed with several forms of psychotherapy that help patients to change how they think (cognitive therapy) and how they act (behavioral therapy).

Behavioral treatments include using desensitisation techniques in which they teach panic disorder sufferers relaxation exercises and then gradually expose them to the situations they have avoided, teaching them to modify their breathing and to "reshape" their fearful thoughts to avoid panic attacks. Early assessment and treatment reduce the complications of untreated panic disorder and, with appropriate psychiatric treatment, nine out of ten sufferers will recover and return to normal life activities.



Professor Dr. Philip George, M.B.B.S., MMed (Psych), Cert in Addiction Medicine, AM is a Consultant Psychiatrist and Addiction Specialist.

He is presently Professor in Psychiatry and Head of the Department of Psychiatry, International Medical University, Malaysia and also a Visiting Consultant Psychiatrist at Hospital Tuanku Jaafar, Assunta Hospital and The Mind Faculty, Mont Kiara.

He is a committee member of the Addiction Medicine Association of Malaysia and the Malaysian Healthy Ageing Society and a member of the Academy of Medicine, Malaysian Psychiatric Association and Malaysian Mental Health Association.