



Panic Stations

Module I

Overview of Panic

| | |
|------------------------------|---|
| Introduction | 2 |
| Understanding Panic and Fear | 2 |
| Panic and Anxiety | 3 |
| Anxiety Symptoms Worksheet | 7 |
| Module Summary | 8 |
| About This Module | 9 |

The information provided in this document is for information purposes only. Please refer to the full disclaimer and copyright statement available at <http://www.cci.health.wa.gov.au> regarding the information on this website before making use of such information.

Introduction

Panic and anxiety can affect any kind of person at any stage of their life. In fact, it is estimated that about 1 in every 30 people experience significant panic at some time in their life. So remember, you are not alone.

The aim of this InfoPax module is to provide you with some general information about panic attacks and panic disorder, and to describe the types of symptoms common to panic.

Understanding Panic and Fear

To understand panic, we need to understand fear. You can think of fear as an **automatic alarm response** that switches on the moment there is danger. Think about what would happen to you if a dangerous animal approached you. For most people it would be panic stations! You, and almost everyone, would go through a whole series of bodily changes, like your heart pumping, breathing faster, sweating, all in order to respond to the danger in front of you. This alarm response would probably lead us to either run for our lives or become sufficiently 'pumped up' to physically defend ourselves. It is, in fact, an important survival mechanism.

Sometimes, however, it is possible to have this intense fear response when there is no danger – in a way, it is a **false alarm** that seems to happen when you least expect it. This initial **panic attack** is the same brief, intense episode of fear or uneasiness that you might have in response to realistic danger, but it happens in situations that most people would not be afraid about. It is like someone ringing the fire alarm when there is no fire! Let's have a look at some of the symptoms of a panic attack:



-
- | | |
|--|---|
| ☞ Skipping, racing or pounding heart | ☞ Dizziness, lightheadedness, feeling faint |
| ☞ Sweating | ☞ Tingling or numbness in parts of your body |
| ☞ Trembling or shaking | ☞ Hot flushes or chills |
| ☞ Shortness of breath or difficulty breathing | ☞ Feeling things around you are strange, unreal, detached, unfamiliar, or feeling detached from your body |
| ☞ Choking sensations | ☞ Thoughts of losing control or going crazy |
| ☞ Chest pain, pressure or discomfort | ☞ Fear of dying |
| ☞ Nausea, stomach problems or sudden diarrhoea | |
-

Many people experience some mild sensations when they feel anxious about something, but a panic attack is much more intense than usual. It includes 4 or more of the above symptoms, and peaks within about 10 minutes. As you can see from the list, many of the symptoms are similar to what you might experience if you were in a truly dangerous situation. A panic attack can be very frightening and you may feel a strong desire to escape the situation or to seek emergency assistance.

Panic disorder is used to describe the condition where panic attacks seem to happen unexpectedly rather than always in predictable situations. Importantly, someone with panic disorder has a persistent fear of having another attack or worries about the consequences of the attack. Many people change their behaviour to try to prevent panic attacks. Some people are affected so much that they try to avoid any place where it might be difficult to get help or to escape from. When this avoidance is severe it is called **agoraphobia**.

If your symptoms are very severe or if a doctor has not checked your symptoms, it is important to have an assessment conducted by a qualified health professional. It is important to ensure that these symptoms are the result of anxiety and not caused by something else.

Panic and Anxiety

When we talk about a **panic attack**, it is very much a sudden and intense episode of physical and emotional reactions. However, when we are **anxious** we often feel similar symptoms, such as tensing up to prepare ourselves for what might happen next. You might think of anxiety as worry or nervous apprehension about the future, a sense that you cannot control or predict future events.

Feeling anxious and afraid is very much a part of the experience of being human. Although you might not think so, anxiety can actually be helpful. Feeling a little anxious about something means we will be more alert and responsive to our environment, just as athletes often “pump themselves up” before an event. It is only when there is a very high level of anxiety that it might begin to cause us some difficulties.

Fear is also part of being human. As mentioned, fear is a true alarm that signals imminent danger and allows our bodies to respond to increase our chances of survival. However, there are other times when real physical danger isn't there. Think about a person walking through a poorly lit alley at night. They might feel anxious because they are worried that something dangerous may happen. Now, there may or may not be anything dangerous in the alleyway, but what is important is that they *believe* there is something dangerous. It is this *belief* that causes the anxiety.

FIGHT/FLIGHT RESPONSE

When there is real danger, or when we believe there is danger, our bodies go through a series of changes called the fight/flight response. It helps us to respond to real physical threat. When a person's fight/flight response is activated, three major types of responses occur. These include physiology (body responses), behaviour (action responses), and cognitions (thinking responses).

Physiology

When we become anxious and afraid, be it in response to physical threat or in situations where there is no real danger, our bodies experience several changes. Some of these symptoms have already been mentioned, such as heart pounding, breathing more quickly, sweaty palms, and lightheadedness. These are common reactions that occur when we become anxious.

Think about some of your own physical responses when you become anxious - what do you notice?

You might think you are alone in reacting this way, but really, we all experience these types of reactions when we experience fear and anxiety. Basically, our bodies are designed to release certain chemicals when we believe a threat exists, in case we need to either run away, or stand and be ready to fight. There are important reasons why these reactions occur.

- An increase in heart rate and strength of heart beat** enables blood and oxygen to be pumped around the body faster so you might feel like your heart is ‘pounding’.
- An increase in the rate and depth of breathing** in order to compensate for the anticipated increase in carbon dioxide production and use of oxygen. You may start to sigh, to yawn, or notice breathlessness, choking or smothering feelings, tightness and pain in the chest. This response also reduces the blood supply to the head, and while not dangerous, you might feel dizziness, lightheadedness, blurred vision, confusion, feelings of unreality and hot flushes.

- ❑ **A redistribution of blood from areas that aren't as vital to those that are**, such as away from skin, fingers and toes towards large vital organs. Your skin might look pale or you might feel cold, or there might be a feeling of numbness and tingling in your fingers and toes.
- ❑ **An increase in sweating** causes the body to become more slippery, making it harder for a predator to grab, and also cooling the body, preventing it from overheating.
- ❑ **Widening of the pupils of the eyes** lets in more light and enables you to better scan the environment for danger. You may notice blurred vision, spots before the eyes, or just a sense that the light is too bright.
- ❑ **Decreased activity of the digestive system** allows more energy to be diverted to fight/flight systems. A decrease in salivation may leave you with a dry mouth and decreased activity in the digestive system may lead to feelings of nausea or a heavy stomach.
- ❑ **Muscle tension in preparation for fight/flight** results in subjective feelings of tension, sometimes resulting in aches and pains and trembling and shaking. The whole physical process is a comprehensive one that often leaves the individual feeling quite exhausted.

As you can see, these physical alarm responses are important when facing danger, but they can also occur when there is a false alarm, when there is no danger.

Hyperventilation and anxious breathing

You probably already know that we breathe in to obtain oxygen and we breathe out to expel carbon dioxide. The body naturally maintains optimal levels of oxygen and carbon dioxide, and this balance is in part maintained through how fast and how deeply we breathe. When we exercise, for example, we breathe faster and more deeply in order to replace the oxygen being used and expel the extra carbon dioxide produced by metabolic changes. Anxiety causes an increase in our breathing rate, as part of the physical fight or flight response to a perceived threat. However, when our breathing rate increases without any physical exertion, we breathe out too much carbon dioxide. If the body cannot quickly return carbon dioxide levels to the optimal range, we experience further symptoms such as dizziness, light-headedness, headache, weakness and tingling in the extremities and muscle stiffness.

Some people who have panic attacks may overbreathe, producing these sensations of anxiety. For people with panic, these physiological sensations can be quite distressing as they may be perceived as being a sign of an oncoming attack, or something dangerous such as a heart attack. We will discuss this in more detail when looking at beliefs and cognitions about physiological sensations.

Behaviour

When we feel anxious or expect to feel anxious, we often act in some way to control our anxiety. One way you may do this is by keeping away from situations where you might have panic attacks. This is called avoidance, and might include:

- Situations where you've had panic attacks in the past
- Situations from which it is difficult to escape, or where it might be difficult to get help, such as public transport, shopping centres, driving in peak hour traffic, places where medical help is not available
- Situations or activities which might result in similar sensations, such as physical activity, drinking coffee, having sex, emotional activities such as watching horror movies or getting angry

What kinds of situations/activities do you avoid so as not to have a panic attack?

A second action response may be to behave differently, or to use “safety behaviours”. For example, you might make sure you are next to an escape route, carry medication with you, or ensure that you are next to a wall to lean on. Or do you try to distract yourself from your anxiety by seeking reassurance, reading something intently, or bring music to listen to? Although this may not seem harmful to begin with, if you become dependent on them it can be even more distressing if one day it’s not possible to use them.

How do you behave differently as a result of your panic attacks?

These action responses may have been used so often that they have become a familiar way of life to you, a habit that you don’t really think about. However, you can unlearn the “anxiety habit” and build new habits for coping with your anxiety and panic.

Cognitions

There are a number of thinking responses or cognitive changes that are associated with anxiety and panic.

Firstly, as a normal part of the fight/flight response, we begin to shift our attention to our surroundings and search for potential threat. This is a helpful response in physically dangerous situations, but it is not so helpful in other situations. It becomes very difficult to concentrate and attend to your ongoing activities because you are scanning your environment for danger. When there are no external signs of danger, you may start to scan internally for evidence of threat, focusing on physical sensations such as a pounding heart or sweating. This often results in people thinking that there is something wrong with them - they must be going crazy or dying.

Secondly, some types of thoughts are often associated with panic disorder

1. Catastrophic thoughts about normal or anxious physical sensations (eg “My heart skipped a beat - I must be having a heart attack!”)
2. Over-estimating the chance that they will have a panic attack (eg “I’ll definitely have a panic attack if I catch the bus to work”)
3. Over-estimating the cost of having a panic attack: thinking that the consequences of having a panic attack will be very serious or very negative.

When you become anxious, what kinds of thoughts do you have?

These three types of responses: physiology, behaviour, and cognitions, all combine to form the experience of anxiety and panic. Some reactions may be more noticeable than others may, but they are all important components and will be addressed throughout the modules.

WHEN DO PANIC ATTACKS HAPPEN?

Fear or panic?

As we mentioned earlier, panic symptoms are very similar to fear symptoms. When we become afraid, we have an **automatic alarm response** that allows us to prepare to fight or flee. So, if we are confronted by a wild animal, or – more commonly these days – a dangerous situation on the roads, we tend to respond with that automatic alarm system. Some people might say that they “panicked” in these situations. When we are talking about panic disorder, however, we usually refer to “panic attacks” that don’t seem to be in response to those dangerous situations.

Panic Disorder

We’ve briefly discussed that we use the term “panic disorder” when someone has panic attacks that seem to happen unexpectedly, and when there is significant anxiety about having another panic attack. Panic attacks can happen when the person perceives internal symptoms that might signal that something dangerous or terrible will happen, perhaps as a heart attack or losing their mind. We will discuss this in further detail in the next module.

Phobias

In addition to being prominent in panic disorder, panic attacks can also occur in other anxiety problems. You’ve probably heard about various phobias mentioned in movies and on television, where people show an intense fear of things like spiders, elevators, or public speaking. People who have social anxiety, for example, may have a panic attack when they have to give a presentation to people because of their intense anxiety about the situation. As with the description of panic attacks earlier in this module, this intense fear occurs in the absence of actual physical danger. Instead, it occurs in the presence of a perceived threat. Even some phobias that may seem to be in response to *possible* physical danger, such as with snakes, or spiders, the “alarm” occurs even when the person is *not directly confronted by the danger* (eg the spider is several metres away rather than in front of their face). So, people who are intensely afraid of particular situations, objects, or animals may also have panic attacks in relation to situations that are feared intensely.

Nocturnal panic

Sometimes, people who have panic disorder have “nocturnal panic”, or panic attacks that occur during the night when they are sleeping. These panic attacks similarly occur unexpectedly, rather than due to other prompts such as nightmares or unexpected sounds. This may seem quite curious, because most people would think that this is when they are most relaxed. In fact, studies have shown that nocturnal panic often occurs when the person is falling into a deep sleep, when their bodies are beginning to relax and “let go”. These changes in physiological sensations can be detected by the brain because our brains continue to process information during sleep. For people with panic disorder, these changes may be interpreted as a signal that something dangerous might happen, such as a heart attack, resulting in a sense of panic that wakes them from their sleep.



It can happen to anyone

While you may think that only people who have anxiety problems have panic attacks, it may actually be a more common experience in the wider community. There are some suggestions that around 1 in 10 individuals has had a spontaneous, unexpected panic attack.

Now that we have talked a little about what panic attacks are and when they occur, we can begin to look more closely at how they happen, how panic disorder develops, and what can be done about it. We will do this in Module 2. On the next page is a worksheet where you can summarise your symptoms of panic.

Module Summary

- Panic attacks are brief, sudden surges of intense anxiety, with symptoms that are very similar to intense fear. The term panic disorder is used when panic attacks seem to happen unexpectedly and where there is excessive anxiety about panic attacks.
- The fight/flight response is a normal human reaction that occurs in response to fear when a person is in physical danger. Sometimes it is also activated when there is no real danger. This includes three major types of reactions:
 - Body responses such as increased heart rate, increased breathing, increasing blood towards muscles and important organs, sweating, and muscle tension.
 - Behaviours such as avoidance of feared situations or changing your behaviour in those situations.
 - Thinking responses such as searching for threatening information in anxious situations, which reinforces the general belief that you will be negatively evaluated by other people.
- Although panic and fear can be very similar, the term “panic attack” refers to a surge of intense fear. Panic attacks can occur under a number of conditions
 - For people who have panic disorder, panic attacks happen unexpectedly and there is considerable distress about having future panic attacks.
 - People who have phobias may also have panic attacks in relation to the feared situation or object.
 - Some people with panic disorder may awake from their sleep with a panic attack after they have been sleeping. Some people may process physiological changes related to deep sleep, interpreting them as dangerous, and awake in a panic.

In the next module we will look a bit more closely at how panic attacks and panic disorder develop.

Coming Up...

About This Module

CONTRIBUTORS

Paula Nathan (MPsych*)

Director, Centre for Clinical Interventions

Adjunct Senior Lecturer, School of Psychiatry and Clinical
Neuroscience, The University of Western Australia

Dr Helen Correia (MApp Psych*; PhD)

Centre for Clinical Interventions

*MPsych/MApp Psych: Masters of Psychology (Clinical Psychology)

Some of the material in this module was taken from

Nathan, P.R., Rees, C.S., Lim, L., & Smith, L.M. (2001). *Mood Management – Anxiety: A Cognitive Behavioural Treatment Programme for Individual Therapy*. Perth: Rioby Publishing.

BACKGROUND

The concepts and strategies in this module have been developed from evidence based psychological practice, primarily Cognitive-Behaviour Therapy (CBT). CBT for panic disorder is a type of psychotherapy that is based on the theory that panic disorder is a result of problematic cognitions (thoughts) and behaviours. There is strong scientific evidence to support that cognitions and behaviours can play an important role in panic disorder, and that targeting cognitions and behaviours in therapy can help many people to overcome panic disorder. Examples of this evidence have been reported in the following:

Royal Australian and New Zealand College of Psychiatrists Clinical Practice Guidelines Team for Panic Disorder and Agoraphobia. (2003). Australian and New Zealand clinical practice guidelines for the treatment of panic disorder and agoraphobia. *Aust N Z J Psychiatry*, 37(6), 641-56.

REFERENCES

These are some of the professional references used to create this module.

Barlow, D.H. (2002). *Anxiety and Its Disorders: The Nature and Treatment of Anxiety and Panic (2nd Edition)*. London: Guilford Press

Craske, M.G., & Barlow, D.H. (2001). Panic disorder and agoraphobia. In D.H. Barlow (Ed.), *Clinical Handbook Of Psychological Disorders, Third Edition*. New York: Guilford Press.

FURTHER READING

There have been many other information resources written for people with panic attacks and panic disorder.

Barlow, D. H., & Craske, M. G. (2000). *Mastery of your anxiety and panic (3rd edition)*. San Antonio, TX: The Psychological Corporation. (ISBN: 0127850783)

Royal Australian and New Zealand College of Psychiatrists. (2003). *Panic Disorder and Agoraphobia: Treatment Guide for Consumers and Carers*. Available: <http://www.ranzcp.org/publicarea/cpg.asp> (click on "Panic Disorder and Agoraphobia"). Accessed Feb. 2004.

Zuercher-White, E. (1998). *An End To Panic: Breakthrough Techniques For Overcoming Panic Disorder (2nd Edition)*. Oakland, CA: New Harbinger Publications. (ISBN: 1-57224-084-9)

"PANIC STATIONS"

We would like to thank Uta Juniper for the title of the InfoPax that this module forms part of:

Nathan, P., Correia, H., & Lim, L. (2004). *Panic Stations! Coping with Panic Attacks*. Perth: Centre for Clinical Interventions.

ISBN: 0-9751985-8-0 Created: June, 2004.