



## "Psychology Works" Fact Sheet: Panic Disorder

Imagine yourself relaxing by the pool. Suddenly, for no apparent reason, you feel faint, your chest hurts, you can't breathe, your legs tremble, you think you're having a heart attack and you're dying. You may be having a heart attack or you could be one of several thousand Canadians suffering from panic disorder.

### What is panic disorder?

Panic Disorder (PD) is marked by repeated attacks of panic that occur unexpectedly in the absence of any situational threat (i.e., they occur "out of the blue" and without any warning). These attacks begin quickly and build to a peak rapidly (usually in 10 minutes or less). They are often accompanied by a sense of imminent danger or impending death and an urge to escape. Panic attacks are often described as "the most terrifying experience I've ever had". They leave the individual emotionally drained, frightened, feeling vulnerable and anxious about their health.

PD sufferers often live in fear of having another panic attack. Some fear that the attacks indicate the presence of an undiagnosed, life-threatening illness (e.g., cardiac disease). Others fear that the attacks are an indication that they are "going crazy" or losing control. Some individuals significantly change their behaviour (e.g., quit a job) in response to the attacks.

Individuals with PD often develop agoraphobia. The essential feature of PD with agoraphobia is anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having a panic attack. Agoraphobic fears typically involve situations such as being alone outside the home or being home alone; being in a crowd or standing in line; being on a bridge or in an elevator; and travelling in a bus, train or car. The situations are avoided or endured with considerable dread, or confronted only when accompanied by a trusted companion.

Untreated, PD may lead to both chronic debilitating anxiety and excessive visits to health care facilities. PD often is compounded by other problems. Depression occurs in 50%-65% of individuals with PD. It is also common for them to develop other anxiety disorders. It is estimated that 36% of people with PD have substance abuse problems (drugs and/or alcohol).

### Who gets panic disorder?

PD is found more often in women than men. PD can appear at any age but it begins most often in young adults. The onset of PD is often preceded by a period of considerable stress (e.g., from an overload of work, the loss of a loved one, a move to a new city, a serious accident, a surgery, a divorce) or the anticipation of a stressful life event. It can also start right out of the blue. Studies throughout the world indicate that three out of every 100 individuals will suffer from PD at some point in their lives. It rarely goes away by itself.





## What causes panic disorder?

Many individuals attribute PD to a lack of "strength" or "character". Nothing could be further from the truth. Although no one knows the exact causes of PD, most experts believe that PD is caused by a combination of biological and psychological factors. For example, PD appears to run in families. This suggests that a genetic predisposition toward PD may exist. Another line of research shows that people with PD may have abnormalities in brain activity and biochemistry. Still another line of evidence suggests that there is a strong psychological component to PD. For example, scientists have found that people prone to panic attacks are much less likely to panic when they are told in advance about the sensations that some situations (e.g., hyperventilation) or substances (e.g., caffeine) will cause.

## Can panic disorder be treated?

The vast majority of people with PD can be helped with the right professional care. Furthermore, they can almost always be treated without being admitted to a hospital. Recovery may occur in a matter of months but can take longer depending on individual circumstances. People with PD often have more than one disorder, which can complicate treatment. A successful treatment program must address all of an individual's related problems including any depression or substance abuse that might accompany the underlying PD.

## Can psychology help?

The most successful treatment approaches to PD include behavioural and cognitive therapies as well as medication. Results from numerous studies suggest that the best psychological approaches are as effective as the best pharmacological approaches in the short term and more durable over the long term.

However, there is no single correct approach: there are individuals who do not respond to cognitive-behavioural treatments and who may respond positively to medication; conversely, there are individuals who are resistant to pharmacotherapy and who may benefit from cognitive-behavioural therapy; finally, there are patients who may benefit more from a combination of both treatment approaches.

Behaviour therapy helps individuals reduce their fears and gain more control over difficult situations. It focuses on exposure to the actual physical sensations that someone experiences during a panic attack, as well as the situations that the individual fears and avoids.

Cognitive therapy attempts to change people's thought patterns by helping them identify and criticize their unrealistic thoughts and helping them replace those thoughts with more realistic, positive ways of viewing the attacks. Psychologists developed behavioural and cognitive therapies and most often use a combination of both to treat PD. Patients have fewer and less severe panic attacks, actively participate in their own recovery and learn skills they will continue to use in many situations after the therapy ends.

Antidepressant and anti-anxiety medications can ease symptoms. Anti-anxiety medications (e.g., benzodiazepines) are fast-acting and may be used as a short-term solution to decrease acute anxiety.





Antidepressants may be used in the longer term treatment of PD, but can take weeks to produce noticeable therapeutic benefits.

Both online and in-person support groups may be useful. Many people learn from others, use the support offered by group members and need the reassurance that they are not the only ones with PD.

Well-conceived smartphone applications (apps) using behavioural and cognitive strategies for the management of anxiety and panic attacks may be helpful. They can provide valuable support in daily life.

Effective treatment can bring significant relief to 70 to 90 percent of people with PD.

## Where do I go for more information?

More information can be found on the following websites:

- Anxiety Disorders Association of Canada at <http://www.anxietycanada.ca>.
- Anxiety Disorders Association of British Columbia at <http://www.anxietybc.com>.
- Anxiety Disorders Association of Manitoba at <http://www.adam.mb.ca>.
- Anxiety Disorders Association of Ontario at <http://www.anxietydisordersontario.ca>.

**You can consult with a registered psychologist** to find out if psychological interventions might be of help to you. Provincial, territorial and some municipal associations of psychology often maintain referral services. For the names and coordinates of provincial and territorial associations of psychology, go to <https://cpa.ca/public/whatisapsychologist/ptassociations/>.

*This fact sheet has been prepared for the Canadian Psychological Association by Dr. Janel Gauthier, Université Laval, Québec.*

Revised: May 2020

Your opinion matters! Please contact us with any questions or comments about any of the *Psychology Works* Fact Sheets: [factsheets@cpa.ca](mailto:factsheets@cpa.ca)

Canadian Psychological Association  
141 Laurier Avenue West, Suite 702  
Ottawa, Ontario K1P 5J3  
Tel: 613-237-2144  
Toll free (in Canada): 1-888-472-0657

