



A particularly frustrating aspect of panic attacks is the fact that they occur in familiar settings, and in situations that do not involve real danger. Nonetheless, the episodes are often accompanied by a sense of impending doom and/or an intense urge to escape from wherever the attack is occurring.

Panic

WHAT ARE PANIC ATTACKS?

A panic attack is a relatively brief period of intense fear that has a sudden onset and usually reaches a peak in intensity within ten minutes or less. Common symptoms of a panic attack include:

- Sweating
- Trembling
- Chest pain
- Choking sensation
- Hot or cold flashes
- Shortness of breath
- Feeling dizzy or faint
- Accelerated heart rate
- Nausea or upset stomach
- Numbness or tingling sensations
- Fear of dying, going crazy or losing control
- Feelings of unreality or of being detached from oneself

After experiencing a panic attack, many panic sufferers worry about having additional attacks. They may also begin to avoid certain situations in which they fear they may experience panic (e.g. being in a crowd, standing in line, traveling in an automobile).

Panic Disorder occurs when individuals experience recurrent, unexpected panic attacks accompanied by persistent concern about having additional attacks, worry about the consequences of having panic (e.g., "going crazy") or making a significant behavioral change because of panic. American Psychiatric Association (1994)

WHEN DOES PANIC HAPPEN?

Problems with panic usually begin between the ages of 18 and 35, with the peak time of onset in the mid-twenties (Beckfield, 1994).

The frequency and severity of panic attacks vary widely. Some people have frequent attacks (e.g., 8 times/month for many months). Others report short bursts of frequent attacks followed by periods without any panic (American Psychiatric Association, 1994). This typical fluctuation of panic symptoms over time often contributes to the feeling that panic is uncontrollable and occurs for no reason. However, if the timing of panic is closely examined, most people discover that attacks are related to certain thoughts, feelings or events. For some individuals, the following may prompt a panic attack:

- Stress
- Suppression of anger
- Separation or loss (e.g. death of a family member)
- Interpersonal conflict
- Hormonal events (e.g. birth of a child) (Beckfield, 1994)

American Psychiatric Association. (1994). *Diagnostic and Statistical Manual of Mental Disorders (4th ed.)*. Washington, DC: Author.

Beckfield, D. (1994). *Master Your Panic and Take Back Your Life: Twelve Treatment Sessions to Overcome High Anxiety*. San Luis Obispo: Impact Publishers.

Bourne, E. (2000). *The Anxiety and Phobia Workbook*. Oakland: New Harbinger.

WHY ME?

It is likely that a combination of factors make some individuals more vulnerable to panic. These include the following:

Genetics

There are indications of a genetic contribution to the development of panic. Individuals who have first-degree relatives who suffer from panic have a 4-7 times greater chance of developing panic themselves (American Psychiatric Association, 1994).

Temperament

Individuals who are born with a temperament characterized by shyness, cautiousness, and discomfort with unfamiliar situations may be at increased risk to experience panic (Beckfield, 1994).

Family Experiences

Individuals who have experienced losses, traumatic separations or chaotic family situations as children may be more susceptible to panic as adults. There is also some indication that being raised in an overprotective home can contribute to panic (Bourne, 2000).

Stressful Life Events

Problems with panic can develop during periods of significant loss (e.g., end of a relationship, death of a family member), life change (e.g., starting university, having a baby) or stress (e.g., final exams, financial setback) (Bourne, 2000).

WHERE CAN I RECEIVE HELP?

If you think you may be experiencing problems with panic and require professional assistance, call Student Counselling Services (966-4920), contact Student Health Services (966-5768) or talk to your family doctor.

HOW DO I DEAL WITH PANIC ATTACKS?

- See your family doctor or a physician at the Student Health Centre. It is important to rule out a physical cause for your anxiety symptoms. If you are experiencing severe anxiety, your physician may suggest the use of anti-anxiety medication. It is UNLIKELY that medication alone will assist you in overcoming problems with recurring panic. The use of medication to manage panic attacks should be combined with counselling.
- See a counsellor who has experience treating difficulties with anxiety, and can show you how to make changes in your thinking (cognitions) and behavior to reduce panic.
- Remember that panic attacks are NOT dangerous. They are not hazardous to your heart and will not cause you to suffocate, faint, etc. (Bourne, 2000).
- Remind yourself that panic attacks ALWAYS end. Trust your body to look after you.
- The most effective way to overcome anxiety is to face and accept it. Rejecting and resisting your own anxiety consumes your time and energy. If you can make a shift in how you look at panic (i.e., to stop seeing it as the enemy), feelings of tension reduce. The less you wait for and worry about panic, the more freed up you are to enjoy your life.
- Pay less attention to physical sensations (e.g., stop monitoring your heart rate). People with panic tend to be more alarmed by physical reactions and are more likely to interpret these as indications of physical danger (e.g. to believe that difficulty swallowing could result in choking or suffocation).
- When you first notice yourself beginning to feel anxious, slow down your breathing. Take slow, deep breaths.
- When feeling panicky, slow down your entire body (e.g. stop pacing and sit quietly).
- Panic sufferers engage in catastrophic thinking (e.g., "What if I pass out!" "I'm going to have a heart attack!") which involves misinterpreting uncomfortable physical symptoms as signs of true danger (e.g., believing that tingling sensations are a sign of a stroke). Replace anxiety-provoking thoughts with brief, supportive and believable self-statements (e.g. "I'm feeling panicky. This is not dangerous. This will pass. I can cope").
- Work to better identify, accept and express your own feelings. Unresolved emotions, such as anger and grief, can result in anxiety that feeds episodes of panic.
- Stop avoiding situations and places where you fear you will experience panic. When you eliminate avoidance behavior you learn that disasters are unlikely, your panic symptoms do diminish and you can cope.
- Maintain healthy habits (e.g. choose nutritious meals, establish an exercise routine, get enough rest and control your caffeine and alcohol use).
- Seek the support of understanding friends and family members.
- Learn more about managing panic. Check your local library or the Internet for helpful resources.