

Diseases and Conditions

Panic attacks and panic disorder

By Mayo Clinic Staff

A panic attack is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger or apparent cause. Panic attacks can be very frightening. When panic attacks occur, you might think you're losing control, having a heart attack or even dying.

Many people have just one or two panic attacks in their lifetimes, and the problem goes away, perhaps when a stressful situation ends. But if you've had recurrent, unexpected panic attacks and spent long periods in constant fear of another attack, you may have a condition called panic disorder.

Although panic attacks themselves aren't life-threatening, they can be frightening and significantly affect your quality of life. But treatment can be very effective.

Panic attacks typically begin suddenly, without warning. They can strike at any time — when you're driving a car, at the mall, sound asleep or in the middle of a business meeting. You may have occasional panic attacks or they may occur frequently.

Panic attacks have many variations, but symptoms usually peak within minutes. You may feel fatigued and worn out after a panic attack subsides.

Panic attacks typically include some of these symptoms:

- Sense of impending doom or danger
- Fear of loss of control or death
- Rapid, pounding heart rate
- Sweating
- Trembling or shaking
- Shortness of breath or tightness in your throat
- Chills
- Hot flashes
- Nausea

- Abdominal cramping
- · Chest pain
- Headache
- Dizziness, lightheadedness or faintness
- Numbness or tingling sensation
- · Feeling of unreality or detachment

One of the worst things about panic attacks is the intense fear that you'll have another one. You may fear having a panic attack so much that you avoid situations where they may occur.

When to see a doctor

If you have panic attack symptoms, seek medical help as soon as possible. Panic attacks, while intensely uncomfortable, are not dangerous. But panic attacks are hard to manage on your own, and they may get worse without treatment.

Because panic attack symptoms can also resemble other serious health problems, such as a heart attack, it's important to get evaluated by your health care provider if you aren't sure what's causing your symptoms.

It's not known what causes panic attacks or panic disorder, but these factors may play a role:

- Genetics
- Major stress
- Temperament that is more sensitive to stress or prone to negative emotions
- Certain changes in the way parts of your brain function

Panic attacks may start off by coming on suddenly and without warning, but over time, they're usually triggered by certain situations.

Some research suggests that your body's natural fight-or-flight response to danger is involved in panic attacks. For example, if a grizzly bear came after you, your body would react instinctively. Your heart rate and breathing would speed up as your body prepared itself for a life-threatening situation. Many of the same reactions occur in a panic attack. But it's not known why a panic attack occurs when there's no obvious danger present.

Symptoms of panic disorder often start in the late teens or early adulthood and affect more women than men.

Factors that may increase the risk of developing panic attacks or panic disorder include:

- Family history of panic attacks or panic disorder
- Major life stress, such as the death or serious illness of a loved one
- A traumatic event, such as sexual assault or a serious accident

- Major changes in your life, such as a divorce or the addition of a baby
- Smoking or excessive caffeine intake
- History of childhood physical or sexual abuse

Left untreated, panic attacks and panic disorder can affect almost every area of your life. You may be so afraid of having more panic attacks that you live in a constant state of fear, ruining your quality of life.

Complications that panic attacks may cause or be linked to include:

- Development of specific phobias, such as fear of driving or leaving your home
- Frequent medical care for health concerns and other medical conditions
- Avoidance of social situations
- Problems at work or school
- · Depression, anxiety disorder and other psychiatric disorders
- Increased risk of suicide or suicidal thoughts
- Alcohol or other substance misuse
- Financial problems

For some people, panic disorder may include agoraphobia — avoiding places or situations that cause you anxiety because you fear not being able to escape or get help if you have a panic attack. Or you may become reliant on others to be with you in order to leave your home.

If you've had signs or symptoms of a panic attack, make an appointment with your primary care provider. After an initial evaluation, your doctor may refer you to a psychiatrist or psychologist for treatment.

What you can do

Before your appointment, make a list of:

- Your symptoms, including when they first occurred and how often you've had them
- Key personal information, including traumatic events in your past and any stressful, major events that occurred before your first panic attack
- Medical information, including other physical or mental health conditions that you have
- Medications, vitamins and other supplements and the dosages
- Questions to ask your doctor

Ask a trusted family member or friend to go with you to your appointment, if possible, to lend support and help you remember information.

Questions to ask your doctor at your first appointment

- What do you believe is causing my symptoms?
- Is it possible that an underlying medical problem is causing my symptoms?
- Do I need any diagnostic tests?
- Should I see a mental health specialist?
- Is there anything I can do now to help manage my symptoms?

Questions to ask if you're referred to a mental health provider

- Do I have panic attacks or panic disorder?
- What treatment approach do you recommend?
- If you're recommending therapy, how often will I need it and for how long?
- Would group therapy be helpful in my case?
- If you're recommending medications, are there any possible side effects?
- · For how long will I need to take medication?
- How will you monitor whether my treatment is working?
- What can I do now to reduce the risk of my panic attacks recurring?
- Are there any self-care steps I can take to help manage my condition?
- Are there any brochures or other printed material that I can have?
- What websites do you recommend?

Don't hesitate to ask any other questions.

What to expect from your doctor

A doctor or mental health provider may ask:

- What are your symptoms, and when did they first occur?
- How often do your attacks occur, and how long do they last?
- Does anything in particular seem to trigger an attack?
- How often do you experience fear of another attack?
- Do you avoid locations or experiences that seem to trigger an attack?
- How do your symptoms affect your life, such as school, work and personal relationships?
- Did you experience major stress or a traumatic event shortly before your first panic attack?
- Have you ever experienced major trauma, such as physical or sexual abuse or military battle?
- How would you describe your childhood, including your relationship with your parents?
- Have you or any of your close relatives been diagnosed with a mental health problem,

including panic attacks or panic disorder?

- Have you been diagnosed with any medical conditions?
- Do you use caffeine, alcohol or recreational drugs? How often?
- Do you exercise or do other types of regular physical activity?

Your doctor or other health care provider must determine if you have panic attacks, panic disorder or another condition, such as heart or thyroid problems, that resembles panic symptoms.

To help pinpoint a diagnosis, you may have:

- A complete physical exam
- Blood tests to check your thyroid and other possible conditions and tests on your heart, such as an electrocardiogram (ECG or EKG)
- A psychological evaluation to talk about your symptoms, stressful situations, fears or concerns, relationship problems, and other issues affecting your life

You may fill out a psychological self-assessment or questionnaire. You also may be asked about alcohol or other substance use.

Criteria for diagnosis of panic disorder

Not everyone who has panic attacks has a panic disorder. For a diagnosis of panic disorder, the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association, lists these points:

- You have frequent, unexpected panic attacks.
- At least one of your attacks has been followed by one month or more of ongoing
 worry about having another attack; continued fear of the consequences of an attack,
 such as losing control, having a heart attack or "going crazy"; or significantly changing
 your behavior, such as avoiding situations that you think may trigger a panic attack.
- Your panic attacks aren't caused by drugs or other substance use, a medical condition, or another mental health condition, such as social phobia or obsessive compulsive disorder.

If you have panic attacks but not a diagnosed panic disorder, you can still benefit from treatment. If panic attacks aren't treated, they can get worse and develop into panic disorder or phobias.

Treatment can help reduce the intensity and frequency of your panic attacks and improve your function in daily life. The main treatment options are psychotherapy and medications. One or both types of treatment may be recommended, depending on your preference, your history, the severity of your panic disorder and whether you have access to therapists who have special training in panic disorders.

Psychotherapy

Psychotherapy, also called talk therapy, is considered an effective first choice treatment for panic attacks and panic disorder. Psychotherapy can help you understand panic attacks and panic disorder and learn how to cope with them.

A form of psychotherapy called cognitive behavioral therapy can help you learn through your own experience that panic symptoms are not dangerous. During therapy sessions, your therapist will help you gradually re-create the symptoms of a panic attack in a safe, repetitive manner. Once the physical sensations of panic no longer feel threatening, the attacks begin to resolve. Successful treatment can also help you overcome fears of situations that you've been avoiding because of panic attacks.

Seeing results from treatment can take time and effort. You may start to see panic attack symptoms reduce within several weeks, and often symptoms decrease significantly or go away within several months. You may schedule occasional maintenance visits to help ensure that your panic attacks remain under control or to treat reoccurrences.

Medications

Medications can help reduce symptoms associated with panic attacks as well as depression if that's an issue for you. Several types of medication have been shown to be effective in managing symptoms of panic attacks, including:

- Selective serotonin reuptake inhibitors (SSRIs). Generally safe with a low risk of serious side effects, SSRI antidepressants are typically recommended as the first choice of medications to treat panic attacks. SSRIs approved by the Food and Drug Administration (FDA) for the treatment of panic disorder include fluoxetine (Prozac), paroxetine (Paxil, Pexeva) and sertraline (Zoloft).
- Serotonin and norepinephrine reuptake inhibitors (SNRIs). These medications are another class of antidepressants. The SNRI drug called venlafaxine hydrochloride (Effexor XR) is FDA approved for the treatment of panic disorder.
- Benzodiazepines. These sedatives are central nervous system depressants. Benzodiazepines may be habit-forming, causing mental or physical dependence, especially when taken for a long time or in high doses. Benzodiazepines approved by the FDA for the treatment of panic disorder include alprazolam (Xanax) and clonazepam (Klonopin). If you seek care in an emergency room for a panic attack, you may be given a benzodiazepine to help stop the attack. Benzodiazepines are generally used only on a short-term basis. Because they can be habit-forming, these medications aren't a good choice if you've had problems with alcohol or drug abuse. They can also interact with other medications, causing dangerous side effects.

If one medication doesn't work well for you, your doctor may recommend switching to another or combining certain medications to boost effectiveness. Keep in mind that it can take several weeks after first starting a medication to notice an improvement in symptoms.

All medications have a risk of side effects, and some may not be recommended in certain

situations, such as pregnancy. Talk with your doctor about possible side effects and risks.

An oral supplement called inositol, which influences the action of serotonin, possibly may reduce the frequency and severity of panic attacks. However, more research is needed.

Talk with your doctor before trying any supplements. These products can cause side effects and may interact with other medications. Your doctor can help determine if they're safe for you.

While panic attacks and panic disorder benefit from professional treatment, you can also help manage symptoms on your own. Some lifestyle and self-care steps you can take include:

- Stick to your treatment plan. Facing your fears can be difficult, but treatment can help you feel like you're not a hostage in your own home.
- **Join a support group.** Joining a group for people with panic attacks or anxiety disorders can connect you with others facing the same problems.
- Avoid caffeine, alcohol, smoking and recreational drugs. All of these can trigger or worsen panic attacks.
- Practice stress management and relaxation techniques. For example, yoga, deep
 breathing and progressive muscle relaxation tensing one muscle at a time, and
 then completely releasing the tension until every muscle in the body is relaxed also
 may be helpful.
- Get physically active. Aerobic activity may have a calming effect on your mood.
- **Get sufficient sleep.** Get enough sleep so that you don't feel drowsy during the day.

There's no sure way to prevent panic attacks or panic disorder. However, these recommendations may help.

- **Get treatment for panic attacks** as soon as possible to help stop them from getting worse or becoming more frequent.
- Stick with your treatment plan to help prevent relapses or worsening of panic attack symptoms.
- Get regular physical activity, which may play a role in protecting against anxiety.

References

- 1. Panic disorder. In: Diagnostic and Statistical Manual of Mental Disorders DSM-5. 5th ed. Arlington, Va.: American Psychiatric Association; 2013. http://www.psychiatryonline.org. Accessed April 20, 2015.
- 2. Ciechanowski P. Panic disorder: Epidemiology, pathogenesis, clinical manifestations, course, assessment, and diagnosis. http://www.uptodate.com/home. Accessed April 21, 2015.
- Panic disorder: When fear overwhelms. National Institute of Mental Health. http://www.nimh.nih.gov/health/publications/panic-disorder-when-fear-overwhelms/index.shtml. Accessed April 20, 2015.

- 4. Answers to your questions about panic disorder. American Psychological Association. http://www.apa.org/topics/anxiety/panic-disorder.aspx. Accessed April 20, 2015.
- 5. Craske M. Psychotherapy for panic disorder. http://www.uptodate.com/home. Accessed April 21, 2015.
- 6. Inositol. National Medicines Comprehensive Database. http://naturaldatabase.com. Accessed April 20, 2015.
- 7. Gaudlitz K, et al. Aerobic exercise training facilitates the effectiveness of cognitive behavioral therapy in panic disorder. Depression and Anxiety. 2015;32:221.
- 8. Vorkapic CF, et al. Reducing the symptomatology of panic disorder: The effects of a yoga program alone and in combination with cognitive-behavioral therapy. Frontiers in Psychiatry. 2014;5:1.
- 9. Roy-Byrne PP. Pharmacotherapy for panic disorder. http://www.uptodate.com/home. Accessed April 21, 2015.
- Clonazepam, alprazolam, venlafaxine hydrochloride, fluoxetine hydrochloride, paroxetine mesylate, paroxetine hydrochloride, sertraline hydrochloride. Micromedex 2.0 Healthcare Series. http://www.micromedexsolutions.com. Accessed April 22, 2015.
- 11. Sawchuk CA (expert opinion). Mayo Clinic, Rochester, Minn. May 8, 2015.
- 12. Hall-Flavin DK (expert opinion). Mayo Clinic, Rochester, Minn. May 11, 2015.

May 19, 2015

Original article: http://www.mayoclinic.org/diseases-conditions/panic-attacks/basics/definition/con-20020825

Any use of this site constitutes your agreement to the Terms and Conditions and Privacy Policy linked below.

Terms and Conditions

Privacy Policy

Notice of Privacy Practices

Mayo Clinic is a not-for-profit organization and proceeds from Web advertising help support our mission. Mayo Clinic does not endorse any of the third party products and services advertised.

Advertising and sponsorship policy

Advertising and sponsorship opportunities

A single copy of these materials may be reprinted for noncommercial personal use only. "Mayo," "Mayo Clinic," "MayoClinic.org," "Mayo Clinic Healthy Living," and the triple-shield Mayo Clinic logo are trademarks of Mayo Foundation for Medical Education and Research.