

Panic Disorder

Panic disorder is characterized by un-expected and repeated episodes of intense fear accompanied by physical symptoms that may include chest pain, heart palpitations, shortness of breath, dizziness or abdominal distress. These sensations often mimic symptoms of a heart attack or other life-threatening medical conditions. As a result, the diagnosis of panic disorder is frequently not made until extensive and costly medical procedures fail to provide a correct diagnosis or relief.

Many people with panic disorder develop intense anxiety between episodes. It is not unusual for a person with panic disorder to develop phobias about places or situations where panic attacks have occurred, such as in supermarkets or other everyday situations. As the frequency of panic attacks increases, the person often begins to avoid situations where they fear another attack may occur or where help would not be immediately available. This avoidance may eventually develop into agoraphobia, an inability to go beyond known and safe surroundings because of intense fear and anxiety.

Fortunately, through research supported by the National Institute of Mental Health (NIMH) and by industry, effective treatments have been developed to help people with panic disorder.

How Common Is Panic Disorder?

- About 1.7% of the adult U.S. population ages 18 to 54 - approximately 2.4 million Americans - has panic disorder in a given year.
- Women are twice as likely as men to develop panic disorder.
- Panic disorder typically strikes in young adulthood. Roughly half of all people who have panic disorder develop the condition before age 24.

What Causes Panic Disorder?

Heredity, other biological factors, stressful life events, and thinking in a way that exaggerates relatively normal bodily reactions are all believed to play a role in the onset of panic disorder. The exact cause or causes of panic disorder are unknown and are the subject of intense scientific investigation.

Studies in animals and humans have focused on pinpointing the specific brain areas and circuits involved in anxiety and fear, which underlie anxiety disorders such as panic disorder. Fear, an emotion that evolved to deal with danger, causes an automatic, rapid protective response that occurs without the need for conscious thought. It has been found that the body's fear response is coordinated by a small structure deep inside the brain, called the amygdala.

The amygdala, although relatively small, is a very complicated structure, and recent research suggests that anxiety disorders may be associated with abnormal activation in the amygdala. One aim of research is to use such basic scientific knowledge to develop new therapies.

What Treatments Are Available for Panic Disorder?

Treatment for panic disorder includes medications and a type of psychotherapy known as cognitive-behavioral therapy, which teaches people how to view panic attacks differently and demonstrates ways to reduce anxiety. NIMH is conducting a large-scale study to evaluate the effectiveness of combining these treatments. Appropriate treatment by an experienced professional can reduce or prevent panic attacks in 70% to 90% of people with panic disorder. Most patients show significant progress after a few weeks of therapy. Relapses may occur, but they can often be effectively treated just like the initial episode.

Can People With Panic Disorder Also Have Other Illnesses?

Research shows that panic disorder can coexist with other disorders, most often depression and substance abuse. About 30% of people with panic disorder abuse alcohol and 17% abuse drugs, such as cocaine and marijuana, in unsuccessful attempts to alleviate the anguish and distress caused by their condition. Appropriate diagnosis and treatment of other disorders such as substance abuse or depression are important to successfully treat panic disorder.