

What is panic disorder?

Panic disorder is a severe, spontaneous form of anxiety that is recurrent and unpredictable.

Panic disorder

Most attacks last two to ten minutes, but some may extend over an hour or two. This type of anxiety occurs with attack-like symptoms (often during sleep), while chronic anxiety (generalised anxiety) is a persistent state of anxiety.

* Frequent signs and symptoms

Physical symptoms

- Palpitations, rapid heart beat; chest pains
- Shortness of breath; choking feeling; hyperventilation
- Numbness and tingling around the mouth, hands and feet
- Weakness or faintness
- Muscle spasm or contractions in the hands and feet
- Fainting (occasionally)
- Sweating and trembling
- Feeling of 'butterflies in the stomach'

Emotional symptoms

- Intense fear of losing one's sense of reason (fear of going crazy)
- Fear of dying
- Sense of terror, doom or dread
- Feelings of unreality, loss of contact with people and objects

* Causes

- Most often an unresolved emotional conflict or unrecognised conflict. The physical symptoms are a result of the autonomic nervous systems being set in motion by the arousal of frightening fantasies, impulses and emotions
- A variety of disorders can simulate panic attacks (heart rhythm problems, angina, respiratory illness, asthma, obstructive pulmonary disease, endocrine disorders, seizure disorders, stimulating drugs, and withdrawal from certain drugs)

* Risk increases with

- Stress
- Feelings of guilt
- Fatigue or overwork
- Illness
- Alcohol and/or drug abuse

* Preventive measure

There are no specific measures to prevent a first panic attack; once diagnosed, therapy helps prevent additional episodes.

* Expected outcome

For many, this disorder may run a limited course with a few attacks and long periods of remission. For others, treatment with psychotherapy and/or medication is effective.



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Veterans & Veterans Families Counselling Service (VVCSS)

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NZ Freephone: 0800 4 838372

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8am-5pm Monday to Friday (NZ time)

* **Possible complications**

- Chronic anxiety
- Phobias, including agoraphobia, a fear of being alone or being in public areas
- Chronic depression
- Drug dependency

* **Treatment/post procedure care, general measures**

- Diagnosis is usually determined by patient history and interviews and a description of behaviour by a patient, and the family and friends
- Treatment involves psychotherapy or counselling and/or medications. Psychotherapy may involve cognitive (which involves the way you think) or behaviour (which focuses on the behaviour itself) type therapy
- Talk to a friend or family member about your feelings. This sometimes defuses your anxious thoughts
- Keep a journal or diary about your anxious thoughts or emotions. Consider the causes and possible solutions
- Join a self-help group. Call your local mental health society for referrals
- Learn relaxation techniques. For some, meditation, a specific form of relaxation, is effective
- For hyperventilation symptoms, cover the mouth and nose with a small paper bag and breathe into it for a few minutes

* **Activity**

- Get physical exercise regularly
- Get adequate rest at night

* **Diet**

Consider giving up caffeine (coffee, tea, soft drinks). You may experience withdrawal symptoms of headache or tiredness, but they stop in a few days.

* **Notify your doctor or talk to a counsellor if**

- You or a family member has symptoms of panic disorder that don't diminish with self-treatment
- Treatment program fails to produce an effect after eight weeks
- New, unexplained symptoms develop. Drugs used in treatment may produce side effects

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