

Your Mental Health

Is this a heart attack or a panic attack?

By Jay Narola, MO Psychiatrist

Learn about Panic (Anxiety) Disorder

Panic (anxiety) attacks are unexpected attacks of intense fear, which may be accompanied by physical symptoms such as chest pain, palpitations and shortness of breath, dizziness of abdominal distress. The symptoms develop abruptly and reached a peak within 10 minutes.

A key symptom of panic disorder is the fear of having another panic attack. You may be afraid to be alone or to be too far from medical help. You may also avoid places and situations where an attack has occurred or where you believe an attack may occur. Most sufferers mistake their panic attack as a heart attack, due to symptoms being almost identical, with one main difference — a heart attack does not recur under the circumstances each time while a panic attack almost certainly gets triggered by the same thing every time.

Who gets Panic Disorder?

The onset of panic disorder usually begins in adolescence or early adulthood, usually before the age of 25, however it can occur at later life. Women are more likely to experience panic attacks than men. The chance of developing panic disorder is 1 to 2 percent, though as much as 10 percent of the population will have a panic attack during their lifetime.

There are several risk factors for developing panic disorder including:

- Family history of panic disorder or panic attacks.
- Stress, such as job loss, family conflict or physical illness.
- Loss of a loved one.
- Life transitions, such as moving, having children.
- Traumatic events.
- Childhood sexual or physical abuse.

Interestingly a person can have a panic attack without any risk factors or stressors. Essentially panic disorder can occur with a low socioeconomic person as well as a

highly successful person such as a doctor, lawyer, principal, teacher and business person.

How does Panic Disorder affect thinking?

Experiencing a panic attack usually begins with physical symptoms, such as increased heart rate, dizziness, sweating, and shaking. People with panic disorder interpret their physical symptoms as catastrophic or dangerous and have thoughts such as, "something terrible is happening" or "I'm going to die" or "I'm going crazy." The person becomes very focused on any further internal physical sensations or feeling. This focused attention, known as hypervigilance, results in more physical arousal, more catastrophic thoughts and more hyper vigilance until the symptoms spiral into a panic attack.

How does Panic Disorder affects behavior?

People with panic disorder often try to escape or avoid situations they feel could bring on another panic attack. For example, if you had a panic attack in a restaurant you may begin avoiding all restaurants. This avoidance reinforces the belief that the symptoms are dangerous and should be avoided. You may begin to avoid more and more situations, interrupting your daily routines or in severe cases, making it difficult to leave your home. One of my patients had a panic attack whenever she thought of leaving Pikeville. She dreamed of being a professional in engineering, the school was in Lexington and as she was unable to leave Pikeville, she was unable to pursue her dream. With cognitive behavior therapy and appropriate antianxiety medication she was able to leave Pikeville and now she is a professional in her field.

Currently I am treating a pastor who had suffered for many years as he did not receive the right help and finally referred to seek treatment. Now, amazingly he is able to perform various church services without having feelings of heart (panic)

attacks.

How can your psychiatrist help you?

A patient needs a good psychiatric evaluation to rule out any medical reasons(s) causing panic disorder, unfortunately a significant number of patients keep visiting the ER or the medical doctors without any long term solution. A patient should have a thorough medical examination and if clinically indicated complete cardiac workup one time, but not multiple times. No wonder, it costs a lot to the patients with repeated unnecessary test or procedures besides the biggest cost on quality (suffering) of life due to inability to function in various ways, such as not able to hold a job, and/or maintain personal, social and family relationships. Usually a good number of patients need appropriate psychiatric medication management. Unfortunately there are good numbers of patients who just receive highly addicting medicines such as Xanax, Valium, and Ativan, from irresponsible physicians that can increase the patient's problem and carry risk of suicidality.

Again, good knowledgeable primary

care physician in this field who knows about panic disorder or a psychiatrist can adjust appropriate antianxiety medicine with other medicines for possible coexisting psychiatric conditions such as clinical depression, post traumatic stress disorder, obsessive compulsive disorder, bipolar disorder.

A psychiatrist or physician can work with a psychotherapist for providing psychotherapy counseling.

The treatment provider can provide psychoeducation to family members or concerned person of the patient and can facilitate treatment as well as clear various myths and stigma related to panic disorder.

Most of psychiatric conditions can be treated successfully with appropriate treatment management. It will be also very helpful to learn from joining or supporting support groups. We have support groups in this area, one meets every first and third Tuesday of the month at 6:30 p.m. at Coal Run Church of Christ. The other one in the public library at Whitesburg at 7 p.m. the second and fourth Monday of the months.

For more information please call the group coordinator, Silas Johnson at (606) 634-0871 or (606) 639-6609.