

Panic Attacks

Panic attacks are extreme bouts of anxiety with physical symptoms like chest pain, dizziness, nausea, and shortness of breath. They are short-lived and come on fast, rising to a peak within 10 minutes.

Panic attacks are actually normal and not dangerous. Each year, 1 in 10 adults will have a panic attack. They are simply a sign that your body's alarm system has gone off at the wrong time.

Panic disorder is very different. It is a phobia of panic attacks. People with panic disorder go out of their way to avoid panic attacks. They may not leave the house for weeks or months. They worry about panic a lot, and this constant state of anxiety causes even more attacks to come on.

Symptoms of Panic

A panic attack involves the sudden appearance of at least four of the following symptoms

- Chest pain or discomfort
- Choking
- Dizziness, unsteadiness, or faintness
- Fear of dying
- Fear of going crazy or of losing control
- Feelings of unreality, strangeness, or detachment from the environment
- Flushes or chills
- Nausea, stomachache, or diarrhea
- Numbness or tingling sensations
- Palpitations or accelerated heart rate
- Shortness of breath or a sense of being smothered
- Sweating
- Trembling or shaking

A false alarm

Like all false alarms, panic attacks are full of contradictions like those below:

What Panic Says	What Research Shows
"I won't be able to function during a panic attack"	People perform well on cognitive tests during a panic attack.
"Others will see and I'll be embarrassed"	Other people are usually unable to tell if someone is having a panic attack
"Panic attacks must be harming my body"	The attacks are signs of a healthy alarm system. It is the constant fear of attacks that causes harm.
"Panic attacks are unbearable"	The same physical symptoms are bearable – even exciting – when people are not afraid of them (that's why people pay to go on roller coasters).
"The symptoms are physical so I need a medication"	Therapy works just as well as meds in the short term and even better in the long term.

Panic disorder tends to start in late adolescence or early adulthood. The first attack usually comes on out of the blue, randomly, not triggered by anything. Later, people associate the attacks with various situations like driving, shopping, or various stressors. By associating the attacks with these random situations, the attacks get cued by them in a self-fulfilling prophecy.

Treatment

The goal in panic disorder is not to get rid of the panic attacks – which are normal – but to reduce the phobia. That's a lot harder than it sounds because the phobia is unconscious. You can't just tell yourself there is nothing to be afraid of. Instead, your brain has to learn that the world is relatively safe. Therapy helps people recover from panic disorder through guided exercises that gradually reduce the fear.

Exposure therapy is a type of behavior therapy in which people are exposed repeatedly to whatever triggers a panic attack. Exposure therapy is repeated until people become very comfortable with the anxiety-provoking situation. They gain a

sense of control over their anxiety, and the fear diminishes.

For example, people who are afraid that they will faint during a panic attack can practice an exercise in which they spin in a chair or breathe quickly (hyperventilate) until they feel faint. This exercise teaches them that they will not actually faint during a panic attack. Practicing slow, shallow breathing (respiratory control) helps many people who tend to hyperventilate.

Cognitive-behavior therapy also helps. People are taught the following

- Not to avoid situations that cause panic attacks
- To recognize when their fears are unfounded
- To respond instead with slow, controlled breathing or other techniques that promote relaxation

Supportive psychotherapy, which includes education and counseling, is beneficial because a therapist can provide general information about the disorder, its treatment, realistic hope for improvement, and the support that comes from a trusting relationship with a doctor. Other types of therapy, such as psychodynamic therapy and EMDR (Eye Movement Desensitization and Reprocessing) can also work.

Medication

Medications for panic disorder include antidepressants and anti-anxiety drugs such as benzodiazepines. Most types of antidepressants—tricyclic antidepressants, monoamine oxidase inhibitors (MAOIs), selective serotonin reuptake inhibitors (SSRIs), and serotonin/norepinephrine reuptake inhibitors (SNRIs)—are effective. Benzodiazepines work faster than antidepressants but can cause drug dependence and are probably more likely to cause sleepiness, impaired coordination, and slowed reaction time. SSRIs are the preferred drugs because they are as effective as the other drugs but usually have fewer side effects.

Panic attacks are common in many mental health disorders including bipolar disorder, post-traumatic stress (PTSD), phobias, social and generalized anxiety disorder. In those cases, the

symptom is the same (panic) but the cause is different. Medications that work in panic disorder may not work or may even make anxiety worse in other disorders.

Self Help

The book *Don't Panic* by Reid Wilson guides you through the cognitive behavioral therapy for panic. Dr. Wilson's website has resources at anxieties.com.

Anti-Panic Apps	
Find links at chrisaikenmd.com/apps	
Panic Relief	Guides people through effective skills for panic attacks including diaphragmatic breathing, and progressive muscle relaxation
Breath2Relax	Teaches deep breathing exercises
Agoraphobia Free	Helps people out of the paralyzing anxiety that keeps them from leaving the house
Anxiety Coach	Developed by the Mayo Clinic, this app guides you through effective tools for anxiety and worry.
Mindfulness Apps	Mindfulness is a stress-reduction program that reduces anxiety. Popular mindfulness apps include Headspace, Insight Timer, Smiling Mind, iMindfulness, and Mindfulness Daily.

—Chris Aiken, MD, updated 7/1/2025