

What is panic disorder?

Panic disorder is characterized by recurrent panic attacks—an uncontrollable and terrifying response to ordinary, nonthreatening situations. There is also persistent anxiety or fear about the panic attacks and changes in behavior in an attempt to avoid further attacks.

The symptoms of a panic attack include some combination of the following: sweating, hot or cold flashes, choking or smothering sensations, racing heart, labored breathing, trembling, chest pains, faintness, numbness, nausea or disorientation. Some experiencing an attack may feel like they are dying, losing control or losing their mind. Panic attacks typically last about five to 10 minutes but can be shorter or as long as an hour. During the attack, the physical and emotional symptoms increase quickly in a wave-like fashion and then slowly subside. A person may feel anxious and jittery for many hours after experiencing an attack.

Sometimes, panic attacks are mistaken for heart attacks or respiratory problems, as symptoms can be similar. Therefore, prior to the diagnosis of panic disorder, a thorough physical evaluation should be performed to ensure that no underlying medical condition is the cause.

What are some problems that people with panic disorder experience?

Many with panic disorder "fear the fear," or worry about when the next attack is coming. In some people, this fear can lead to agoraphobia, an intense fear of feeling trapped in a public place. People with panic disorder may avoid the places or things that they think trigger their panic attacks, which can cause significant occupational and social problems.

Like people with other anxiety disorders, those with panic disorder are at increased risk of developing other mental illnesses. Half of the people with panic disorder may eventually be diagnosed with major depressive disorder. Alcohol and drug abuse can also be a serious problem, both as a trigger for panic attacks and as a type of self-medication that can quickly get out of control. Panic disorder, particularly left untreated, can raise the risk of suicidal thoughts or acts. Even people without depression or substance abuse may feel very scared and ashamed. The associated secretiveness and low self-esteem can cause some people to isolate themselves from their friends and family or avoid leaving the house.

What causes panic disorder?

Panic attacks occur frequently, and approximately one in 20 Americans will be diagnosed and treated for panic disorder each year. Females are twice as likely to be affected than males. Chemical or hormonal imbalances, drugs or alcohol, poor sleep and other situations can cause panic attacks. People who experience high levels of stress in their lives and those with severe medical illnesses are also at increased risk of developing panic disorder.

Although scientists have not isolated a single gene in studying panic attacks, it is generally thought that there is a genetic component to panic disorder. Scientific studies have suggested that there is inappropriate activation of a region of the brain called the amygdala.

Is panic disorder treatable?

Panic disorder is generally very responsive to treatment. People who are able to remain in treatment can expect to have less severe and less frequent panic attacks as well as anxiety in between these events. Complete recovery is a reasonable goal for many people, although a significant percentage of individuals will experience further episodes later in life. This suggests that ongoing treatment may be indicated in certain situations.

Recovery from panic disorder can be achieved either by medication or by a form of cognitive behavioral therapy (CBT) that is specific for panic disorder. Studies suggest that medication and CBT are about equally effective, and there is also evidence that the combination may offer some benefits over either one alone. Some medications work a bit faster but are likely to have more adverse side effects. Also, when treatment is finished, people who have had CBT tend to remain without symptoms for longer than those who have taken medications.

CBT involves exploring the connection between thoughts, feelings and behaviors. People learn to understand the links between their bodily sensations and their emotions and how fear can increase the symptoms of panic attacks. For some people, exposure therapy is useful in learning how to experience the symptoms of a panic attack without “losing control.”

Medications are most effective when they are used as part of an overall treatment plan that includes supportive therapy. Antidepressants and anti-anxiety medications are the most frequently used medications for this disorder. Medications called selective serotonin reuptake inhibitors (SSRIs) are commonly used. A serotonin norepinephrine reuptake inhibitor (SNRI) also has FDA approval for panic disorder. Another commonly used class of medications is benzodiazapines. Medications can be highly effective in the short-term but not indicated for long-term treatment. All decisions should be discussed with one’s doctor.

Healthy living practices (e.g. aerobic exercise, a proper and balanced diet, decreased use of caffeine and alcohol) can help decrease symptoms. For many, learning how to reduce stress through meditation and mindfulness are also very useful. Family and friends can play a critical role in the treatment process, as support is a vital part of overcoming panic disorder.

Reviewed by Ken Duckworth, M.D., and Jacob L. Freedman, M.D., February 2013; Updated April 2017