Panic attacks troubling, but treatable

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Actress Amanda Seyfried says she undergoes therapy for them. They were a staple of the cable TV show "The Sopranos." And in probably the most high-profile occurrence of the past year, pro golfer Charlie Beljan had one on the second day of a tournament, completing the round but leaving the course in an ambulance.

They're panic attacks, and the good news is that Beljan came back and won the tournament over the next two days. But the outcome typically isn't so rosy for the vast majority of those who suffer from such attacks, a leading cause of debilitation and lost productivity.

Jeffrey Strawn, MD, an assistant professor in the University of Cincinnati (UC) Department of Psychiatry and Behavioral Neuroscience and a UC Health psychiatrist who studies anxiety, says panic attacks can occur in many situations, with sufferers originally thinking something else is wrong with them such as a heart attack or stroke.

"Typically, they're not coming to a psychiatrist initially," he says.

"They're often coming to the emergency department, a primary care physician or a pediatrician, thinking they're in a life-threatening situation."

According to the National Institute of Mental Health (NIMH), panic attacks are characterized by a fear of disaster or of losing control even if there is no real danger. A strong physical reaction may accompany the attack, including a racing heartbeat, difficulty breathing, dizziness, trembling and a choking sensation. These symptoms typically intensify over a period of about 10 minutes.

The 12-month prevalence for panic attacks, the NIMH says, is 2.7 percent of the U.S. adult population (the lifetime prevalence is 4.7 percent). Over a 12-month period, almost half of the cases are classified as severe.

Panic disorder, Strawn notes, is the combination of having panic attacks and the subsequent fear of additional attacks, which then becomes incapacitating. Among psychiatric conditions, he notes, panic disorder is second only to major depression in terms of lost productivity.

"What's especially concerning is that fewer than 30 percent of those who suffer from panic disorder are receiving minimally adequate treatment," Strawn says, citing NIMH statistics. (Minimally adequate treatment guidelines are based on number of physician visits and appropriate treatment with medication or psychotherapy.)

An emergency department physician or primary care physician would typically determine that a patient is experiencing a panic attack by ruling other diagnoses out through standard medical tests for heart attack, stroke or other events and by obtaining a thorough history, Strawn says, adding, "If the medical workup is negative, that's when they begin to think more in terms of panic attacks."

Follow-up treatment would include a visit to a psychiatrist, who might obtain additional history and perform an additional workup to rule out other medical problems. "Assuming that workup is negative and there is nothing else concerning from a medical history standpoint, we would start to talk about treatment," Strawn says.

Treatment is generally two-pronged, consisting of psychotherapy and medication. (While some patients prefer an either/or approach, Strawn says studies indicate that combination treatments are superior.)

Medications typically involve anti-depressant drugs such as fluoxetine (trade name Prozac), sertraline (Zoloft) or escitalopram (Lexapro). Strawn says short-acting anti-anxiety drugs such as diazepam (Valium) or lorazepam (Ativan) are sometimes used for immediate relief from a panic attack, "but we prefer to address the underlying problem."

Provided by University of Cincinnati