



talking about
panic attacks

This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people who have a personality disorder and their friends and family.

Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

Disclaimer

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences.

If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.

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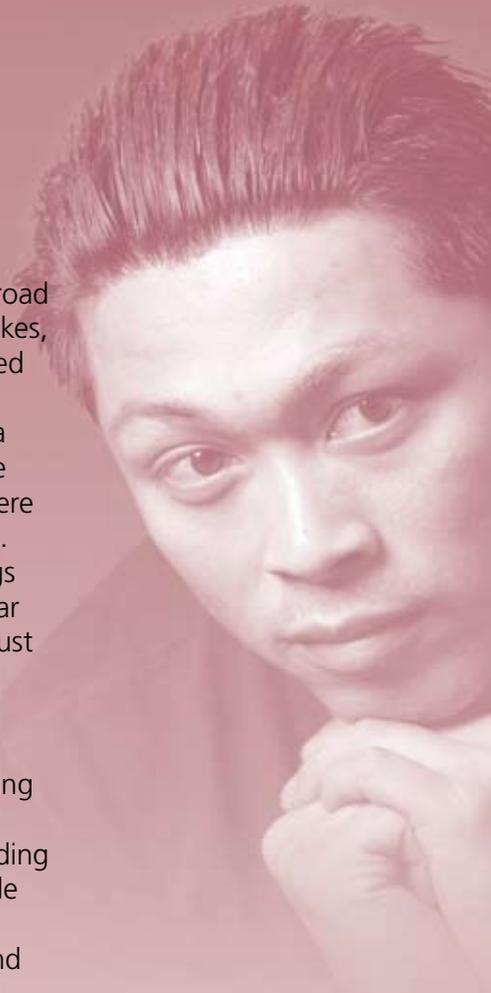
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introduction

We all know what it is like to feel scared. Imagine you are crossing a road and suddenly, with a screech of brakes, you realise you have just been missed by a speeding car. You feel scared, physically on edge and shaky with a racing heart. You stop what you are doing and sit down. In this case, there is an obvious reason to feel anxious. However, these strong panic feelings can also occur when there is no clear threat and these panic attacks are just as scary.

We feel afraid when we are faced with something we see as threatening or dangerous and our bodies react immediately to help us cope. According to some surveys, one in three people will experience at least one panic attack at some time, but only around one in 100 will experience panic disorder, which describes a situation where a person experiences recurring panic that can seem to occur out of the blue. Mostly however, panic occurs in situations we can be scared of such as meeting people, busy shops or open spaces. At times we fear we are not coping. Panic attacks usually start with catastrophic thoughts that something



terrible and dangerous is happening to us right now. For example, we may fear we are going to collapse, faint, go mad or lose control. The result is every bit as scary as almost being hit by a speeding car. We feel emotionally and physically scared, stop what we are doing and hurry away.

Panic can occur by itself, as part of a phobia (a fear of specific places, people or situations like shops, heights etc, see *Talking About Phobias*) as part of being depressed, of being generally anxious, as a result of sleep disturbance, or as a result of drinking or using drugs too much. A single or occasional panic attack may be a kind of health warning for us to review our lifestyles, to ask ourselves why we became overwhelmed by anxiety. When the occasional panic attack becomes a pattern of more regular panic attacks, we need to seek specific treatment.

This booklet is written for people who experience panic attacks and panic disorder, and for their family and friends. It aims to provide some basic information about panic

attacks and panic disorder, how they affect people and about the various sources of help available. It also contains references to other reading material and to organisations and websites that can provide further information for those who want to know more.

'I am so scared that another panic might hit me. I thought I was going to die when I had the last one. It came right out of the blue – I couldn't breathe, my heart felt like it was going to burst. I felt that I was going to faint. I was drenched in sweat and I felt sick. At its worst point, I thought I was dying. It was the worst feeling I have ever had.'

what is a panic attack?

A panic attack is an explosion of high anxiety. It is strongly associated with a sense of losing control or predicting that the very worst will happen. Panic is part of our natural fight/flight reflex where the mind and body are put on alert to cope with outside threats and danger. This helpful response when facing a threatening incident like a car about to hit us becomes unhelpful when other things that aren't so dangerous trigger that response. If we find ourselves standing in front of a grizzly bear, it is sensible to panic. Stress hormones like adrenaline are released into our bodies and, pumped for action, we can run away much faster. However, it's clearly unhelpful if the same response is triggered, for example, by walking into a supermarket.

With a panic attack, anxiety rises rapidly, usually over a period of a few minutes, and reaches a peak where we become fully convinced we are going to collapse or die, that our heart will stop, or that we may lose control of our bladder or bowels. We either freeze or run. Fear like this goes along with physical changes. We breathe faster and our heart pumps faster to allow more oxygen to get to our muscles. We may feel shaky or sick. After a panic attack, we can feel completely drained and empty.

'I go through each day with a dread that I might panic. I had a panic last week and I was rooted to the spot. I couldn't move. I was like a rabbit caught in a car's headlights.'

A panic attack can be triggered by something we fear, a thought or memory, or seem spontaneous; it can even occur while we are sleeping. Many of us will never know how or why it started. It could be a reaction to difficulties we face in our lives or in our relationships. It could be

pressure from our jobs, or because of money or housing problems. It could be the result of a major loss or upset such as bereavement, redundancy, divorce or separation. Being anxious about how we will cope with change can make us vulnerable to a panic attack. Sometimes things we eat, drink or smoke can cause panics such as drinking too much coffee, alcohol or using hard drugs especially stimulants such as amphetamines and cocaine.

Heavy drinking is also linked to panic attacks although for some people, even a couple of drinks the night before can trigger a panic attack. It is always worthwhile watching for a pattern between a few drinks on a Saturday night and a feeling of panic on a Sunday.

'When I feel panicky, my throat gets tight. It feels like I've got a ball stuck there. I feel I can't get a breath. It feels like I can't get enough air in my lungs. I even get like this in the shower – as soon as the water hits my face, I feel I can't breathe and have to get out.'

Panic attacks are very physical. The symptoms are similar to those experienced with anxiety but are much stronger.

It is not uncommon for the heart rate to double in a panic attack. This has a profound effect on the body although it is not dangerous. People do not die from panic attacks. The anxiety feels awful but it is not dangerous.

Hyperventilation (over-breathing) is a common sign of panic. A background level of anxiety causes rapid, shallow breaths which reduces carbon dioxide and which will:

- make the chest feel tight
- make us feel light-headed. Sometimes we may also notice a shortness of breath and/or blurry vision, or feel distanced and cut-off from things.

Slowing down our breathing by taking slower, deeper breaths through our nose (closing the mouth) can help control these changes in breathing that occur when feeling anxious. A relaxation technique such as anxiety control training (available free of charge at www.livinglifetothefull.com) can also help.

In a panic attack:

- our hands may curl, there will be a numbness or tingling usually in the fingertips or tips of the toes and around the mouth and nose
- we may sweat a lot
- we may feel a need to breathe deeply or may not be able to breathe at all
- we can feel sick (or notice an urge to go to the toilet)
- we may feel detached i.e. 'It's like I'm here but I'm not here'.

understanding panic attack

'My panic seems to start for no reason. I can be soaked in sweat in seconds and my head spins. I think my heart is going to burst out my chest. I can shake from head to toe and I often have to get to a toilet quick. I get this surge right through my body. That scares the hell out of me. I get these pins and needles in my fingers and arms and, if it is a bad panic, round my mouth. I try to sit down when I feel it come on. I think this will stop me from fainting.'

We can all panic and we can all think of situations where we would be likely to panic. Being threatened by a mugger or being told that our child is in danger are normal triggers for a panic attack. But when we are anxious or depressed, the triggers for panic can be relatively minor. A panic attack is not always caused by a specific fear, although there are links with some phobias. While panic disorder is rarely triggered by the fear of cats, for example, it is closely related to agoraphobia – the fear of being in places it is difficult to leave.

When we are afraid, our bodies automatically gear up for coping with the cause of our fear. Our muscles tense, our breathing becomes faster so that we take in more oxygen to help fuel our muscles, our heart beats faster to pump blood to parts of the body where its needed (such as our muscles), our digestion slows down, and our senses become more alert, all in a few seconds. A panic attack is an exaggeration of this normal bodily response to fear or stress. This exaggerated response can cause a number of different sensations including: rapid breathing or feeling unable to breathe; rapid heartbeat; feeling faint or dizzy.

what you can do

People who experience panic attacks tend to avoid situations, people or places that can act as triggers. We may carry around items we perceive as helping us, like a bottle of water in case of a dry mouth, a mobile phone to call for help or take other items before going out. Although in the short-term this may seem to boost confidence, in fact it can teach us that the only way of coping is to avoid things, or look to others to save us. The result is a slowly worsening pattern of avoidance of situations that seem scary and undermine confidence.

Some people go to great lengths to avoid any kind of pressure or exertion on their bodies. They will avoid running upstairs, or for the bus, in case such exertion increases their heart rate and they will not be able to cope. In extreme cases, people may avoid watching comedy programmes on TV in case laughing has a physical impact on their bodies.

Relaxation is an important factor in releasing tense muscles and clearing and calming the mind. Learn how to relax all the muscle groups in your body. This will lower the anxiety level and your body will not react so quickly, giving time to put diaphragmatic breathing into action. This will stop the adrenaline from rising to a peak of panic.

Practice when you are not so anxious. Muscle relaxation should be practised daily, becoming a habit, desensitising the body. It should not be done every so often or just when the need is felt because it will not work. It has taken time for the body to become sensitised and it will take yet more time to lower and steady the level of anxiety.

Try to eat and drink sensibly. Drink in excess, drugs and cigarettes are not good long-term solutions to panic attacks. We only find ourselves needing more and more to cope.

self-help

Cognitive behaviour therapy (CBT) can be an effective treatment for panic. CBT is a form of talking therapy, which looks at changing thinking patterns and altering behavioural patterns. This is available through referral by your doctor.

We can also use CBT approaches by using self-help courses based on CBT. These work really well with panic attacks. When we learn to recognise the cycle of panic, how it starts and how it builds, we can learn to control our breathing and plan ways of overcoming our anxiety and rebuilding confidence in a planned step-by-step way.

Knowing why we feel as we do is important. For example, during panic when we feel faint, it is important to know actual fainting is extremely rare. During a faint, our heart slows down, not enough blood gets to our brain, and everything goes distant and fades away as we lose consciousness. In contrast, during a panic attack, our heart rate speeds up, we have more than enough blood and oxygen getting to our brain and we are painfully aware of how scared we feel. Fainting is very rare during a panic attack. For panic attack sufferers, this information is as important as the treatment. It gives us another way of realising what is going on and why we feel so bad.

Facing up to our fears in a planned way can rebuild our confidence and help us see that the anxiety will always fade after a certain amount of time. Self-help works well for panic disorder too because, with several repeated incidents of panic, it offers the opportunity to try out different techniques and check what is most helpful.

Many websites offer interactive self-help and there are several very good self-help organisations around. With the appropriate information, we can learn to beat the panic ourselves. Sometimes it can be as simple as learning to control our breathing to control the over-breathing or hyperventilation. Hyperventilation can happen when you are experiencing stress. As a result, you breathe out more carbon dioxide than normal. This can then make your muscles go into spasm and make you feel much worse. Breathing slowly into a paper bag can be very effective in this situation as it helps to restore carbon dioxide levels and stop the spasms within a minute or two. (Some people find that cupping their nose and mouth is useful if a bag isn't handy.) In the longer term, learning how to control our breathing using so-called diaphragmatic breathing (details at www.livinglifetothefull.com) can be helpful.

Many people get into the habit of breathing from the upper chest rather than from the abdomen and shallowly rather than more slowly. To practice diaphragmatic breathing, put one hand on your upper chest and the other on your stomach. If you are breathing properly from the diaphragm the hand on your chest should hardly move and one on your stomach should rise and fall.

Seeking help from others such as health care practitioners can also be important.

getting help from others

A panic attack can be invisible. People learn to mask their panic despite the fact they find it hard to concentrate or hold a conversation, or work at a computer. When they cannot hide it and start to look out of control, other people feel anxious and confused, and may lack understanding because the person's behaviour seems so different. In a panic situation the sufferer may, for example, barge past to get out of a supermarket. When other people recognise the anxiety however, they can usually help calm the person, help them slow down their breathing and think through their thoughts. Rather than hurrying away, by staying in situations that cause you to feel anxious, slowly confidence will be regained.

Panic attacks are fairly common so it is likely that several other people we know will have experience of panic and will hopefully offer the right advice. People who are prone to panic are often very good at offering advice to others, even though they find it hard to act on their own advice.

Despite good intentions, people often do all the wrong things when faced with someone having a panic attack. Someone who is panicking does not need to be told to 'snap out of it'. People experiencing a panic attack are genuinely terrified they are going to die or have a heart attack, so the most important thing is to help them deal with their anxiety. If you know the person, and know that the problem is a panic attack, you can be confident in talking to them quietly and confidently and suggesting they go somewhere safe and quiet to sit down. Ask them to take slower, deeper breaths through their nose.

Getting help from others may be necessary in the beginning but should not be allowed to become a crutch in the long term. Reliance on others should be kept to a minimum.

help from the professionals

The vast majority of people who have panic attacks may never get as far as specialised treatment, but if self-help is not working, there are professionals around who know about panic attacks, who understand the anxiety it can cause, and who can help suggest ways of dealing with it. The first stop is usually our GP. Others who can help include psychiatrists, psychologists and nurses who will listen to how you are and offer different types of help. Once a medical check-up has ruled out any physical causes (like an overactive thyroid gland), the doctor may offer treatment or refer the person to a trained counsellor or a psychologist for specialist help.

Cognitive Behavioural Therapy (CBT) conducted by qualified and supervised therapists is one of the most effective available forms of psychotherapy for treating panic attacks. With CBT, which teaches a very practical approach, we add new skills to our toolkit. Practical breathing and muscles exercises, together with simple thought techniques to deal with negative or irrational thinking patterns, all help to alter the catastrophic thinking in a panic attack. We know that if we feel the panic starting to come on, there are things we can do to stop it. We know that even in the very worst case, if we do panic, it will pass.

Psychological treatments are generally the treatment of choice but sometimes, where a panic disorder is severely interfering with someone's life, the doctor will prescribe a type of anti-depressant called a selective serotonin reuptake inhibitor (SSRI).

If a panic sufferer has become so affected that they are having symptoms that seem overwhelming, tablets can be an important part of the treatment plan. They can be used alongside approaches such as CBT. There is a good evidence base for drug treatment for panic disorder – which is probably the only anxiety disorder where a range of drugs including betablockers and SSRIs can actually reduce the feelings of panic. However, such treatment is still no substitute for learning to cope with the panic attack.

Sometimes if there are very high levels of anxiety that threaten to overwhelm us, we may be prescribed a short course of benzodiazepines – a group of medicines which have a calming, sleep-promoting and anxiety-reducing effect. The most well known is diazepam. However, tablets like diazepam are addictive. They should therefore only occasionally be prescribed – and then only for a short period of time to get through the crisis. It is important for the doctor to explain the treatment offered. There is also an information sheet with the tablets obtained from the pharmacist.

family and friends

A panic attack should be taken seriously because of the sense of fear it arouses, the overwhelming sense that something is very wrong. Many panic sufferers revolve their lives around the panic so there are places they cannot go, things they cannot do. As a result, it can affect their relationships with the people closest to them, who find it difficult to understand.

Partners, relatives and friends can help by being patient and understanding, by listening to what the person has to say. It may be difficult to appreciate why the person reacts with such distress, but it is important to accept that the fears are very real to them. Suggesting that the person should 'pull themselves together', 'snap out of it' or 'try not to think about it' is unhelpful. Providing practical support and encouragement is a much more positive approach.

Your role is to keep the person as calm as possible, to help them particularly to pace their breathing with slower, deeper breaths so that the carbon dioxide level in their blood starts to go up. If the person is beginning a panic attack, gently help them move their mind away from their fears; engaging in conversation can also help.

Partners, family and friends should find out as much as they can about panic. The information in this booklet, and from the websites and self-help organisations at the end of the booklet will help you understand the ways the treatment works and why the person reacts in that way.

Your support is vital. If your partner, relative or friend is afraid of panicking in a shop, do not automatically offer to do the shopping for them. Instead, go with them so that if they do have a panic attack and cannot control it, you are there to offer support. Help them face their fears and rebuild their own confidence.

Apart from anxious over-breathing, there are two warning signs that a panic attack may be coming on: yawning and sighing, the result of breathing too quickly. If you see that happening, you can help by encouraging breathing control.

The person experiencing the panic must take responsibility but that does not mean facing up to everything they fear right away. It may be better to start to work out a series of ways to face things. For example, if it is difficult to go to the supermarket, starting with a visit to the smaller corner shop then moving on to a bigger shop and then going to the supermarket with the support of a friend, should help. Eventually, it should be possible to go to the supermarket alone.

Encourage your partner, relative or friend to talk about how they feel. Let them set the pace and do not try to force them to confront their fear before they are ready to do so. If they find it helpful, accompany them on a visit to the doctor or self-help group, or perhaps to the supermarket or on a train. You might also encourage them to seek help and perhaps assist them by finding out about local support groups or relaxation classes. The organisations listed later can help with this.

looking ahead

Learning to confront and overcome the symptoms of a panic attack is not easy. It takes courage and practice, and there will be setbacks along the way. With patience, you will eventually start to feel more confident about facing up to your fears and dealing with those avoidance tactics that have become so much a part of your life.

With the right information, the right support, you can overcome the panic. It will not happen overnight but you can learn to manage and cope with it by taking courage and working through a clear plan and a step-by-step approach.

useful addresses

No Panic

93 Brands Farm Way
Telford
Shropshire
England TF3 2JQ
Helpline: 0808 808 0545
Office: 01952 590005
Fax: 01952 270962

Depression Alliance Scotland

3 Grosvenor Gardens
Edinburgh EH12 5JU
Tel: 0131 467 3050

Scottish Association for Mental Health (SAMH)

Cumbræ House
15 Carlton Court
Glasgow G5 9JP
Tel: 0141 568 7000

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

The Globe Centre
PO Box 9
Accrington BB5 0XB
Tel: 01254 875277

Breathing Space Scotland

Tel: 0800 83 85 87

Clyde Contact Centre

Beardmore Street
Clydebank G81 4HX

useful websites

No Panic

www.nopanic.org.uk

First Steps to Freedom

www.first-steps.org

Glasgow's South-East Psychosocial Services

www.glasgowsteps.com

Living Life to the Full

www.livinglifetothefull.com

SA Scotland

www.sascotland.co.uk

PAX

www.panicattacks.co.uk

The MoodGYM Training Program

www.moodgym.anu.edu.au

Scottish Association for Mental Health

www.samh.org.uk

Depression Alliance Scotland

www.dascot.org

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

www.babcp.com

Breathing Space Scotland

www.breathingspacescotland.co.uk

suggestions for further reading

There are many publications about phobias and your GP or local library will be able to suggest some for you. Here are a few that might help.

Overcoming Panic
by Derrick Silobe. Published by Constable & Robinson, 1997

Overcoming Panic, Anxiety and Phobias
by Goldman and Babior. Published by Whole Person Associates, 1995

Feel the Fear and Do It Anyway
by Susan Jeffers. Published by Rider & Co, 1997

Feel the Fear... And Beyond: Dynamic Techniques for Doing It Anyway
by Susan Jeffers. Published by Rider & Co, 2000

The Anxiety and Phobia Workbook
by Edmund Bourne. Published by New Harbinger Publications, 2005

No Fear: Overcoming Panic Attacks and Phobias
by Alice Neville. Published by Help Yourself, 2003

Coping Successfully with Panic Attacks
by Shirley Trickett. Published by Sheldon Press, 1992

Overcoming Anxiety: A Five Areas Approach
by Chris Williams. Published by Hodder Arnold, 2003

Living with Fear (updated)
by Isaac Marks. Published by McGraw Hill Education, 2005

Overcoming Anxiety
by Helen Kennerley. Published by Constable and Robinson, 1997

Overcoming Social Anxiety: A Self-help Guide Using Cognitive Behavioural Technique
by Gillian Butler. Published by Constable and Robinson, 1999

Other topics covered by the *Talking About...* series are:

- Anxiety
- Attention deficit hyperactivity disorder (ADHD)
- Bereavement
- Bipolar affective disorders
- Depression
- Eating disorders
- Personality disorders
- Phobias
- Postnatal depression
- Self-harm
- Schizophrenia
- Stress

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