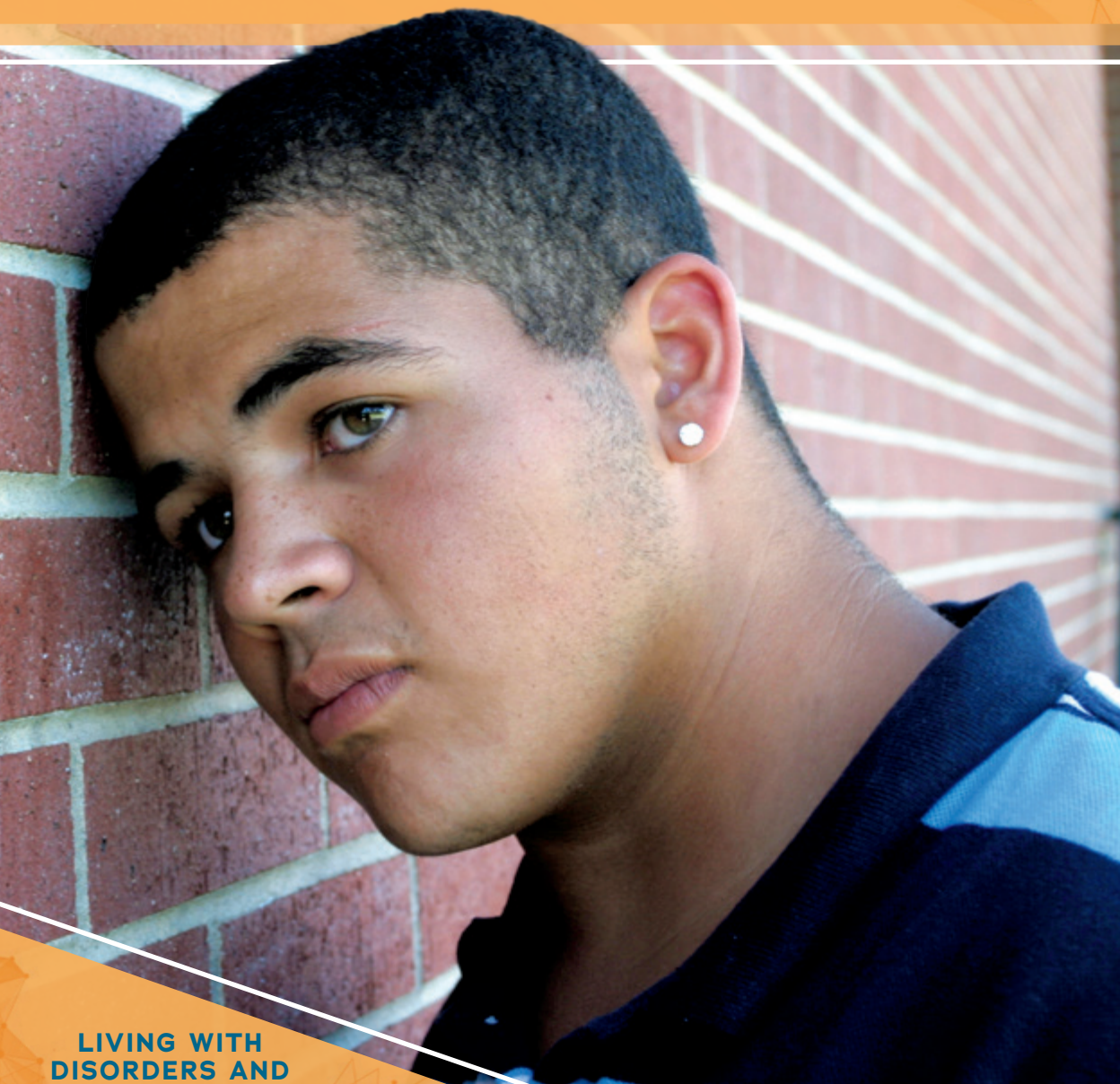


LIVING WITH PANIC DISORDER



LIVING WITH
DISORDERS AND
DISABILITIES

by Jennifer Connor-Smith

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INTRODUCTION

A MOMENT OF PANIC

Makayla is a sixteen-year-old soccer player and honors student. Or she was, until she quit the team and stopped going to school last month. The problems began with a terrifying episode in her math class. Out of nowhere, Makayla's chest tightened, making it hard to breathe. She became dizzy and faint, and strange tingling sensations filled her arms and legs. Her teacher's voice faded into the background. Everyone around her seemed strangely plastic and unfamiliar. Although the terrifying episode passed, the fear of losing her mind lingered.

The last straw came a week later when Makayla had an episode at lunch. In her disoriented state, she thought she was losing her mind. Everyone around her seemed hollow. She sprinted from the room, hoping to get home before she went completely insane.

Since then, Makayla has stayed home. Her friends have asked to visit, but Makayla refuses, feeling certain she would scare them by acting weird. She continues to have dizzy episodes. Each time, she thinks the symptoms will get worse and worse until she loses contact with reality forever.




Panic disorder can cause a variety of physical symptoms. Panic attacks can be mistaken for dizziness, heart attacks, or other problems.

Eric's Story

Eric is a twenty-five-year-old construction worker who has been on unpaid leave for the last six months due to a series of terrifying cardiac events. In these events, his heart races, pounds, and skips irregularly. He feels crushing chest pain and gasps to get enough air. Sweat pours from his body, his muscles shake, and waves of nausea wash over him.

Eric's first episode happened while he was carrying a heavy load at work. Over the next month, Eric continued to have episodes. During each ambulance ride, he scrawled frantic notes to his wife and two-year-old daughter, telling them he loved them. Although Eric has gone to the emergency room almost 30 times and worked with three different specialists, he remains convinced the doctors have

An orange geometric pattern consisting of interconnected lines and dots, resembling a network or circuit, is located on the left side of the page.

“It feels like your mind is desperately trying to regain control of a body that has gone completely rogue. The more your mind tries to unscramble the circuits in your head, lungs, and limbs, the more your body tenses, hyperventilates, panics, and fights back.”¹

—Panic attack victim

overlooked a life-threatening condition. He falls asleep each night wondering if he will wake up the next day.

Solving the Mystery

Makayla and Eric’s stories are fictional examples of the same problem: panic disorder. In panic disorder, people experience unexpected episodes of extreme fear, called panic attacks. Panic attacks can be so intense that people believe they are dying or going insane. One woman describes her experience by saying, “It feels like your mind is desperately trying to regain control of a body that has gone completely rogue. The more your

mind tries to unscramble the circuits in your head, lungs, and limbs, the more your body tenses, hyperventilates, panics, and fights back.”¹

Psychologists Stanley Rachman and Padmal de Silva explain, “On average, episodes of panic last between 10 and 20 minutes, are extremely distressing, and leave the person feeling drained and apprehensive.”² Although the overwhelming symptoms typically last only a few minutes, the experience is so frightening that some people organize their lives around preventing future episodes. At that point, having panic attacks becomes panic disorder. A formal diagnosis of panic disorder requires “persistent concern or worry about additional panic attacks” or “a significant maladaptive change in behavior related

to the attacks,” according to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM).³

People with panic disorder often fear being humiliated or helpless during a panic attack. To manage that fear, they may avoid places where they have panicked in the past or go out only with a trusted companion. In serious cases, they may develop agoraphobia, a fear of being any place where escape may be difficult or where help may be unavailable. Agoraphobia can be truly devastating, making it impossible to go to school, shop for groceries, or see friends. Psychologist Gordon Asmundson and his colleagues noted, “More than a third of individuals with agoraphobia are unable to leave their homes to work.”⁴

“More than a third of individuals with agoraphobia are unable to leave their homes to work.”⁴

—Gordon Asmundson,
psychologist

Fortunately, there are many effective treatments for panic disorder and agoraphobia. Medications can offer rapid relief while people develop the skills to overcome panic. People can learn to see anxiety itself as a tool, rather than something to fear. Psychologist Michael Tompkins explains, “Anxiety pushes us to plan and prepare. Anxiety is evidence of our will to live, to prosper, and to transcend the things that threaten us.”⁵

Over the course of a lifetime, about one out of every four people will experience a panic attack. Research suggests that understanding panic attacks can make people less likely to develop panic disorder. Learning about panic disorder may someday help someone you love understand a frightening experience and get help quickly.

Perspectives on Panic Attacks across Time and Cultures

The concept of panic attacks has existed around the world for centuries. Records of patients with panic and agoraphobia symptoms date back to ancient Greece. Today, different cultures view panic attacks differently. In Puerto Rico, people may have an *ataque de nervios*, or “attack of nerves.” Psychologist Stefan Hofmann has studied cross-cultural expressions of anxiety. He says, “The typical symptoms of an ataque include a sense of impending loss of control, chest tightness, a feeling of heat in the body, palpitations, shaking of the arms and legs, and feelings of imminent fainting.” An ataque may also involve screaming, crying, aggression, or self-harm.

In Cambodia, people link pain and disease to the movement of *khyâl* through the body. Khyâl is an air-like substance, sometimes translated as “wind.” During khyâl attacks, people have intense neck pain and headaches. They fear the rupture of blood vessels in their necks. These attacks also involve rapid breathing, a pounding heart, blurry vision, dizziness, and ringing ears.

Culture can influence how people understand and experience panic attacks. “Although the DSM-5 addresses some of these issues,” says Hofmann, “considerably more research is necessary to understand when and how culture impacts disorders.”

Stefan G. Hofmann and Devon E. Hinton, “Cross-Cultural Aspects of Anxiety Disorders,” *National Center for Technology Information*, June 2014, www.ncbi.nlm.nih.gov.

What Is the Fight-or-Flight Response?

Imagine being confronted by a hungry bear. You have the same choices as any creature facing a predator. You can fight, flee, or freeze and hope it does not notice you. Although most people rarely face wild animals, our ancestors ran a real risk of becoming a meal. Our bodies remain prepared to respond to life-or-death situations.

In dangerous situations, our bodies activate the fight-or-flight response. The liver releases stored sugar to fuel muscles. Blood flow to muscles increases, and muscles may feel tense or shaky. Heart rate

and breathing speed up to make more oxygen available. Sweating increases to cool the body. The brain focuses resources on scanning for threats, creating a sense that time has slowed down. Nonessential functions, such as digestion, are shut down, often causing an upset stomach. This cascade of physical responses prepares the body for rapid action.

Unfortunately, we all have some fight-or-flight reactions when we are perfectly safe. There is often a mismatch between our threat-response system and modern stressors. Our fight-or-flight response kicks in when we meet new people or suddenly realize everyone is handing in a paper we thought was due next week.

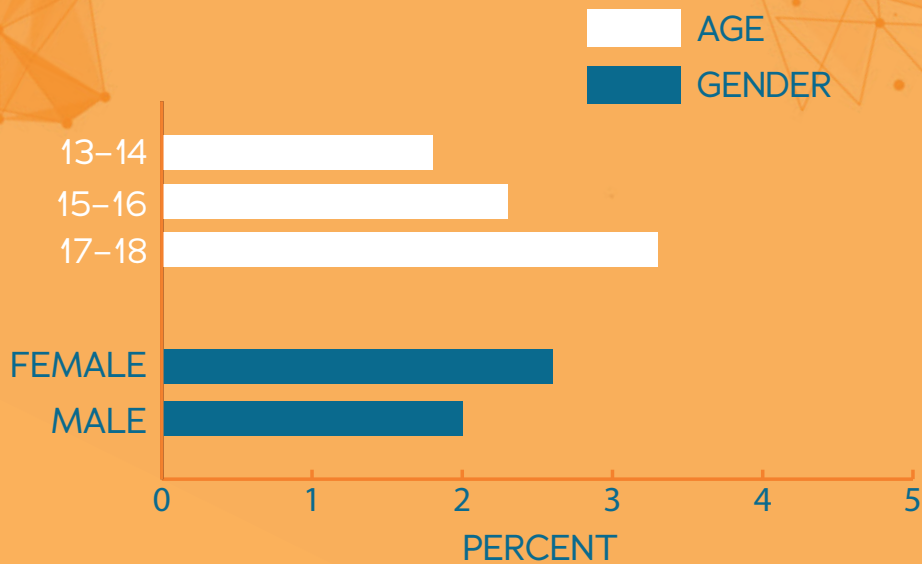
In essence, our bodies react to math tests as if they are predators. Our job is to sit calmly and answer the questions. Unfortunately, our bodies have prepared us to dash screaming down the hall or rip the test to shreds.

What Does a Panic Attack Feel Like?

Panic attacks are fight-or-flight reactions that occur when people are not facing any actual risk. Have you ever been in a place with smoke detectors that go off too easily? Some smoke detectors can be set off by a steamy shower or normal cooking. Although there is no risk, the smoke detector blasts the same shrieking warning as it would during a real fire.

Panic attacks are essentially false alarms. The physical changes that could be life-saving in a real emergency simply feel awful without offering any benefit. The DSM-5 defines a panic attack as, “An abrupt surge of intense fear or intense discomfort that reaches a peak

PANIC DISORDER IN TEENS



This graph shows the percentage of teens with panic disorder. As the graph shows, females have a slightly higher risk than males, and older teens have a higher risk than younger teens.

The graph's data comes from the National Institute of Mental Health, one of the National Institutes of Health (NIH). These government research organizations study medical issues in the United States. As part of its mission, the National Institute of Mental Health studies panic disorder. It found that panic disorder has a 2.3 percent lifetime prevalence rate among teenagers. The term *lifetime prevalence* refers to the number of people who had the disorder at any time up until the time when they were surveyed. Anxiety disorders in general, which includes panic disorder, agoraphobia, and social anxiety disorder, affect 31.9 percent of teens.

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