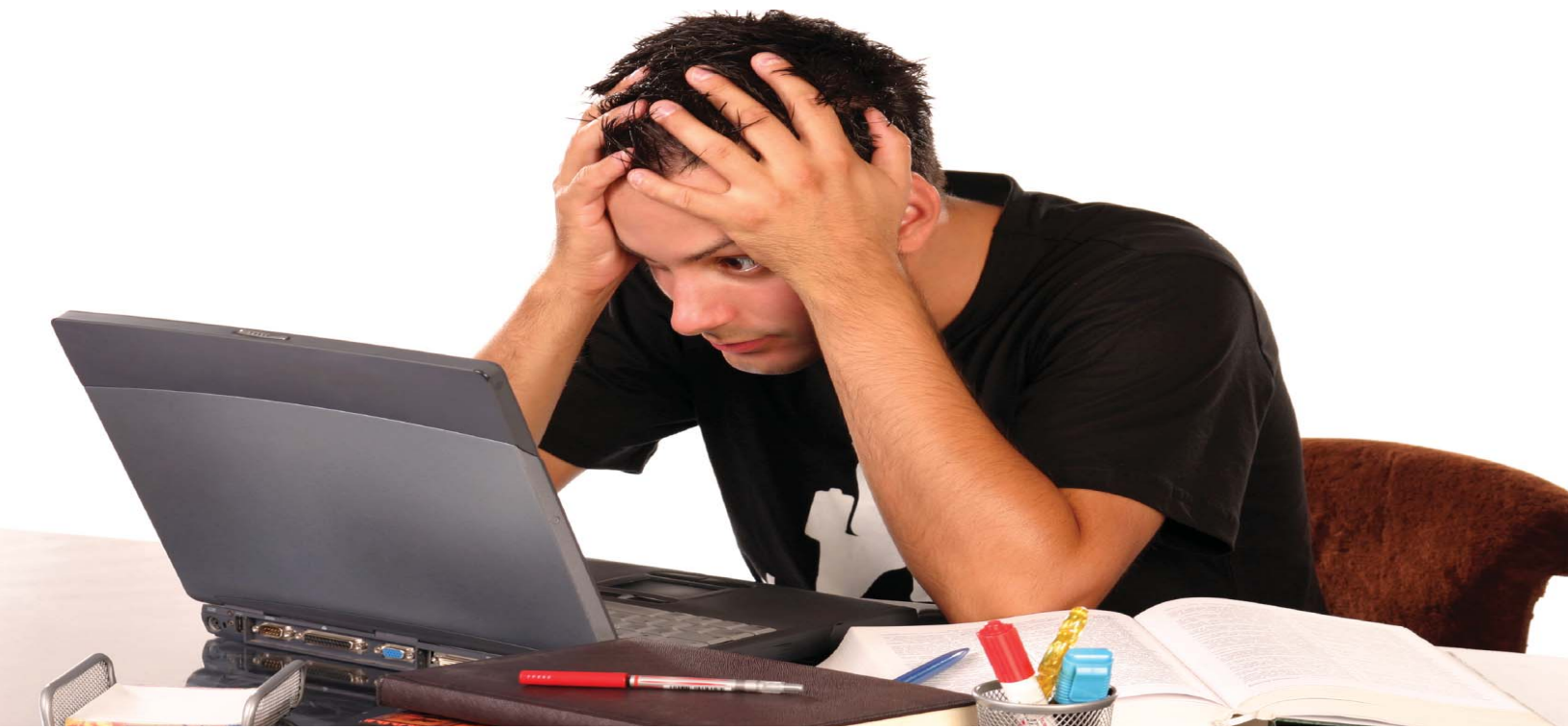


# GUIDE TO UNDERSTANDING PANIC DISORDER: For Youth and Their Parents



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# GUIDE TO UNDERSTANDING PANIC DISORDER: For Youth and their Parents

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Additional funding and support provided by:



Kathryn A. Weldon  
Charitable Foundation



This is a publication of the Sun Life Financial Chair in Adolescent Mental Health team. The Chair is held by Dr. Stan Kutcher, Professor of Psychiatry and Director of the World Health Organization/Pan American Health Organization Collaborating Center in Mental Health Policy and Training at Dalhousie University and the IWK Health Center. The Chair team focuses on translating the best available scientific knowledge pertaining to adolescent mental health/mental disorders for use by youth, parents, educators, health providers, policy makers and the public; within the Maritimes, across Canada and internationally.

For further information about the Chair and its programs, projects, activities and access to materials created by the Chair team visit: [www.teenmentalhealth.org](http://www.teenmentalhealth.org).

## (1) What is Panic Disorder and Agoraphobia?

Feelings of nervousness and anxiety are common and expected parts of everyday living. For example, it is normal to feel anxious before you write a test at school or start a game of baseball. It is also common and expected to feel afraid or panicked if something bad or frightening is happening, especially if it is something dangerous (e.g. If someone threatens to hurt you or if you get lost).

In a threatening situation, your brain registers a potential danger and gets your body ready to deal with it—by fighting or by running away. This is a natural brain-body reaction and is known as the 'fight or flight response'. When this happens you feel anxious and in a panic! If something frightening or potentially harmful happens, this brain response occurs immediately. When this happens you can experience symptoms of panic which means that the brain has registered danger and ordered the release of adrenaline and other hormones throughout your body. This body response is a protective mechanism to help you get out of or handle a dangerous situation.

A panic attack is panic that happens when there is no danger. Panic disorder happens when a person experiences panic attacks, and complications in life because of them, when there is no danger. People that have panic disorder have sudden, unexpected and uncontrollable panic attacks for no reason. This can be very frightening and distressing and often causes people to worry about going places or doing things in case they have a panic attack.

It is common to have occasional panic attacks or to feel panicky in some social or new situations. This is not panic disorder. This is common and normal. Here is what a panic disorder is:

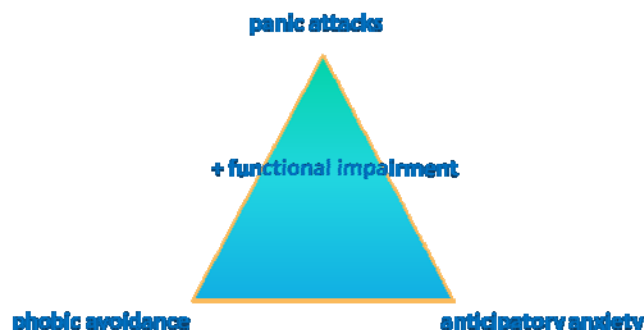
- Recurrent unexpected panic attacks (happen 'out of the blue')

At least one attack has been followed by one month or more of at least one of the following:

1. Feeling anxious about getting more panic attacks (called anticipatory anxiety)
2. Worry about what might happen when having a panic attack
3. Change in behaviour due to panic attacks (example: avoiding places where a panic attack happened in the past or avoiding places where the person is afraid a panic attack may happen in the future). This is called phobic avoidance.

A panic disorder happens when, because of the panic attacks, a person is having difficulty in enjoying life and is doing poorly at home, school, work, or socially. This is called functional impairment.

### The Triad of Panic Disorder



Sometimes a person will be so anxious about having a panic attack and thinking that something bad will happen to them, or not being able to escape from a situation, that they will not leave their home or will experience a lot of distress in being outside home. This is called agoraphobia.

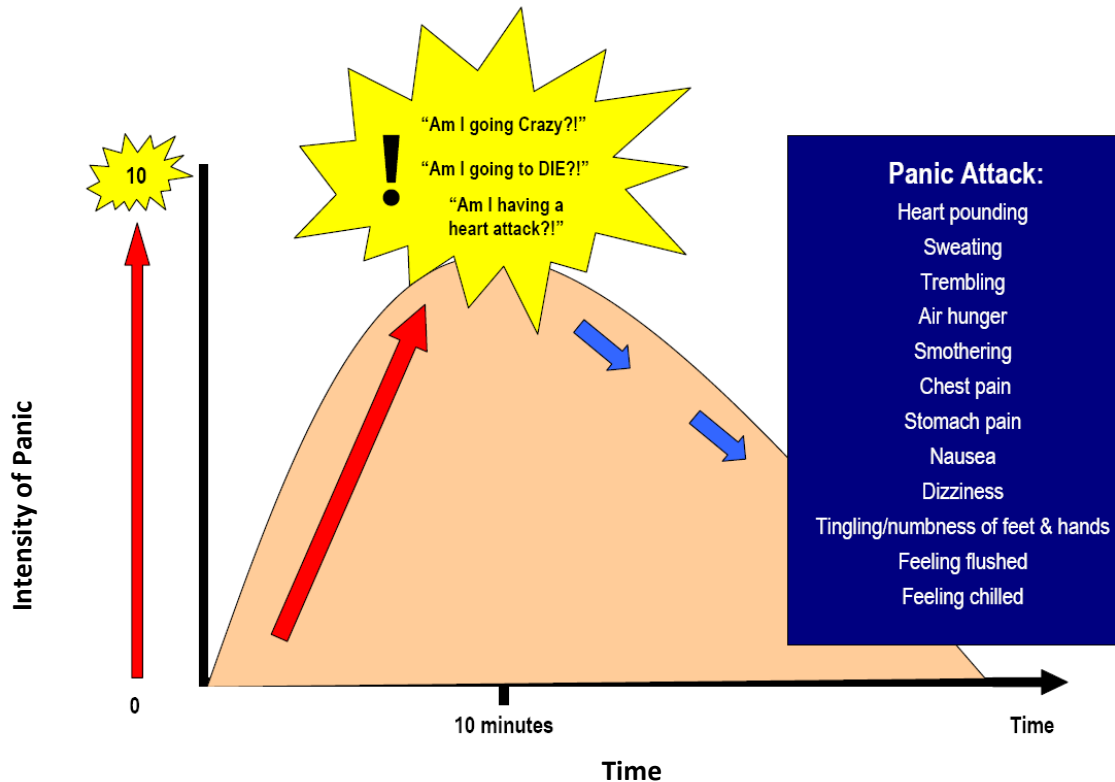
**Agoraphobia:** This word literally means “a fear of open spaces” and comes from the Greek word “phobia” (fear) and “agora” (market place).

## (2) COMMON SIGNS AND SYMPTOMS OF A PANIC ATTACK

A panic attack comes on very fast (usually within a minute or less), gets rapidly worse and lasts for about 10-15 minutes.

**Symptoms of a panic attack may include:**

- Heart pounding
- Fast heart beat
- Sweating
- Trembling and shaking
- Shortness of breath
- Feeling as if you are being smothered or cannot get enough air (aka “air hunger”)
- Feeling of choking
- Chest pain or discomfort
- Feeling nauseated or as if you’re going to vomit
- Feeling dizzy, light-headed or faint
- Feelings of unreality or feeling as if you are detached from your body
- Thoughts of losing control or going crazy
- Thoughts of dying
- Numbness and tingling sensations
- Chills or hot flashes
- Feeling that you need to urinate immediately
- Suicidal thoughts may occur



### (3) BEING CLEAR WITH THE WORDS

Having an occasional panic attack is not the same as having a panic disorder. It is normal to have occasional panic attacks that do not cause other problems. Also it is normal to feel panicky or even to have a panic attack in a dangerous situation or if you are experiencing a large amount of stress.

Many people will experience one (or more) panic attack(s) in his or her life and nothing else will result from it. Usually people who have occasional panic attacks, but don't have a panic disorder, are triggered to feel panicked because of some stressful event or events. However, individuals with panic disorder do not experience panic attacks in this way, because their panic attacks are not triggered by any known stressful event. The panic attacks are unexpected and 'come out of the blue'.

**There are two types of panic disorder:**

- **Panic disorder without Agoraphobia:** recurrent panic attacks with changes in behaviour of mild to moderate phobic avoidance or significant distress about another panic attack, but without agoraphobia.
- **Panic disorder with Agoraphobia:** people who have this type of panic disorder, avoid certain places, or may not leave their houses at all because of a fear that they will be trapped in a place where they can't leave if they have a panic attack (severe phobic avoidance).

**Typical situations and places avoided by people with panic disorder:**

- |                                 |                            |
|---------------------------------|----------------------------|
| • Being far from home           | • Subways                  |
| • Buses                         | • Supermarkets             |
| • Cars (as driver or passenger) | • Theatres                 |
| • Crowds                        | • Trains                   |
| • Elevators                     | • Tunnels                  |
| • Restaurants                   | • Waiting in line (queues) |
| • Shopping malls                | • Wide streets             |
| • Stores                        | • School                   |

Apart from panic disorder, there are a number of different types of anxiety disorders. Brief descriptions of these can be found at the end of this *Understanding Panic Disorder* guide. Sometimes panic attacks can happen as part of another anxiety disorder (such as Social Anxiety Disorder). Sometimes panic attacks can happen when a person is suffering from a major depressive disorder. If this is the case, they usually do not continue after the depression is successfully treated.

**INTERESTING NOTE:** Some people with panic disorder find that caffeine (or other stimulants) makes things worse. They may even give up foods such as chocolate or drinks such as coffee, tea, cola or cocoa.

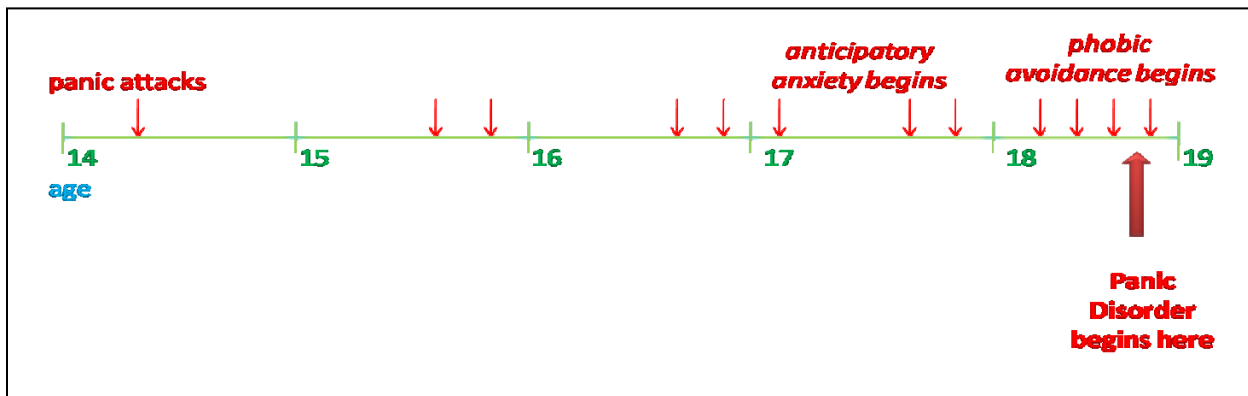
## (4) HOW MANY ADOLSCENTS HAVE PANIC DISORDERS

According to international studies, panic disorder occurs in about 1-5% of adolescents and is rare in children. According to the Canadian Community Health Survey (2002), about 2% of young people (ages 15-24) have panic disorder.

- Panic attacks are common in teenagers and may affect up to half of young people at one time or another. Having a panic attack does not mean that a person has a panic disorder.
- Panic disorder usually begins in late adolescence (between 18-25 years) and is preceded by recurrent and unexpected panic attacks.
- Panic disorder is more common in girls than in boys.

Remember -- in a panic disorder, the panic attacks **MUST be spontaneous** -- that is, they are not triggered by danger or stressful events.

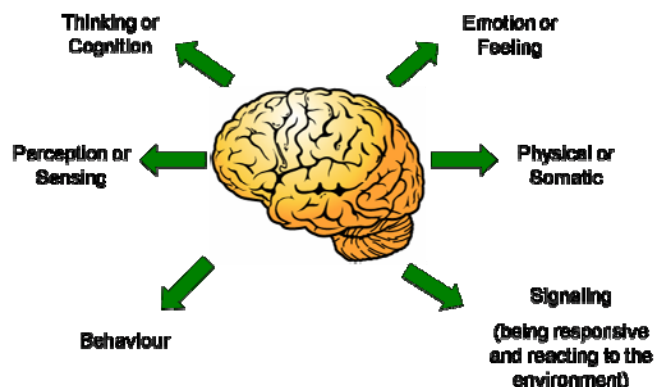
Here is a typical pattern of how panic disorder develops.



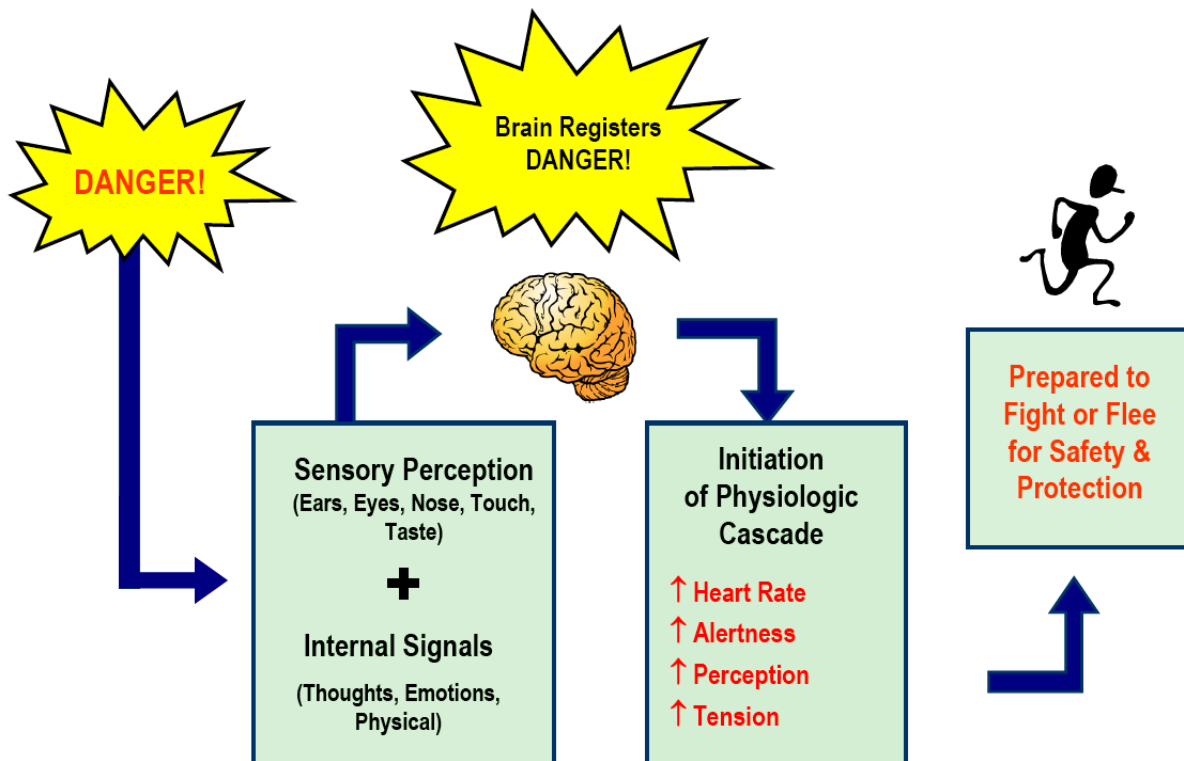
**Note:** Most teens that experience occasional panic attacks DO NOT develop panic disorder

## (5) UNDERSTANDING PANIC AND ANXIETY

Your brain has six different but interrelated functions: Thinking or Cognition; Perception or Sensing; Emotion or Feeling; Behaviour; Physical or "somatic"; Signalling. To learn more about your brain and its functions [click here](#).



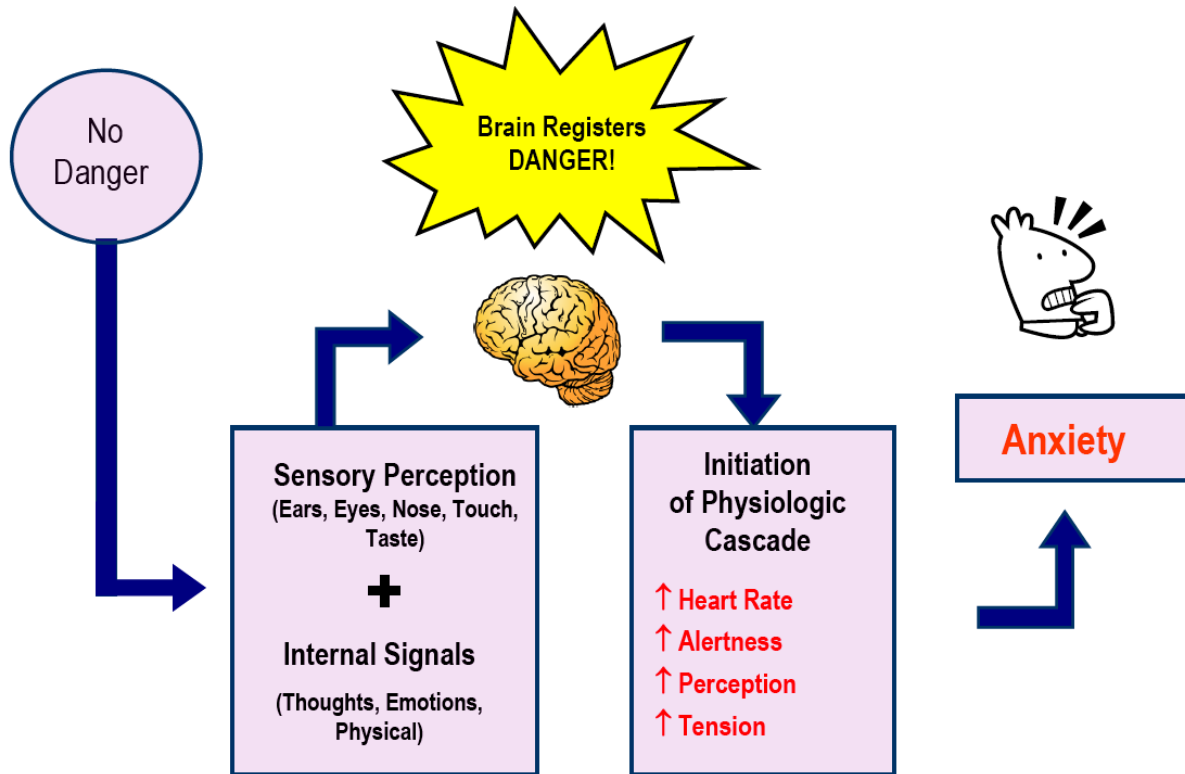
It is your brain's signalling function that is involved in anxiety and panic. Anxiety and panic are both complex phenomena that tell you something is wrong in your environment and give you a signal to do something about it. When these signalling mechanisms work properly, they help you adapt (for example: feeling anxious about a test should lead you to study more; feeling anxious about a game should lead you to practice; feeling anxious about skiing down a very steep hill should tell you not to go or else tell you to be careful and go slower; etc.).



Signalling plays a major role in how panic happens. Remember signalling is the brain's ability to let you know about your surroundings and alert you to react. For example, if you are faced with something dangerous, (such as a wild animal or a car) signalling tells your body that you are not safe and that you should react, either by fight, or flight (running away).

In anxiety disorders there is a false perception of danger or an exaggerated reaction to a common situation. This is caused by defective signalling wiring—meaning that somewhere in the signalling pathway there is a chemical message that is sending a danger signal when there is no danger.





Panic is a form of anxiety. The panic feeling means that your brain is telling you (in the strongest way it can), that you are in danger and that you need to do something RIGHT NOW. In addition to this message, the brain gets your body ready for action by causing the release of certain hormones that can get you ready to fight or run away. These hormones include adrenaline and cortisol.

As a result of these actions, by your brain, your nervous system, muscles, heart and lungs are on 'full alert'. In medicine this is called 'autonomic hyperarousal' and the symptoms of a panic attack are the manifestations of this state of readiness.

#### Typical symptoms include:

- Heart pounding
- Fast heart beat
- Sweating
- Trembling and shaking
- Shortness of breath
- Feeling like you're being smothered or cannot get enough air (aka "air hunger")
- Feeling of choking
- Chest pain or discomfort
- Feeling nauseated or as if you are going to vomit
- Feeling dizzy, light-headed or faint
- Thoughts of losing control or going crazy
- Thoughts of dying
- Numbness and tingling sensations
- Chills or hot flashes
- Feeling that you need to urinate immediately
- Suicidal thoughts may occur

## (6) WHAT CAUSES PANIC DISORDERS?

The causes of panic disorder are still not fully understood. There have been many psychological theories about what causes panic disorder—but most of these have not been validated. Neurobiologists (scientists who study the brain) have recently unravelled the panic system of the brain. More on that below.

We know that panic disorder is highly heritable, it's in our genetics. Panic disorder is one of the most hereditary disorders in all of medicine. Many studies have shown that having a close relative with panic disorder greatly increases a person's risk of having panic disorder, 3-20 times (depending on the study).

However, not all people at genetic risk for panic disorder develop the illness and some people who develop panic disorder do not have a family history of panic disorder. So, there seem to be a complex variety of genetic and environmental factors at play in the development of panic disorder.

**DR. K'S TIP: Smoking marijuana can precipitate a panic attack in some young people at risk for panic disorder. So if panic disorder or other anxiety disorders run in your family you may want to avoid this (and other) drug(s).**

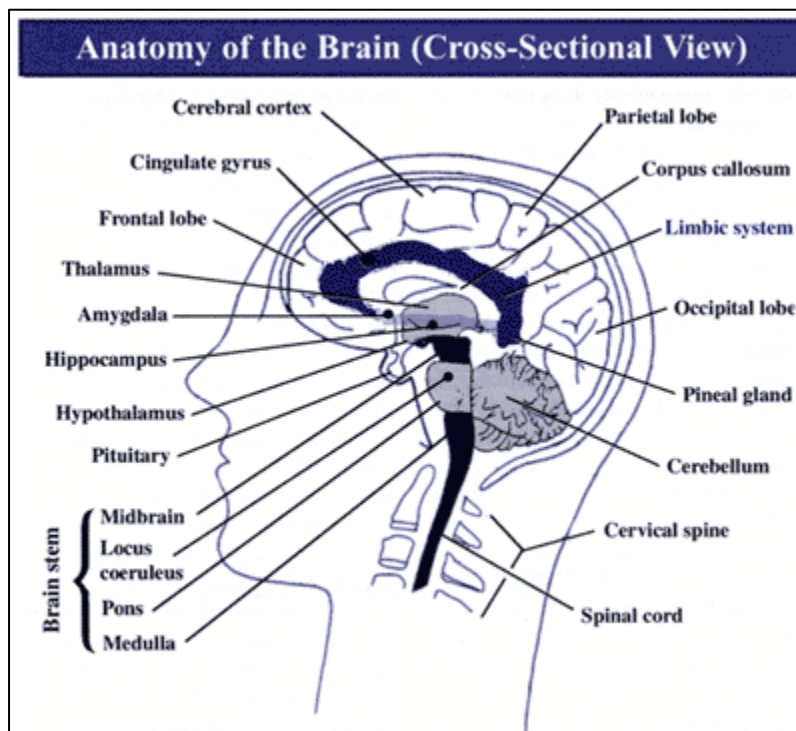
## (7) THE NEUROBIOLOGY OF PANIC DISORDER

### Parts of the Brain

The parts of the brain that play a major role in panic disorder include:

- Frontal lobes (or frontal cortex)
- Hypothalamus
- Anterior pituitary
- Limbic system
- Amygdala
- Hippocampus
- Brain stem
- Locus coeruleus

These structures are highlighted in the diagram below. You might find it helpful to have a look at each of the areas of the brain before reading more about their involvement in panic disorder. To learn more about your brain and its functions [click here](#).



Picture retrieved from: <http://www.afsafund.org/images/BrainAnatomy.gif>

Many parts of the brain are involved in the creation and suppression of panic. It's quite complicated! Here are some of the parts of the brain that have an important role in the panic/fear response.

The **frontal lobes** (or frontal cortex) comprise a large region of the brain that is closest to the front and top of the head. The frontal cortex includes the prefrontal cortex, a smaller part that is closest to the forehead, just behind and above the eyes. The frontal cortex is responsible for high level cognition such as problem solving, abstract thinking and recognizing social norms. It is thought that increased activity in the prefrontal cortex underlies the phobic avoidance (agoraphobia) that occurs in panic disorder.

During the fear response, the **thalamus** (a part deep inside the brain) receives information from the senses and begins the message cascade in the brain by linking into the limbic system and the key relay station there called the **amygdala**. Almost immediately, the **hypothalamus** communicates with the **anterior pituitary** by releasing chemical messages that activate the pituitary to release the stress hormone signals that create panic sensations in the body and gets us ready to fight or run away.

The **limbic system** is a group of brain structures and their connections that are involved in emotional memory and motivation (including fear, memory and motivation).

The **amygdala** is the body's main alarm bell for fear. It relays fear messages to the brain stem and hippocampus, and activates physical fear responses via the hypothalamus (e.g. increased heart rate, sweaty palms). The amygdala is also crucial for detecting emotions expressed by others (e.g. detecting fear in others warns us that a situation might be dangerous to us as well).

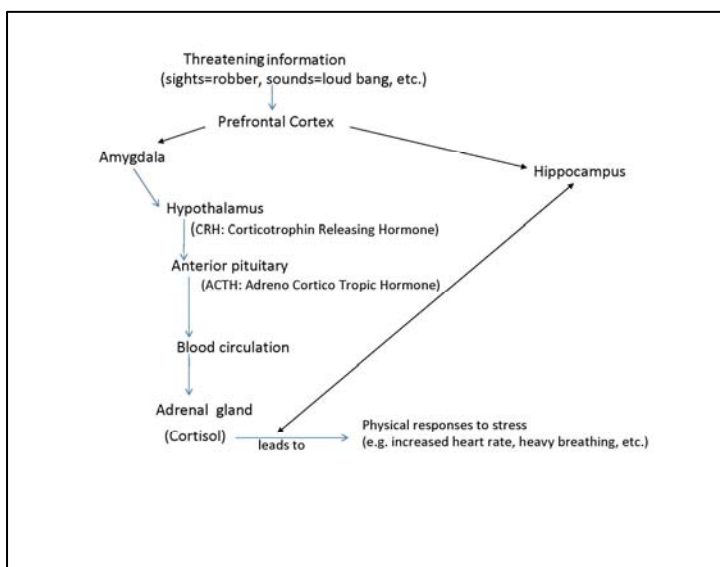
The **hippocampus** is important in suppressing the fear response—it helps to slow down and stop the fear symptoms.

The **brain stem** is responsible for relaying messages from the body to the rest of the brain (cerebrum and cerebellum) and vice versa. It also controls many of the body's vital functions, including breathing, digestion, heart rate, sleep and arousal.

The brain stem includes the **locus coeruleus**, which is a major player in panic disorder. Research has demonstrated that increased activity in the locus coeruleus is associated with anxious responses and unexpected panic attacks. Cells in the locus coeruleus release the norepinephrine (a brain chemical called a “neurotransmitter”), which we will talk about later.

## Pathways

**The Panic and Fear Pathway of the Brain:** *(Stress, fear and panic response to danger is complex with overlapping communication involving many structures within the brain.)*



When something dangerous is happening, in the environment, the sensory information (sights, sounds, etc) are first transferred to the thalamus in the center of the brain. From the thalamus other structures of the limbic system such as the amygdala and the hippocampus are then activated.

The amygdala triggers activation of a hormone pathway involving the hypothalamus→pituitary→adrenal gland. One hormone released by the adrenal gland is called cortisol which leads to some of the physical response to danger. The cortisol hormone circulates through the blood stream and is monitored by the hippocampus. When the hippocampus detects high levels of cortisol it signals the hypothalamus to decrease hormone production to bring the cortisol levels back to normal levels. When the pathway is not functioning properly there can be excessive panic symptoms.

The other fear/panic hormone secreted by the adrenal glands is adrenalin. Nerve pathways lead directly from the brain to control its secretion. Adrenalin is often referred to as the ‘fight or flight’ hormone because of its important role in the fear response.

The hippocampus is a brain structure that works to transfer events and sensory signals into memories. Long term stress can cause the hippocampus to decrease in size and impede its ability to function. This can lead to difficulty in controlling the fear response.

The fear pathway seems to work differently in patients with panic disorder than it does in most other people – it ‘turns on’ more easily and takes longer to ‘turn off’.

Some people with panic disorder seem to have a heightened sensitivity to physical symptoms. This helps “turn on” their fear pathway more easily. For example, an increased heart rate (which may or may not mean a panic attack is imminent) can trigger fear, which can worsen physical symptoms, build anxiety and may trigger a panic attack. However, most often a person with panic disorder can experience a panic attack with no stimulus at all!

In addition, the stress feedback mechanisms between the hippocampus and hypothalamus (discussed earlier) function less effectively. This means that it takes longer to ‘turn off’ this pathway in a person with panic disorder.

### **Neurotransmitters (chemicals that help nerve cells to communicate)**

- Serotonin is a neurotransmitter involved in regulating mood and other brain functions. We know that panic disorder involves cells that release serotonin, and that medications that increase serotonin levels can help prevent attacks.
- Epinephrine (also known as adrenaline) plays a role in the physical responses that the body has during a panic attack (increased heart rate, heavy breathing, etc.). Epinephrine prepares the body for an emergency situation by increasing alertness and by slowing down non-emergency bodily functions (e.g. digestion).
- GABA is a neurotransmitter that stops the physical fear responses from occurring when fear is not present—this gives the brain and body the ‘OK to relax!’ signal. There may be a decreased amount or effect of this neurotransmitter in patients with panic disorder.
- Norepinephrine is another neurotransmitter similar to epinephrine that is involved in panic disorder. Noradrenergic cells in the locus coeruleus nucleus of the brain play a role, although their exact role remains unclear.

## **(8) TREATMENT**

Cognitive Behavioural Therapy (CBT) is effective in treating panic disorder and is generally recommended as a first line treatment – meaning you should choose this first, and if it doesn’t work try the next treatment that has good scientific evidence to support it. If you are unsure about the science that supports the treatments, ask your doctor: “which treatment has the best evidence base to support this treatment?” [Check out this booklet “Evidence Based Medicine” to find out more.](#) CBT is thought to work by enhancing the ability of the frontal cortex of the brain to decrease the activity in the “panic pathways”—the locus coeruleus, amygdala, etc.

Cognitive-behavioural therapy (CBT) is a symptom oriented therapy that combines learning about the disorder with specific treatment interventions. The main components may include:

- Psychoeducation = information about panic disorder
- Self-monitoring of symptoms = panic monitoring
- Breathing retraining/relaxation techniques = stress reduction
- Cognitive restructuring to correct catastrophic misinterpretations of bodily sensations = panic reduction
- Exposure therapy = facing situations that elicit anxiety

Counselling may also help reduce symptoms and help family and friends understand illness.

### Pros and Cons of CBT

Pros	Cons
<ul style="list-style-type: none"> <li>• Effective</li> <li>• Has long term effects after the initial treatment phase of 12 weeks is completed</li> <li>• Can be given as individual or group therapy</li> </ul>	<ul style="list-style-type: none"> <li>• Not easily available</li> <li>• CBT is not regulated or standardized</li> <li>• Treatment duration of 12 weeks requires attendance at weekly sessions</li> </ul>

A type of Cognitive Behavioural Therapy called Panic Control Treatment (PCT) tries to introduce some of the symptoms found in a panic attack by making the patient run up stairs to increase their heart rate and spin around on a chair to make them dizzy. The therapist then asks about the specific fears that occur with the symptoms and attempts to change these thought patterns by challenging them (e.g., what was scary about that? Why was it scary? Nothing bad happened—should you really be scared?). This seems to be a variant of CBT with a few additions. We do not know if it is better than, the same as, or not as good as CBT. PCT lacks good research, therefore we do not recommend its use.

#### Some other treatments that may be helpful:

- Family Therapy may help if the mental illness is affecting the family as a whole.
- Group psychotherapy provides a structured setting for young people to get together and discuss their fears and share ways of coping with their negative thoughts and reactions.
- School-based counselling may help the young person deal with the impact of his or her illness in a school setting.

## Medication

Many different medications have been shown to be highly effective in panic disorder.

The Selective Serotonin Reuptake Inhibitors (SSRI) medications that have been shown to be effective in treating panic disorder, in children and adolescents, include: fluoxetine (Prozac); sertraline (Zoloft); citalopram (Celexa). They are thought to work by decreasing the sensitivity of various parts of the brain's "panic pathways" to the norepinephrine signals that come from the locus coeruleus. Other research suggests they may work in different pathways as well.

Pros	Cons
<ul style="list-style-type: none"> <li>• Effective</li> <li>• Easy to use</li> <li>• Widely available</li> <li>• Inexpensive (generic forms available)</li> </ul>	<ul style="list-style-type: none"> <li>• May take up to 6 weeks to work</li> <li>• May have side effects</li> <li>• FDA has 'black boxed' SSRI medicines because of a possibly increased rate of suicidal thinking BUT best available evidence shows SSRI use is related to decreased suicide</li> <li>• Symptoms may return when medicine is stopped</li> </ul>

**Q.** How do I know what the evidence for the effectiveness of a treatment is?

**A:**

- Check out the evidence based medicine pamphlet by clicking [here](#)
- Check out what questions to ask your doctor by clicking [here](#).

**DR. K'S TIP:** The best evidence we have suggests that combining CBT with an SSRI provides the best results. The choice of the first line of treatment depends on the scientific evidence, patient preference, cost, and availability of treatment.

#### Other Medications:

The benzodiazepine medicines such as clonazepam (Rivotril); or diazepam (Valium) may also help with panic disorder. They are much less studied than SSRI's and if prescribed they are usually meant for short term symptom relief.

**If you have been abusing alcohol, or if someone in your family has a drinking problem, it is better not to use benzodiazepines because they may lead to overuse or abuse. Mixing alcohol and these medicines may be dangerous.**

## Activities to Improve Overall Mental Health

In addition to treatments that have been demonstrated to specifically treat panic disorder (CBT and SSRI) there are a number of activities that you can do to improve your mental health in general. By themselves they will not treat a mental illness but they do help improve well-being and improve the overall outcome.

#### ACTIVITIES TO IMPROVE MENTAL HEALTH

<b>Activity</b>	Plan (What to do? How often? With whom?): THEN DO IT!
<b>Exercise</b>	Example: Running. 4 times a week. With your best friend.
<b>Eating well</b>	Example: Eating a healthy breakfast. Making sure you are getting enough protein, carbs, and healthy fats from foods such as avocado, nuts, and milk, etc. (Should be eating healthy most of the time) With your sibling.
<b>Sleeping well</b>	Example: Should be getting 8-9 hours of sleep every night.
<b>Problem solving</b>	Example: How to deal with stress at home: learning how to talk to mom when she is annoying you. How to deal with stress at school: when others are saying nasty things about you. Learn how to keep calm and how to stay away from negative people.
<b>Being socially active</b>	Example: Getting involved in sports, clubs, group hobbies, going to the mall, exercising like running with a group, dances, movie nights, etc. with friends.

**Activities That Should Be Avoided**

There are things that make us upset and will put us in a bad mood. Overall if there are things that you know make you feel badly, even if you like doing them from force of habit, they should be avoided and you should stop. Below are some specific examples of things that should be avoided in order to avoid a negative mood.

- Using illegal drugs
- Too much alcohol (e.g., 'getting wasted')
- Spending your day in a dark room
- Listening to really negative music...Music can have a HUGE influence on your mood!
- Avoid spending time with negative people.

**DR. K'S TIP: Hey, if you spend your time around negative people, doing negative things—how can you expect to feel good?**



## (9) MYTHS AND FACTS

<b>MYTHS</b>	<b>FACT</b>
Panic disorder is caused by personal weakness.	Panic disorder, like any other mental disorder, is not caused by personal weakness, and can happen to anyone—including people who are emotionally and physically strong.
Stress causes mental illness.	Although stress can have many negative effects on a person's life, everyday stress itself does not cause mental illness. Even when it comes to a severe trauma, most people who are exposed do not develop a mental illness, like PTSD.
Panic disorder can't be treated.	Both psychological and medical treatments have been scientifically shown to be effective in treating panic disorder.
Kids can't have panic disorder.	Panic disorder usually begins in adolescents. It is rare in young children, but can happen.
Panic attacks are always caused by stress.	Panic Attacks (especially panic attacks in a person with panic disorder) often happen without apparent causes and without specific triggers.
There is a test, like a brain scan or blood test, that can tell me if I have panic disorder.	At this time, mental disorders can only be diagnosed using international medical diagnostic categories based on signs and symptoms. There are no blood tests or brain scans available to help with diagnosis, yet.
Teens with panic disorder shouldn't take antidepressants.	The SSRI antidepressants can be very effective with panic disorder. They also have side effects. The decision to use these medications needs to be made after informed discussion with your doctor.
Panic is only felt on the inside.	People with panic disorder will show physical signs as well as feeling them inside. For example, a person having a panic attack will not only feel as if his or her heart is beating very fast, he or she will actually have an increased heart rate.
If I ignore my panic disorder it will go away.	If untreated, panic disorder will interfere with life activities, such as school, sports, work, friends and family.
Having a panic attack means I have panic disorder.	To be diagnosed with panic disorder a person must experience frequent panic attacks plus anticipatory anxiety and phobic avoidance. Additionally their life must be substantially disrupted because of these symptoms.

## (10) Roles for Parents

Young people depend upon their parents for help and look to parents for advice and care. This is why we think it is important that parents take the initiative to identify problems and obtain appropriate treatment as soon as possible. This is a very important role! If you believe something is wrong with your child, do not ignore the problem and hope that it goes away, because without treatment your child may not get better and that's not a risk any parent should take!

Parents should not encourage their child to avoid the things that make them anxious, because this may worsen symptoms and may lead to phobic avoidance. Also it is important that you don't purposely expose your child to feared places to help them "get over" the panic attacks. Although exposure is a form of treatment for panic disorder, it is complicated and it is important that treatment be provided by certified health professionals.

### Some other tips to help you in dealing with your child's panic disorder:

- Learn** about panic disorder. Discuss panic disorder with your child.
- Teach** your child relaxation techniques such as: deep breathing, slowly counting to ten, and envisioning a soothing place (some place they like).
- Praise** them for their efforts to control their worries.
- Be Calm.** If your child has a panic attack, be calm and comfort them. Identify the episode as a panic attack and slowly talk them through it — if they see that you are calm, they may find that helpful. Tell them that they are having a panic attack and that they will not die.
- Be Patient.** Treatment can take time and many young people with panic disorder may try different treatments before the best one is found.
- Don't Blame Yourself.** You can't make someone have panic disorder!
- Relax-Have Fun Together!** Do things your child loves and that you love. Encourage him/her to participate in the activities he or she used to enjoy. Have fun, watch funny movies with him or her, and listen to music — as long as it is fun!
- Listen to Them.** Listen to your child's thoughts, worries, and problems. Be supportive! Give good parenting advice and direction.
- Don't Judge.** Judging your child could make him or her withdraw from sharing their emotions. Not having someone to turn to could make them feel alone and make symptoms worse.
- Talk** to your child's mental health provider and get more ideas how to help and what to do.

**DR. K'S TIP:** If your child is feeling anxious being anxious yourself is not likely to help. Sometimes parents may also have a problem with anxiety. If you think that may be the case, please discuss this with your family doctor.

# Panic Attack Diary

The following tool can be used to help young people who are experiencing panic attacks to keep a record of how often they occur, how strong they are and how long they last.

This information is needed to help determine how effective treatments are. Ideally this diary should be completed at the same time each day (suggestion is just before going to bed). If you forget to do a day's entry, just make a note that you forgot and try to remember the next time.

The completed diary pages should be brought to each appointment with your health provider. Use a different page for each date.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

Number	Strength 1 = mild 2 = moderate 3 = severe	Duration
1	1 2 3	mins
2	1 2 3	mins
3	1 2 3	mins
4	1 2 3	mins
5	1 2 3	mins
6	1 2 3	mins
7	1 2 3	mins
8	1 2 3	mins
9	1 2 3	mins
10	1 2 3	mins
11	1 2 3	mins
12	1 2 3	mins
13	1 2 3	mins
14	1 2 3	mins

## (12) USEFUL WEBLINKS AND RESOURCES

- School Psychiatry Program & MADI Resource Center:  
[http://www.massgeneral.org/schoolpsychiatry/info\\_panicdisorder.asp#interventions\\_home](http://www.massgeneral.org/schoolpsychiatry/info_panicdisorder.asp#interventions_home)
- National Institute of Mental Health:  
<http://www.nimh.nih.gov/health/topics/panic-disorder/index.shtml>
- American Academy of Child & Adolescent Psychiatry:  
<http://www.aacap.org/>
- National Alliance on Mental Illness:  
<http://www.aacap.org/>
- The Dana Foundation:  
<http://www.dana.org/news/brainhealth/detail.aspx?id=9770>
- Canadian Academy of Child and Adolescent Psychiatry:  
<http://www.cacap-acpea.org/>
- Mental Health Foundation:  
<http://www.mentalhealth.org.uk/>
- American Academy of Child and Adolescent Psychiatry  
<http://www.aacap.org/>

## (13) OTHER TYPES OF ANXIETY DISORDERS

There are a number of other anxiety disorders. The most common are briefly described below.

**Agoraphobia without panic disorder:** Just as panic disorder can occur without agoraphobia being present, agoraphobia can sometimes occur without panic disorder. This means that people avoid either certain places or avoid leaving the house all together, but for another reason than fear of having a panic attack.

**Specific Phobia (Simple Phobia):** This type of phobia is the type people refer to when they describe fear of a particular object or situation.

- Fear of an object: snakes, spiders, bugs, lightning, etc.
- Fear of a situation: heights, small spaces, the dark, etc.

**Social Phobia (Social Anxiety Disorder--SAD):** This is thought to be the most common form of anxiety disorder in young people. It is diagnosed when a person is afraid of performing in a social situation—such as going to a party, school or the mall; playing sports while being watched by others; or speaking in public. The person is anxious that he or she will do something embarrassing while others are watching—to the point he or she will avoid these situations all together, or will cry, have tantrums, become panicky, or freeze when forced to be in these situations. A variant of this is called performance SAD. This occurs when a person has great difficulty with public performance, such as: public speaking. The good news is that performance SAD is really easily treated.

**Obsessive-Compulsive Disorder (OCD):** This disorder has two parts: obsessions and compulsions. Obsessions are thoughts, images, or urges that the person cannot control (usually these obsessions don't make sense and can be unrelated to the person's true wants or wishes). Common obsessions are;

impulse to jump out of a window or in front of a moving car, thoughts of catching a disease from public places, idea that dirt is always on the hands, the thought that he or she has left something turned on (like the stove) or unlocked (like a car or house), etc.

Compulsions are actions that the person has to take in order to make these thoughts, images, or urges stop. Common compulsions are washing hands, doing or saying things in multiples of a certain number, checking the house before he/she leaves (every time they leave, and often for a very long time, e.g., hours), making things symmetrical and putting everything in order, and hoarding (keeping everything and not wanting to throw anything away). The obsessions and compulsions make life difficult for the person and family involved. They can be time consuming, cause the person to be upset, and disrupt his or her school work, job, friends and/or family.

**Post Traumatic Stress Disorder (PTSD):** This will occasionally happen to people who experience or witness a very frightening, painful, or traumatic event in which they felt scared, helpless, or horror stricken and believed this event could lead to death or serious injury. People who develop PTSD will have flashback memories (or nightmares) of the event and will avoid things that remind them of the event. People with PTSD are easily startled and may be irritable or quick to anger. Some examples of events that may result in PTSD are:

- Car crash
- Plane crash
- Tragic and unexpected death of a loved one
- Physical assault
- Sexual assault
- Robbery
- Natural disaster (hurricane, earthquake, etc.)

**Generalized Anxiety Disorder:** This anxiety disorder is characterized by excessive anxiety about numerous personal and global situations that are part of everyday life and that most people cope with quite well. The worries are distressing, feel overwhelming and uncontrollable, and cause difficulties at home, school, and with friends. In addition to feelings of anxiety, people with GAD have the following symptoms:

- Being unable to sleep
- Feeling tired
- Difficulty concentrating or mind going blank
- Crankiness
- Tense muscles
- Difficulty falling or staying asleep, or unsatisfying sleep
- Headaches or stomach aches

**Separation Anxiety Disorder (Sep AD):** This disorder develops in childhood. A child with Sep AD will show severe and extensive worry that something will happen to his or her parent(s) or that something will happen to him or her if he or she is separated from his or her parent(s). Often children with Sep AD will have a 'tantrum' if separated from their parents—crying, screaming, and refusing to go to school. All children will experience separation anxiety to some extent and most do not have Sep AD. Sep AD will usually end as the child gets older, but sometimes the child and family need professional help if there is a lot of distress due to the anxiety and school, friends and family life are significantly impacted. Children who have Sep AD are at higher risk of developing other Anxiety Disorders or Depression (to learn more about depression [click here](#))

## (14) REFERENCES

- Barlow, D. H., Durand, V. M., & Stewart, S. H., (2006). *Abnormal psychology: An integrative approach*, First Canadian Edition. Canada: Thomas Nelson.
- Kessler, R. C., McGonagle, K. A., S., Nelson, C. B. Hughes, M., Eshleman, S., Wittchen, H. U., & Kendler, K. S. (1994). Lifetime and atric disorders among persons aged 15-54 in the United States: Results from the national comorbidity survey. *Archives of General Psychiatry*.
- Massachusetts General Hospital, School Psychiatry Program & MADi Resource Center. (2006). *Panic Disorder*. Retrieved from [http://www.massgeneral.org/schoolpsychiatry/info\\_panicdisorder.asp#treated](http://www.massgeneral.org/schoolpsychiatry/info_panicdisorder.asp#treated)
- Statistics Canada. (2004). Table 105-1100 mental health and well-being profile, Canadian community health survey (CCHS 1.2), age 15-24, both sexes, Canada, 2002. CANSIM (database). Retrieved August 22, 2007.
- Kutcher S., Chehil S., (2008) Adolescent Depression and Anxiety Disorders. In Lawrence S. Neinstein, Catherine M. Gordon, Debra K. Katzman et al (eds) *Adolescent Health Care: A Practical Guide*, 5<sup>th</sup> Ed. pp 994-1017. Philadelphia: Lippincott Williams & Wilkins.