DOWNLOAD PDF THE NATURE OF PANIC DISORDER AND AGORAPHOBIA

Chapter 1 : Agoraphobia | CRUfAD

Chapter 1 discusses the nature of panic disorder (PD) and agoraphobia, and covers the goals of the session (understanding the disorder, what causes it, the program and its structure, and if the program fits the patient needs).

As a baby, she had terrible colic, often crying for hours on end, slept poorly, and experienced numerous food sensitivities and other allergic reactions. As she matured, she had difficulty tolerating change and struggled with transitions into daycare, school, and managing other routine demands. They joke that whereas their son is easy going and predictable, that Andrea is just the opposite. More recently, Andrea has started worrying about her school performance and pending transition into high school. About a month ago, she had her first panic attack just before taking a test at school. She reported chest pain and trouble breathing, and that her heart was racing uncontrollably. Her teacher thought it was a medical emergency and an ambulance was called. Since then, Andrea has had several panic attacks at school. Recently, Andrea had another panic attack while out for dinner with her family. Now, she refuses to go to restaurants and has missed several days of school because of a fear of having another attack. Download Ben is 15 years old, and lives with his family in an apartment building in a large center. His mother noticed that he was very upset, and immediately took him to the E. The results were negative. Although he eventually settled and was able to breathe normally, he was shaken by the experience and was unsure why it happened. Unexpectedly, Ben had the same choking sensation a week later, while sitting alone in his bedroom. This time, he also felt dizzy and nauseous. Since the first attack in the elevator, Ben has experienced 10 more episodes. Ben has started to worry about having additional attacks, and is refusing to ride in elevators, which means he must walk six flights of stairs up and down to his apartment. He refuses to ride the subway or buses, go to the movies, be in crowded locations, and insists on carrying his cell phone with him at all times in case he needs to dial Jassal is taking care of her year-old granddaughter, Mina, afterschool and on weekends while her daughter gets her nursing degree. Her daughter has warned Ms. Jassal has spoken with her doctor who told her that panic attacks are harmless and the best way to cope with them is to learn to float with the panic rather than fight it, and that avoidance only strengthens symptoms.

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Chapter 2 : Panic Disorder | Anxiety and Depression Association of America, ADAA

Panic disorder is a real disease that requires treatment. Most treatment plans are a combination of antidepressant medications and psychotherapy like cognitive-behavior therapy (CBT).

Outlook Agoraphobia is an anxiety disorder that manifests as a fear of situations where escape could be difficult, or in which help would not be available if something bad were to happen. The word comes from the ancient Greek word "agora," referring to a place of assembly or market place. The condition is often misunderstood as a fear of open spaces but is, in reality, more complex. Agoraphobia may involve a fear of crowds, bridges or of being outside alone About 1. The median onset age is 20 years. Fast facts on agoraphobia Here are some key points about agoraphobia. More detail is in the main article. Agoraphobia often develops after having one or more panic attacks. It can lead to various fears, such as the fear of open spaces and the fear of places where escape is difficult, such as elevators. Agoraphobia can make it difficult for a person to leave their house. Physical symptoms include chest pains, dizziness, and shortness of breath. Agoraphobia is often treated medically with antidepressants or anxiety-reducing medicine. Most people with agoraphobia can get better through treatment. Agoraphobia is an extreme avoidance of situations that could cause panic. An anxiety disorder is when a feeling of anxiety does not go away and tends to grow worse over time. One type of anxiety disorder is a panic disorder, where panic attacks and sudden feelings of terror can occur without warning. Agoraphobia is one such panic disorder. Agoraphobic panic attacks are linked to a fear of places where it is hard to escape or where help may not be available. Places that can induce agoraphobia include those that can make a person feel embarrassed, helpless, or trapped, such as crowded areas, bridges, public transport and remote areas. Most people develop agoraphobia after having had one or more panic attacks. These attacks cause them to fear further attacks, so they try to avoid the situation in which the attack occurred. People with agoraphobia may need help from a companion to go to public places, and may at times feel unable to leave home. Recent changes in diagnostic criteria The terms of diagnosis have recently changed. Since , DSM-5 states that people with agoraphobia no longer need to acknowledge the excessiveness of their anxiety in relation to the cause of the phobia. In DSM-4, a person aged under 18 years had to have the condition for at least 6 months to receive a diagnosis. In DSM-5, the 6-months duration has been extended to all patients. This is to avoid the overdiagnosis of transient, or fleeting, unrelated fears. DSM-4 also linked the diagnoses for panic disorder and agoraphobia, but this changed in DSM-5 because a considerable number of patients with agoraphobia do not experience panic symptoms. Panic disorder and agoraphobia are now two separate diagnoses, and the labeling of "agoraphobia with or without panic disorder" no longer applies. Treatment Agoraphobia is usually treated with a combination of medication and psychotherapy. Treatment is effective for most people with agoraphobia, but it can be harder to treat if people do not get early help. Medication Healthcare professionals can prescribe either one or both of the following types of medication. Selective serotonin reuptake inhibitors SSRIs are a type of antidepressant that can be prescribed to treat agoraphobia. Other types of antidepressants can also be prescribed, but the adverse effects may be greater. Anti-anxiety medications, also known as benzodiazepines, are sedatives that can relieve the symptoms of anxiety in the short term. Benzodiazepines can be habit-forming. The antidepressants may start on a higher dosage and slowly decrease when the treatment is ready to finish. Starting and ending a course of antidepressants can sometimes lead to side effects that are similar to a panic attack, and caution is therefore advised. Psychotherapy Agoraphobia will be often be treated with psychotherapy Psychotherapy involves working with a therapist to reduce symptoms of anxiety so that the person will feel safer and able to function better. Cognitive-behavioral therapy CBT focuses on changing the thoughts that cause the condition. The person may learn: Options may include telephone or online therapy, home visits, or treatment sessions in a place that the patient considers safe. Family support can also help by showing understanding and by not pushing the individual too far. Self-help tips for managing symptoms Self-care that may help include:

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Chapter 3 : Panic Disorder & Agoraphobia Â» Alabama Clinics

The Nature of Panic Disorder and Agoraphobia Goals To understand the nature of panic attacks, panic disorder, and agoraphobia To learn about factors that cause panic disorder.

Feeling dizzy, unsteady, lightheaded, or faint Feelings of unreality derealization or being detached from oneself depersonalization Fear of losing control or going crazy Fear of dying Numbness or tingling sensations paresthesia Chills or hot flushes The presence of fewer than four of the above symptoms may be considered a limited-symptom panic attack. The diagnostic criteria for agoraphobia includes the experience of intense fear or anxiety in at least two agoraphobic situations, such as being outside the home alone, public transportation i. To be diagnosed with agoraphobia, the person will also need to be exhibiting avoidance behaviors. Agoraphobia tend to be pervasive and complex. It typically develops in 20s or 30s and Patients with agoraphobia display symptoms that usually continue for 6 months or more and cause significant distress and impairment. Many people with agoraphobia also experience extreme panic attacks and that those individuals are diagnosed with both agoraphobia and panic disorder. Cognitive theory for panic disorder rests on the fact that full panic reactions are experienced only by people who misinterpret bodily events and they are more sensitive to certain bodily sensations and may misinterpret them as signs of a medical urgencies Comer, , p. These are the individuals who have experienced more trauma-filled events and they experience more intense and extreme bodily sensations. Biologically perspective of the panic disorder relies on the fact that different neurotransmitters like GABA, norepinephrine, serotonin have been implicated and different brain structures like Amygdala and Locus Coeruleus have been found in the studies to play a role in the pathogenesis of panic disorder. Also, patients with positive family history of panic disorder are at higher risk Bystritsky, Khalsa, Cameron and Schiffman, ; Goodwin, Cognitive behavioral therapy and the pharmacotherapy are the cornerstone for the treatment of panic disorder with or without agoraphobia Bystritsky, Khalsa, Cameron and Schiffman, Antidepressants are for long term or chronic use and they take few weeks have the optimum therapeutic effect. On the other end, benzodiazepines are quick and fast acting and help with the symptoms and are frequently employed in the emergency room setting for quick relief as the patients with the panic attacks usually end up in the ER as if they are having a heart attack, stroke and frequently describe having a nervous breakdown or meltdown feelings but the benzodiazepines do carry the risk of abuse, dependence and withdrawals which can be life threatening Hawryluk, In summary, both cognitive behavioral therapy and medicines have a role in the treatment of panic disorder with or without agoraphobia. References American Psychiatric Association. Amer Psychiatric Pub Inc. Current Diagnosis and Treatment of Anxiety Disorders. Abnormal psychology 9th ed. The overlap between anxiety, depression, and obsessive-compulsive disorder. Benzodiazepines treat anxiety, cause long-term problems: Meant for short-term relief, these medications are prescribed repeatedly. Retrieved from The Bulletin: Arch Gen Psychiatry, 62 6 ,

Chapter 4 : How I Achieved My Cure of Panic Disorder and Agoraphobia

Among the updates are clarification on the types of panic attacks and how agoraphobia is associated with panic disorder. What Is DSM-5? The Diagnostic and Statistical Manual of Mental Disorders (DSM-5) by the American Psychiatric Association (APA) is the system used in the United States to diagnose mental health disorders.

Short Essays on Key Aspects of Healing In this letter, I have chosen to focus on my healing, and to say only a few words about my long period of suffering. My own suffering had its unique form, but essentially, it was no different from what you probably already know. After my first two panic attacks, I awakened each morning to an instantly racing heart, hyperventilation, and cresting waves of fear and apprehension. My range of activity for each day was dictated by my agoraphobia, and my range gradually got narrower and narrower. Every aspect of my life was deeply affected. I answered that it would take much less time if I simply listed those things I could do. At my low point, I was buffeted from morning to night by waves of panic anxiety, and I was barely able to venture one block from my apartment. To summarize a story that could fill many pages, I spent years doing everything I could to heal from this condition. After many disappointments, my tenacity finally paid off. I found my answer. The answer I found was the deeply transformational process of learning mastery over my panic and anxiety. For me, there were two keys to learning this mastery and curing this condition: We grow up in a culture which teaches us next to nothing about what the panic response really is. No wonder we feel overwhelmed when we experience it first-hand! Panic â€” also known as "fight or flight" â€” is a physiological response for which everybody is "wired" â€” it has been essential to our survival as a species. Through millions of years of evolution, our bodies were built to easily tolerate the panic response â€” it is completely harmless to the body and the mind. A good analogy for the panic response is a fire alarm: Similarly, the purpose of the panic response is to insure our protection and survival in the event of a real emergency, when a split-second response could mean the difference between life and death. But the panic response itself is never dangerous. Fear of panic is at the root of panic disorder. As one really begins to learn that no part of the panic response is ever harmful or dangerous, the fear of panic begins to subside. One is held less and less "in the thrall" of the panic experience. In his wonderful book Fighting Fear , Dr. Can you imagine a caveman responding to a saber-toothed tiger by falling to the ground with a heart attack or running around out of control? When you see finally that the panic attack is not inherently dangerous, you will have achieved the principal goal of treatment. Mastery of Your Anxiety and Panic: If reading this material is a trigger for anxiety for you, I beg you to persevere, a little at a time, because understanding and de-mystifying panic is an essential first step.

Chapter 5 : Panic Disorder and Agoraphobia Books | Anxiety and Panic Treatment Center

Panic Disorder and Agoraphobia Books The following books are recommended for those who suffer from Panic Disorder and Agoraphobia or for family and friends of those suffering. You may purchase these books at your local bookseller, or click on the links below to purchase them from blog.quintoapp.com 1.

Triggers for this anxiety may include wide-open spaces, crowds social anxiety , or traveling even short distances. Agoraphobia is often, but not always, compounded by a fear of social embarrassment, as the agoraphobic fears the onset of a panic attack and appearing distraught in public. Most of the time they avoid these areas and stay in the comfort of their safe haven, usually their home. Fearing the onset of another panic attack, the sufferer is fearful or even avoids a location. Some refuse to leave their homes even in medical emergencies because the fear of being outside of their comfort areas is too great. Agoraphobia, as described in this manner, is actually a symptom professionals check when making a diagnosis of panic disorder. Other syndromes like obsessive compulsive disorder or post-traumatic stress disorder can also cause agoraphobia. Essentially, any irrational fear that keeps one from going outside can cause the syndrome. Such temporary conditions can result in an increase in anxiety or a panic attack or feeling the need to separate themselves from family or maybe friends. A panic attack typically has an abrupt onset, building to maximum intensity within 10 to 15 minutes, and rarely lasts longer than 30 minutes. The condition has been linked to the presence of other anxiety disorders, a stressful environment, or substance abuse. A disproportionate number of agoraphobics have weak vestibular function and consequently rely more on visual or tactile signals. They may become disoriented when visual cues are sparse as in wide-open spaces or overwhelming as in crowds. Self-medication or a combination of factors may also explain the association between tobacco smoking and agoraphobia and panic. Attachment theory Some scholars [20] [21] have explained agoraphobia as an attachment deficit, i. Branches of the social sciences, especially geography , have increasingly become interested in what may be thought of as a spatial phenomenon. One such approach links the development of agoraphobia with modernity. These have helped develop the expansion of public space, on one hand, and the contraction of private space on the other, thus creating in the minds of agoraphobic-prone people a tense, unbridgeable gulf between the two. Evolutionary psychology[edit] An evolutionary psychology view is that the more unusual primary agoraphobia without panic attacks may be due to a different mechanism from agoraphobia with panic attacks. Primary agoraphobia without panic attacks may be a specific phobia explained by it once having been evolutionarily advantageous to avoid exposed, large, open spaces without cover or concealment. Agoraphobia with panic attack, though, may be an avoidance response secondary to the panic attacks due to fear of the situations in which the panic attacks occurred. Therapy[edit] Systematic desensitization can provide lasting relief to the majority of patients with panic disorder and agoraphobia. The disappearance of residual and subclinical agoraphobic avoidance, and not simply of panic attacks, should be the aim of exposure therapy. Many patients can deal with exposure easier if they are in the company of a friend on whom they can rely. This treatment involves coaching a participant through a dianoetic discussion, with the intent of replacing irrational, counterproductive beliefs with more factual and beneficial ones. Benzodiazepines , monoamine oxidase inhibitor , and tricyclic antidepressants are also sometimes prescribed for treatment of agoraphobia. If taken for too long, they can cause dependence. Treatment with benzodiazepines should not exceed 4 weeks. Side effects may include confusion, drowsiness, light-headedness, loss of balance, and memory loss. Alternative medicine[edit] Eye movement desensitization and reprocessing EMDR has been studied as a possible treatment for agoraphobia, with poor results. Sharing problems and achievements with others, as well as sharing various self-help tools, are common activities in these groups. In particular, stress management techniques and various kinds of meditation practices and visualization techniques can help people with anxiety disorders calm themselves and may enhance the effects of therapy, as can service to others, which can distract from the self-absorption that

tends to go with anxiety problems. Also, preliminary evidence suggests aerobic exercise may have a calming effect. Since caffeine, certain illicit drugs, and even some over-the-counter cold medications can aggravate the symptoms of anxiety disorders, they should be avoided. It is uncommon to have agoraphobia without panic attacks, with only 0.

Chapter 6 : Agoraphobia - Wikipedia

Panic disorder with agoraphobia is the most common of the panic-related disorders, although individuals may also report panic disorder without agoraphobia (panic attacks without avoidance behavior) or agoraphobia without a history of panic (avoidance behavior related to one or two sensations of panic, but has never had an actual attack).

Generally, however, the management of panic disorder usually involves: Ongoing assessment of the disorder. Some basic information about anxiety is provided in Section 4. Instructing the individual not to avoid any situations or places, even though he or she may feel uncomfortable at times. Otherwise, avoidance may lead to the development of agoraphobia, and increased disability. Providing training in strategies to control anxiety symptoms, and encouraging the individual to practice these techniques regularly: Individuals are to be encouraged to avoid using sedative medication to control their anxiety. In some cases antidepressant medication can be useful in the control of severe panic attacks see Chapter 2: Referral or specialist consultation if panic attacks continue despite the above measures. Hence, the symptoms themselves become threatening and can trigger the whole anxiety response again. Some common myths and misinterpretations that some people have about panic are discussed on the following page. It is what people think about an event that causes the anxiety not the event itself. People with panic disorder become sensitized to the possibility that symptoms of the flight or fight response will occur and that those symptoms may lead to losing control, going mad, having a heart attack, collapse or death. It is the panic outcome fears that are the principal concern. What if they happen is the question. Three of the commonest fears are discussed below but the role of the clinician is to encourage the person to recognize the symptoms as part of the flight or fight response or of hyperventilation and not presume that they are indicators of a serious outcome. There are two ways of doing this. One, derived from the cognitive therapy position is to keep disputing the certainty of the panic outcome: Now, does that add up? People with panic should deliberately enter feared situations that evoke the symptoms, with the precise aim of exploring whether the panic outcome fears eventuate. Once they discover that they do not eventuate their panic outcome fears attenuate. Thus with cognitive therapy and with exposure to situations that evoke the symptoms they can gradually learn that the exaggerated symptoms of the flight or fight response do not have to be feared or avoided. If individuals hold these fears it will be important to differentiate between anxiety symptoms and other mental disorders such as schizophrenia. By providing information about the symptoms and causes of other mental disorders, individuals can be reassured that they do not suffer from these other disorders. Furthermore, it can be reassuring for individuals to be told that the symptoms they are experiencing are not unique and are in fact shared by many other people. Presumably they mean that they will become totally paralysed and be unable to move, will collapse, or will not know what they are doing thus may run around wildly, hurting people or yelling out obscenities and embarrassing themselves. It is important to explain where this feeling may come from. Quite simply, during the anxiety response the entire body is ready for action and there is often an overwhelming desire to get away from any potential danger. Fear of having a heart attack Some of the symptoms of a panic attack are also experienced during a heart attack e. It is therefore understandable that a person who is having a panic attack may think he or she is having a heart attack. If chest pain is recurrent or long-lasting it is wise to have a thorough medical investigation to rule out the presence of heart disease. If heart disease is not present then it is unlikely that subsequent chest pain is caused by a heart attack. The information below may be helpful for distinguishing between symptoms of panic and symptoms of a heart attack. Ischaemic heart disease is very rare in young women, the group most likely to experience panic disorder. Generally, if an individual who is prone to panic attacks experiences another similar attack, it is probably best for him or her to sit quietly and use the slow breathing exercise for about five to ten minutes. It is therefore usually a complication of panic disorder. This anxiety usually leads to avoidance of a variety of feared situations. Situations which are commonly avoided by individuals with agoraphobia include: Some individuals are able to face these situations but usually do so with reluctance and dread. Or sometimes the

individual feels more comfortable about being in these situations if accompanied by someone else even a child. Agoraphobia usually develops after the individual has experienced a panic attack or panic-like symptoms. However, once this disorder has developed, panic symptoms may or may not continue to occur. For example, if the individual avoids feared situations, anxiety will be lower and panic symptoms may occur less frequently or not at all. However, the agoraphobic avoidance often persists despite the absence of panic attacks or panic-like symptoms because the fearful anticipation of panic usually remains. Differential diagnosis In severe cases of social phobia, individuals may also avoid leaving home or entering public places due to the fear of being scrutinised by others. In agoraphobia the individual fears having a panic attack. Avoidance is not a result of delusions or obsessional thoughts. For example, individuals with a delusional disorder may avoid public places because they hold the delusional belief that people in the street are trying to harm them, or individuals with obsessive compulsive disorder may avoid public transport because they have the obsessional fear that contamination may occur. It is more common in females than in males and its onset peaks during the mid to late 20s. Course and prognosis If untreated, agoraphobia can be a chronic disabling disorder. The majority of individuals with agoraphobia can be successfully treated with cognitive-behavioural programmes, some are relieved by medication see Chapter 2: Assessment The methods of assessment for panic disorder will also be useful and the Fear Questionnaire, which has been designed specifically for phobic individuals, will also be useful see below and Section 4. This pencil and paper questionnaire is initially administered prior to commencing treatment so as to obtain a baseline against which improvement can be measured. In addition, this questionnaire will allow for the identification of the stimuli that cause avoidance, as well as problems caused by the avoidance, thus guiding the management plan. At the completion of the treatment programme, the individual fills out this questionnaire once again. A lower post-treatment score on any of the categories indicates improvement. A copy of the Fear Questionnaire and scoring instructions are provided in Section 4. Generally, however, the management of agoraphobia usually involves: Ongoing assessment of the disorder 2. Education about anxiety see Section 4. Providing training in strategies to control anxiety symptoms, and encouraging the individual to practise these techniques regularly. Graded exposure to feared situations Section 4. Individuals are to be encouraged to avoid using sedative medication to control anxiety. In some cases antidepressant medication can be useful in the control of severe panic attacks. Medication for a discussion of drug treatments. Referral or specialist consultation if panic symptoms or avoidance persist despite the above measures. Why do phobias develop? When anxiety occurs for the first time in a certain situation, most people believe that, should they find themselves in that same situation again, they would be more than likely to become anxious. Anxiety is unpleasant and individuals with anxiety disorders soon learn to anticipate anxiety-provoking situations before these situations occur. By anticipating these situations it is also possible for individuals to learn to avoid these situations in order to avoid the anticipated anxiety. Sometimes, however, it is not always possible to anticipate anxiety-provoking situations. Therefore, if individuals find themselves in such situations, they may leave the situation quickly or distract themselves. By leaving a situation when they have experienced anxiety, or by avoiding a situation in which anxiety is anticipated, the individual experiences a feeling of relief and a drop in anxiety. These positive feelings are gratifying, hence, the avoidance behaviour is strengthened or reinforced. If anxiety can be prevented or reduced by avoiding or leaving fearful situations, why are individuals discouraged from doing so? One reason is because once avoidance behaviour begins, it becomes harder and harder to face the feared situation. The avoidance can then become disabling e. Additionally, it is not always possible to avoid feared situations and the distress can be severe when an individual is forced to face feared situations. A second reason is because once an individual begins to avoid feared situations, he or she often begins to tolerate lower and lower amounts of anxiety. Hence, he or she begins to avoid more situations as these new situations are also labelled as being anxiety-provoking. It should be emphasised that in most cases the feared situations are not actually the cause of the original anxiety. The anxiety is mistakenly attributed to the situations which are thereafter avoided in an attempt to avoid a recurrence of the anxiety. How can people overcome their phobias?

If avoiding specific situations or objects eventually makes these things harder and harder to face, what would happen if individuals confronted their fears? If the fear is reinforced by leaving the situation, what would happen if the individual stayed put? Actually, if feared situations were confronted for long enough, the fear would eventually pass and the fear experienced in that situation would be less the next time around. Sometimes individuals with phobic disorders will have developed very strong fears of specific situations. For example, agoraphobics fear being away from home alone, social phobics fear performing tasks in front of others, and people with more specific phobias may fear heights, spiders, confined spaces, and so on. Individuals with anxiety who have developed phobic avoidance as part of their disorder should be encouraged to gradually confront the things that they fear. One good way to break the avoidance is to start with confronting easy situations and slowly build up enough confidence to face the harder things. This technique is called graded exposure. In doing this it is critical that they remain in the feared situation until there is a decrease in anxiety. The other important strategy for overcoming fears is to control the level of anxiety by using breathing and relaxation exercises. Regular frequent exposure will convince sufferers that they can limit their initial anxiety and confidently expect the anxiety to decrease over time. In difficult or persistent cases, referral to a specialist who has training in the behavioural principles of graded exposure e. Principles Of Graded Exposure 1. Provide training for the slow breathing exercise Section 4. These exercises can be used prior to commencing each step of the graded exposure hierarchy to ensure that the individual is calm and relatively relaxed at the beginning of each graded exposure session. Slow breathing can be practised while in the feared situation, and targeted muscle relaxation can also be used if the individual notices tension in particular muscles e.

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Chapter 7 : Nature of Panic Disorder and Agoraphobia - Oxford Clinical Psychology

Panic disorder and agoraphobia Some people have a panic disorder in addition to agoraphobia. Panic disorder is a type of anxiety disorder in which you experience sudden attacks of extreme fear that reach a peak within a few minutes and trigger intense physical symptoms (panic attacks).

This includes crowds, bridges, or places like planes, trains, or malls. Other symptoms of agoraphobia include: Genetics The specific cause of panic attacks is unknown. However, some evidence suggests that there may be a genetic aspect involved. Some people diagnosed with the disorder do not have other family members with the disorder, but many do. Stress Stress may also play a role in bringing on the disorder. Many people first experience attacks while going through intensely stressful periods. As more attacks occur, the person tends to avoid situations they view as potential triggers. A person with a panic disorder will feel anxious if they think they are in a situation that could cause a panic attack. The symptoms of panic disorder with agoraphobia can be similar to those of other conditions. Therefore, correctly diagnosing a panic disorder can take time. The first step is to visit your doctor. They will perform a thorough physical and psychological evaluation to rule out other conditions that have some of the same symptoms as panic disorders. These conditions could include: Panic disorder is a real disease that requires treatment. Most treatment plans are a combination of antidepressant medications and psychotherapy like cognitive-behavior therapy CBT. However, your doctor may treat you with medication or CBT alone. Most people are able to successfully manage their panic attacks with treatment. Therapy Two types of psychotherapy are common for the treatment of panic disorder with agoraphobia. This therapy focuses on identifying and understanding your panic attacks, then learning how to change your patterns of thought and behavior. These movements affect the way the brain processes information and can help you see things in a way that is less frightening. Medication Four types of medication are commonly used to treat panic disorder with agoraphobia. They are usually the first choice of medication for treating panic disorder. These tend to have more side effects than SSRIs.

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Chapter 8 : Agoraphobia: Symptoms, causes, diagnosis, and outlook

Panic disorder with or without agoraphobia affects roughly % of Americans, and about 1/3 of this population with panic disorder have comorbid agoraphobia. It is uncommon to have agoraphobia without panic attacks, with only % of people with agoraphobia not presenting panic disorders as well.

It usually comes from having repeated panic attacks. If you have had previous panic attacks you may be afraid of having another panic attack. You may start to avoid situations that could cause such attacks. This fear can contribute to the development of agoraphobia. Panic attacks, and agoraphobia usually start in the late teens or early twenties. They can occur at any age. Panic disorder is more common in women than men. Diagnosing Agoraphobia with Panic Attacks When you have a panic attack, it can be very scary. Signs of drug use, alcohol use, or medication side effects are used to rule out a panic attack. Your health care provider will also look for physical signs that could cause your symptoms. You may be tested for heart, lung, or nervous system disorders. Your mental health professional can help determine the cause of your panic attack. There are a number of treatment options for panic attacks. They vary based on the cause and severity of the symptoms. People are usually treated with both medication and cognitive behavioral therapy. It works to change the way a person with panic disorder feels about their condition. In addition, CBT helps you understand the distorted feelings you have during a panic attack. In general, 10 to 20 sessions of CBT are recommended. Therapy may continue until you can return to places that cause anxiety without having an attack. A cognitive behavioral therapist can help you retrain the way you think about scary situations. This helps reduce your fear and the symptoms of agoraphobia. Deep breathing and meditation can help soothe anxiety that, if left untreated, could cause a panic attack. Medication Medications can be prescribed to combat feelings of anxiety. These medications are used for people who have been diagnosed with agoraphobia or panic disorder. Some medications used for panic disorders include: Selective serotonin reuptake inhibitors SSRI antidepressants: They are also used to combat feelings of anxiety and other mood-altering experiences. Those effects can help them treat panic disorder and agoraphobia. Serotonin-norepinephrine reuptake inhibitors SNRI: This is another class of antidepressants. These drugs reduce anxiety. They work quickly to relieve you of panic symptoms. However, they can be addictive. Therefore, they are usually prescribed only for a short time. Xanax alprazolam , Valium diazepam , and Klonopin clonazepam are some examples. Some medications used to treat panic attacks and agoraphobia are habit-forming. Other complications of these drugs can include:

Chapter 9 : Agoraphobia - Symptoms and causes - Mayo Clinic

To present nationally representative data on the epidemiology of panic attacks and panic disorder with or without agoraphobia based on the National Comorbidity Survey Replication (NCS-R). Lifetime prevalence estimates are % for isolated panic without agoraphobia (PA-only), % for PA with.