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Panic Disorder with Agoraphobia

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Part 1 of 5: Overview

What Is a Panic Disorder With Agoraphobia?

Panic Disorders

People who have a **panic disorder** (also known as anxiety attacks) suffer from sudden attacks of intense and overwhelming fear that something awful is about to happen. Their bodies react as if they're in a life-threatening situation. These attacks come without warning and often strike when the person is in a non-threatening situation.

According to the Anxiety and Depression Association of America (ADAA), about 6 million adults have a panic disorder (ADAA, 2012). Anyone can develop the disorder. However, it is more common in women than in men.

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Symptoms typically first appear at about age 25.

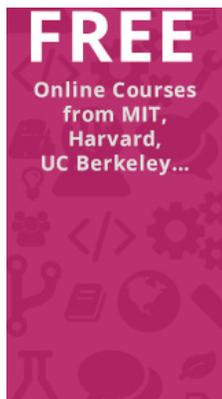
Agoraphobia

Agoraphobia usually involves a fear of being caught in a place where "escape" would not be easy. This includes malls, airplanes or trains, theaters, and similar areas.

You may begin to avoid the places and situations where you had a panic attack before, for fear it might happen again. This fear can keep you from traveling freely or even leaving your home.

Agoraphobia affects about one in three people with panic disorder.

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Part 2 of 5: Causes

What Causes a Panic Attack with Agoraphobia?

Genetics

The specific cause of panic attacks is unknown. However, some evidence suggests that there may be a genetic aspect involved. Some individuals diagnosed with the disorder do not have other family members with the disorder, but many do. For example, if one identical twin has the disorder, the other twin will also have it in 40 percent of cases.

Stress

Stress may also play a role in bringing on the disorder. Many people first experience attacks while going through intensely stressful periods. This could include:

- the death of a loved one
- divorce
- job loss
- another circumstance that causes your normal life to be disrupted

Development of Attacks

An article published in the journal *Ethology and Sociobiology* reports that people usually experience a panic attack for the first time while they are away from home (Neese, 1987). Attacks tend to come on with no warning. The person will avoid more situations he or she views as a potential trigger as more attacks happen. Anxiety persists in situations a person thinks could cause an attack, even after the attacks grow less frequent.

Part 3 of 5: Symptoms

The Symptoms of Agoraphobia

Agoraphobia usually involves fear of places that would be difficult to leave or find help if a panic attack occurs. This includes crowds, bridges, or places like planes, trains, or malls.

Other symptoms of agoraphobia include:

- fear of being alone
- fear of losing control in public
- a feeling of detachment from others
- feeling helpless
- feeling that your body and/or the environment is not real
- rarely leaving home

Panic Attacks

A person typically most strongly feels a panic attack for 10 to 20 minutes. However, some symptoms can linger for an hour or more. Your body reacts as if you were truly in danger when you experience a panic attack. Your heart races and you can feel it pounding in your chest. You sweat and may feel faint, dizzy, and sick to your stomach.

You become short of breath and may feel as if you're choking. You may have a sense of unreality and a strong desire to run away. You may fear you're having a heart attack, that you're going to lose control of your body, or even die.

You will have at least four of the following symptoms when experiencing a panic attack:

- feelings of danger
- need to flee
- heart palpitations
- sweating or chills
- trembling or tingling
- shortness of breath
- a choking or tightening sensation in the throat
- chest pain
- nausea or stomach discomfort
- dizziness
- a feeling of unreality
- fear that you are losing your mind
- fear of losing control or dying

Part 4 of 5: Diagnosis

How Is Panic Disorder with Agoraphobia Diagnosed?

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. He or she 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 a heart problem, hormone imbalance, or substance abuse.

According to the *Diagnostic and Statistical Manual of Mental Disorders* (DSM), you must meet three criteria for a diagnosis of panic disorder ([Mayo Clinic, 2012](#)):

you have frequent and unexpected panic attacks

- at least one attack has been followed by a month or more of worrying about having another attack
- your panic attacks are not caused by alcohol or drugs, another illness, or another psychological disorder

The DSM has two criteria for the diagnosis of agoraphobia:

- fear of being in places that would be difficult or embarrassing to get out of if you had a panic attack
- avoidance of places or situations where you fear you might have a panic attack, or suffering great distress in such places

Be completely honest with your doctor about your symptoms to obtain an accurate diagnosis.

Part 5 of 5: Treatment

How Is Panic Disorder with Agoraphobia Treated?

Panic disorder is a real disease that requires real treatment. The problem responds well to treatment, which is usually a combination of antidepressant medication and psychotherapy like cognitive-behavior therapy (CBT). However, your doctor may treat you with medication or CBT alone. It is possible to learn to manage panic attacks or even to be free of them entirely with appropriate treatment.

Therapy

Two types of psychotherapy are common for the treatment of panic disorder with agoraphobia.

You will learn about agoraphobia and panic attacks in cognitive-behavioral therapy (CBT). The therapy focuses on identifying and understanding your panic attacks, then learning how to change your patterns of thought and behavior.

In CBT, you'll typically:

be asked to do some reading on the subject

keep records between appointments

complete some assignments

You'll probably begin to see the effects of this therapy in 12 to 16 weeks ([ADAA, 2012](#)).

Exposure therapy is a form of CBT that helps you reduce your responses to fear

and anxiety. As the name implies, you're gradually exposed to situations that cause fear. You'll learn to become less sensitive to these situations over time, with the help and support of your therapist.

Eye movement desensitization and reprocessing (EMDR) also has been reported to be useful in treating panic attacks and phobias. EMDR simulates the rapid eye movements (REM) that happen normally when you are dreaming. These movements affect the way the brain processes information and can help you see things in a way that is less frightening ([ADAA](#), 2012).

Medication

Four types of medication are commonly used to treat panic disorder with agoraphobia.

Selective serotonin reuptake inhibitors (SSRIs) are a type of antidepressant. According to the Mayo Clinic, SSRIs are usually the first choice of medication for treating panic disorder ([Mayo Clinic](#), 2012). Common SSRIs include Prozac, Paxil, and Zoloft.

Serotonin-norepinephrine reuptake inhibitors (SNRIs) are another class of antidepressant and are considered as effective as SSRIs in treating anxiety disorders. These tend to have more side effects than SSRIs. Side effects include:

- upset stomach
- insomnia
- headache
- sexual dysfunction
- increased blood pressure

Benzodiazepines promote relaxation and reduce the physical symptoms of anxiety. They are often used in the emergency room to stop a panic attack. These drugs can become habit-forming if taken for a long time or at a high dose.

Tricyclic antidepressants are effective in treating anxiety but can cause significant side effects, such as:

- blurred vision
- constipation
- urinary retention
- a sudden drop in blood pressure upon standing

Take these medications exactly as prescribed. Do not change your dosage or stop taking any of these without first consulting your doctor.

It may take a few tries to get the medication that is exactly right for you. Your doctor will help you do this.

Be sure to tell your doctor about any side effects you are experiencing so he or she can make the necessary adjustments. Suddenly stopping these medications

can cause other health risks. Always talk to your doctor before making changes to your treatment.

Alternative Therapy

The Mayo Clinic reports that small, 10-year studies have shown that the oral supplement **inositol** may reduce the frequency and severity of attacks (Mayo, 2012). More research is needed, however. Always discuss this or any other alternative therapy with your doctor before trying it.

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