Psychiatric and Mental Ailments

Panic attack

Background

An understanding of panic disorder (PD) is important for emergency physicians because patients with panic disorder frequently present to the emergency department (ED) with various somatic complaints. As many as 70% of persons with panic disorder are unrecognized as having this condition, and few individuals with panic disorder are referred to mental health professionals..

Panic attacks are a period of intense fear in which 4 of 13 defined symptoms develop abruptly and peak rapidly less than 10 minutes from symptom onset. To make the diagnosis of panic disorder, panic attacks cannot directly or physiologically result from substance use, medical conditions, or another psychiatric disorder.
The *Diagnostic and Statistical Manual of Mental Disorders(DSM)* delineates the following potential symptom manifestations of a panic attack:

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sense of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint
- Derealization or depersonalization (feeling detached from oneself)
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations
- Chills or hot flashes

Panic disorder is usually qualified with the presence or absence of agoraphobia. Agoraphobia is defined as anxiety toward places or situations in which escape may be difficult or embarrassing.

Mortality/Morbidity

- Panic disorder can lead to a significant hindrance in lifestyle (many people with agoraphobia are unable to travel alone or be in crowds, malls, or on public transportation), including problems with employment, depression, substance abuse, and suicide.
- Panic disorder is present in 30% of patients with chest pain and normal findings on angiography, 5-40% of persons with asthma, 15% of patients with headache, 20% of patients with epilepsy, 8-15% of individuals in alcohol treatment programs, and 10% of patients in primary care settings.
- Panic disorder may be associated with a higher risk of cardiovascular disease and sudden death.
- A variant of panic disorder unrelated to fear (nonfearful panic disorder [NFPD]) is associated with high rates medical resource use (32-41% of patients with panic disorder seeking treatment for chest pain) and poor prognosis.

Medication

Aside from IV medications required to treat acute anxiety states in the ED, the use of pharmacotherapy for patients with panic disorder (PD) should, in most instances, be deferred to the primary physician or psychiatrist who is monitoring the

Case Study

42 year old male without past medical history or prior psychiatric care presented himself to the emergency department complaining of episodic anxiety, increasing over the last few months with an

acute episodes of anxiety. He recollects anxiety attacks beginning around age 39, while working hard over his projects at the University. He describes these attacks as sudden episodes of: anxiety with dizziness, abdominal distress, heart racing and fear of losing control,- which were hard to resolve. The acute anxiety attacks occurred frequently. Formerly he was an amateur sportsman; strong, always in good health and hard working.

The patient was seeking our experts' help after 3 years of his illness, while being on medication for over 2 years. He complained about his slowly worsening condition: sudden episodes of anxiety, racing heart, fear to lose control during working hours, etc. It was followed by weight gain, depression, decreased libido, slow speech pattern, inability to take decisions, memory deterioration, etc.

Discussions:
After the health assessment we have found the origin causing his suffering and proposed: Ψ-TC correction - 10 sessions in 2 weeks and cognitive therapy.

Conclusion and results:

The patient can control his body and mind conditions without any chemicals or drugs after 5 sessions. After 10 sessions he admitted that all physiological functions became normal: can regulate his mind, mood, heart rate (helps himself with meditation after cognitive therapy).

He does not feel depressed any more, feels interest in life. He observed that his speech became faster than earlier, communication response – excellent, memory improved.

Follow-up: from time to time he undertakes Ψ-TC sessions once in 3-4 months.

Today he says: "I am back to what I was before: creative, decisive, quick to act, enjoy my sensations: smell, taste, thinking, etc. Perhaps, even better than before!"

Pic.1,2,3. Patient expressed his opinion after Ψ-TC correction.