

Panic and Anxiety Disorders

Imagine you've just stepped into the courtroom and suddenly your heart races, your chest aches, you break out in a cold sweat and feel as if you are about to pass out. What's happening? Imagine you are driving home from the office and suddenly things seem to be out of control. You feel hot flashes, things around you blur, you can't tell where you are, and you feel as if you're dying. What's happening?

What's happening is a *panic attack*, an uncontrollable panic response to ordinary, non-threatening situations. Panic attacks are often an indication that a person has panic disorder.

A person who experiences recurrent panic attacks, at least one of which leads to at least a month of increased anxiety or avoidant behavior, is said to have panic disorder. Panic disorder may also be indicated if a person experiences fewer than four panic episodes but has recurrent or constant fears of having another panic attack.

Many people with panic disorder "fear the fear," or worry about when the next attack is coming. The fear of more panic attacks can lead to a very limited life. People who have panic attacks often begin to avoid the things they think triggered the panic attack and then stop doing the things they used to do or the places they used to go.

Recovery from panic disorder can be achieved either by taking medication or by cognitive behavioral therapy that is specific for panic disorder. Studies suggest that medication and cognitive behavioral therapy are about equally effective and the decision about which to take depends largely on the preference of the person with the panic disorder. Medication probably works a bit faster, but has more adverse side effects than cognitive behavioral therapy. Also, when successful treatment is finished, people who have had cognitive behavioral therapy tend to remain well longer than people who have taken medication. There is some evidence that the combination of cognitive behavioral therapy and medication may offer some benefits over either one alone. **Healthy living habits** may also help people overcome panic disorder. Exercise, a proper and balanced diet, moderate use of caffeine and alcohol, and learning how to reduce stress are all important. **Peer support** is a vital part of overcoming panic disorder. Family and friends can play a significant role in the treatment process and should be informed of the treatment plan and of the ways they can be most helpful.

Diagnostic Criteria – Panic Disorder

A. Recurrent unexpected Panic Attacks

Criteria for Panic Attack: A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

1. palpitations, pounding heart, or accelerated heart rate
2. sweating
3. trembling or shaking
4. sensations of shortness of breath or smothering
5. feeling of choking
6. chest pain or discomfort
7. nausea or abdominal distress
8. feeling dizzy, unsteady, lightheaded, or faint
9. derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. fear of losing control or going crazy
11. fear of dying
12. paresthesias (numbness or tingling sensations)
13. chills or hot flushes

B. At least one of the attacks has been followed by 1 month (or more) of one (or more) of the following:

1. persistent concern about having additional attacks
2. worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy")
3. a significant change in behavior related to the attacks

C. The Panic Attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).

D. The Panic Attacks are not better accounted for by another mental disorder, such as [Social Phobia](#) (e.g., occurring on exposure to feared social situations), [Specific Phobia](#) (e.g., on exposure to a specific phobic situation), [Obsessive-Compulsive Disorder](#) (e.g., on exposure to dirt in someone with an obsession about contamination), [Posttraumatic Stress Disorder](#) (e.g., in

response to stimuli associated with a severe stressor), or [Separation Anxiety Disorder](#) (e.g., in response to being away from home or close relatives).

Generalized Anxiety Disorder - Diagnostic Criteria

- A. Excessive anxiety and worry (apprehensive expectation), occurring more days than not for at least 6 months, about a number of events or activities (such as work or school performance).
- B. The person finds it difficult to control the worry.
- C. The anxiety and worry are associated with three (or more) of the following six symptoms (with at least some symptoms present for more days than not for the past 6 months). **Note:** Only one item is required in children.
 - 1. restlessness or feeling keyed up or on edge
 - 2. being easily fatigued
 - 3. difficulty concentrating or mind going blank
 - 4. irritability
 - 5. muscle tension
 - 6. sleep disturbance (difficulty falling or staying asleep, or restless unsatisfying sleep)

Help is available! The Texas Lawyers' Assistance Program is a confidential program that works with judges, lawyers and law students in Texas who are challenged by mental health disorders, substance abuse and dependency. TLAP can help you find peer support and appropriate referrals to mental health professionals and other resources in your community. Call TLAP at 800-343-8527 or 512-463-1453.