

Cambridgeshire and Peterborough **NHS**

Mental Health Partnership NHS Trust

A Cambridge University Teaching Trust

Coping with Panic

Primary Care Psychological Treatment Service
Cambridge & Peterborough Mental Health Trust (Cambridge)

Introduction

This manual is designed for use with the assistance of a therapist as a supplement to conventional treatment. It is essential that you read and work through each of the sections as discussed with your therapist before your following appointment. Also, when moving onto a new section, it is useful to re-read all of the preceding sections so that you become very familiar with the material in the manual. This increases the likelihood that your treatment will be successful.

Successful treatment for panic disorder requires hard work and perseverance. The more effort that you put into your treatment, the more likely it is that you will get better, which makes all of the effort worthwhile. But this does not mean that you have to get everything right first time. If you have any difficulty with any aspects of your treatment, then it is very important that you discuss this with your therapist.

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Session 1: Anxiety and Panic

1.1 Healthy Anxiety / Fear

Anxiety is a normal aspect of human experience and includes the feeling of being nervous, on edge or frightened. Although unpleasant, the emotion of anxiety is harmless and serves to warn and protect us when we are in danger. For example, most of us would feel a bit anxious standing on the edge of a cliff without any barriers to prevent us from falling over. The anxiety would motivate many of us to move away from the edge or take extreme caution while remaining on the edge. These behaviours make it less likely that we will fall off the cliff. Without the anxiety, we would not take the same precautions and more likely to place ourselves in danger or respond inappropriately to dangerous situations. Therefore, anxiety helps us survive; and in order to do this, the emotion is unpleasant, otherwise we might not take any notice of our body's natural alarm system. Anxiety not only warns us of danger, but also mobilises our body to respond to the danger. This is known as the fight-or-flight response. Symptoms associated with this include:

- The mind becomes alert
- Blood clotting ability increases, preparing for possible injury
- Heart rate speeds up and blood pressure rises
- Sweating increases to help cool the body
- Blood is diverted to the muscles which tense ready for action
- Digestion slows down
- Saliva production decreases causing a dry mouth
- Breathing rate speeds up - nostrils and air passages in lungs open wider to get in air more quickly
- Liver releases sugar to provide quick energy
- Sphincter muscles contract to close the openings of the bowel and bladder
- Immune responses decrease
- Fear and apprehension
- Trembling or shaking
- Restlessness
- Cold and clammy hands

- Hot flushes or chills
- Feeling sick or nauseous
- Butterflies in the stomach

The fight-or-flight response is useful in the short term, especially if the source of danger can be avoided by physical exertion. However, the fight-or-flight response is of no use in the long term and is certainly of little use in most stressful situations. It is not helpful to run when the police pull you over and it is not helpful to fight physically when your boss threatens you, for example. However, because the fight-or-flight response was useful in the distant past when humans had to deal with physical dangers, this response is still a part of our bodily make-up.

Sometimes we interpret harmless events as being dangerous, which results in unhelpful anxiety. With panic disorder, we interpret the symptoms of anxiety as being dangerous. For example, a man who fears that he may have a heart attack could interpret a pounding heart (a normal symptom of anxiety) as the beginning of a heart attack. This type of interpretation is only going to make him even more anxious. Panic attacks, therefore, are the result of sudden, escalating anxiety brought on by the catastrophic interpretation of the harmless, yet unpleasant symptoms of anxiety.

To summarise, anxiety is a normal, harmless and essential aspect of living. However, it can be a problem when it occurs in situations when there is no real danger. This happens when we interpret harmless situations as being dangerous and an extreme example of this is the panic attack. The most effective treatment of this type of anxiety disorder involves understanding exactly what happens when you panic and learning how to interpret the thoughts and symptoms that we have before and while panicking in a more realistic way. This manual will help you be able to do that.

1.2 What is a Panic Attack?

Panic attacks have four important components:

- The person experiences intense fear and anxiety;
- The panic occurs suddenly;
- The intense feelings last a relatively short period of time (although it may not feel like it when it happens, and you may feel drained and unsettled for a long time after the panic attack); and
- During the panic attack people believe that something awful is about to happen: They may believe that they are about to suffocate, have a heart attack, go insane, make a fool of themselves, lose control, or have some other catastrophic thought.

Approximately one out of every ten people experiences at least one panic attack in their lives. Some people have ongoing problems with panic and may require some professional help. This happens because our natural response to panic actually makes things worse. It is important to remember that panic attacks are not a sign of serious mental illness and can be successfully treated.

1.3 Symptoms of Panic

In the left column below (and on the next page), you will find a list of the common symptoms, thoughts and behaviours associated with panic. Think about your most recent panic attack and tick the boxes that apply to you. If you experience any symptoms, thoughts or behaviours that are not listed below then write them into the space at the end of each relevant box.

Common physical symptoms of panic

Heart starts to beat very quickly.	
Feel faint and dizzy.	
Feel short of breath.	
Feel sick / nauseous.	
Feel like you need to go to the toilet.	
Experience hot flushes.	
Experience numbness or tingling sensation in fingertips or toes.	
Feeling detached from your environment. As if you are not really there, or your environment is different or strange.	
Begin to sweat, particularly on the palms of your hands, in your armpits and / or on your brow.	
Feel shaky.	
Other:	

Thoughts

I am going to have a heart attack.	
Will collapse or faint.	
I will suffocate.	
I will lose control of my bladder or bowels.	
I will choke.	
I will go 'mad'.	
I will vomit.	
I will lose control and do something crazy.	
I will make a complete fool of myself in front of others.	
Other:	

Behaviours

Try to escape as soon as possible. People often attempt to leave the situation, seeking comfort of home or other safe-place.	
People commonly attempt to avoid the situation in the future.	
Take some sort of action to feel safer.	
Other:	

Once a person has had one panic attack, they are usually frightened of having another one. In fact, people may become fearful of normal anxiety symptoms thinking that these are signs of another panic attack, which exacerbates the anxiety and results in panic. In other words, people get trapped in a vicious cycle where the fear of panicking causes greater panic.

In the next section, you and your therapist will discuss one of your recent panic attacks to demonstrate the sequence of events that occur in a panic cycle. The list of symptoms will help you map out exactly what happens during a panic attack.

1.4 The Panic Cycle

Let's begin this section with an example: Emily is a 25-year-old woman with panic disorder. A couple of years ago she vomited on a crowded train between Cambridge and London the morning after eating a dodgy meal at a restaurant. She felt very humiliated at the time and fled the train at the next stop. After this event, she noticed that she became very anxious in public places. Recently, at a crowded work seminar, she began to feel anxious and nauseous. She began to fear that she would vomit in front of all her colleagues and had to quickly leave the room in a state of terror. Emily was sweating, felt dizzy, her heart was pounding and she was taking short breaths of air. She went to a bathroom and splashed some water on her face while making sure that she took deep breaths. She is convinced that had she not left at that time, she would have vomited and caused catastrophic harm to her career. This type of thing is happening more and more often to Emily.

Emily's Panic Cycle:

The triggers to Emily's panic attacks are anything that causes her to become a bit anxious. This could be any situation that reminds her of the time when she vomited on the train. Other triggers include normal stomach sensations that most of us would hardly notice.

She then has the thought: "*What if I vomit?*" This makes her much more anxious.

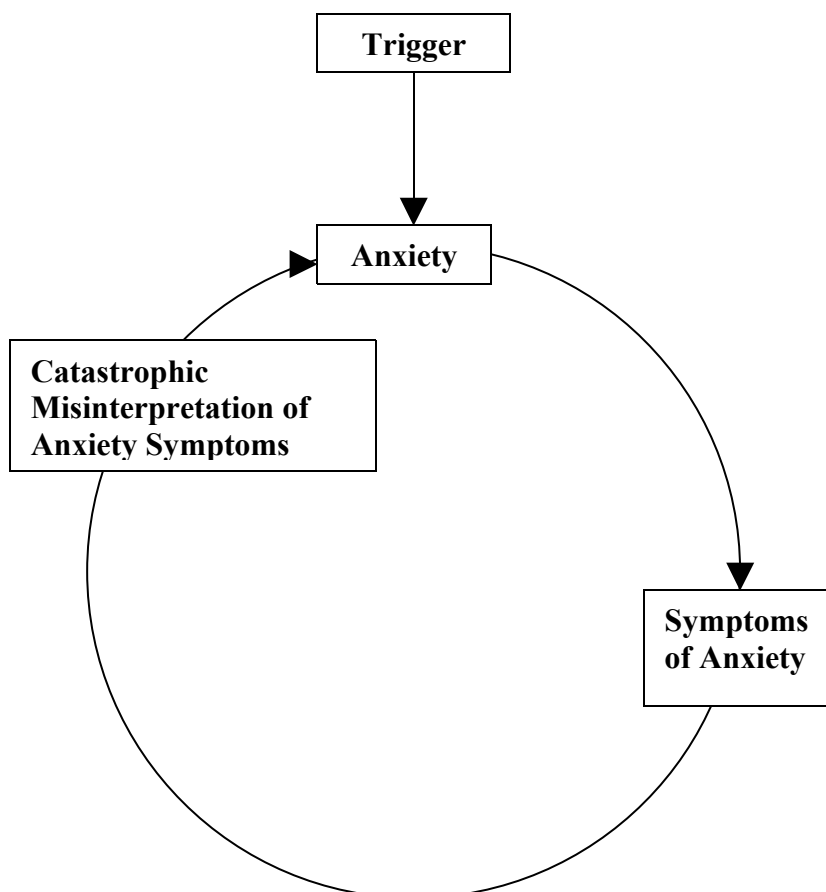
When Emily gets anxious, she begins to sweat more than usual, her heart begins to beat much more quickly, she feels nauseous and has a dry mouth. She also notices that she gets shaky and can't concentrate on anything else. Emily feels short of breath and begins to breathe more rapidly, which actually makes her feel worse.

When Emily experiences these symptoms, which she associates with being sick, she is convinced that she will vomit. When she thinks that she is going to vomit, she becomes more anxious and her symptoms of anxiety get worse, and so on.

At this point, Emily escapes the situation to find the nearest bathroom. She breathes deeply and drinks some water. She slowly recovers, but feels very drained for the rest of the day. She has not vomited since the time when she was on the train, when a GP diagnosed a mild case of food poisoning. Since then, she has avoided crowded trains and restaurants.

The Vicious Cycle of Panic

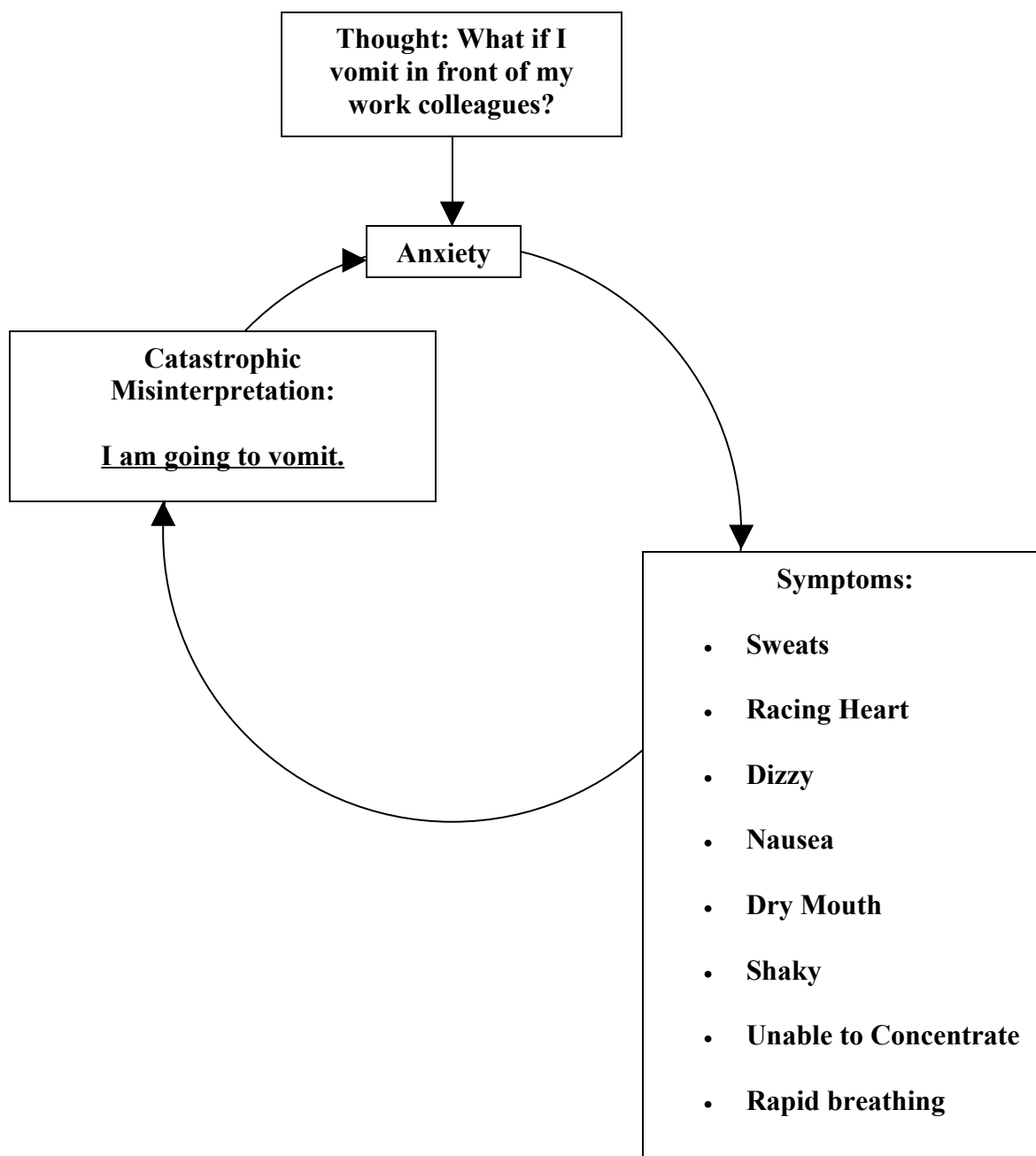
The diagram below offers a general representation of a panic attack. An event triggers anxiety to begin the vicious cycle. The anxiety is associated with particular physical and cognitive symptoms. These symptoms result in a catastrophic misinterpretation, which further fuels the anxiety.



Have a look at how Emily's most recent panic attack is represented graphically on the next page:

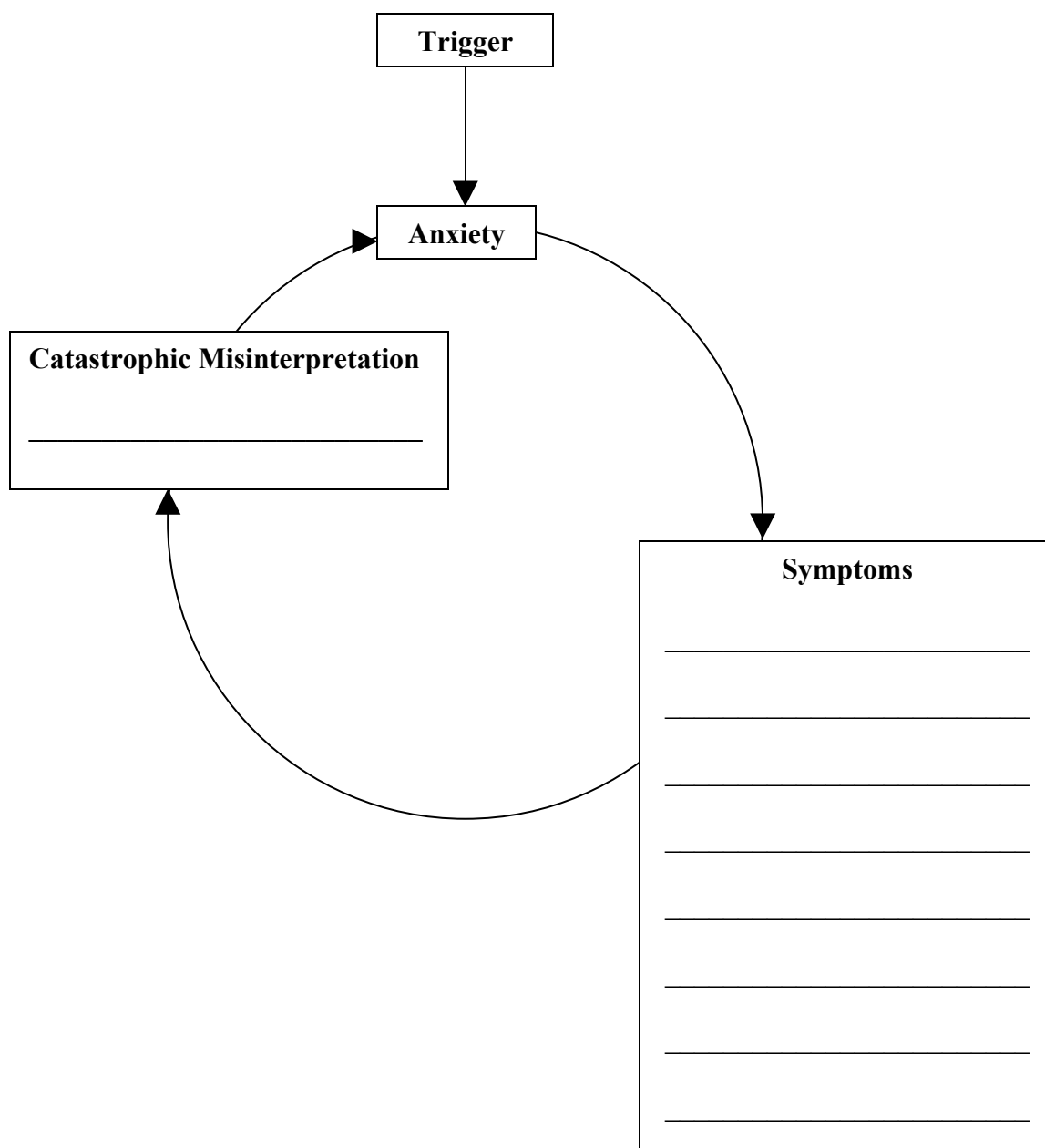
Emily's Panic Attack

Emily experiences a catastrophic thought, which makes her anxious. She misinterprets her symptoms of anxiety confirm the thought (catastrophic misinterpretation), resulting in even more anxiety.



Your Panic Cycle

With your therapist, discuss your most recent example of a panic attack. Use the diagram below to help understand exactly why and how the panic attack occurred. You should consult the checklist on page 5 to help you complete the cycle.



Session 2: Thoughts and Panic Attacks

The previous section introduced the role that thoughts play in causing panic. These thoughts can be catastrophic misinterpretations of the symptoms of anxiety (and sometimes the consequences of hyperventilating) and result in further anxiety. Consider the table below, the left column lists common symptoms of anxiety, and the right column lists common misinterpretations that people make about these symptoms. This list does not include every possible misinterpretation of all of the possible symptoms of anxiety, only some of the common ones.

2.1 Catastrophic Misinterpretations

Anxiety Symptoms	Catastrophic Misinterpretation
Heart pounding, palpitations and chest pain.	I am having a heart attack.
Shortness of breath.	I will suffocate.
Dizzy and unsteady.	I will collapse or faint.
Pins and needles, numbness.	I am having a stroke.
Racing thoughts.	I am losing my mind.
Blurred vision.	I am going blind.
Feeling of unreality, lack of concentration or unusual sensations.	I am going mad or I am going to have a stroke.

The problem with these interpretations is that they lead to further anxiety. Anyone believing that they are about to have a heart attack, for example, will become even more anxious, and the symptoms of anxiety may confirm the thought that they are about to have a heart attack.

It is very important to note that it is the catastrophic misinterpretation driving the cycle. If you interpret the initial symptoms as harmless symptoms of anxiety – that may be uncomfortable – there is nothing to escalate the cycle and you will not panic.

Useful Facts to Remember about some of the Common Fears

- **Fear of fainting**

People do faint sometimes, but not because of a panic attack. People faint because their blood pressure drops enough to reduce the blood supply to the brain. We often hear about people fainting when they have been standing for a long time, such as when soldiers are standing at attention on a hot parade ground. Because they have to stand, their heart has to pump blood uphill; because it is hot, more blood goes to the skin to cool them down; and blood is also diverted to the muscles to maintain the stiff posture. This means that less blood is available for the rest of the body and conditions like this are likely to lead to a drop in blood pressure to the brain. The body takes over to prevent any harm and the person faints. The most obvious consequence is that the person falls over. He or she is now lying down; the heart is at the same level as the brain and no longer has to pump blood uphill. As a result, blood pressure quickly increases and the person wakes up without any significant ill effects. Fainting is another way your body protects you from harm.

Now, consider what happens in a panic attack. When we are anxious, our hearts pump faster and harder than usual, resulting in an increase in blood pressure. This is exactly the opposite of what happens when we faint. It is very common to think that you may faint while panicking, but this does not happen.

There is one exception to this rule, which happens to people who have what we call a *blood-injury phobia*. These are people who have a specific and extreme fear of blood, injuries, needles, surgery etc. Most people are fearful of these things, but the phobia involves a much more extreme fear than usual. People with this type of phobia react differently to others when they encounter their fear, their blood pressure drops. This probably occurs because if your blood pressure drops, you would bleed less and more likely survive if you happened to be severely injured. There are specific techniques used to prevent people from fainting; techniques that increase blood pressure. However, unless you have this rare problem, you are less likely to faint while panicking than at almost any other time.

- **Fear of not being able to breathe properly**

One of the most common symptoms of anxiety is to breathe more quickly so that you can get more oxygen for your muscles to prepare to fight or flight. However, breathing too quickly, whilst not being harmful, can lead to further symptoms of panic, such as feeling faint, tingling sensations, dizziness and being out of breath. This happens because the rapid breathing changes the Oxygen (O₂) and Carbon Dioxide (CO₂) levels in our blood. For many people, the worst symptoms of panic are a result of their breathing. Even slight changes in the rate and depth of our breathing can result in the frightening, but again harmless, symptoms of panic. However, if you control your breathing when you first notice that you are getting anxious, then the vicious circle will be broken. There will be more about this in Section Three, where you will learn how to control your breathing to prevent panic.

People tend to breathe rapidly when having a panic attack, usually because they feel out of breath. People who worry about suffocating sometimes worry about being in small rooms, or hot rooms, or rooms without ventilation, because they fear that they will not get enough air. This fear may be the trigger of a panic attack. However, none of these situations put you at any risk of suffocating. In a very small room, for example, of 2 metres square and 2 metres high, there is 8000 litres of air. Even if you were sealed in such a room, you would be able to breathe comfortably for many hours. In reality, none of the rooms that we use in everyday life is airtight, not even the stuffiest of rooms. So in effect the air supply is limitless – air flows in and out through the smallest gaps much faster than we could use it. The temperature of the room makes no difference to how much oxygen is available to us. Opening windows and relieving stuffiness may make us feel more comfortable, but there is no danger of suffocating in a stuffy room.

- **Fear of going ‘mad’**

Many people fear that they may be going insane when they are having a panic attack. This belief makes them more anxious, and so the cycle goes on. It is worth noting the difference between panic and severe mental illness. Broadly speaking, psychological disorders are divided into two kinds: The first group includes panic and other anxiety disorders, most depressions and various other problems that are common and could happen to anyone. The second group is much less common and includes severe illnesses such as schizophrenia. One

kind of illness does not turn into another. *People with panic are no more likely than anyone else to develop a severe mental illness.*

- **Fear of losing control**

Some people believe that they will 'lose control' when they become very anxious. Usually by this they mean that they will become totally paralysed and be unable to move, will collapse, or will not know what they are doing and 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. There has never been a documented case of anybody doing anything 'wild', 'out of control', or against his or her wishes while experiencing a panic attack (*NHS National electronic Library of Mental Health*). If this has been a problem for you, then it may be helpful to ask yourself, "Have I done something wild or out of control at other times when I have had a panic attack?" Chances are that you have always appropriately under the circumstances and will behave the same way if another panic attack occurs.

- **Fear of having a heart attack**

Some of the symptoms of panic, particularly chest pain, are similar to those experienced during a heart attack. It is therefore understandable that a person who is having a panic attack may think that they are having a heart attack. If chest pain is recurrent or long lasting, it is wise to have a medical consultation. However, if your doctor has ruled out the presence of heart disease, then it is unlikely that subsequent chest pain is caused by heart problems. The pain and rapid or unusual heartbeat is caused by the anxiety. It is worth remembering that heart disease is very rare in young women, the group most likely to experience panic disorder. If you have had panic attacks that you have interpreted as being evidence of a heart problem, then it may be helpful to ask yourself, "Did I die or have a heart attack the last time I had these symptoms?"

2.2 The Panic Diary

In this section, you will be introduced to the Panic Diary. This is an excellent way of collecting important information and helping you challenge the thoughts that causes anxiety to escalate into panic.

The diary should be completed after every panic attack. To start with, only complete the first four columns. Your therapist will help you complete the final column – Answer to Misinterpretation – in the following session. Once you have had the opportunity to examine a number of examples in your diary with your therapist, then you should begin to complete the final column on your own whenever you have an attack. You will find two further copies at the end of the manual, but will probably need to make some more copies on your own. Let's do a quick example using Emily's example of a recent panic attack:

Situation: Emily is attending a work seminar, when she notices that she feels anxious.

Symptoms: Emily becomes sweaty, her heart races, she feels dizzy, she feels nauseous, she has a dry mouth, she feels shaky, she is unable to focus on anything else except how she feels, and she breathes rapidly.

Misinterpretation: Emily believes that she is about to vomit in front of all her colleagues. She expects that this would do irreparable harm to her career. Using the diary, Emily could fill in the row as follows:

The Panic Diary

Date	Situation	Main Physical and Mental Sensations (Symptoms)	Misinterpretation	Answer to Misinterpretation
25 Feb 03	<i>At work, attending a crowded seminar.</i>	<i>Sweaty, Racing Heart, Dizzy, Nausea, Dry Mouth, Shaky, Unable to Concentrate, Rapid breathing.</i>	<i>I am going to vomit in front of all my colleagues.</i>	

1.3 Challenging Negative Thoughts (Catastrophic Misinterpretations)

Your therapist will spend some time to help you challenge the misinterpretations that may be causing your panic. To begin with, it is useful to question the evidence for specific misinterpretations.

You have had many panic attacks. Why hasn't your worst fear occurred?

How do you know that panic will cause you worst fear?

What makes you think that anxiety can cause your worst fear?

What is the mechanism that would allow anxiety to do to you whatever it is that you fear?

Do you know what causes whatever it is that you fear to happen to some people? Do you think that anxiety is part of that mechanism?

Challenging the thoughts that cause anxiety is something that should be done throughout treatment and in a variety of ways. After you have had some practice using the panic diary to record the symptoms and misinterpretations of your panic attacks, you should attempt to challenge the misinterpretations by using the final column. As a practice exercise, think about Emily's situation: What could you say to her to undermine her catastrophic belief?

3.2 Controlled breathing

People often breathe faster or harder when they are very anxious and hyperventilate. Hyperventilation, as mentioned in the previous Section, plays an important role in most panic attacks and controlled breathing is one way to counteract the symptoms of incorrect breathing.

Normally there is a delicate balance between Oxygen and Carbon Dioxide in the brain. Subtle changes can offset this balance and result in unpleasant symptoms including:

- Tingling face, hands or limbs;
- Muscle tremors or cramps;
- Dizziness and visual problems;
- Difficulty breathing;
- Exhaustion and feelings of fatigue; and
- Chest and stomach pains.

You can easily learn to correct over-breathing, which involves learning to breathe gently and evenly, through your nose, filling your lungs completely and then exhaling slowly and fully. Controlled breathing may not be the answer for everyone, but we will only know if you practice regularly.

LEARNING CONTROLLED BREATHING

Use your lungs fully and avoid breathing from your upper chest alone. Breathing should be a smooth action, without any gulping or gasping. When you first practice, it can be easier to do this exercise lying down, so that you can better feel the difference between shallow and deep breathing. As you become more practised, you can try this exercise sitting or standing.

- Place one hand on your chest and one on your stomach.
- As you breath in through your nose, allow your stomach to swell. This will mean that you are using your lungs fully. Try to keep the movement in your upper chest to a minimum and keep the movement gentle.
- Slowly and evenly, breathe out through your nose.
- Repeat this, trying to get a rhythm going. You are aiming to take eight to twelve breaths a minute: breathing in and breathing out again counts as one breath. This might be difficult to gauge at first, so practice counting five to seven seconds for a complete breathing cycle (breathing in and out).

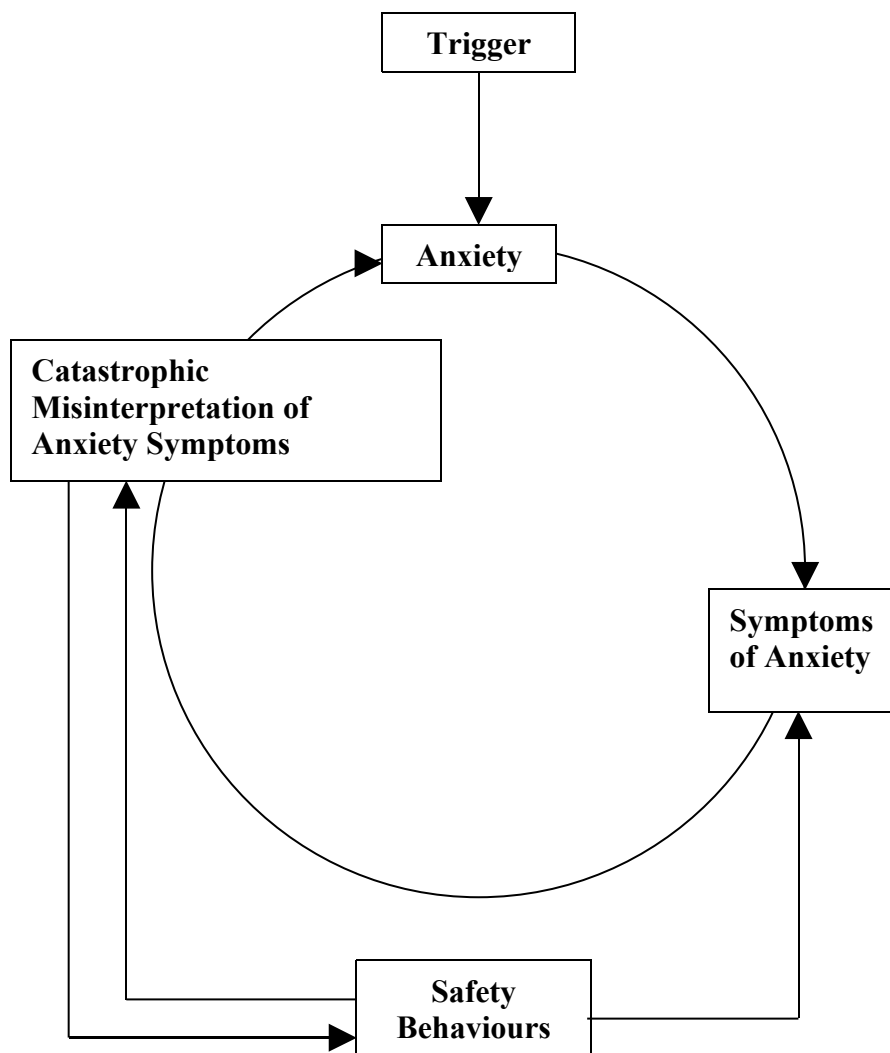
Session 4: The Role of Safety Behaviours

It is a normal response to protect yourself when you feel that something bad may happen. Safety behaviours are those things (and they can be just about anything) that you **do** to prevent the catastrophe, while avoidance behaviours are those things that you **avoid** to prevent the catastrophe. In panic disorder, because the danger is not real, these safety and avoidance behaviours only make things worse. They prevent you from knowing that the catastrophic misinterpretation is incorrect. Also, your brain responds to what you do. So if you tell yourself that there is no real danger, but still behave as if there is a danger, your brain will cause you to be anxious. By employing safety and avoidance behaviours you are telling yourself that you cannot really cope in anxiety provoking situations without them. This undermines your confidence and is likely to make you more anxious. Below, you will find a list of common safety and avoidance behaviours. This list is certainly not exhaustive; there may be many other things that people do in response to their catastrophic misinterpretation.

4.1 Examples of Common Avoidance and Safety Behaviours.

- Avoiding going into particular situations, such as a busy supermarket.
- Only going to places with someone else with whom you feel safe.
- Carrying anti-anxiety medication, such as diazepam, just in case you get anxious.
- Resting frequently or avoiding strenuous activity to prevent a heart attack.
- Carrying a paper bag with you in case you are sick.
- Carrying a paper bag in case you hyperventilate.
- Holding on to some type of support to prevent yourself from collapsing when you become anxious.
- Open windows, or breath deeply, to make sure you get enough air.
- Using alcohol before entering anxiety-provoking situations.
- Sucking a polo mint in anxiety provoking situations.

Learning to relinquish these safety and avoidance behaviours is probably the most important aspect of your treatment. Consider the diagram below. Safety behaviours happen in response to the catastrophic misinterpretation and prevent the misinterpretation from being disconfirmed. Also, safety behaviours may impact on the symptoms of anxiety (hence, the two-way arrows). This can be explained using an example: Jim, a 48-year-old builder, has a history of panic disorder. During his panic attacks, he believes that he is having a heart attack. He interprets his symptoms, usually a pounding heart, short breath and faintness, as evidence for his misinterpretation. Frightened that he may die of a heart attack, Jim avoids strenuous activity. Because of this, he is less fit than he used to be and finds himself out of breath after a short walk, for example. He now interprets this as evidence of a heart problem. His avoidance behaviour has directly impacted on his symptoms of anxiety.



MANUAL EVALUATION

We would be very grateful to hear about what you think of this manual. It is an evolving document and we will attempt to incorporate people's suggestions. Your experiences will help us make the manual more effective, which will help other people with panic disorder.

Are there any parts of the manual that are unclear or difficult to understand?

Are there any parts that were very useful for you?

Do you have any suggestions that would make the manual more effective?

Any other comments:

Please detach this page and send it to:

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(Panic Manual Evaluation Form)
Department of Psychological Treatment Services
Box 190 – S Block
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Cambridge CB2 2QQ**

Thank you.

