UNDERSTANDING YOUR DIAGNOSIS

Panic Attacks

Also called Panic Disorder

Panic attacks are sudden waves of intense fear that feel dangerous but are not - and this responds very well to treatment.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 2 to 3 in 100 adults	Teens to mid-30s	Yes - very treatable	About 6 million US adults

What this is

- A panic attack is a sudden rush of fear that peaks within minutes and then fades. It feels like an emergency, but it is not.
- Panic disorder means the attacks keep coming out of the blue, and you begin living around the fear of the next one.
- A panic attack can feel like a heart attack or like losing control, but it cannot stop your heart or damage your body.
- It is not something you can simply talk yourself out of, and needing treatment for it is not a character flaw.

What it can look and feel like

- Your heart pounds or races, your chest gets tight, and you cannot seem to pull in a full breath.
- You feel dizzy, shaky, or sweaty, and your hands, face, or feet go numb and tingly.
- Things around you look unreal or far away, like you are watching yourself from outside your body.
- You feel certain you are about to die, faint, lose control, or embarrass yourself in front of everyone.
- It peaks in about ten minutes and eases off, but you feel wrung out and shaky for hours afterward.
- You wake from a sound sleep in full panic, with no nightmare and nothing you can point to as the cause.
- You start avoiding places, exercise, or coffee, and you carry a pill bottle or bring someone along just in case.

What is happening in your brain and body

- Panic is your body's emergency response - the same one that helps you jump out of the way of a car - firing at the wrong time.
- Adrenaline floods your system within seconds. It speeds your heart and breathing to push blood out to your muscles.
- Fast breathing blows off carbon dioxide, and that causes the dizziness, the tingling, and the unreal feeling. It is harmless.
- One part of your brain watches carbon dioxide the way a smoke alarm watches for smoke. In panic disorder it is set too sensitive.
- After a few attacks your brain starts scanning your body for early signs, and that scanning can set off the next one.

What can make it more likely

- Panic runs in families. About **40 percent** of the risk is inherited, so close relatives often have it too.
- Attacks often begin during a stretch of heavy stress - a loss, a move, a health scare, or months of poor sleep.
- If you learned early that body sensations mean danger, an ordinary fast heartbeat can set off the whole alarm.
- Caffeine, nicotine, cannabis, stimulants, and coming off alcohol or sleeping pills can all trigger attacks.

What to expect

- Panic disorder responds to treatment as well as almost anything in mental health. Most people get much better.
- With **panic-focused therapy**, many people see a large drop in attacks within **12 to 15 sessions**.
- Attacks usually get less frequent first, then less intense, and the fear of the next one fades last of all.
- Panic can return during stressful times. That is not failure - it means it is time to use your tools again.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** built for panic is the gold standard, usually **12 to 15 weekly sessions**.
- You learn what panic actually is, so the sensations stop getting read as a heart attack or a stroke in progress.
- In interoceptive exposure you bring the sensations on purpose - spinning, breathing through a straw - so they lose their power.
- You practice returning to the places you avoid, without the pill bottle and without a companion, one step at a time.
- **Panic-focused psychodynamic therapy** is a real alternative if practice-based therapy is not the right fit for you.

Medicines

- **Antidepressants** called SSRIs, such as sertraline or escitalopram, are the first choice and cut attacks over time.
- They are usually started at a very low dose, because a normal starting dose can leave you feeling jittery at first.
- Expect partial relief in a few weeks and the full effect around **8 to 12 weeks**. Your prescriber sets the dose with you.
- An SNRI such as venlafaxine is a solid alternative when an SSRI has not helped enough after a fair trial.
- Benzodiazepines stop an attack quickly but are for short-term use only, since they can become habit-forming.

Everyday things that help

- Cut back on caffeine, nicotine, and energy drinks. They copy panic in the body and make attacks more likely.
- Exercise on purpose. A pounding heart from a brisk walk teaches your brain that a fast heart is safe.
- Keep your sleep steady. Short or broken sleep leaves the alarm system quicker to fire the next day.
- Alcohol calms you at night and rebounds into anxiety and panic the next day, so keep it low or skip it.
- When an attack starts, let it rise and pass instead of fighting it. Nothing you do makes it end any faster.

Get help right away if

- If you think about ending your life, call or text **988** in the US, or go to your nearest emergency room.
- Chest pain with sweating, arm or jaw pain, or fainting is not panic until a doctor says so - get checked.
- Call your prescriber if you feel more anxious, agitated, or unable to sleep after a change in medicine.

Questions to ask your care team

- *Have we ruled out heart, thyroid, and breathing causes for what I am feeling?*
- *Can you refer me to a therapist who does interoceptive exposure for panic?*
- *If I start a medicine, how low do we start and how quickly do we go up?*
- *What is the plan if I am still having attacks after a full **8 to 12 weeks**?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.