

21 - Panic disorder

Panic disorder

© SPMM Course 6. Other: exaggerated responses to minor surprises/being startled; concentration difficulties/mind going blank due to worry or anxiety; persistent irritability; difficulty getting to sleep due to worrying (List adapted from Oxford Handbook of Psychiatry- edition 2; pg. 357) Panic disorder A panic attack is a discrete episode of intense anxiety. It starts abruptly, reaches a peak within few minutes (10 minutes) and then starts to subside within 20-30 minutes. The attacks usually tend to occur spontaneously with no obvious precipitants. DSMIV specifies 13 physical symptoms of which at least 4 must be present to define a panic attack. It also specifies different types of panic attacks: i.e., situationally bound/cued, situationally predisposed, and unexpected/uncued panic. Panic disorder is characterised by recurrent panic attacks, which are not secondary to substance misuse, medical conditions, or another psychiatric disorder. Frequency of occurrence may vary from many attacks a day to only a few in a year. It is usually accompanied by persistent worry about having another attack, phobic avoidance of places or situations and significant behavioural changes related to the attack. Symptoms must be present for at least one-month duration to diagnose panic disorder. In ICD-10, panic disorder is graded as severe if there are more than 4 attacks per week in a 4-week period. According to ICD-10, for a definite diagnosis of panic disorder, several severe panic attacks should have occurred within a period of about 1 month: (1) In circumstances where there is no objective danger; (2) Without being confined to known or predictable situations; and (3) With comparative freedom from anxiety symptoms between attacks (although anticipatory anxiety is common)

According to DSM-IV at least one of the panic attacks, must be followed by at least one of the following three features for 1 month or more: (1) Anticipation of further attacks (2) Worry about implications or (3) Avoidance behaviour. Panic disorder can present either alone or with agoraphobia. In DSM-IV agoraphobia is not a distinct diagnostic entity; it can be only diagnosed along with panic disorder. In ICD-10, agoraphobia is held as a DSM-5 AND PANIC DISORDER Panic disorder and agoraphobia are separated in DSM-5. The controversial issue of the primacy of panic over phobic symptoms is now closed with the introduction of two distinct diagnoses, panic disorder and agoraphobia, each with separate criteria. Comorbid diagnosis is still possible. Only 2 types of panic attacks are recognised: unexpected and expected panic attacks.