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If you have ever had a panic attack, no one needs to tell you how terrifying it feels to have a thumping pulse, rapid breathing, dizziness, profuse perspiration, nausea, tingling sensations or even a sense of derealization sweep over you. Individuals suffering from panic disorder feel like they are dying or losing their mind. Many begin to avoid situations in which the panic may occur, preferring to stay home or in their “safe places.” Nearly 2.4 million Americans suffer from panic disorder and their panic attacks can elicit all of the above symptoms, or they may struggle with limited symptom panic attacks in which they have 4 or less of the above symptoms.

Because our brains do not like distress we experience panic symptoms, our mind’s first reaction is to look for the fastest way to press the “STOP PANIC button.” In this 3rd article in the mini-series on anxiety and anxiety disorders, I will describe two empirically supported psychological treatments of panic disorder. The first intervention is a Cognitive Behavioral Therapy desensitization process of Interoceptive Exposure (IE).

Because of the aversiveness of the physical experiences associated with a panic attack, many individuals develop fear of the panic itself. They develop beliefs that they must prevent the

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Because of the aversiveness of the physical experiences associated with a panic attack, many individuals develop fear of the panic itself. They develop beliefs that they must prevent the
physical sensations from recurring due to beliefs that they are dangerous or intolerable. As their fear of the panic attacks build, they become more vigilant and aware of these bodily sensations. The more aware and vigilant they are of the bodily sensations, the more likely they are to perceive nuanced changes in the interoceptive cues that they view as the harbinger of a panic experience. This increased awareness leads to increased fear which intensifies the physical sensations until a panic attack is precipitated. In IE person learns that these physical sensations are neither dangerous nor intolerable. IE allows the person to overcome previous learning that panic symptoms must be avoided at all costs. As a result of relieving themselves of the burden of preventing panic attacks, the panic attacks lose much of their fuel and decrease in frequency, duration, and intensity.

The process of IE involves identifying the interoceptive cues that the individual associates with panic attacks. These can include hyperventilation, rapid pulse, dizziness, derealization etc… In a gradual and controlled fashion, the therapist invites the client to experience these sensations repeatedly. Rapid breathing through a straw, running in place, spinning in a chair, and staring at one’s face in a mirror are several methods of inducing the physical sensations. With repetition, the distress caused by these experiences diminishes and the patient learns that these experiences no longer need to be feared.

For patients that are unable or unwilling to participate in IE, there is another newer alternative treatment. This treatment uses Bluetooth technology and biofeedback to teach the client to breathe at an optimal respiration rate and to optimize levels of exhaled carbon dioxide. Studies conducted at Stanford University, Boston University and Southern Methodist University over a 10 year period have documented that many individuals with panic disorder are prone to a pattern of over breathing (Meuret et. Al, 2008). Over breathing results from breathing too rapidly and/or taking in too high a volume of air. These tendencies reduce the concentration of CO2 in the bloodstream lowering blood acidity, which is the culprit for many of the physical experiences associated with panic including dizziness, rapid pulse, sweating, etc… A drop of CO2 in the body triggers constriction of blood vessels which reduce levels of oxygen available to the brain and heart and forces hemoglobin cells to struggle to release oxygen to the body’s cells. All of these reactions make a person more vulnerable to the sensations associated with panic attacks. This method of breathing training, available as the Forespira system succeeds by helping a person more effectively manage during panic episodes and alters the baseline breathing pattern thus lowering the respiration rate and maintaining optimal CO2 levels which results in a decrease of panic attacks. Results from clinical trials for this intervention found that at 12 months post treatment, 68% of patients were panic-attack free and 96% of patients had reported a significant reduction in their panic symptoms (Meuret et al., 2009).

Although both IE and breathing training have demonstrated their effectiveness in treating panic symptoms, they achieve their results in different ways. IE leads to a reduction in panic because a person loses their fear of the physical sensations and of panic. Breathing training reduces the amount of interoceptive cues produced by the body, so that the mind’s alarm signal is not activated. Having these two non-pharmacological approaches available, allows the therapist and patient to curb the frenzied and frantic search for the “STOP PANIC” button that proves counterproductive to the recovery from a panic disorder.

References