

Panic Disorder and Panic Attacks

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*Dr Peter Adams
Dr Nick Argyle
Jo Beck
Lorraine Burns
Joanne Chiplin
Dr Hugh Clarkson
David Codyre
Kate Cosgriff
Assoc. Prof. John Coverdale
Dell Coyte
Dr Sue Crengle
Annie Cripps
Diane Davidson
Rodney Davis
Sandra Duncan
Fuimaono Karl Pulotu Endemann
Mali Erick
Katherine Findlay
Jade Furness
Ani Goslyn
Chris Harris
Health & Disability Commissioner
Carmen Hodgson
Marie Hull-Brown
Beryl Jane
Virginia Lau
Shelley Mack
Dr Hylton Greig McCormack*

*Ian MacEwan
Dr Peter McGeorge
Dr Jan McKenzie
Dr Pam Melding
Jennie Michel
Sharon Milgrew
Dr Brandon Nementzik
James Nichol
Assoc. Prof Mark Oakley-Browne
Mary O'Hagan
Maureen O'Hara
Dr Tina Paige
Steven G Patterson
Janet Peters
Dr Chris Perkins
Julie Purdy
Sue Robertson
Schizophrenia Fellowship
Dr Rob Shieff
Dr Sandy Simpson
Kenneth Smedley
Suzy Stevens
Lorene Stewart
Alison Taylor
Cindi Wallace
Prof. John Werry
Rick Williment
Monique Wilson*

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Introduction

The Mental Health Foundation's mission is to improve the mental health of all people and communities in New Zealand. Mental health is a positive sense of emotional, psychological and spiritual wellbeing. We define mental health as being the capacity to feel, think and act in ways that enhance our ability to enjoy life and deal with the challenges we face.

People who have information can make informed choices. It is up to each person to decide what mental health is and what it means for them. We believe that providing accurate and helpful information is vital to the process of enabling people to gain control over and enhance their mental health and wellbeing. This includes considering factors that determine our mental health status such as age, gender, ethnicity, income, education, housing, sense of control over life circumstances and access to health services.

The aim of this Mental Health Information New Zealand (MHINZ) project is to provide people with a range of information that can be a starting point for ongoing learning and personal development. It is primarily designed to meet the needs of people working with the discovery that they or those close to them may have a mental health problem sufficiently distressing to warrant medical intervention. This may carry with it some of the stigma associated with mental illness and a loss of personal power in the face of medical labelling and control. So while for some, being given a diagnosis may be a relief, for others it may be upsetting.

We have developed this resource for a range of people including those who have been given a diagnosis, family, whanau, friends and others involved in support and treatment. The information provided is largely from a clinical perspective as it includes psychiatric diagnosis and information on current medical treatment options. We acknowledge that this is one perspective and that different cultures define mental health and wellbeing in a variety of different ways. We invite people to use the resources, references and contacts listed in these booklets to find further information.

Fact sheets summarising information from some of the booklets are available from the Foundation's resource centre or may be downloaded from the Foundation's website.

Mental Health Foundation of New Zealand

PO Box 10051
Dominion Road
Auckland

81 New North Road
Eden Terrace
Auckland

Ph 0064 9 300 7010
Fax 0064 9 300 7020
Email resource@mentalhealth.org.nz
Web www.mentalhealth.org.nz

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Panic Disorder and Panic Attacks

Panic attacks are feelings of severe anxiety that start and finish quite suddenly. They are sometimes called anxiety attacks. If you have a panic attack, the feelings may be so scary that you feel that you are about to die, collapse or lose control of your mind. You may feel desperate to escape or find help.

Such an extreme reaction would be normal in a situation where your life really was in danger, for example, if you were in the sea and a shark was swimming towards you. This is called the flight or fight response and has a life-preserving purpose. But panic attacks happen when there is no real danger. They may start for no obvious reason. Often they happen in an everyday situation you have become anxious about, like being in a supermarket.

Panic attacks are so unpleasant that people are frightened of having another one. They often remember their first attack for the rest of their lives.

Panic disorder

People who have frequent panic attacks, once a month or more, have panic disorder. Other factors which may mean that you have panic disorder rather than panic attacks are when your life is seriously affected either by fear of having attacks, or if you avoid certain places in case you have an attack. Although most of the symptoms and treatments are the same, panic disorder is a more serious and life-disrupting form of panic attacks.

Symptoms of panic attacks

The most obvious symptoms are the panic attacks themselves. These start suddenly, often in a few seconds; sometimes over five or ten minutes. As well as feelings of great anxiety, fear, or terror, people may also have many other symptoms, most of which are physical. In an attack you may feel several of the following:

- shaking or trembling
- sweating
- choking feelings
- racing or pounding heart
- chest pain or tightness
- nausea or stomach pain
- hot and cold feelings
- shortness of breath or feeling smothered
- dizziness or light-headedness
- tingling, often in the fingers
- feeling cut off from reality
- fear of losing control or going crazy.

These are all symptoms of severe anxiety. Because many of them are physical sensations, people with panic attacks often think that there is something wrong with

their body. They may think they are having a heart attack or stroke or that they are dying. They may be rushed to an emergency medical service. People do not die of panic attacks, even though they may feel that way during an attack.

Panic attacks normally last for ten or twenty minutes but people can feel anxious or shaken up for some hours after. Panic attacks are common. Many people will have at least one attack during their lifetime. One person in ten might have one attack in a year.

Panic disorder is also quite common. About three people in ten will have this disorder at some time in their lives. Women are affected twice as often as men. The problem usually starts between the late teenage years and the age of 35. Usually it causes problems for a few months and then lessens.

Unfortunately, panic attacks often come back again after a few months or years and a person's avoidance of places or situations for fear of a panic attack may get worse. One third of people with panic attacks avoid places where they might panic. This is called agoraphobia. Most people who have not been treated for panic will still have some symptoms ten years later. By then they may have become depressed or have started to overuse alcohol or other drugs because of repeated panic attacks and the restriction in their lives caused by panic. If depression becomes severe they may feel suicidal.

If you have panic attacks it is important to seek help and information, as panic attacks themselves are fairly easy to treat. Early treatment can help to avoid later complications and the development of panic disorder.

Causes of panic attacks and panic disorder

There are many causes of panic. Most people with panic disorder will have several of the following factors that have led to their attacks.

- Panic runs in families. While you are more likely to have panic attacks if your parents have had them, it is not inevitable that children will have panic attacks just because a parent has.
- Personality may play a part. Some people are more nervous and highly strung than others. This may be good in some circumstances because they are more sensitive and cautious. But the down side is that they will be slightly more likely to have anxiety problems, including panic. Again this is not always the case. Some anxious people never experience sudden panics and some people who are very calm and confident by nature will develop panic attacks.
- Events and situations in your life can put you under stress and make you more vulnerable to panic. For example, a woman is at home looking after very young children. Her partner is away much of the time and her own mother becomes physically unwell and needs her support. All of this can put stress on her and make her vulnerable to panic. Typically, events that make you feel unsafe or insecure or anxious may be causes. General stresses like poverty or poor housing or relatives dying could make you vulnerable. Panic can also occur as part of another mental illness. It commonly occurs with depression.
- For some people panic seems to start out of the blue. They may just have a strong inherited tendency to panic. For others there seem to be obvious stresses in their life. There are often some symptoms of general anxiety or depression, or other phobias in the months before panic starts. (If panic attacks follow an experience which really was extremely dangerous or horrific, like being

assaulted or being in an accident, then it is usually part of a different condition known as post-traumatic stress disorder or PTSD.)

- Some common substances can cause panic. Caffeine, found in coffee and many soft drinks is the most common. Tea has a similar but weaker effect. People who have panic attacks and panic disorder may be very sensitive to caffeine and even small amounts can be harmful. Alcohol does not directly cause attacks, but as its effects wear off, you are more likely to have a panic attack. Cannabis is another drug which some people are sensitive to, and for them, it can start panic attacks. The effects of cannabis are long-lasting as the body takes weeks to get rid of it.
- Over-breathing, also called hyperventilation, is a problem for the majority of people with panic disorder. Anxiety makes you breathe too much. Over-breathing alters the balance of chemicals and gases in your body so you feel even more anxious. This imbalance can directly cause some of the physical symptoms like dizziness and tingling. Strangely, when you are over-breathing, you may feel as if you are not getting enough air and breathe even harder. This makes you feel worse and you get caught in a vicious cycle.

Triggers for panic attacks

Individual panic attacks may be triggered either by situations or certain thoughts. Attacks can be started by any situation that makes you anxious, but particularly ones in which you have had previous attacks. Common places that people have attacks are: supermarkets, shopping malls, church, meetings, and in cars. Some people panic when alone, others when they feel they cannot leave a situation easily.

Panic attacks may be started by anxious or catastrophic thoughts. After exercise your heart naturally goes faster. A catastrophic thought would be to think that your heart going fast was a sign of a heart attack. This would make you anxious and anxiety would speed your heart up more and induce panic.

People with panic attacks may believe they developed their problem because of stress or psychological problems arising from the past. Other people with panic attacks cannot so easily find problems in their lives which could lead to panic attacks. They may agree with the view that their problem is genetic or biological in origin. A lot of people with mental illness believe it is a combination of these things. Sometimes people think their mental illness is a punishment for their moral or spiritual failure. It's important to remember that it is not your fault you have a mental illness.

Families and whanau, especially parents, can worry that they caused their relative to develop panic attacks or panic disorder. Sometimes they feel blamed by mental health professionals which can be very distressing for them. Most families and whanau want the best for their relative. It is important for them to understand what factors have contributed to their relative's problem and to be able to discuss their own feelings about this without feeling guilty or blamed.

Living with Panic Attacks and Panic Disorder

An anxiety problem like panic often makes people feel generally unwell. They may sleep badly and feel exhausted, have trouble concentrating, and find it hard to relax and enjoy themselves. If attacks continue you are more likely to develop the associated problems of worrying about attacks and avoiding places where attacks might happen. People who are severely affected find it difficult to go out alone, even to do everyday activities like shopping or collecting children from school. Travel to new places may be impossible. In severe cases this means you cannot work or have a social life outside the home. You may lose touch with your friends.

Some people become preoccupied with their physical symptoms and speak to many different doctors and therapists, convinced they have a serious physical illness. Panic is serious but it is important to recognise it as panic and not some other dreaded disease.

Panic attacks can have a great effect on your family or whanau and friends. They may worry about you being ill, or they may accuse you of worrying too much and get angry when you cannot go out or when you have to leave somewhere because of a panic. People who have never had a panic attack often dismiss it as worry. They do not realise how severe the anxiety and fear are. Friends may think you are avoiding them if they do not know why you no longer go to see them.

Consumer views¹

Living with panic attacks is usually one of the most overwhelming, frightening, isolating and debilitating experiences a person can have. People in crisis may feel intense fear and that their world has fallen apart. They often live in fear of their next attack. Worse still, people experiencing panic attacks often lose hope or the belief that they can recover and lead a worthwhile life. But those of us who have come through episodes of mental illness are able to look back and see how fallible our loss of hope was. Everyone with panic attacks can lead a worthwhile life once they learn to deal with them and get the right treatment.

Discrimination and stigma

Many people feel ashamed of their mental illness and can sense other people's misunderstanding and prejudice. Workmates and friends may find it difficult to relate to their panic attacks and respond with either disbelief or rejection. Even families and mental health workers can be over-anxious or controlling about lives of people with panic attacks or panic disorder. None of this helps. Sometimes the discrimination feels worse than the illness itself.

Support and information

People who have a panic disorder often do better if they seek support people who are caring, non-judgemental and see their potential. Some get their best support from others who have been through the same kind of experience. Other people find a counsellor or

¹ A consumer is a person who experiences or has experienced mental illness, and who uses or has used mental health services. The term also refers to service user, survivor, patient, resident, and client.

another type of mental health worker who is supportive. Or their friends and family or whanau may offer good support. People with a panic problem can make more informed choices if they educate themselves about their condition and the types of treatment and support that are available. It's also useful to know about your rights.

Using services

Many people with panic attacks, sooner or later, go to see their GP or a counsellor or are referred to mental health services. **If you feel depressed and fear you might harm or kill yourself it is essential you seek help immediately.** Sometimes it is hard for people to seek help because they feel ashamed and want to hide their distress. Acknowledging they have a mental health problem and need help can be very scary. People with panic attacks or panic disorder often say the best services are ones where they are listened to, treated as equals and are given support or treatment that works for them. Otherwise, the service is unlikely to meet their needs.

Recovery

Most people with panic attacks or panic disorder make a good recovery. But even if you continue to have panic attacks you can still live a happy and worthwhile life. One person with panic attacks describes recovery like this:

"Recovery is about facing and accepting your panic attacks and being aware that no matter how real the fear is, they are only caused by exaggerated thoughts brought on by your highly sensitised state. You can learn many techniques to alleviate your panic attacks. Recovery is also about learning what caused you to become this way, changing some of your patterns and regaining control of your life. This can be a very interesting and rewarding experience and the knowledge can help you lead an even more productive life in the future."

Important strategies to support recovery

For people who have panic attacks or a panic disorder, the following strategies have been found to be important and useful.

- See your general practitioner. A doctor can help you to recognise panic attacks or panic disorder or make a referral to another health specialist if necessary.
- Have a careful physical check-up to make sure you do not have another physical cause for your symptoms. Ensure your problems are not complicated by other illnesses. If they are severe, your doctor may ask you to see either a psychologist or psychiatrist. Many people who have panic attacks feel that doctors do not understand how bad their attacks are. They often feel that they are being dismissed as just being worried. Write down your symptoms and problems so you will remember them clearly. If you can accept that you do have panic, not some more serious or unknown illness, you may immediately feel quite a bit better.
- Learn about panic disorders.
- Tell family or whanau or friends about your problem. If you find it difficult to let others understand how it feels for you it may be helpful to find an article or book which explains panic attacks and ask them to read it. You will feel more comfortable if they know that you might have to stop to wait out an attack or

that you might have to leave a place or situation. Because panic is so common, most people know someone who has had it, even if they have not experienced it themselves.

- Avoid substances that aggravate panic including caffeine, alcohol and cannabis. You might want to experiment to see if alcohol and caffeine do affect you, but the safest plan is to stop. Do this gradually if you are taking them regularly.
- Have ways of improving your health like eating good food, exercising and having a regular daily routine. These will help you feel better and more in control of your health. But they are not likely to be enough to cure you of panic.
- Try to remember that it is only anxiety which causes the feelings you have during an attack. If you do nothing the attack will do you no harm and it will pass. If you find yourself thinking catastrophic thoughts like: "I am dying," remind yourself that this is not true. Remember that you have survived previous attacks. If you can, you should resist leaving places or situations because of attacks. This is because if you leave or avoid places you will find it increasingly hard to return there.
- If you have trouble with your breathing during attacks you are probably over-breathing. There are two ways of stopping this. The first is simply to breathe more slowly and deeply. The second is to breathe with the bottom of your lungs rather than the top. This means that when you breathe in your stomach goes out, not your ribs. You can practice this by putting one hand on your stomach, the other on the top of your chest and observe the movement.
- Relax regularly. If you need to, learn a relaxation technique or find something to do with your family or whanau or friends that is relaxing and enjoyable. Sport is good as it helps you relax and helps you feel in control of yourself. Sleep is the most important relaxation, so do not stay up late unnecessarily. If you are in a sexual relationship, remember that sex is a good antidote to anxiety.
- Dealing with stresses in your life is more difficult but you should make sure you have some time to rest and enjoy yourself. If you are working too many hours, or not taking time off at week-ends or having holidays, these will all allow stress to build up. If panic has become a major problem, a period of rest and taking it easy can be helpful, if it is possible to arrange this. This does not mean running away from situations that you are anxious about; you do need to face these.

Family and whanau views

Families and whanau often experience real grief, isolation, powerlessness and fear as they witness their loved one struggling with mental illness. During this period they may find that they cannot understand the person's feelings or behaviour. Even after a crisis they may find their relative withdrawn or hard to be around. Their feelings for their relative can swing from compassion for their pain, to grief at the loss of the person they once knew, to hostility towards their relative for disrupting their lives. Whanau/Families often live through all this without support from their community or from mental health services.

Discrimination and stigma

Families and whanau may feel shame or embarrassment about their relative. They may shut themselves off from their friends and neighbours or feel that these people are avoiding them. Families and whanau hurt when they see their relative being discriminated against or treated unfairly. Families and whanau can also feel discriminated against themselves, especially by some health professionals who exclude them or appear to blame them for their relative's problems.

Support and information

Families and whanau often feel drained and stressed and need support to look after themselves as well as their relative with panic problems. Their other family or whanau relationships can get neglected when the needs of the person with mental illness have to take priority. There are several ways families and whanau can get support. They can get in touch with other families and whanau who have had similar experiences. Some mental health services provide good support options for families and whanau. Families and whanau need information on the person's condition, their options for treatment and their rights.

Experiences with services

Families and whanau frequently find that services do not listen to their views about their relative. Professionals may not always give families and whanau any information about their relative, particularly if they are an adult and don't want their family to know the information. Ideally families and whanau who are involved in caring for someone with panic disorder need to be able to communicate freely with professionals about their relative. They may also need some professional help to mend any rifts in their relationship with their relative. Open communication between professionals, families and whanau and the person with mental illness means that families and whanau and their relatives are more likely to get the services they need.

Recovery

Most, if not all, families and whanau want to help their relative recover. Unfortunately, sometimes the person blames their family or whanau and does not want them to be involved in their care. Research shows that if families and whanau can share information, skills and support with their relative and the professionals who look after them, the likelihood of recovery is much greater.

Important strategies to support recovery

Family, whanau and friends of someone who has panic attacks have found the following strategies important and useful.

- Learn about panic disorder, its treatment, and what you can do to assist the person.
- Understand the symptoms for what they are. Try not take them personally or see the person as being difficult.
- Help the person to recognise stress and find ways of coping. This may include helping to solve problems that worry them.
- Help remind them not to believe their catastrophic thoughts and not to leave

places when they panic. Don't be too forceful or the person may feel trapped.

- If the person has already become quite agoraphobic and finds it hard to go out, gently help them by offering to go with them. Most people with panic disorder find it easier to go out with a companion.

Treatment of Panic Attacks and Panic Disorder

Summary of treatment options

Your general practitioner should recognise and diagnose panic attacks or panic disorder and may give you some of the advice in the above section ('Living with Panic Attacks and Panic Disorder'). If problems are more serious, some of the following components either together, or separately, may be recommended as treatment. The most effective treatment for serious panic problems is a combination of psychological therapy and medication.

Psychosocial treatments

Psychological therapy (often referred to as therapy or psychotherapy) involves a trained professional who uses clinically researched techniques, usually talking therapies, to assess and help people understand what has happened to them and to make positive changes in their lives.

Cognitive-behavioural therapy (CBT) a psychological therapy which largely focuses on overcoming unhelpful beliefs, has been proven to work well with panic disorder. CBT may include specific therapy for hyperventilation and the teaching of relaxation skills; these may be taught separately or in a group.

Psychotherapy other than cognitive-behavioural therapy may treat the underlying causes of panic symptoms. Counselling may include some techniques used in psychological therapies, but is mainly based on supportive listening, practical problem solving and information giving.

All types of therapy/counselling should be provided to people and their families and whanau in a manner which is respectful of them, with which they feel comfortable and free to ask questions. It should be consistent with and incorporate their cultural beliefs and practices.

Medication

Medication can be effective in the treatment of panic disorder, especially if you live in an area where psychological therapy is not available or are so anxious that it is hard for you to consider psychological treatment as a first option. There are two types of medicines that are used for panic disorder – antidepressants and benzodiazepines (tranquillisers). Even if you are not depressed, some antidepressants are useful in treating panic symptoms. A major problem with using medications to treat panic disorder is relapse. If you are using medication as the only form of treatment, there is a very high risk that the panic will come back when you stop taking the medication. This highlights the importance of using additional treatments, such as psychological therapy for this condition.

If you are prescribed medication you are entitled to know the names of the medicines;

what symptoms they are supposed to treat; how long it will be before they take effect; how long you will have to take them for and what their side effects (short and long-term) are.

If you are pregnant or breast feeding no medication is entirely safe. Before making any decisions about taking medication at this time you should talk with your doctor about the potential benefits and problems associated with each particular type of medication in pregnancy.

Complementary therapies

Complementary therapies which enhance the person's life may be used in addition to psychological treatments and prescription medicines. Meditation can be useful in the treatment of panic disorder.

Psychosocial treatments

Cognitive-behavioural therapy (CBT)

This therapy looks at your cognitions or thoughts, and your behaviour. The most common cognitive or thinking problem in panic is unrealistic, catastrophic thoughts. The most common behavioural problem is avoidance of situations because of fear of panic. CBT provides a detailed and systematic way of understanding and changing these thoughts and actions.

This type of therapy is often done during eight to 12 weekly sessions. It can be done in groups, though more often it is individual. There will be some explanation of how anxiety and panic is caused and what triggers it for you. This includes any thoughts which can trigger attacks. Unhelpful thoughts are dealt with by recognising that they are distorted or biased and replacing them with other more helpful ones.

Avoidance of places may be keeping the problem going and making it hard to recover. For some people the agoraphobic avoidance becomes the major problem. In therapy, plans are made to overcome avoidance, usually by gradually going back into situations you have avoided and slowly rebuilding your confidence. CBT depends on your being able and willing to tolerate some anxiety.

Psychologists or other therapists using CBT may also teach relaxation and breathing techniques to help you become less frightened by your own physical symptoms and sensations. (Sometimes therapy for over-breathing is enough to help those who have milder symptoms and may be taught by a nurse-therapist or physiotherapist.)

CBT is very effective for most people - 70 to 80 percent of people with panic disorder will have very good results which will last for many years. Unfortunately most general practitioners do not have the time or the training to do CBT themselves, and most specialist community mental health services run by hospitals deal with only the most severe cases. Treatment there is free of charge. At a number of community service agencies charges are based on your ability to pay. Private therapists' fees may range from \$60 to \$200 per session, although some operate on a sliding scale. Fees for group therapy (where such groups are available) are cheaper.

Other psychotherapies and counselling

There are many types of psychotherapy in which you may explore your past or your current life. Some deal mainly with thinking patterns, others with emotions. Many come from the tradition of psychoanalysis. This type of therapy does not deal with particular problems such as panic attacks but analyses and looks for deeper reasons, usually in your past, for emotional problems and conflicts. It tries to help people understand themselves better. This can include aspects of yourself that you do not usually talk about, like your dreams, fantasies, and sexual relationships. These analytical therapies depend on forming a strong trusting relationship with your therapist and may take many months or even years. You will be expected to do most of the work yourself and will not be given much direct advice.

You might consider a longer type of analytical therapy if you are aware of more complicated emotional problems through your life. The main risk is that you devote a long time to therapy without getting rid of your panic symptoms.

It is important that you agree with your doctor or therapist what type of therapy you are having and how long it will take.

Counselling is based on supportive listening and problem solving. You may enjoy talking to someone about your problems and life in a general way. There is no evidence that general counselling will help you with the specific problem of panic attacks.

Medication

Antidepressants

If panic disorder is severe and difficult to change with psychological therapy, then medications can be used. Antidepressants have an effect on panic disorder even if you are not depressed. They are effective for about 70 percent of people with panic disorder.

A major problem with using medication to treat panic disorder is relapse. If you are using medication as the only form of treatment, there is a high risk that the problem will flare up again when you stop taking the tablets. This highlights the importance of using additional treatments such as psychological therapy.

Antidepressants have no immediate effect and start working after two to three weeks. Their effect can increase over several more weeks. They are usually taken for three to twelve months to block the anxiety associated with panic disorder. This time can be used to try to build up your confidence.

Antidepressants are not addictive, but there may be a small rebound effect of anxiety and insomnia if you stop taking them very suddenly. They are usually given for three to six months. If you have had more than one episode of panic disorder (multiple panic attacks over a period of time) you may be advised to stay on them longer than this. Almost all are in tablet or capsule form, taken once a day.

Antidepressants have a number of side effects depending on which type of antidepressant it is. These side effects differ from person to person and although they can be quite severe for some people, they usually fade away after two to three weeks. You may need to try different antidepressants before you find one which suits you.

Antidepressants affect brain chemicals, mainly noradrenaline and serotonin. The Tricyclic Antidepressants (tricyclics/TCAs) and the Monoamine Oxidase Inhibitors

(MAOIs) are the oldest antidepressants and have been useful in the treatment of panic disorder. However, the antidepressants generally prescribed first these days are newer Selective Serotonin Re-uptake Inhibitors (SSRIs). Another antidepressant called a Reversible Inhibitor of Monoamine Oxidase A (RIMA) is a safer version of the old MAOIs and can also be effective in treating panic disorder for some people. These newer antidepressants generally have fewer side effects than the older antidepressants.

Selective serotonin re-uptake inhibitors (SSRIs)

Over the past decade the Selective Serotonin Re-uptake Inhibitors (SSRI) antidepressants have become available. SSRIs have their effect specifically on serotonin, and can often be started at the usual effective dose from day one, although the therapeutic effect may take some weeks to occur. As some people experience a slight increase in anxiety when starting at the full dose it is often useful to start at a smaller dose and build up gradually. The SSRIs available in New Zealand are fluoxetine (Prozac, Lovan, Plenzine & Fluox), paroxetine (Aropax) and citalopram (Cipramil).

Side effects of SSRIs can include:

- nausea and weight loss or weight gain
- headache
- trouble sleeping
- agitated or jittery feelings (occurs less if starting dose is low and increases gradually)
- rash (not common, but means the drug should be stopped)
- sexual problems .

SSRI-like antidepressants

The newest 'SSRI-like' generations of antidepressants target serotonin and noradrenaline neurotransmitter systems with less effect on other neurotransmitter systems, therefore fewer side effects. Overseas studies have found they may also be useful in treating panic disorder. There are two available in New Zealand- nefazodone (Serzone) and venlafaxine (Effexor). Venlafaxine is not subsidised, and depending on dose, may cost up to \$400 per month. Although more expensive, these newer types of medications are equal in effectiveness to the tricyclics and have less troublesome side effects.

Reversible Inhibitors of Monoamine Oxidase A (RIMAs)

MAOIs are an older group of antidepressants which have been shown to be effective in the treatment of panic disorder however, due to potentially dangerous interactions with some foods and medicines they are rarely used nowadays. A safer form has been developed called a Reversible Inhibitor of Monoamine oxidase A (RIMA). The only RIMA available in New Zealand is moclobemide (Aurorix). The effective dose of moclobemide is usually reached over two weeks or more.

Tricyclic antidepressants (Tricyclics/TCAs)

Tricyclics can be very effective at treating panic disorder and may be useful for those who have found little benefit from SSRIs or have been unable to tolerate that type of medication. Each TCA has a different pattern of side effects, so when one is not tolerated there is likely to be another that causes less of that side effect. Because of

these side effects, it is necessary to start on a low dose and increase slowly over two weeks or more to reach the effective dose (usually about 150mg per day).

The tricyclic antidepressants work by increasing amounts of noradrenaline and serotonin. This group of medicines includes:

- amitriptyline (Tryptanol & Amitrip)
- amoxapine (Asendin)
- clomipramine (Clopress & Anafranil)
- desipramine (Pertofran)
- dothiepin (Dopress & Prothiaden)
- doxepin (Anten)
- imipramine (Imipramin)
- maprotiline (Ludiomil)
- mianserin (Tolvon)
- nortriptyline (Norpress & Allegron)
- trimipramine (Tripress & Surmontil).

Common side effects of tricyclics

- drowsiness (which can be beneficial if sleep problems exist)
- blurred vision
- dry mouth
- constipation
- dizziness
- trouble urinating (mostly a problem for older men)
- increased sweating
- weight gain
- problems with sexual function such as impotence, reduced sex drive, or lack of orgasm
- heart problems, in people who already have heart problems or are elderly. (Some of this group of drugs are safer for people with heart problems).

Because of their effects on the heart these drugs are very dangerous in overdose.

For more information on antidepressants refer to the medication section of the MHINZ booklet *Depression*.

Benzodiazepines (tranquillisers)

Benzodiazepines (the valium type of medicines) can be used to treat anxiety symptoms. They increase the activity of a chemical in the brain called GABA (gamma amino butyric acid) which regulates alertness. This lessens anxiety, induces sleepiness, and makes the muscles relax. To stop panic, benzodiazepines need to be taken in higher doses than for ordinary anxiety. Some benzodiazepines have a higher potency and may

be more effective. These include clonazepam (Rivotril), lorazepam (Ativan & Lorapam) and alprazolam (Xanax).

There are two ways of taking benzodiazepines. One is for very short periods to relieve great distress or allow you to cope with some important event you cannot avoid. The other less common way is to take them regularly for weeks or months to prevent panic occurring. If you take them regularly you are likely to develop some dependency which is why they are usually only prescribed for short periods of time. If you have trouble with addictions they are best avoided.

Because benzodiazepines are known to be addictive, stopping them needs to be done gradually. Sudden stopping may produce withdrawal symptoms such as anxiety, insomnia, nausea, headaches and dizziness and occasionally, may induce epileptic seizures. People with epilepsy must be careful as withdrawal can also make seizures more likely. The effects of sudden stopping may be similar to your original symptoms of anxiety, so it is hard to tell if you have withdrawal or not.

Benzodiazepines work almost immediately and have few side effects. The main side effect of drowsiness or fatigue usually wears off.

People taking benzodiazepines need to know that they may become too drowsy or relaxed to drive or operate machinery. Muscle relaxation can be a risk for older people whose muscles may be weak and this increases their risk of falling. Older people may also become confused. People with severe breathing problems need to be careful as benzodiazepines can reduce breathing a little. Benzodiazepines are not advised in pregnancy, especially near birth, as they can affect the baby and some get into breast milk.

Benzodiazepines are safe with almost all other medicines. The effects of alcohol are magnified by them, so people taking benzodiazepines should avoid using alcohol.

Side effects of benzodiazepines

Generic name	Trade name	Common side effects of benzodiazepines
Diazepam	Valium	<p>Drowsiness is particularly dangerous for people who operate machinery or while driving vehicles.</p> <p>Muscle relaxation can be a risk for older people whose muscles may be weak and thereby increase their risk of falling.</p> <p>Confusion, particularly with older people .</p> <p>Breathing difficulties. Benzodiazepines can reduce breathing a little. Those people with severe breathing problems need to be careful.</p> <p>Dependency and withdrawal problems - see discussion on previous page.</p>
“	ProPam Tab	
“	Stesolid Rectal Tube	
“	Diazemuls injection	
Clonazepam	Rivotril	
Lorazepam	Ativan	
“	Lorapam	
Alprazolam.....	Xanax	

Medicine interactions

Most psychiatric medicines tend to react with each other when taken in combination. Their sedative effect in particular may make you feel sleepy. Your doctor will, where possible, limit the number of medications prescribed. You should be told what effects you may notice from the medication and receive clear instructions about how you

should take them and what precautions are necessary. You should not mix different types of antidepressants unless instructed by your doctor, as this could be very dangerous.

The effects of alcohol and many illegal drugs will also be heightened, so they should be avoided. It is important the doctor knows all the medications (including any herbal medicines such as St John's Wort) you are taking, as some taken together can be dangerous.

Complementary Therapies

Health, healing and healing practices are varied and differ according to how people view illness. Any health-related practice that increases an individual's sense of wellbeing or wellness is likely to be of benefit. Talking things over with people you feel comfortable with can be useful and may help to define a problem and ways to begin to tackle it.

The term complementary therapy is generally used to indicate therapies and treatments which differ from conventional western medicine and which may be used to complement, support or sometimes replace it. There is an ever-growing awareness that it is vital to treat the whole person and assist them to find ways to address the causes of mental health problems rather than merely alleviating the symptoms. This is often referred to as an holistic approach. Complementary therapies often support an holistic approach and are seen as a way to address physical, nutritional, environmental, emotional, social, spiritual and lifestyle needs.

Many cultures have their own treatment and care practices which many people find helpful and which can often provide additional benefits to health and wellbeing. Rongoa Maori is the indigenous health and healing practice of New Zealand. Tohunga Puna Ora is a traditional healing practitioner. Traditional healing for many Pacific Islands' people involves massage, herbal remedies and spiritual healers.

In general, meditation, hypnotherapy, yoga, exercise, relaxation, massage, mirimiri and aromatherapy have all been shown to have some effect in alleviating mental distress. Complementary therapies can include using a number of herbal and other medicinal preparations to treat particular conditions. It is recommended that care is taken as prescription medicines, herbal and medicinal preparations can interact with each other. When considering taking any supplement, herbal or medicinal preparation we recommend that you consult a doctor to make sure it is safe and will not harm your health.

Women who may be pregnant or breastfeeding are advised to take extra care and to consult a doctor about any supplements, herbal or medicinal preparations they are considering using, to make sure they are safe and that they will not harm their own or their baby's health.

For more information see the MHINZ booklet *Complementary Therapies in Mental Health*.

Legislation

New Zealand has laws with specific implications for people who experience mental illness. The following information is a brief introduction to some of these Acts, and gives details on where to get specific information or assistance.

More information may be obtained from the local Community Law Centre or Citizen's Advice Bureau – look in a telephone directory for details. The local library is a useful place to obtain information or books and resources on the law. Copies of New Zealand legislation are available from government bookshops and can be seen at most public libraries, or on the internet at www.rangi.knowledge-basket.co.nz/gpacts/actlists.html

Recommended publication

Mental Health and the Law: A Legal Resource for People who Experience Mental Illness, Wellington Community Law Centre, 2002. Available from Wellington Community Law Centre, Ph 04 499 2928.

Government agencies can provide advice, information and publications in relation to mental health and the law.

Ministry of Health

133 Molesworth Street
PO Box 5013
WELLINGTON

Ph 04 496 2000
Fax 04 496 2340
Email EmailMOH@moh.govt.nz
Web www.moh.govt.nz

Mental Health Commission

PO Box 12479
Thorndon
WELLINGTON

Ph 04 474 8900
Fax 04 474 8901
Email info@mhc.govt.nz
Web www.mhc.govt.nz

Department for Courts

PO Box 2750
WELLINGTON

Ph 04 918 8800
Fax 04 918 8820
Email family@courts.govt.nz
Web www.courts.govt.nz/family

More contact details for government agencies are listed in the following sections.

The Health and Disability Commissioner Act 1994

This Act governs all actions taken by the Health and Disability Commissioner, the office and advocacy services. It is the legal document which gives the authority to ensure the rights are delivered. The purpose of the Act is

"To promote and protect the rights of health consumers and disability services consumers, and, to that end, to facilitate the fair, simple, speedy, and efficient resolution of complaints relating to infringements of those rights" (Section 6).

The Act's objective is achieved through

- the implementation of a Code of Rights (see below)
- a complaints process to ensure enforcement of those rights, and
- ongoing education of providers and consumers.

Code of Health and Disability Services Consumers' Rights

There are ten rights set out in the code and these rights apply to all health and disability support services in New Zealand, both public and private services. The code gives rights to all people who use health and disability services and describes the obligations of all providers of health and disability services. The Health and Disability Commissioner contracts advocates in each region to ensure the code is upheld.

To make a complaint to the advocate in your region, contact the office of the Health and Disability Commissioner.

The Health and Disability Commissioner

Freephone 0800 11 22 33
E-mail hdc@hdc.org.nz
Web www.hdc.org.nz

AUCKLAND

Level 10, Tower Centre
45 Queen Street
PO Box 1791
Auckland

Ph 09 373 1060
Fax 09 373 1061

WELLINGTON

Level 13, Vogel Building
Aitken Street
PO Box 12 299
Wellington

Ph 04 494 7900
Fax 04 494 7901

The Human Rights Act 1993

Discrimination on the basis of disability is illegal under the Human Rights Act. If you feel you have been discriminated against you can make a complaint to the Human Rights Commission.

Human Rights Commissioner

Freephone 0800 496 877

TTY (teletypewriter) access number 0800 150 111

Email infoline@hrc.co.nz

Web www.hrc.co.nz

AUCKLAND

4th Floor, Tower Centre
Corner Queen & Custom Streets
PO Box 6751, Wellesley Street
Auckland

Ph 09 309 0874

Fax 09 377 3593

WELLINGTON

Level 8, Vogel Building
8 Aitken Street
PO Box 12 411, Thorndon
Wellington

Ph 04 473 9981

Fax 04 471 0858

CHRISTCHURCH

7th Floor, State Insurance Building
116 Worcester Street
PO Box 1578
Christchurch

Ph 03 379 2015

Fax 03 379 2019

The Privacy Act 1993

The Privacy Act sets out general rules about the protection of our personal information. Extra rules have been developed to protect health information. These rules are set out in the Health Information Privacy Code, which is contained within the Privacy Act.

The Health Information Privacy Code sets out 12 rules that agencies must follow when dealing with health information. These rules cover the collection, storage, use and disclosure of health information, and give you the right to access and correct your health information.

The code applies to you whether you are receiving health services voluntarily or under the Mental Health Act.

Under the code, health services can develop their own policies for dealing with health information. You are advised to ask for a copy of their policies. Health services must appoint a Privacy Officer, so find out who that person is in the service you are dealing with. You may request information from or make a complaint to the service's Privacy Officer.

The Privacy Commissioner.

Freephone 0800 803 909

Office of the Privacy Commissioner

PO Box 466
AUCKLAND

Ph 09 302 8655

Email privacy@iprolink.co.nz (Auckland)
privacy@actrix.gen.nz (Wellington)

Web www.privacy.org.nz

Further information

On the Record: A Practical Guide to Health Information Privacy, Office of the Privacy Commissioner, 2nd edition, July 2000.

Protecting Your Health Information: A Guide to Privacy Issues for Users of Mental Health Services. Mental Health Commission, 1999.

The Mental Health (Compulsory Assessment and Treatment) Act 1992

For a person to be compulsorily assessed and treated it must first be determined that they have a mental disorder. The definition of 'mental disorder' is described in the Act.

The Act sets out clear procedures that must be followed when a person is compulsorily assessed and treated. People under the Act lose their right to choose and consent to assessment and treatment. All other rights as described in the Health and Disability Commission's Code of Rights remain.

To ensure a person's rights are upheld and correct procedures are followed the Minister of Health appoints District Inspectors for each area. They are lawyers and you may request information from or make a complaint to them. You can find out who the District Inspector for your area is by contacting the Ministry of Health or your local community law centre. (Contact details are at the front of this section)

In general, the Act gives young people (16-19 years) the same rights as adults. For people under 16 there are additional protections.

The Ministry of Health publishes helpful user information guidelines on the Mental Health Act. Contact details for the Ministry are at the front of this section.

Further information

The Mental Health Act: Information for Families and Whanau, Schizophrenia Fellowship.

The Schizophrenia Fellowship (SF)

Freephone 0800 500 363

National Office

PO Box 593

Christchurch

Ph 03 366 1909

Fax 03 379 2322

Email office@sfnat.org.nz

Web www.sfnat.org.nz

Look in your telephone directory for the local Schizophrenia Fellowship.

The Children, Young Persons and Their Families Act 1989

This Act applies in two situations.

- When it is decided that children and young people are defined as needing care or protection and,
- where children or young people offend against the law.

This Act defines a child as someone under the age of 14, and a young person as someone who is 14 or over but under 17 years of age. If concerns have been raised about a child or young person's care or protection in the first instance, an informal meeting is usually called with the family and a social worker.

Formal options available through this Act are:

- family group conference
- application to the Family Court
- removal of the child or young person.

Care and protection issues may mean the involvement of The Child Youth and Family Service (CYFS). Look in your telephone directory under Government Agencies for contact details for your local CYFS.

For more information, it may be helpful to contact:

The Office of the Commissioner for Children

PO Box 5610
WELLINGTON

Ph 04 471 1410
Fax 04 471 1418
Email children@occ.org.nz
Web www.occ.org.nz

Youthlaw Tino Rangatiratanga Taitamariki

Provides free, confidential legal information and advocacy for young people under 25, anywhere in Aotearoa New Zealand.

PO Box 7657
Wellesley Street
AUCKLAND

Ph 09 309 6967
Fax 09 307 5243
Email youthlaw@ihug.co.nz
Web www.youthlaw.co.nz

The Criminal Justice Act 1985

This Act sets out rules that apply to people who have been charged with, or found guilty of committing some kind of criminal act.

One part of the Act applies to situations where a person is experiencing a mental illness AND has been charged with or found guilty of committing some kind of criminal act. A person in this situation can become a 'special patient' under the Mental Health (Compulsory Assessment and Treatment) Act 1992.

The Protection of Personal Property Rights Act 1988

This Act describes what can happen legally when a person is unable to make all or some of their own decisions about their personal and property matters. This is called a lack of capacity. The Family Court decides if a person lacks capacity.

In some cases, the Family Court may appoint a welfare guardian for someone who is unable to make these decisions. A welfare guardian has the power to make a wide range of decisions, such as where a person lives and how they should be cared for. A welfare guardian can act and consent to treatment on that person's behalf.

Family Court contact details are listed at the front of this section.

Further Information

Groups and organisations

The Phobic Trust of NZ Inc

Freephone 0800 14 ANXIETY (0800 269 4389)

24 hour support line:

Web www.phobic.org.nz

AUCKLAND

77 Morningside Drive

St. Lukes

P O Box 41 133

Ph 09 846 9776

Fax 09 849 2375

Email clinic@phobic.org.nz

WELLINGTON

19 Normanby Street

Newtown

Ph 04 389 7210

Fax 04 389 3590

Email clinic@phobic.org.nz

GROW

Mutual help mental health movement provides support to people with mental health problems. Friendship is the special key to mental health. Groups meet weekly and are open to all. Consumers run a 12 step programme of self- help / mutual help.

AUCKLAND

Ph 09 846 6869

Email national@grow.org.nz

CHRISTCHURCH

Ph 03 366 5890

DUNEDIN

Ph 03 477 2871

Email growdunedin@actrix.co.nz

Websites

The Mental Health Foundation's website has information about the mental health sector and mental health promotion, news of upcoming conferences both here and overseas, links to other sites of interest and the Foundation's on-line bookstore. It also contains the full text of all the MHINZ booklets which can be downloaded as pdf or Word files.

www.mentalhealth.org.nz

Anxiety Disorders Association of America
www.adaa.org

Panic and Anxiety Hub
www.paems.com.au/index.html

Anxiety Panic Internet Resource (tAPir)
www.algy.com/anxiety/index.shtml

National Anxiety Foundation - Panic Disorder
<http://lexington-on-line.com/naf.html>

National Institute of Mental Health - Understanding Panic Disorder
www.nimh.nih.gov/anxiety/upd.cfm

Books

An End To Panic: Breakthrough Techniques for Overcoming Panic Disorders by E. Zuercher-White. New Harbinger Publications, 1998.

Anxiety, Phobias and Panic Attacks – Your Questions Answered by Elaine Sheehan. Element Books, 1996

Anxiety, Phobias and Panic: A Step By Step Program for Regaining Control of Your Life by R. Peurifoy. Warner Books, 1995.

Don't Panic: Taking Control of Anxiety Attacks by Reid Wilson. Harper Collins, 1996.

Living With It - A Survivor's Guide to Panic Attacks by B. Aisbett. Angus & Robertson, 1997.

Panic Attacks: A Natural Approach by S. Trickett. Ulysses Press, 1996.

The Sky Is Falling: Understanding and Coping With Phobias, Panic And Obsessive Compulsive Disorders by R. Dumont and A. T. Beck. W.W. Norton, 1997.

Triumph Over Fear: A Book of Help and Hope for People with Anxiety, Panic Attacks, and Phobias by J. Ross and R. Carter. Bantam, 1995.

Mental Health Foundation Resource & Information Centre

The Mental Health Foundation Resource and Information Centre is at the Foundation's Auckland offices and is open to the public. Information and resources are available in a range of formats including pamphlets, books, journals videos, research papers and directories. Anyone living in Auckland may borrow books and videos are lent throughout New Zealand. The extensive collection includes resources on

- Mental Health • • Mental Illness • • Mental Health Services •
- Depression • • Discrimination • • Workplace Wellbeing •
- Stress • • Maori Mental Health • • Support Groups •
- Recovery • • Relaxation • • Self-Help •
- Older People's Mental Health • • Young People's Mental Health •

The centre is open Monday to Friday, 9am to 4.30pm.

Mental Health Foundation of New Zealand

PO Box 10051
Dominion Road
Auckland

81 New North Road
Eden Terrace
Auckland

Ph 0064 9 300 7010
Fax 0064 9 300 7020
Email resource@mentalhealth.org.nz
Web www.mentalhealth.org.nz

Titles in the MHINZ series of booklets

<i>Attention Deficit / Hyperactivity Disorder</i>	<i>Dementia</i>
<i>Alcohol Problems</i>	<i>Depression</i>
<i>Anorexia Nervosa</i>	<i>Depression in Children and Young Adults</i>
<i>Attachment Disorder</i>	<i>Obsessive-Compulsive Disorder</i>
<i>Autism</i>	<i>Panic Disorder</i>
<i>Bipolar Affective Disorder</i>	<i>Personality Disorders</i>
<i>Brief Psychotic Disorder</i>	<i>Phobias</i>
<i>Bulimia Nervosa</i>	<i>Postnatal Depression & Psychosis</i>
<i>Cannabis Problems</i>	<i>Problems with Tranquilliser Use</i>
<i>Conduct Disorders</i>	<i>Schizophrenia</i>

Complementary Therapies in Mental Health
Delusional Disorders

Separation Anxiety Disorder
Solvent and Inhalant Problems
Tourette Disorder