

Panic Disorder:

Cognitive Behavioral Approach



Evidence Based



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Panic Disorder

1 Symptoms

What are the symptoms?

2 Causes

What is the mechanism?

3 Treatment

How is it treated?



Anxiety Disorder

1. **Panic attack + Agoraphobia**
2. **Specific phobias**
3. **Social phobia**
4. **Obsessive-Compulsive Disorder**
5. **PTSD (Post Traumatic Stress Disorder)**
6. **Acute stress disorder**
7. **Generalized Anxiety Disorder**

The Case of Mr. Ross

- 1) **Subjective symptoms**
Fear of airplanes, driving, etc.
- 2) **Objective symptoms**
No problems at interviews
- 3) **Interviewer's attitude**
Receptive, listener

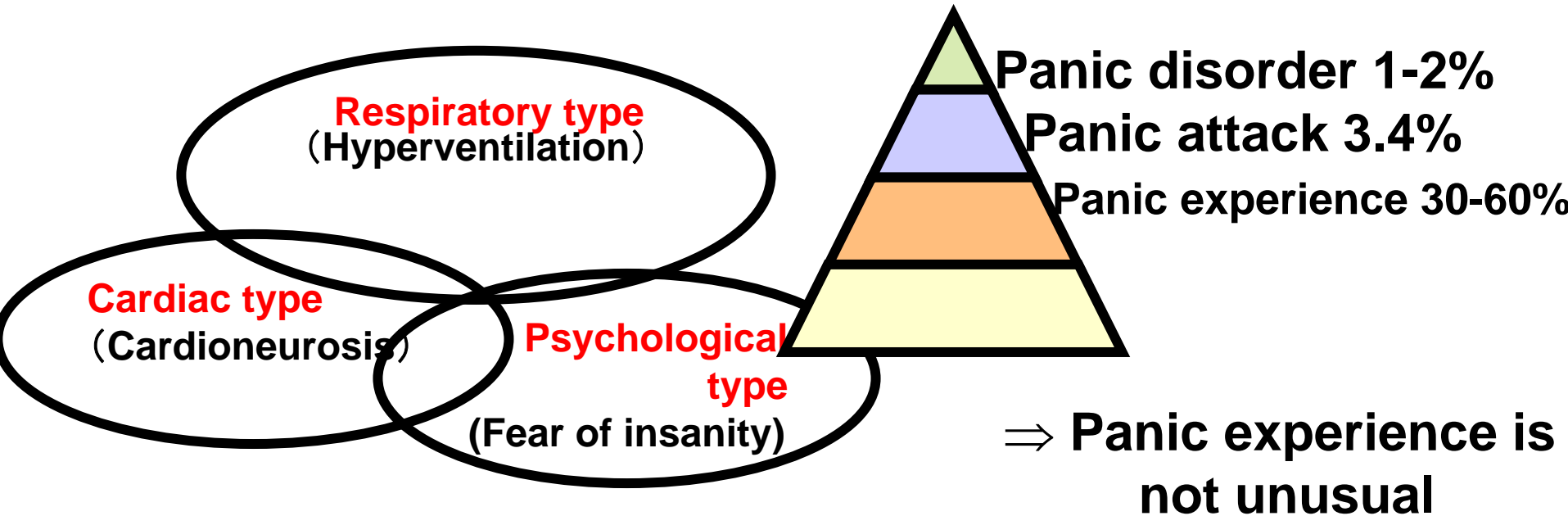


Definition of Panic Disorder (DSM-IV)

- A. Unexpected panic attacks occur repeatedly. An attack is followed by the symptoms below for more than a month:
 - a) Anxious about repeated attacks.**
 - b) Anxious about what the attack might result in. (e.g. It might cause a heart attack, “I might go insane,” etc.)**
 - c) Significant changes in behavior related to the attack.****
- B. Not caused by substances (e.g. Drug abuse, medication) or physiological effect from physical disorder (e.g. Hyperthyroidism).**
- C. Differ from other mental disorders such as social phobia, specific phobias, obsessive compulsive disorder, Post Traumatic Stress Disorder, separation anxiety disorder.**

Types of Panic Attack

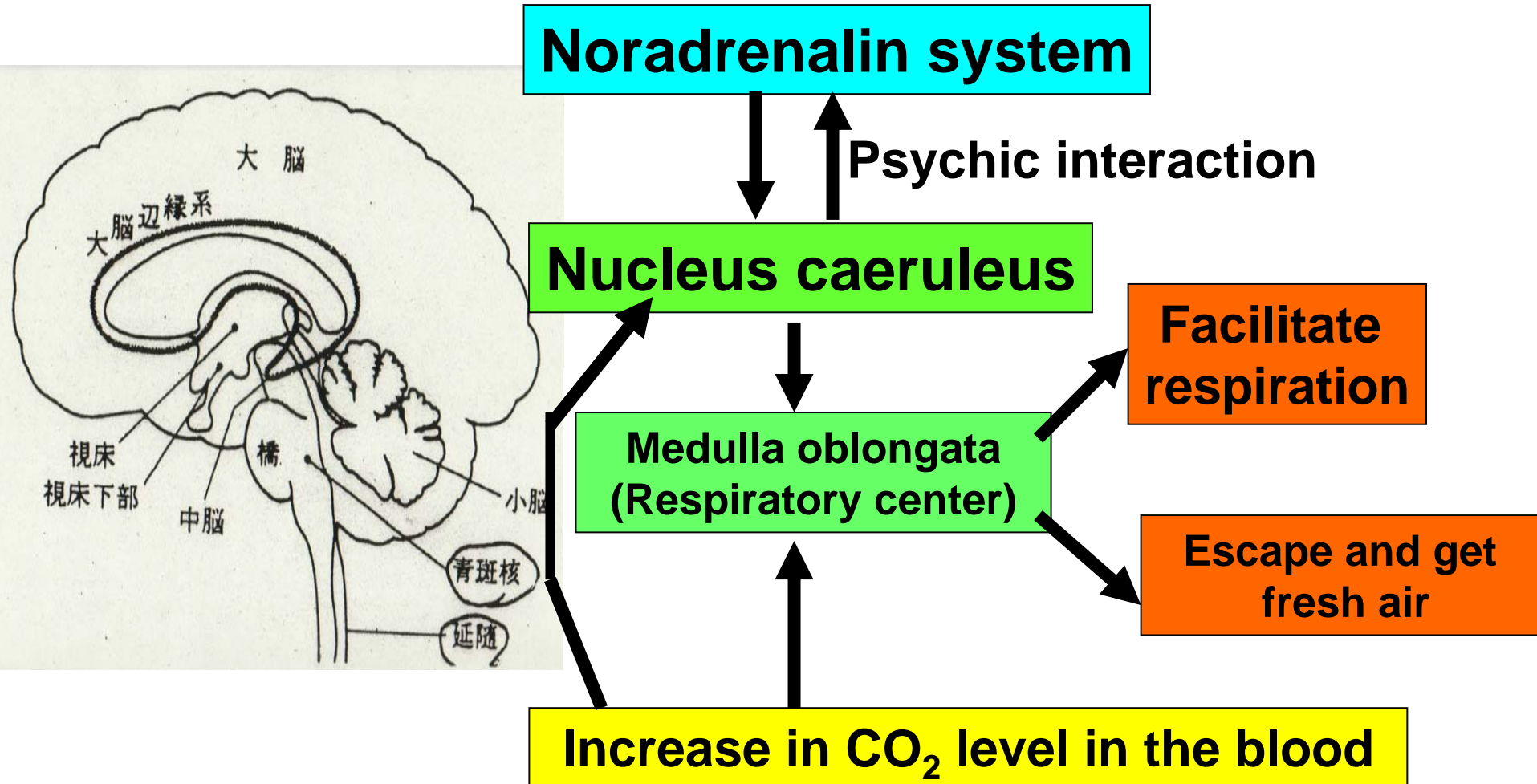
Hierarchy of Panic Experience





False Suffocation Alarm Hypothesis for Panic Disorder

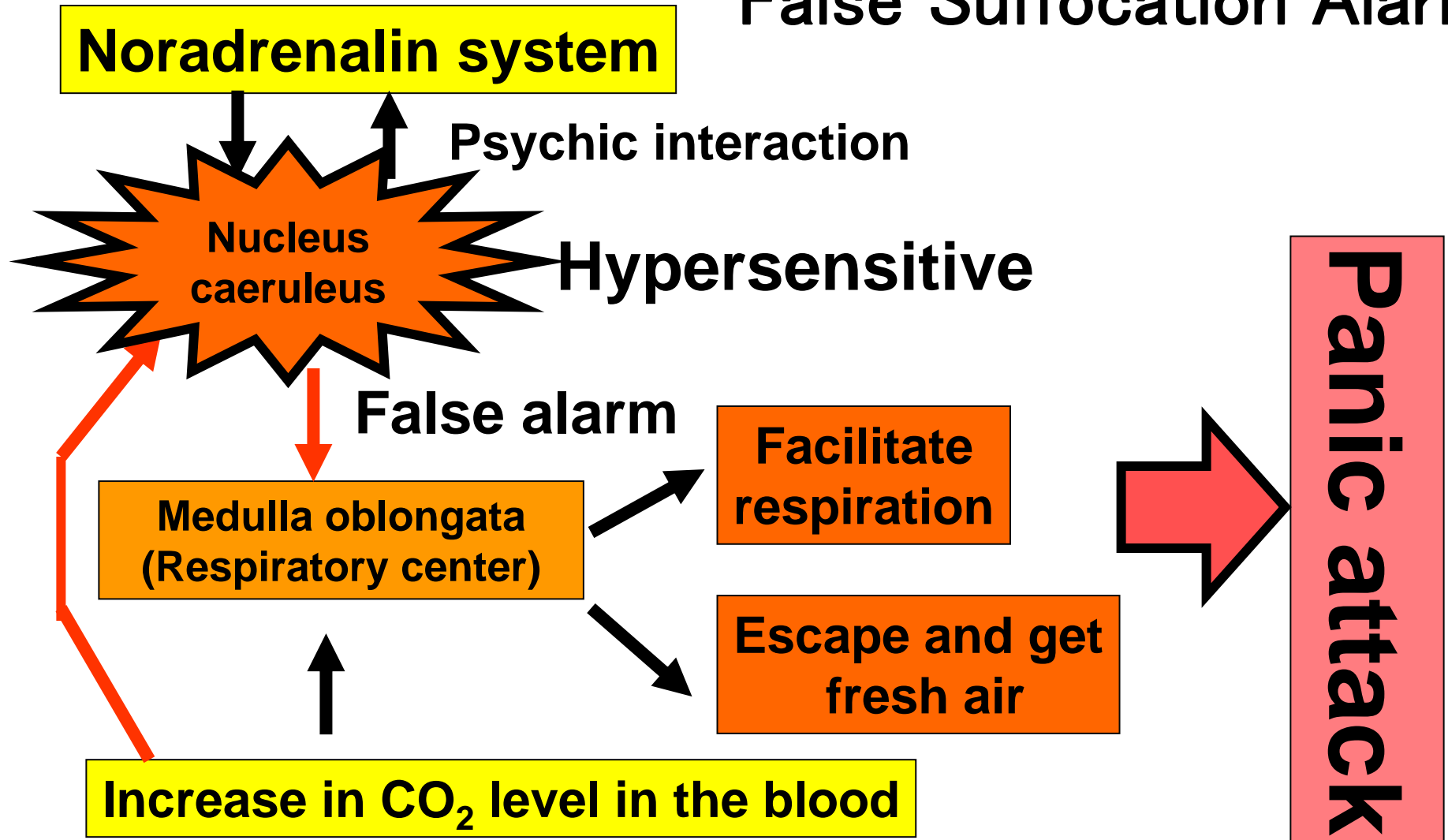
Mechanism to avoid suffocation





False Suffocation Alarm Hypothesis for Panic Disorder

False Suffocation Alarm





Duality of Panic Attack

Adaptive when suffocation occurs

Necessary for living

Lose control by false alarm in
everyday circumstances

Become out of control

=> Panic disorder

=> Treatment hints

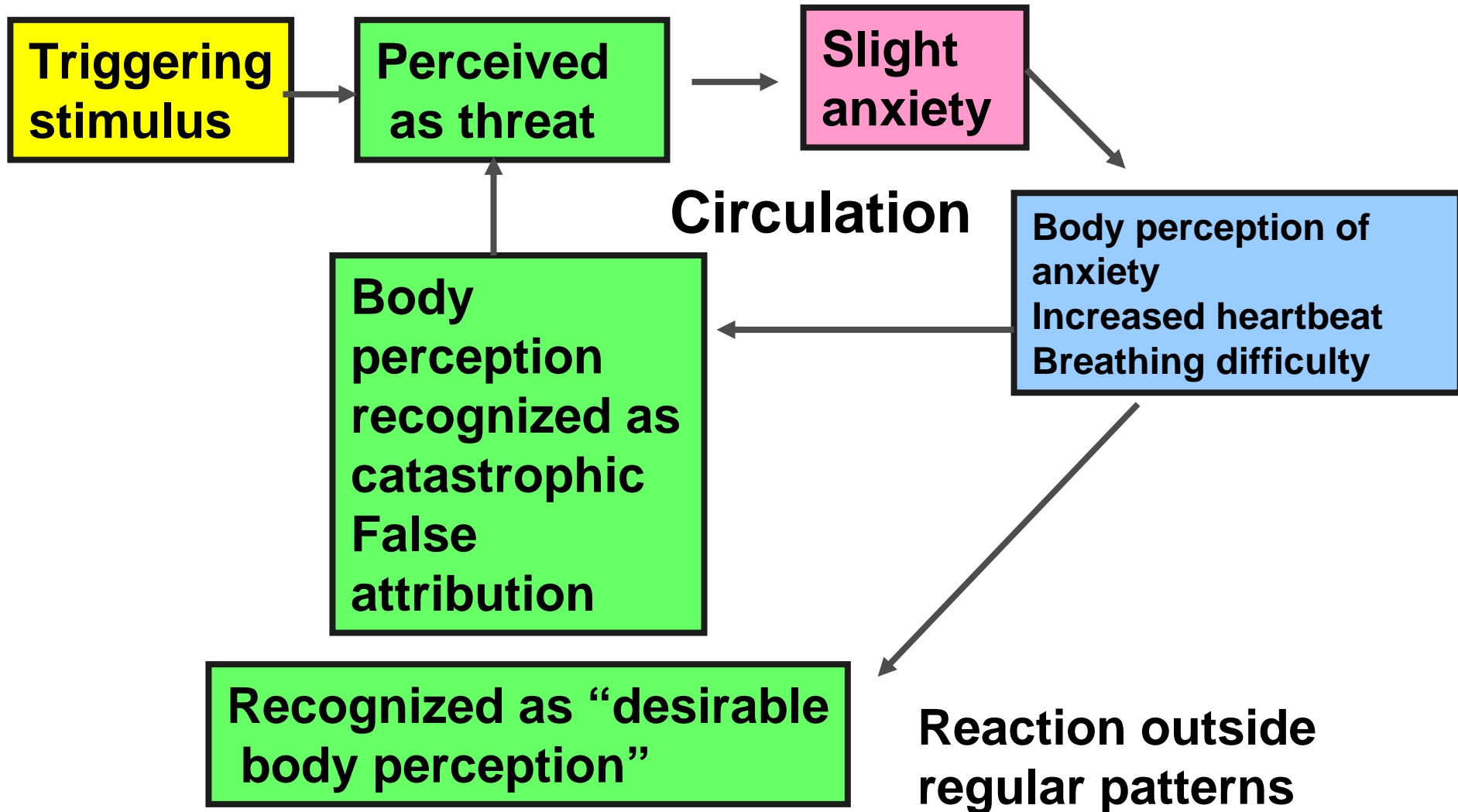
Deletion of the mechanism is dangerous

Appropriate recognition of panic attacks



Cognitive Model for Panic Disorder (Clark)

A. Incident B. Cognition C. Emotion D. Physiology





Cognitive Behavioral Intervention

- 1. Create voluntary hyperventilation by repeated deep breathing to let the patient understand it is the same as panic attack. – Physiological aspect**
- 2. Explain that the cognition of hyperventilation triggers panic attacks. – Cognitive aspect**
- 3. Give patients respiratory training to help them cope with the attacks by themselves. – Physiological aspect**
- 4. Train them to correctly interpret their own body perception and to appropriately recognize it. – Cognitive aspect**
- 5. Clarify triggering stimuli for panic attacks (e.g. too much coffee, drug side-effect, after being nervous) and try to avoid them.**



Clark's Cognitive Behavioral Therapy

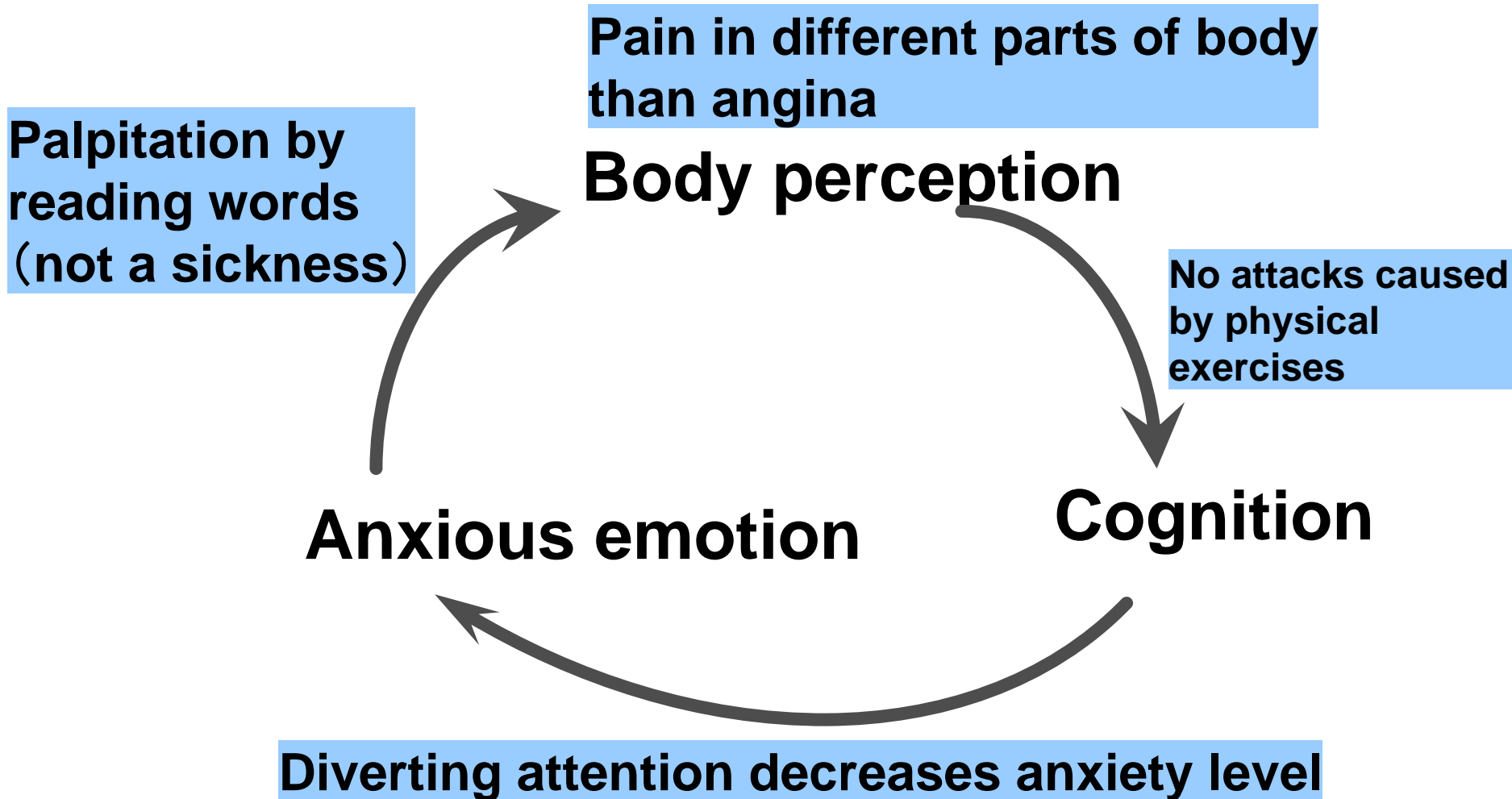


Figure 5-2 Effects of Cognitive Behavioral Therapy (Salkovski, 2002)

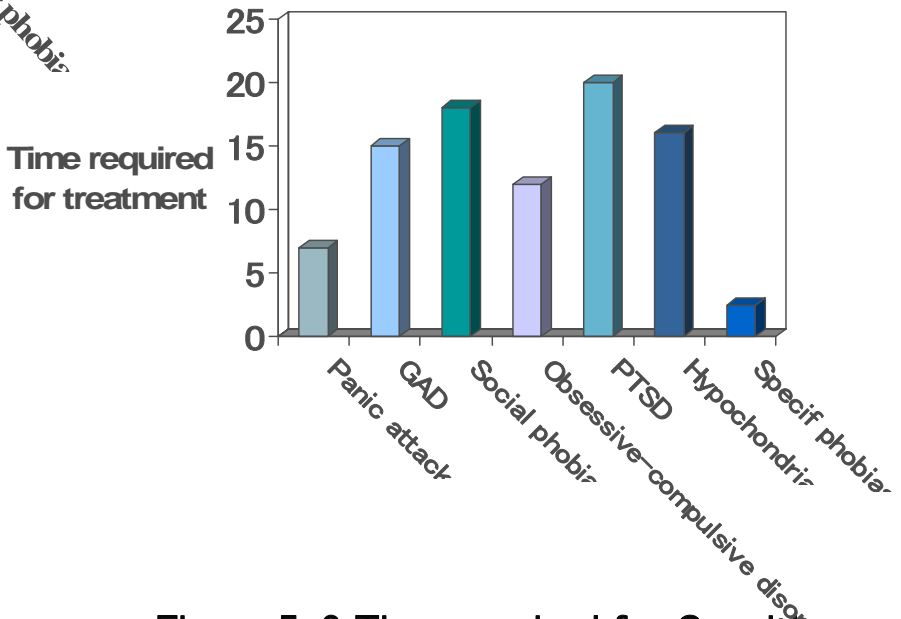
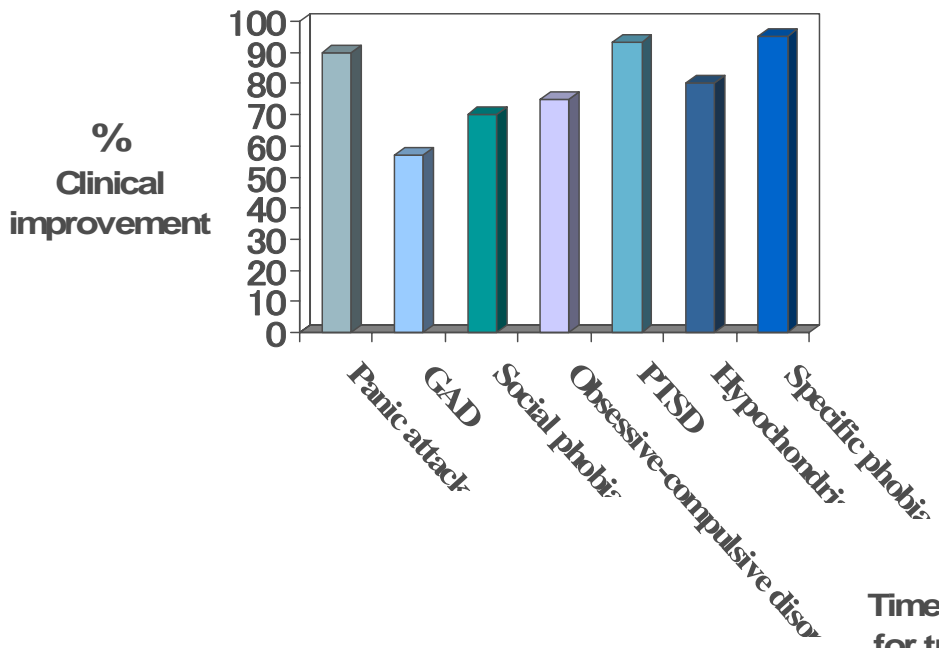


Figure 5-3 Time required for Cognitive Behavioral Therapy (Salkovski, 2002)