

# **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

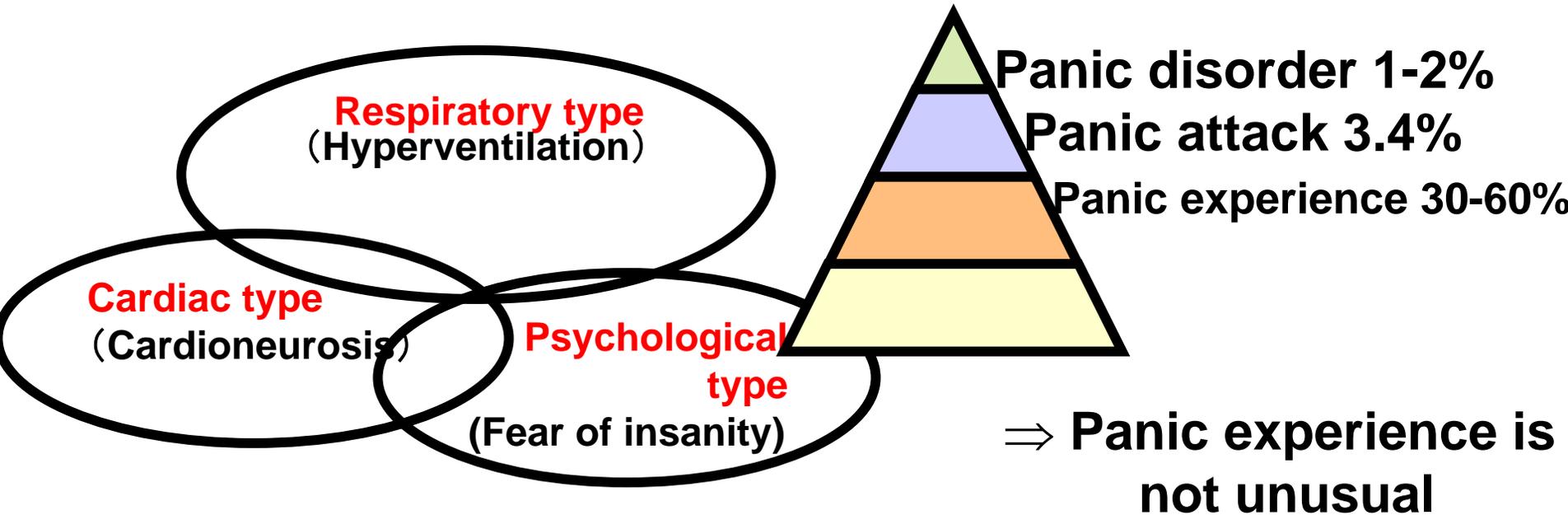


# **Definition of Panic Disorder (DSM-IV)**

- 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.**

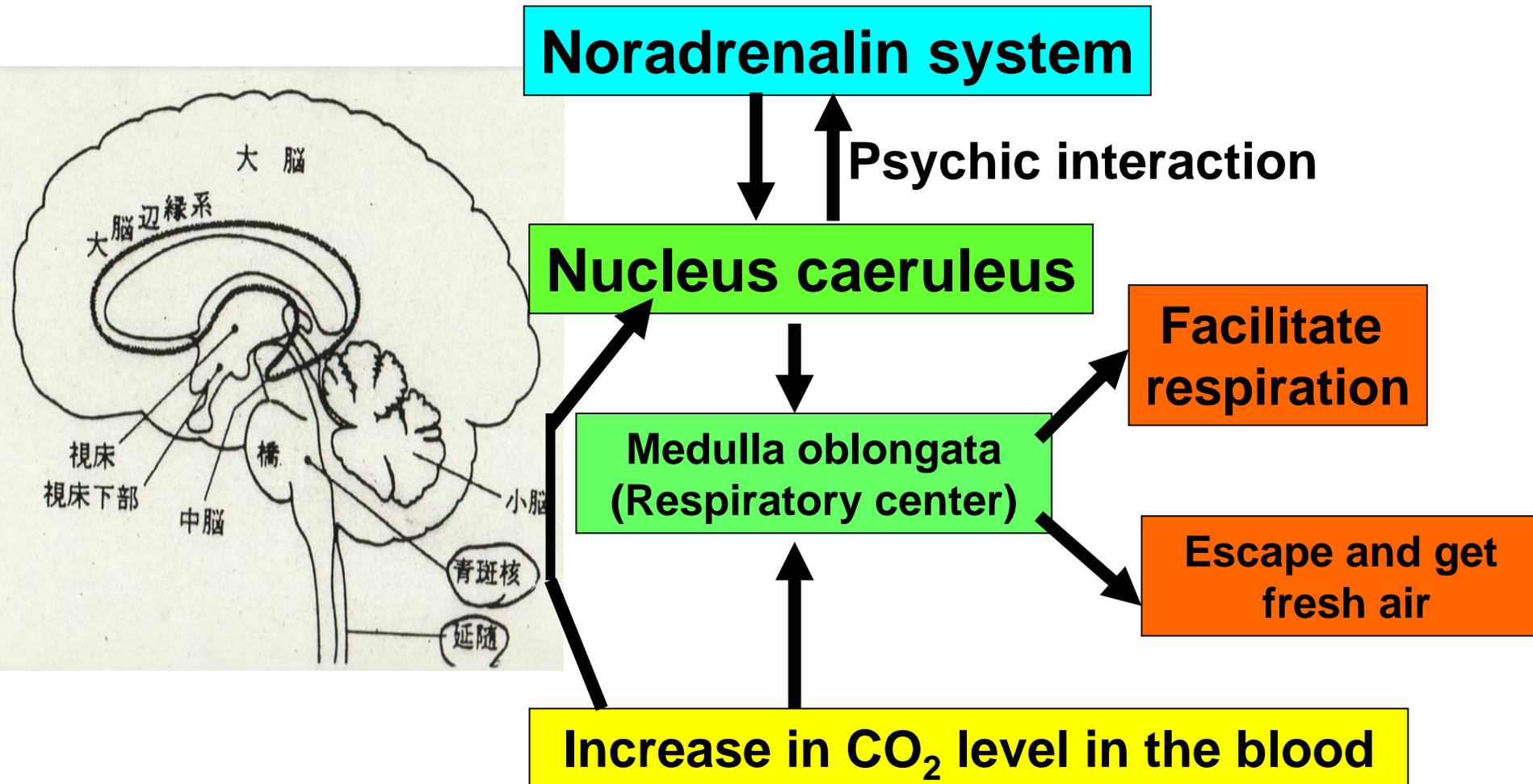
## Types of Panic Attack

## Hierarchy of Panic Experience



# False Suffocation Alarm Hypothesis for Panic Disorder

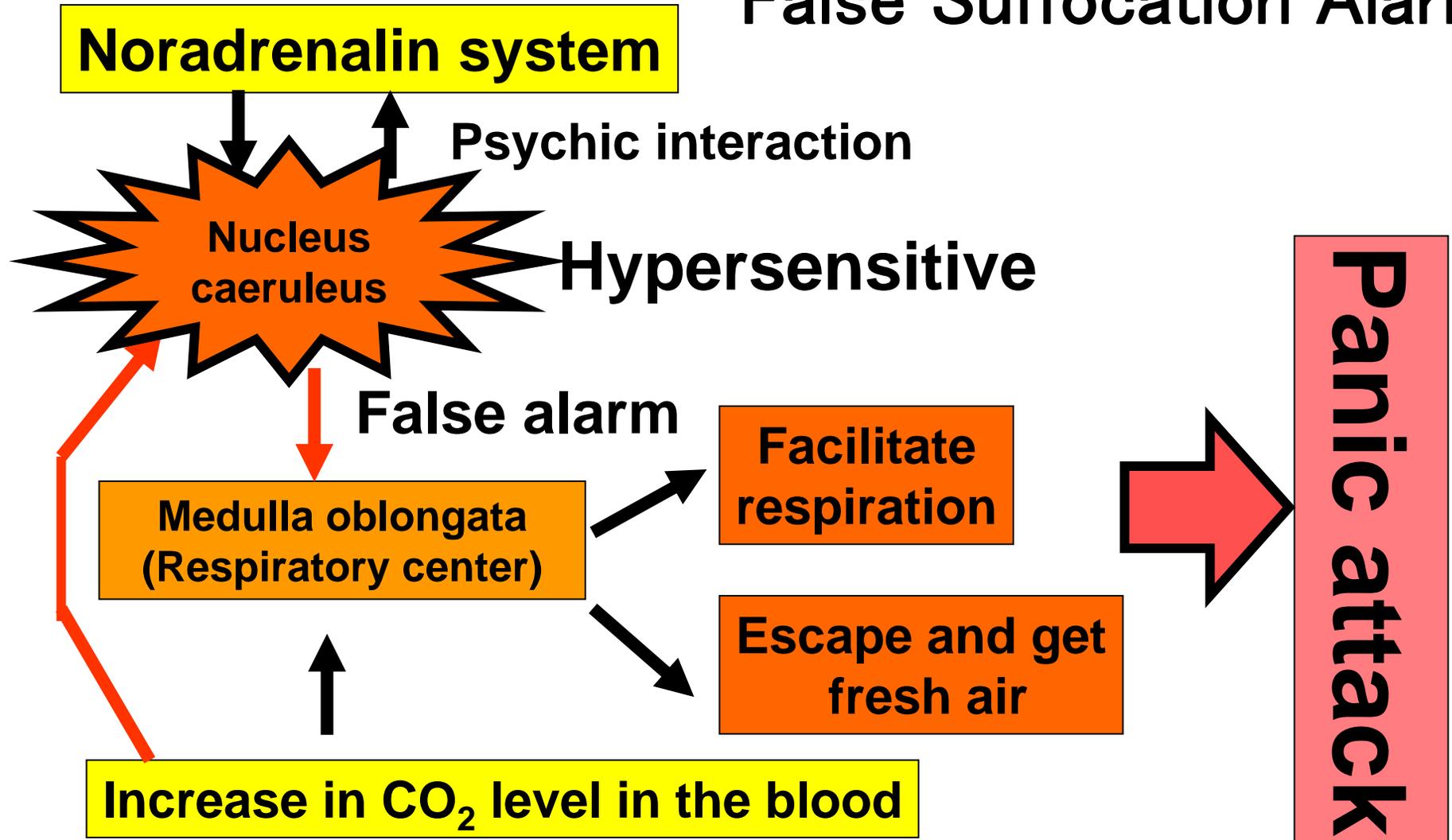
## Mechanism to avoid suffocation





# 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**

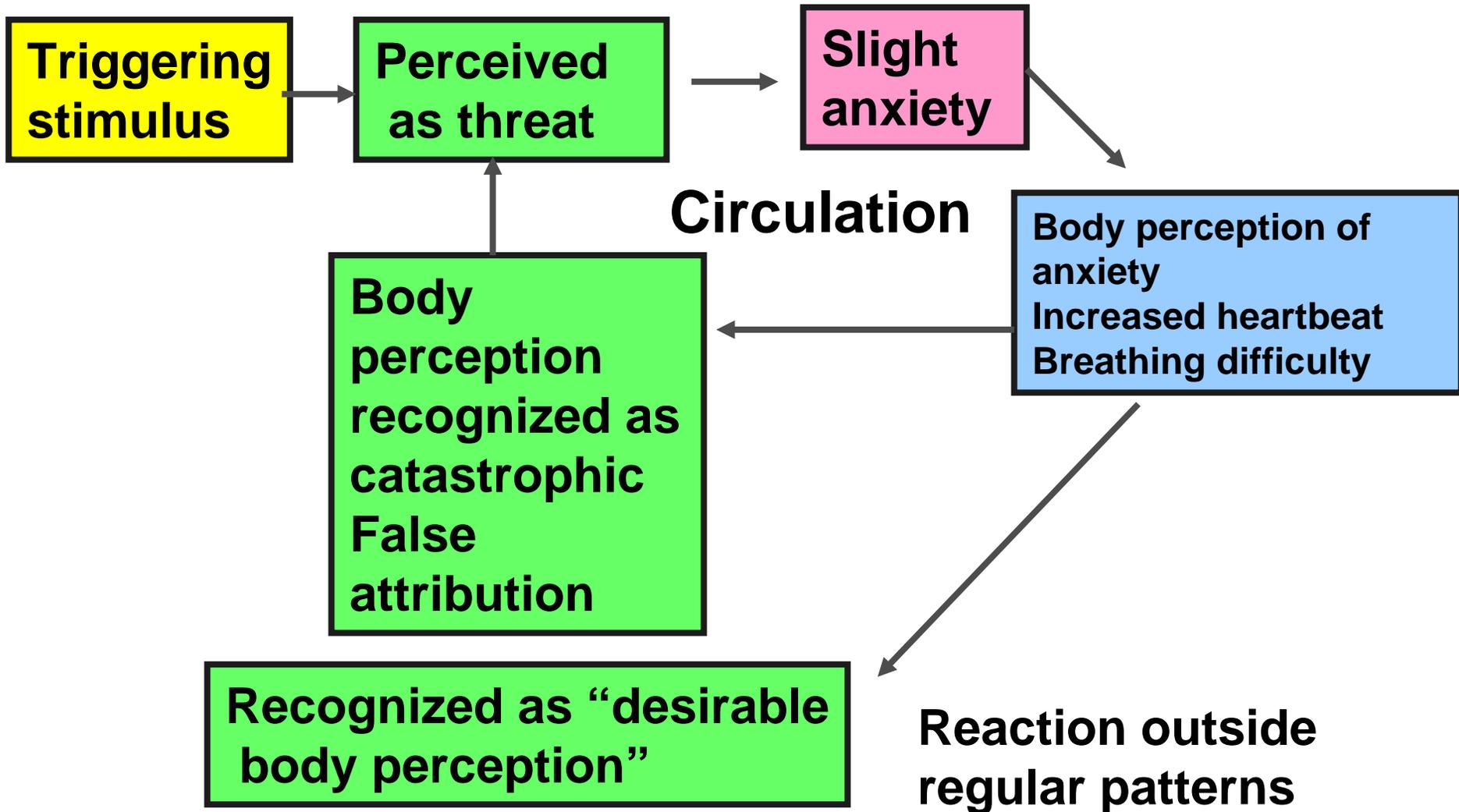
**Deletion of the mechanism is dangerous**

**Appropriate recognition** of panic attacks



# Cognitive Model for Panic Disorder (Clark)

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



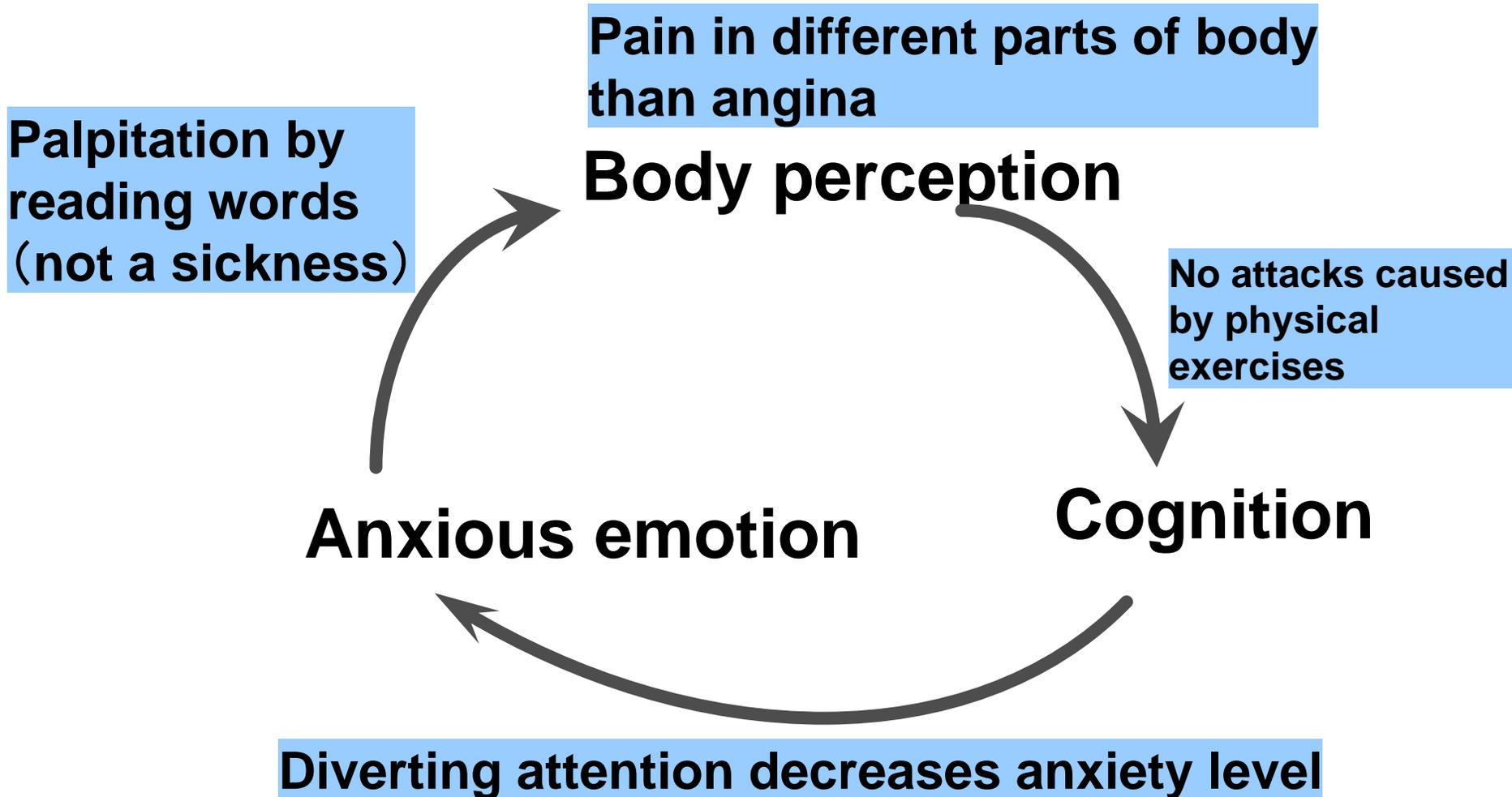


# **Cognitive Behavioral Intervention**

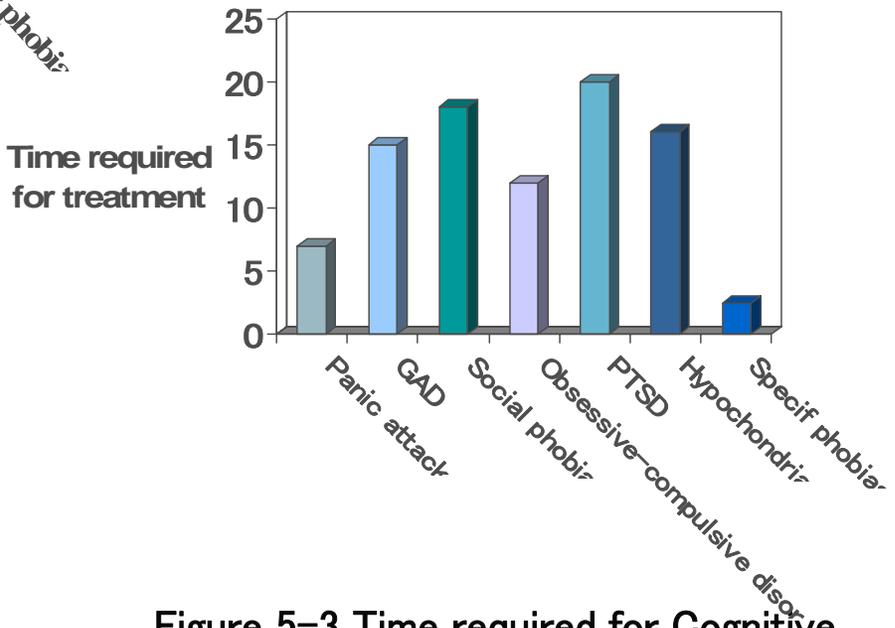
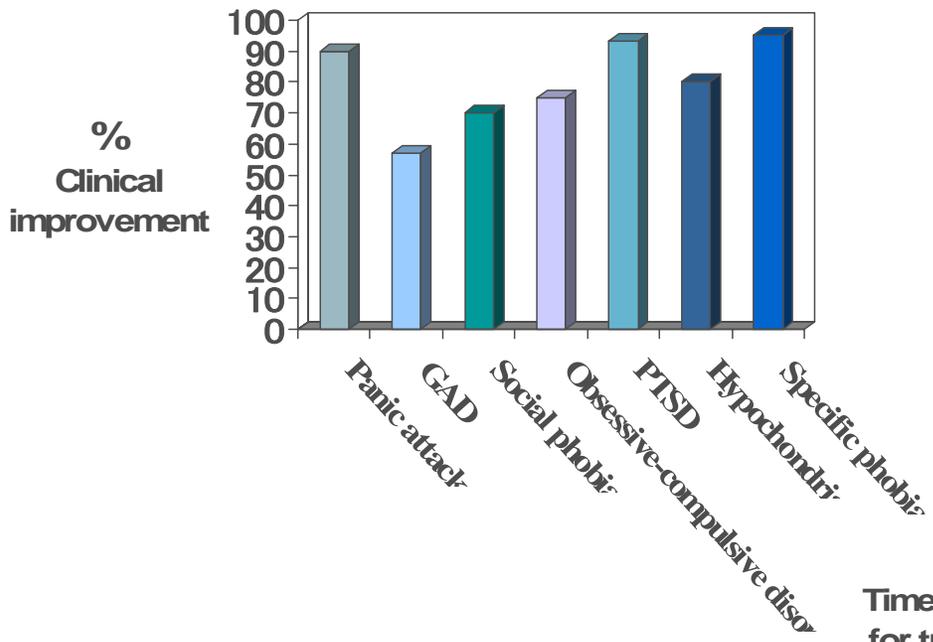
- 1. Create voluntary hyperventilation by repeated deep breathing to let the patient understand it is the same as panic attack. – Physiological aspect**
- 2. Explain that the cognition of hyperventilation triggers panic attacks. – Cognitive aspect**
- 3. Give patients respiratory training to help them 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)**