



DR. JONES

MENTAL FITNESS UPDATE[©]

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Dr. Jones is a board certified Psychiatrist with 30+ years of clinical, research, and teaching experience. He is among the first Psychiatrists in the U.S. to be certified as a Psychopharmacologist. His specialties include anxiety and mood disorders, stress management, ADHD, and innovative medication management.

Earl Campbell (football legend) was in his truck driving to Austin, Texas. He was stopped at a light in the small town of La-Grange. All of a sudden and for no reason he felt chest tightness, racing pulse, sweaty, and short of breathe. He thought, "am I having a heart attack, dying, or going crazy?" This is a classic panic attack!

Panic attacks are physical reactions associated with an inappropriate adrenaline response in the body and excessive noradrenaline release in the brain. Though brief, they are terrifying, especially because they come on for no apparent reason or precipitating cause. Panic attacks can be thought of as a "false alarm" in the brain. There is some evidence that two types of panic attacks exist. One relates to hypersensitivity to increased CO₂ and the other to hypersensitivity of the inner ear. Symptoms are acute and intense and vary for each individual. (see list on right) Agoraphobia is usually caused by panic attacks. What the agoraphobic fears is panic or panic related symptoms. He or she may begin to avoid certain situations because of panic attacks.

PANIC DISORDER

Although they come out of the blue, panic attacks are almost always preceded by increased stress within the recent few months. Stress includes any significant life change (good or bad), and any loss, as well as conflicts and life demands. The worst stress is associated with a feeling of being helpless to control factors that affect an individual's life.

Stressors are cumulative. Symptoms tend to occur when the amount of stress in life is greater than stress management (good sleep habits, exercise, recreation, relaxing activities, laughter, positive relationships).

Treatment includes patient education, desensitization (behavioral techniques to reverse the phobic process), relaxation techniques (especially proper breathing), and cognitive training. Frequently, medication is necessary to aid treatment, or used to shorten the treatment by accelerating the recovery process.

Panic attacks are a false alarm in the brain.

DSM IV CRITERIA FOR Symptoms of Panic Disorder

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breathe or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, light-headed, or faint
9. Derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. Fear of losing control or going crazy
11. Fear of dying
12. Paresthesia (numbness or tingling sensations)
13. Chills or hot flushes

Panic attacks cause 1 month or more of anticipatory anxiety and/or worry about the attacks or their consequences and/or significant change in behavior.

MEDICAL TREATMENT OF PANIC DISORDER

SSRI's:

- Lexapro
- Celexa
- Zoloft*
- Paxil*
- Prozac*

Benzodiazepines:

- Xanax*
- Klonopin*
- Ativan
- Niravam

Tricyclics:

- Pamelor
- Anafranil
- Tofranil

Others:

- Effexor XR*
- Trazodone
- Cymbalta
- Gabatril
- Neurontin
- Pristiq

*FDA approved



MEDICATION FOR ACUTE EPISODES AND PREVENTION

- Xanax (Alprazolam)
- Niravam (Alprazolam orally disintegrating tablets)
- Klonopin Wafers (Clonazepam)
- Ativan (Lorazepam)

A common question asked is "how much should I take?" "Take enough, not too much." This is like a firefighter calling headquarters and saying, "I have a grass fire starting here, how much water should I put on it?" "Put out the fire. Don't flood the valley."

ABOUT OUR STAFF

Paige Hagood Embrey, L.P.C.- Clinical assistant to Dr. Jones, she is certified as a licensed professional therapist. She is available for personal counseling, including children, teens, social anxiety, and ADHD coaching.

Penny Chaney, B.B.A.-Does writing/editing, and research. She develops patient education materials, management/production of presentations, and web site production.

Melissa King, B.F.A.-Coordinator of our program for total fitness. She will serve as “coach” for patients that wish to initiate positive lifestyle changes.

Chelsea Giddings-A seasoned member of our administrative staff. She has advanced training in stress disorders to help accommodate our patients.

Davin Williams-Newest addition to our administrative staff. She brings knowledge and experience to complete our team.

PROACTIVE ANXIETY RESPONSES

Practice paced breathing:

Proper breathing is very important for control of anxiety and panic. It is also the best relaxation technique for control of nervousness and panic. Under-breathing (slow/shallow) increases carbon dioxide retention. This triggers the suffocation response in panic prone people, leading to compensatory over-breathing. Conversely, overbreathing (hyperventilation) decreases carbon dioxide and causes feelings of depersonalization (feeling detached from oneself), dizziness, numbness, and confusion.

When anxious or tense, it is easier to breathe out first:

Step one: Slowly exhale through the open mouth making a “s h h h h” sound. Listen to the sound, or feel muscles relax, letting go of tension.

Step two: Breathe in through the nose slowly, (mouth closed) and count,

1—2—3—4

Step three: Hold to count of 1—2—3—4 REPEAT STEPS

Find distractions:

Focus attention on something outside yourself. This might include listening to music, going for a walk, or calling a friend.

Use conditioned relaxation response:

Make relaxation a part of daily routine. Set aside time to practice your favorite relaxation activity. This might be working out, playing sports, games, cards, movies, listening to music. When relaxation is regularly practiced, the body forms a memory of what it feels like to be relaxed. This memory is a tool you can use when you feel anxious. Practice relaxing in anxiety provoking situations.

COMORBIDITY IN PD

- Agoraphobia-30-50%
- Generalized Anxiety Disorder-15-30%
- Social phobia-15-30%
- Specific phobias-2-20%
- Obsessive-compulsive-10%
- PTSD-2-10%
- Substance/alcohol abuse-30%
- Cardiac illness
- Depression-59%
- Caffeine/OTC drugs
- Other medical problems

PANIC THE BULLY

Panic wants to run your life! If you give an inch, it will take a mile.

With panic you have to have an attitude of, “no way am I going to let you control my life.”

WHAT IS A PANIC ATTACK?

A panic attack is a “false alarm” in the brain. Our brains are hardwired to respond instantaneously, releasing everything we have physically and mentally in moments of crisis. Heroic stories of people lifting cars off of loved ones are examples of this.

In a panic attack we suddenly react physiologically, but there is no crisis. These attacks come “out of the blue”. Because there is no precipitating event, we wonder, “what’s wrong, am I dying, having a heart attack, or going crazy?”

Just as Pavlov conditioned dogs to salivate to a bell, a panic attack becomes conditioned to the environment in which the attack occurred. Anticipatory fear of having another attack can cause anxiety.

There is also a tendency to want to avoid or have great anxiety about situations or places where the panic attacks have occurred. Agoraphobia, or literally “fear of the market place”, is more specifically fear of panic attacks.

Hypervigilance and Panic

Panic patients listen too closely to body sensations, feel anxious, have “what if” thoughts, and scan their environment for possible danger.

Panic patients are always in a state of hypervigilance-most especially they listen to their bodies and they “hear everything”. They can almost feel ions crossing membranes! They release adrenaline, preparing for “fight or flight”. The adrenaline revs them up and it snowballs-then they are having a panic attack!

COGNITIVE BEHAVIORAL TREATMENT FOR PANIC DISORDER

Cognitive behavioral therapy for Panic Disorder focuses on fears of bodily symptoms, catastrophic thinking, and avoidance behavior. This is done by identifying specific ways in which the patient can reduce anxiety.

Cognitive restructuring-identifying and countering fear of bodily sensations and focusing thoughts away from the negative consequences of such sensations.

Individuals with PD often have distortions in thinking that cause a cycle of fear. When the person experiences physical symptoms, such as racing heart, they react with catastrophic thinking, e.g., "I'm having a heart attack". Cognitive restructuring helps the person to recognize thoughts and feelings and to modify their fear response to them. By changing catastrophic thought patterns the person gains more control over the symptoms, e.g., "it's only uneasiness and it will pass".

Breathing retraining-learning how to use anxiety management techniques and lifestyle changes (see page 2) to control physiologic reactions.

Exposure therapy-Helps the person accept and face some fear and anxiety in order to cope with phobic situations. This is done by facing the feared situation and actually doing it. The person must enter real world situations that cause anxiety, e.g., driving a car on the expressway. Exposure therapy requires considerable time and discipline from the patient. Exposure exercises must be practiced routinely and monitoring must be continuous. The patient has to be willing to confront the feared situations. It is easier to establish a hierarchy from the least to the most difficult task. It's ok to pause, breathe, and/or take medication, but then proceed.

Avoidance behavior makes panic disorder worse. Resist the urge to stop or avoid those things that trigger fear and/or physical symptoms

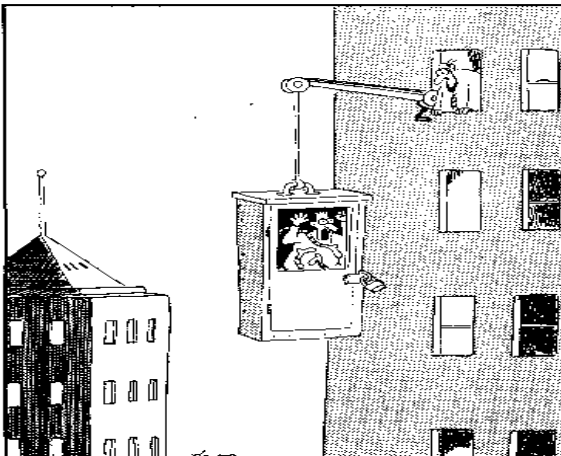
Desensitization-Occurs with persistence and practice. This involves exposing the patient to fear cues, specific things or situations that trigger panic attacks.

Panic says, "get out of here and don't come back-if you do come back don't forget what happened last time!"

Jim Wilson

DID YOU KNOW.....?

- ⇒ In the U.S., 1.6% of adults (3 million) will have PD in their lifetime.
- ⇒ 29-44% of those with PD also have Irritable Bowel Syndrome
- ⇒ First degree relatives of those with PD are 17x more likely to have PD than the general population.
- ⇒ 43% of ER patients with chest pain actually have PD
- ⇒ 30% of people with PD abuse alcohol
- ⇒ Panic patients may see an average of 10 doctors before a correct diagnosis is made
- ⇒ Twice as many woman as men have PD
- ⇒ 50% of those with PD will have clinical depression during their lifetime.
- ⇒ Most panic attacks start in the mid 20's
- ⇒ PD is abnormal activation of the part of the brain called the amygdala
- ⇒ Proper treatment reduces or prevents panic attacks in 70-90% of cases



Professor Gallagher and his controversial technique of simultaneously confronting the fear of heights, snakes, and the dark.

RESOURCE CORNER

National Institute of Mental Health
www.nimh.nih.gov, or 1-888-826-9438

Anxiety Disorders Association of America
8730 Georgia Avenue Ste. 600
Silver Spring, MD 20910
adaa.org, 1-240-485-1001

Don't Panic, by R. Reid Wilson, PH.D

The Anxiety Book, by Jonathan Davidson, M.D.

Anxiety and Phobia Workbook, by Edmund Bourne

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STEPS TOWARD WELLNESS FOR PANIC DISORDER

1. Change starts with awareness.

Pay attention to what's happening. Mostly if you have panic disorder you feel helpless. You are at the mercy of whatever happens. Notice...do you first feel your heart speed up and then think, "am I starting to have an attack?" Then your heart goes even faster. Or, you can start with a thought-"what if?"...and then you start to feel anxious. You then start to feel a little short of breath...

2. The decision to change.

"I'm going to do whatever it takes to take back control of my life!" I will practice proper breathing, change the way I talk to myself, and confront difficult situations. If necessary, I'll use medication.

This will be hard to believe, but I have patients who in essence say, "I choose not to take medicine even though I am not able to conquer this without it." Panic patients routinely say, "Doctor, I'm afraid of medication." I respond, "I know, that is part of panic disorder." The fear is of anything that might make them feel funny or different. Mainly, they don't want to feel they are not "in control."

3. The process of change.

This step takes the longest to achieve. It is done through trial and error and a great deal of practice.

Any given moment you are in the present, past, or future. Mindfulness is paying attention on purpose to your here and now experience. It is being in the *present*. It is, right now I am aware of what is happening. When "what if?" thoughts about the future, or flashbacks to the past pop into your head, as they inevitably do, you should immediately shift your awareness to the present. You might notice nuances of color in your environment, or you might notice the taste of what you're eating. Anxious or type A people spend way too much time in the future-their body might be in the shower, but their mind is already at the office. Depressed people tend to spend too much mental time in the past and feeling guilt or regret.

Once you are able to stay more in the present, you'll notice you can control your focus. You can shift from body awareness to the environment, or visa versa. You will especially want to notice as you breathe properly your tension leaves your muscles. A technique to do this is to slowly exhale through your mouth, quietly making a shhhhh sound. Then you will feel your chest expand as you slowly breathe in to the count of four. You then hold your breath to the count of four to avoid over breathing. There is no way to feel relaxed if you're not breathing adequately.

PANIC PERSONIFIED

Kim Bassinger was interviewed during an HBO special on Panic Disorder. She described her recovery from Panic Disorder in an unusual but very successful way. During her recovery period she developed a technique to change her negative thinking and attitudes. She decided to talk to her fear. She said, "how do you have so much power over me?" Fear answered, "I get in your face and talk loud!" Then she asked, "how can I defeat you?" Fear replied, "don't believe a word I say!"

Our main goal in writing this newsletter is to provide education that helps people have better quality lives and relationships! We would like to remind you however, our intention is not to personally advise anyone on treatment or medications. Please consult your physician before making any decisions concerning your own diagnosis and treatment plan. We would be delighted to get comments/suggestions from you! Fax or email us at the numbers listed above.