• w/out panic attacks is extremely rare and usually have hints at other problems
C. Prevalence, Age of Onset, and Gender Differences
• often starts in late teenage years but average age of onset is 23-34 years, but can begin, especially in women, in 30s and 40s, 2X more in women than in men, 80%-90% of those w/ sever agoraphobia are women- sociocultural (its more okay for women to avoid feared situations than for men to do so)
• men are also more likely to self-medicate with alcohol or nicotine than women
D. Comorbidity with Other Disorders
* more people w/panic disorder have at least one other disorder- generalized anxiety, social phobia, specific phobia, PTSD, depression, substance-use disorder; most become depressed at one point and have a dependent or avoidant personality disorder
E. The Timing of a First Panic Attack
• usually occurs after a largely stressful event
• panic attacks are much more frequent than panic disorder, showing up in some depressed and anxious persons
F. Biological Causal Factors
• panic disorder is moderately heritable, neuroticism in personality, but some there seems to be overlap in women w/ other anxiety disorders
• locus coeruleus in the brain stem and norepinephrine implicated in one theory, but increased activity in the amygdala (a collection of nuclei in front of the hippocampus in the limbic system of the brain that is critically involved in the emotion of fear) plays more of a central role in panic attacks- stimulating amygdala stimulate the locus coeruleus as well as other autonomic, neuroendocrine, and behavioral responses
• theory: panic disorder occurs in people who have abnormally sensitive fear networks that get activated too readily to be adaptive
• the hippocampus and limbic system are thought to generate the concept of anxiety about having panic attacks and is probably involved in avoidance associated with agoraphobia
• theory: panic attacks are alarm reactions caused by biological dysfunctions; when exposed to biological challenge procedures, some people more likely to have panic attacks than others; studies: panic provocation procedures
• 2 primary neurotransmitter systems in panic attacks: noradrenergic and serotonergic systems; SSRIs increase serotonergic activity but decrease noradrenergic activity, decreasing many of the cardiovascular symptoms associated with panic; also, GABA inhibits anxiety and is abnormally low in certain parts of the cortex in people with panic disorder
G. Psychological Causal Factors
• Comprehensive learning theory of panic disorder: initial panic attacks become associated with higher levels of anxiety, with internal and external cues- interoceptive conditioning, exteroceptive conditioning; anticipatory fears, panic attacks themselves can be conditioned to internal cues
• Cognitive theory of panic: Beck, people with panic disorder are hypersensitive to their bodily sensations and are prone to giving them the direst possible interpretation (catastophize with automatic thoughts), better at explaining nocturnal panic attacks because the thoughts are not always conscious
• People who have higher anxiety sensitivity (a triat-like belief that certain bodily symptoms may have harmful consequences) are more prone to panic attacks and other anxiety problems; perceived control reduces anxiety and blocks panic
• Some frequently engage in safety behaviors when having a panic attack and attribute their not having a panic attack or some other problem to their engaging in these behaviors
• These people interpret ambiguous bodily sensations and situations as negative
H. Treatments
• medications: anxiolytics (anti-antiexy meds) from benzodiazepine category: alprazolam (Xanax) or clonazepam (Klonopin); act quickly (30-60 mins) but cause drowsiness and sedation→ impaired cognitive and motor performance, physiological dependence and withdrawal symptoms; antidepressants: tricyclics and SSRIs- no physiological dependence, can alleviate comorbid depressive symptoms, takes about 4 weeks before they start working, side effects (dry mouth, constipation, blurred vision, interference with sexual arousal), relapse rates after discontinued use are high