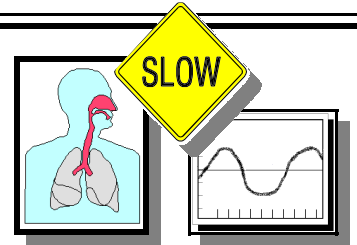




Panic Attacks!

Slow, steady breathing is central to controlling panic.



Panic attacks are episodes of severe terrifying emotion. They may have clear, predictable triggers such as having to perform in public. If they occur frequently and 'out of the blue' they are diagnosed as Panic Disorder With or Without Agoraphobia. Symptoms include four or more of the following:

- Pounding heart or accelerated heart rate
- Sweating (especially of the palms or the soles of the feet)
- Tremors or shaking
- Shortness of breath or smothering sensations
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress (an unwell feeling)
- Dizziness, unsteady, light-headed or faint
- Feelings of unreality or detachment from self
- Numbness or tingling sensations
- Chills or hot flashes
- Fear of losing control or going crazy
- Fear of dying

Reference: DSM-IV®

The first 11 are harmless physical sensations linked to faulty breathing and arousal. The last 2 are common psychological reactions to the changes.

What causes panic?

Three well-studied observations of people who have panic attacks point to their interacting causes.

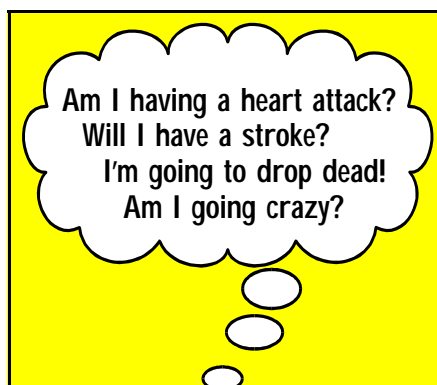
Firstly, Panic Disorder tends to run in families. This reflects an inborn tendency of the nervous system to

react sensitively to major stressors or other changes.

The second fact noted in many, though not all, people with Panic Disorder is that deliberate, forceful hyperventilation (rapid, shallow, upper-chest breathing) can bring on attacks. The speed and depth of more subtle forms of overbreathing such as habitual breathing rates above the normal range, the sighing associated with low mood and increases in erratic stop-start breathing or gasping raise the chances of panic.

With too much air, carbon dioxide (CO₂) levels drop. This causes complex changes in body chemistry. Slight variation in the balance of oxygen and carbon dioxide is all it may take to bring on puzzling physical sensations of panic attacks. (See list above.)

Thirdly, people with Panic Disorder react to the physical effects of bad breathing and their strong nervous system reactions with frightening thoughts. (See illustration below.)



Common but mistaken ideas about panic.

Most people report a build-up of life stressors in the year or so before their first unexpected panic attack. As part of the normal stress response, physical and psychological resistance wears down. Any stress-induced breathing changes or genetic bias towards

intense anxiety symptoms are more likely to appear.

Instead of being passed off as unpleasant but harmless reactions, fearful concerns develop. A classic vicious cycle of anxiety, physical symptoms, fears of something bad happening and in turn more anxiety is completed.

Undetectably the body stores in its 'memory' all the sensations and terrifying reactions that were part of the first episodes of panic. Benign physical changes that anyone may experience at any time, such as an unexplained racing heart, are no longer ignored. A single unnoticed physical sensation or earlier related worry can by unconscious association start the cycle of an attack. This is how Panic Disorder can appear to arise "out of the blue" even when relaxed or for 1 in 4 sufferers while asleep.

Do panics mean I'm ill?

Uncontrollable symptoms that feel so bizarre can be very demoralising or even clinically depressing. But panic that develops in this way is a distressing physical habit and not a warning of mental or physical illness, or worse, to come. Panic relates to respiration and fearful ideas, not your sanity.

Do many people get panic attacks?

Around 35% to 42% of the general population report one or more panic attacks in the last year. Most can identify situational cues such as public speaking, exams, conflict, loss, prolonged illness or periods of high stress.

Surveys reveal that many new cases reaching criteria for diagnosis recover spontaneously within one year.

A six second breathing cycle is a useful strategy to practice and apply. When panic starts hold your breath only as practised. Too much breath-holding or 'freezing up' and forgetting to breathe can worsen panic.



But many go on to develop panics for years that occur unexpectedly and with the specific high frequency required for the diagnosis of Panic Disorder.

In a town of 100,000 people 3,500 (3.5%) may experience Panic Disorder in their lifetime. Some surveys say this figure reaches as high as 6%. Prevalence since the 1960's has been increasing. This may be due to the many rapid social changes since then.

How can I stop them?

Begin by getting some idea of your current breathing rate. Ideally, if you are trying to relax, it should be no faster than 10 breaths per minute. Take random samples of the rate over a typical day. Four 1 minute counts, say at 8 a.m., 12 a.m., 4 p.m. and 8 p.m. should give a fair estimation.

As well, set aside a 10 minute period and count the number of times that you gasp or in other ways breathe erratically. Frequent loss of rhythm suggests a focus for relevant practice.

In calmer moments practice slower, steadier rates. Four 1 minute periods in which you train yourself to breathe more slowly and steadily should be sufficient. Practice only during panics is unwise.

Practice using the second hand of a watch or clock. Hold your breath for 6 seconds. This increases CO₂ - a vital trigger for oxygen absorption. Then breathe in and out on a 6 second cycle - in for 3 - out for 3. After one minute, hold your breath again, then continue to breathe on a 6 second cycle until you feel calmer.

Do not expect success without this practice. Within a week or two you will be breathing more slowly without thinking. A good target is one breath every 6 seconds.

10 minute daily checks for unsteady breathing (e.g. breath-holding) over 2 weeks are recommended. The increased awareness this exercise brings makes it much easier to quickly notice, then correct, tendency to lose rhythm.

Refer to the list of symptoms for panic. Recall the usual order in which your particular symptoms appear. These vary from person to person. But any one person's sequence is constant.

First might be an unwell feeling in the stomach; second, heart changes; third,

hot flashes and so on.

At your *first* warning of panic apply your breathing, as practiced earlier, in the ample time you have before it rises to a 'full-blown' state (4 or more symptoms). Concentrate on a steady rhythm until you feel calm. The anxiety cycle referred to earlier is broken. With repeated success at aborting panics 'body memory' is re-programmed.

As you become convinced that something as deceptively simple as proper breathing makes you feel in control, old frightening thoughts disappear.

Apply slow, steady breathing at the first sign of panic. This will stop "full-blown" panics before they start.

Any future return of panic may be due to applying the above too little or too late or uncontrolled gasping. Forewarned is forearmed with this potentially relapsing condition. Re-apply the technique after catching the first one or two symptoms *as soon as they appear* to prevent 'full-blown' panic.

Where can I get further advice?

If you need more information or assistance than these notes provide consult a mental health professional who specialises in the management of anxiety problems. You will be asked if you have been cleared by your doctor

of medical conditions that mimic panic e.g. thyroid problems. Panic reactions to drug and alcohol use or withdrawal, caffeine intake and chemical exposure are checked for.

An aim of the first session will be to see if the panics are tied to any distinct anxiety conditions. Agoraphobia (fear or avoidance of places in which escape is difficult should panic occur) and Social Phobia (fear or avoidance of scrutiny and humiliation) are examples. Any co-existing depression is also addressed.

Therapy involves education about panic attacks and breathing retraining to eliminate symptoms. Once you are confident that you can control them via slow, regular breathing gradual facing of any previously avoided situations follows. If the panics relate to other forms of anxiety (e.g. in response to disturbing memories of Post-Traumatic Stress Disorder) additional psychological techniques may be suggested.

Most people respond permanently to brief therapy. Others may benefit from the addition of medication or attention to other anxiety conditions. If panic returns after a long absence, usually only a brief revision of strategies is needed. The number of sessions varies. But if the earlier strategies are practised and applied correctly, 2 to 6 visits may be all that is needed to dispell uncomplicated panic.

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Reprints: Panic Attacks! (PDF document) from
www.users.bigpond.com/fmcdonald



Diaphragmatic breathing. How it makes slow breathing easier.

Notice how babies breathe. They get maximum efficiency from their tiny lungs with deep, tummy breathing. To see if you breathe deeply place one hand on your stomach and the other on your upper-chest. Take in a big breath. Deep breathing shows as your tummy hand moving first. Your diaphragm is doing the work. If the hand on your upper-chest moved first (or if both did) you are probably a shallow breather. Under stress or as a panic rises you only get about 2/3 to a 1/2 of your body's oxygen requirement.

Lie on your stomach on a firm surface, like a carpeted floor, with your forehead resting on your hands. Compare your usual style of breathing with the diaphragmatic type that this exercise forces your body into. It is virtually impossible to breathe the wrong way with your upper-chest muscles locked in this position. If your breathing feels different, you have been breathing in a potentially stressful way.

Practice stages of more natural tummy

breathing - lying on your back, then sitting, standing and while doing everyday things like watching T.V.- then under stress. There should be little if any movement of your upper-chest.

With occasional checking and practice over a few weeks it becomes automatic. The odd twinge as chest muscles shorten and as tummy muscles lengthen is normal. The heart has less work to do. So blood pressure drops a little. Just 2 deep breaths lowers it by 2 mm of mercury instantly!

Tummy breathing makes it much easier to breathe slowly when you first feel panic. It allows you to use the full three thirds of your lungs rather than just the top one third. The greater volume means less effort at slow breathing. Chest muscle tiredness is reduced. So too are chances of infections encouraged by stale air in the lower part of the lungs.

(More on page 5.)

Breathing Rate Log. *Before and ...*

- Please count your number of breaths over any 4x1 minute periods for each of the next 7 days.
- Write the number of breaths in the blank spaces.
- Do this **before** any deliberate attempt at slow breathing. This helps to get an idea of your **usual** breathing rate.
- See the example below.

Suggested times:	8:00 a.m.	12:00 p.m.	4:00 p.m.	8:00 p.m.
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

Example

Suggested times:	8:00 a.m.	12:00 p.m.	4:00 p.m.	8:00 p.m.
DAY 1	25	31	24	26
DAY 2	31	32	23	22
DAY 3	21	24	19	18
DAY 4	19	17	16	16
DAY 5	15	16	14	14
DAY 6	12	14	14	12
DAY 7	11	14	12	11

Example recording of breathing rates (in **breaths per minute** - b.p.m.) that were lowered over one week. Most people take a little longer to achieve the same results.

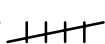
Breathing Rate Log ... *After* recording usual rate.

- Please record below your attempts at *slower* breathing after noting your usual rate in the previous chart.
- Lower is better. **The recommended rate for relaxation is one breath every 6 seconds.** (Equal to 10 breaths per minute.)
- If this seems too hard to achieve at first, aim for one breath every 4 or 5 seconds. (Around 15 breaths per minute.)

Suggested times:	8:00 a.m.	12:00 p.m	4:00 p.m.	8:00 p.m.
DAY 1				
DAY 2				
DAY 3				
DAY 4				
DAY 5				
DAY 6				
DAY 7				

Breath-holding Log.

- Choose any 10 minute period each day.
Tally the number of times that breathing was erratic or unsteady.
- Try to settle any gasping or breath-holding. If this is a problem, figures should decrease with the awareness that this exercise brings.

10 min. sample	Frequency
DAY 1	e.g.  = 5 times
DAY 2	
DAY 3	
DAY 4 etc.	

“I’ve never noticed before. Whenever I hold my breath, my panic gets really out of control.”

Check Your Breathing Style: Upper-chest or Diaphragmatic?

Below is an illustration of different breathing styles.

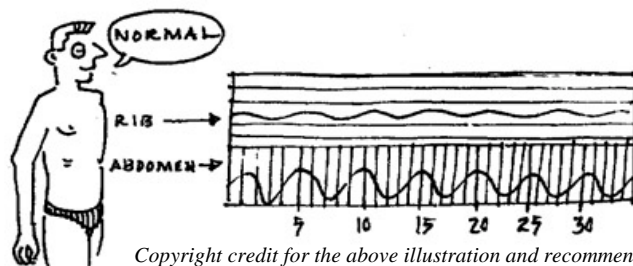
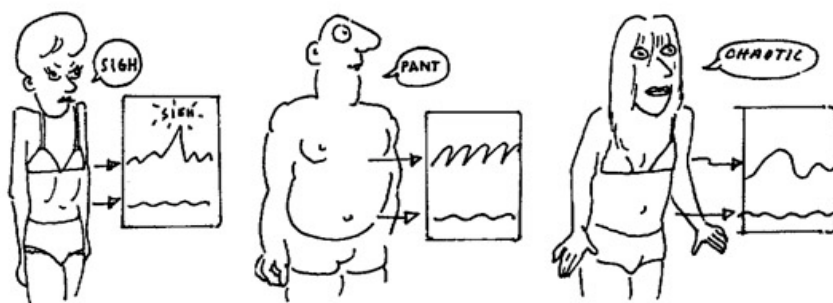
They include: 'sighing', 'panting' 'chaotic' (all upper-chest) and 'normal' (diaphragmatic) patterns. Excessive yawning can also be a clue to faulty breathing.

"Slow and steady" breathing is far more important in controlling panic than "deep" breathing with your tummy. (See box on page 2 for tips on how to do this.) So do not be concerned if you cannot master diaphragmatic breathing.

However, it can help make slow breathing a little easier. As well, it produces a very satisfying relaxation. People who feel sharp rises in their chronic pain often say it helps settle them.



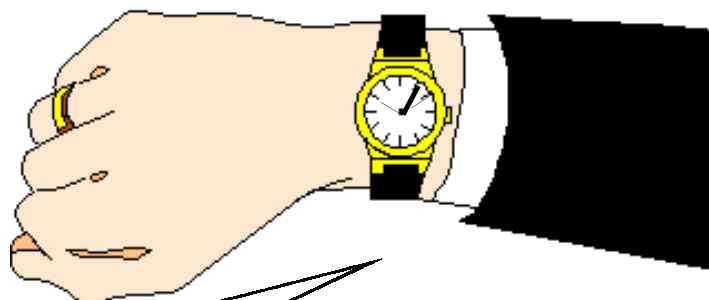
Do you breathe more with your upper chest or with your diaphragm?
When you breathe in, which hand moves first?



Copyright credit for the above illustration and recommended reading: "Hyperventilation Syndrome - A Handbook for Bad Breathers" by Dinah Bradley. Millenium Books, Newtown N.S.W., Australia. 1992. (Sally Hollis-McLeod - Illustrator.)

The Basics - To Stop Panic:

1. **Hold breath for 6 seconds.**
2. **Breathe out for 3 seconds.**
3. **In for 3 seconds. Out for 3 seconds. In for 3 seconds, and so on - one breath every 6 seconds.**
4. **Repeat Step 1 every 60 seconds, until you feel calmer. Avoid holding your breath at any other time.**



"So, all I have to do is count ... ?"
 "That's all. Practice for one minute, four times a day - to help the new habit replace the old. Only for a week or two. (Brush up only for a few days if panic ever returns.) Apply your practice at the earliest feeling of panic."
 "... and just remember to breathe?"
 "Right! Gasping is a tell-tale sign that you forgot to breathe. Remember: 'slow & steady'."