

## Quadrant II – Transcript and Related Materials

**Programme:** Bachelor of Arts (Third Year)

**Subject:** Psychology

**Paper Code:** PSD 106

**Paper Title:** Treatment of Psychological Disorders

**Unit:** 02

**Module Name:** Panic Disorders: Treatments

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### **Notes:**

Treatment for Panic Disorder:

Treatment of panic disorder includes behavioral and cognitive-behavioral approaches and different categories of medications:

Behavioral and Cognitive Behavioral Treatments:

From the early 1970s the behavioral treatment for agoraphobia involved prolonged exposure to feared situations, often with the help of the therapist or family member, in the same way that is done with specific and social phobia. The focus of behavioral treatment was to make people gradually face the feared situations and learn that there is nothing to fear, usually known as exposure-based treatment. Such exposure-based treatments were found to be effective, helping around 40 to 60% of people with agoraphobia showing clinically significant improvement. These effects were also found to be well maintained at 2 – to 4-year follow-up. One of the limitations of these original treatments was that they did not specifically targeted panic attacks.

In the mid, 1980s then two new techniques were developed recognizing the importance of panic attack to most people with agoraphobia. Out of the two techniques one of the techniques involves the variation in exposure known as interoceptive exposure, which means deliberate exposure to feared internal sensations. The idea behind this interoceptive technique was that the fear of the internal sensations should be treated in the same way, that the fear of agoraphobic situations is treated, that is through prolonged exposure to internal sensation's that would extinguish fear. The second set of techniques that were developed is cognitive restructuring techniques, in recognition that catastrophic autonomic thoughts may help maintain panic attack.

Panic control treatment (PCT) is another kind of integrative cognitive-behavioral treatment for panic disorder that targets both agoraphobic avoidance and panic attack. PCT has several aspects:

First, the clients are educated about the nature of anxiety and panic and how the capacity to experience both are adaptive.

Second part of the treatment involves teaching people with panic disorder to control their breathing.

Third, clients are taught about the logical errors that that people who have panic disorders are prone to making and learn to subject their own autonomic thoughts to a logical reanalysis.

Lastly, clients are exposed to feared situations and feared bodily sensations to build up a tolerance to the discomfort.

The integrative treatment procedure, generally produces better results than, the original exposure-based techniques that focused exclusively on exposure to external situations. With these cognitive-behavioral treatments the magnitude of improvement is often found to be greater than with medication.

Thus, these treatments moreover have also been extended and shown to be very useful in treating people who also have nocturnal panic.

Medication:

Anxiolytics (antianxiety medication) from the benzodiazepine category such as alprazolam are prescribed for many people with panic disorder. These drugs have one major advantage that they act very quickly (30-60 minutes) and are found to be useful in acute situations of intense panic or anxiety. Though, these drugs are found to be useful, it is also found to have undesirable side effects such as drowsiness and sedation, that can lead to impaired cognitive and motor performance. With prolonged use of anxiolytic drugs, most people using moderate to high doses develop physiological dependence on the drug which results in withdrawal symptoms when it is discontinued. Withdrawal from anxiolytic drugs can be very slow and difficult, and it leads to relapse in a high percentage of cases.

The other category of medication in the treatment of panic disorder and agoraphobia, that is found to be useful is the antidepressants. Antidepressant, medications have both advantage and disadvantages compared with anxiolytics. One major advantage is that they do not create physiological dependence, and they can also alleviate any comorbid depressive symptoms or disorders. It takes about 4 weeks before they show any beneficial effects, thus they are not useful in an acute situation, where a person is having panic attack.

Due to troublesome side effects of antidepressant medications, like dry mouth, constipation, and blurred vision with tricyclics, and interference with sexual arousal, the large number of people refuse to take medications or discontinue their use.

Relapse rates are also found to be high when antidepressant medications are discontinued.

Today the SSRIs are more widely prescribed as compared with tricyclics because the SSRIs are generally found to be better tolerated by most patients.

In the short term, combined treatment of antianxiety medications and cognitive-behavioral therapy sometimes is found to produce a slightly superior results compared

to either type of treatment alone. Research study have also shown that those individuals who had received combined treatment had fewer medication side effects and fewer dropouts as compared to those who had used medication alone.

In the long term, after medication is stopped, clients who have been on medication with or without cognitive or behavioral treatment seems to show greater likelihood of relapse. D-cycloserine is one of the medications that has shown promise for enhancing responsiveness of panic disorder to CBT.