CBT for Panic Disorder

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Disclosures

My spouse/partner and I have the following relevant financial relationship with a commercial interest to disclose:

I receive royalties from Oxford University Press for co-authoring a book.

DSM-V Panic Attacks

Abrupt surge of intense fear or discomfort, with 4+ of the following symptoms:

- Accelerated heart rate or pounding heart
- Sweating
- Shortness of breath
- Choking sensation
- Chest pain/discomfort
- Trembling
- Nausea
- Dizziness, unsteadiness
- Numbness/Tingling
- Hot flushes or chills
- Derealization or depersonalization
- Fear of dying
- Fear of losing control or going crazy

Panic Disorder

- Recurrent, unexpected panic attacks

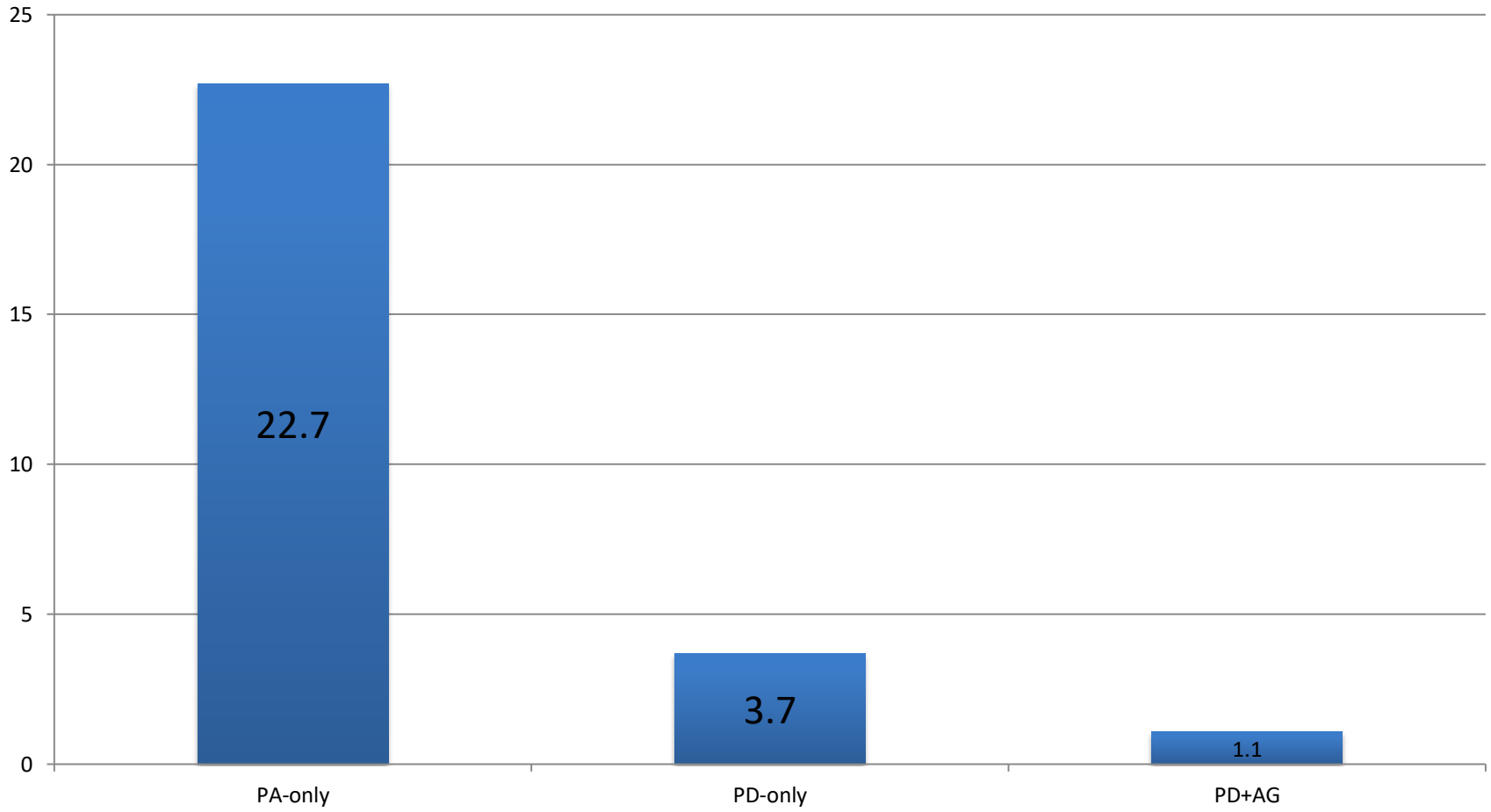
<u>At least one month of the following:</u>

- Persistent concern about additional panic attacks
- Persistent concern about the consequences of the attack (i.e., having a heart attack)
- Significant, impairing changes in behavior in response to the attacks

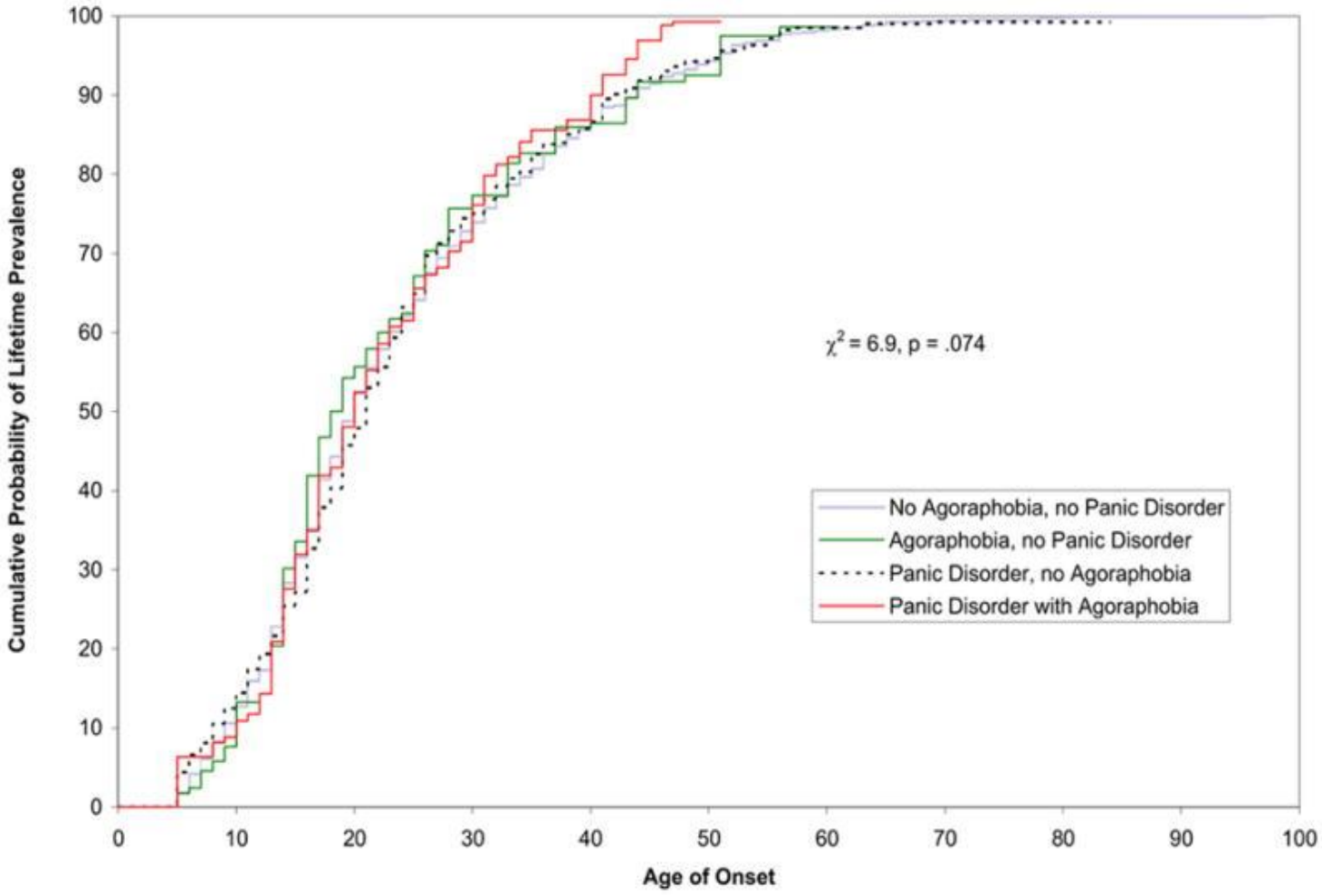
Agoraphobia

- Fear or anxiety about exposure to two or more situations in which escape or help might be difficult should anxiety/panic occur:
  - Using public transportation
  - Being in open spaces
  - Being in enclosed spaces
  - Standing in line or being in a crowd
  - Being outside of the home alone
- Situations are avoided, require presence of a “safe” person, or are endured with significant distress
- Duration of 6 months or more

Prevalence of Panic



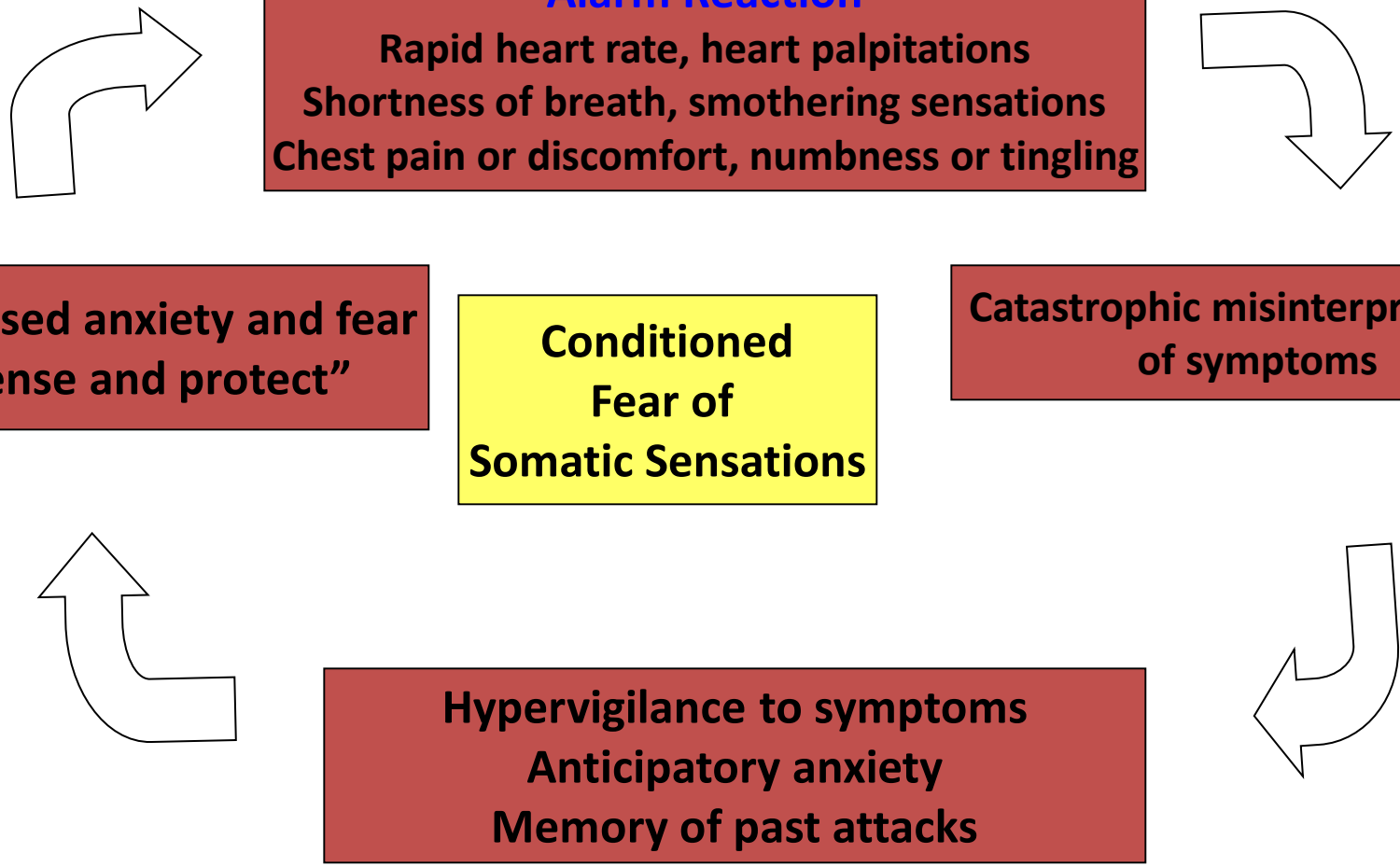
Ages of Onset of First Lifetime Panic Attack



CBT Model of Panic Disorder

From Otto & Murray , adaa.org

Stress
Biological Diathesis



Risk Factors for Panic Disorder

- Genetic factors; family history
- Anxiety Sensitivity
- Stressful life events
- Childhood history of abuse or neglect
- Presence of medical problems (e.g., asthma)
- Drug or alcohol abuse; smoking

Catastrophic Thought Patterns in Panic Disorder (from Otto & Murray, adaa.org)

- Fears of death or disability
  - Am I having a heart attack?
  - I am having a stroke!
  - I am going to suffocate!
- Fears of losing control/insanity
  - I am going to lose control and scream
  - I am having a nervous breakdown
  - If I don't escape, I will go crazy
- Fears of humiliation or embarrassment
  - People will think something is wrong with me
  - They will think I am a lunatic
  - I will faint and be embarrassed

CBT Interventions

- Psychoeducation
- Cognitive restructuring
- Interoceptive exposure
- Imaginal and in vivo exposure

Psychoeducation

- Handouts and self-guided manuals are helpful
- As with other anxiety disorders, present CBT model of symptoms (thoughts, feelings and behaviors)
- Provide explanation for physical symptoms of panic
- Introduces the role of catastrophic thoughts
- Addresses the role of “tense and protect” and avoidance behaviors
- Introduces CBT strategies and their rationale (this is really important as they are counter-intuitive)
- Educates family members in addition to the patient

Cognitive Restructuring

- Increase awareness of thinking patterns
  - Over-estimating the probability of negative outcomes
  - Assuming the consequence will be unmanageable
- Monitor relationship between thinking and panic episodes
- Generate more adaptive thought patterns
  - Evaluating evidence for the thought
  - Evaluating the cost of the feared outcome
- Establish more neutral response to anxiety symptoms
  - Mindful approach to thoughts and feelings

Interoceptive Exposure (exposure to internal sensations)

Rationale:

- Test out negative predictions about physical symptoms (fear extinction learning)
- Increasing tolerance to and acceptance of sensations (habituation)

Method:

- Engage in systematic exercises that induce feared internal sensations, both in session and between sessions
- Limit unhelpful safety behaviors and “tense and protect”
- Gradually increase the intensity of sensations and difficulty of the exposure

Common Interoceptive Exposure Procedures

- **Headrolling** – 30 seconds - dizziness, disorientation
- **Hyperventilation** – 1 minute - produces dizziness lightheadedness, numbness, tingling, hot flushes, visual distortion
- **Running in place**– 1-5 minutes - produces breathlessness, a pounding heart, heavy legs, trembling
- **Full body tension** – 1 minute – produces trembling, heavy muscles, numbness
- **Chair spinning** – several times around – produces strong dizziness, disorientation
- **Staring at bold pattern/mirror**– 1 minute – produces derealization
- **Walking into steamy room** – 5 minutes – suffocation, dizziness, hot flushes

Heart Palpitations

Panic

Oh no!

What if this is a heart attack?

What if it gets worse?

Should I go to the ER?

I have to make this stop!!

Neutral Approach

- Observe the sensation
- Observe anxious thoughts
- Do nothing to control it
- "Chill" with the symptom

Imaginal and In Vivo Exposures

- Provide new opportunities to examine negative predictions about feared outcomes
- Enhance sense of mastery and competence
- Increase ability to tolerate physical symptoms in different contexts
- Facilitate generalization of skills

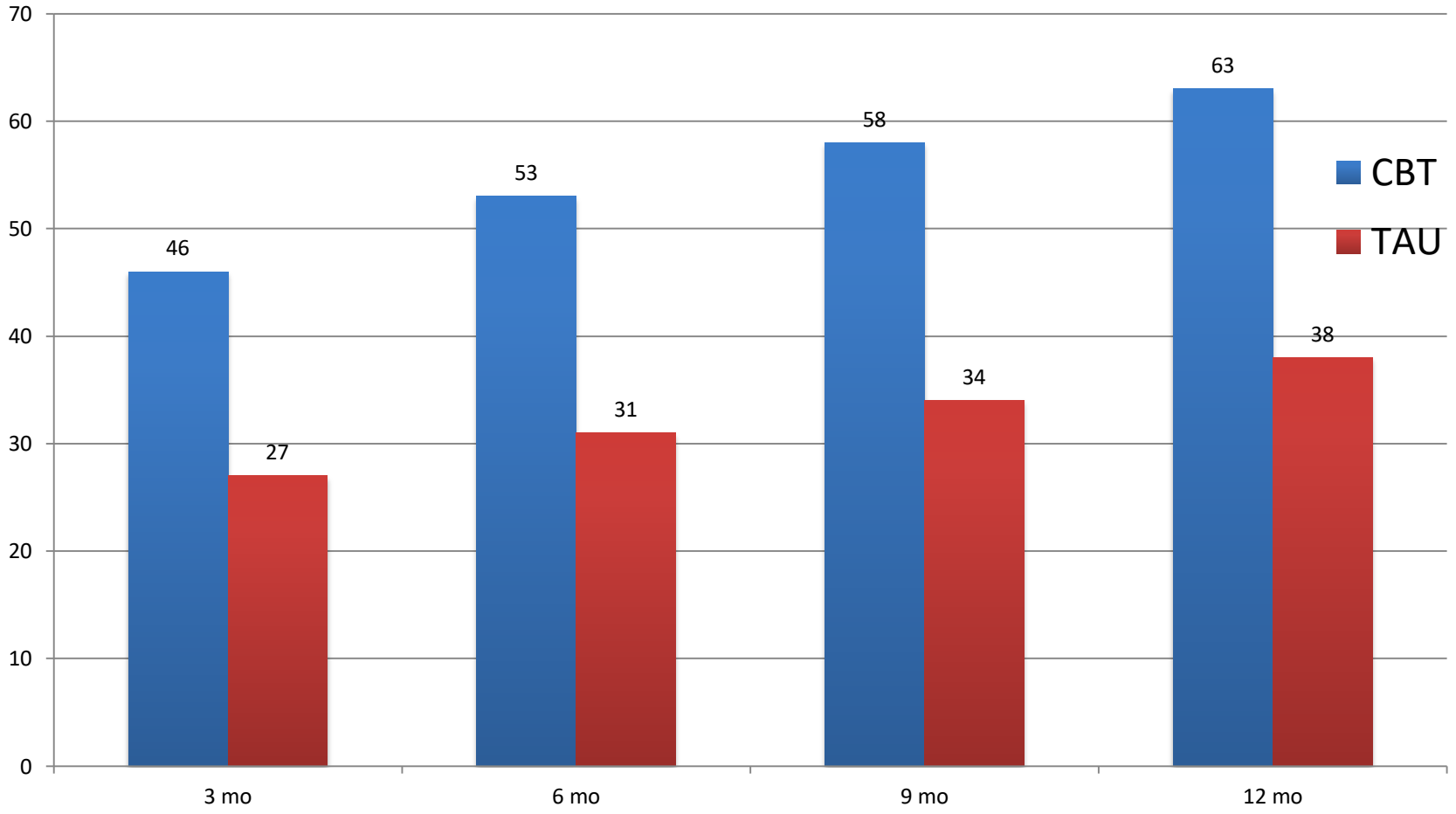
Situational Exposure Guidelines

- Prior to completing in-vivo exposures, create a fear hierarchy
- Use the hierarchy to guide specific targets for exposure
- Use imaginal exposure to situations that cannot be targeted in vivo (or as a first step to in vivo exposure)
- Identify and eliminate safety behaviors- actions taken to avoid, prevent, or manage a potential threat
  - Avoidance
  - Checking (pulse, exits, hospitals)
  - Carrying rescue medications, cellular phones
  - Safe people
  - Mental avoidance; distraction
- Practice similar exposure between sessions (ideally daily)
- Do not use relaxation to reduce symptoms during exposure!

Application of CBT

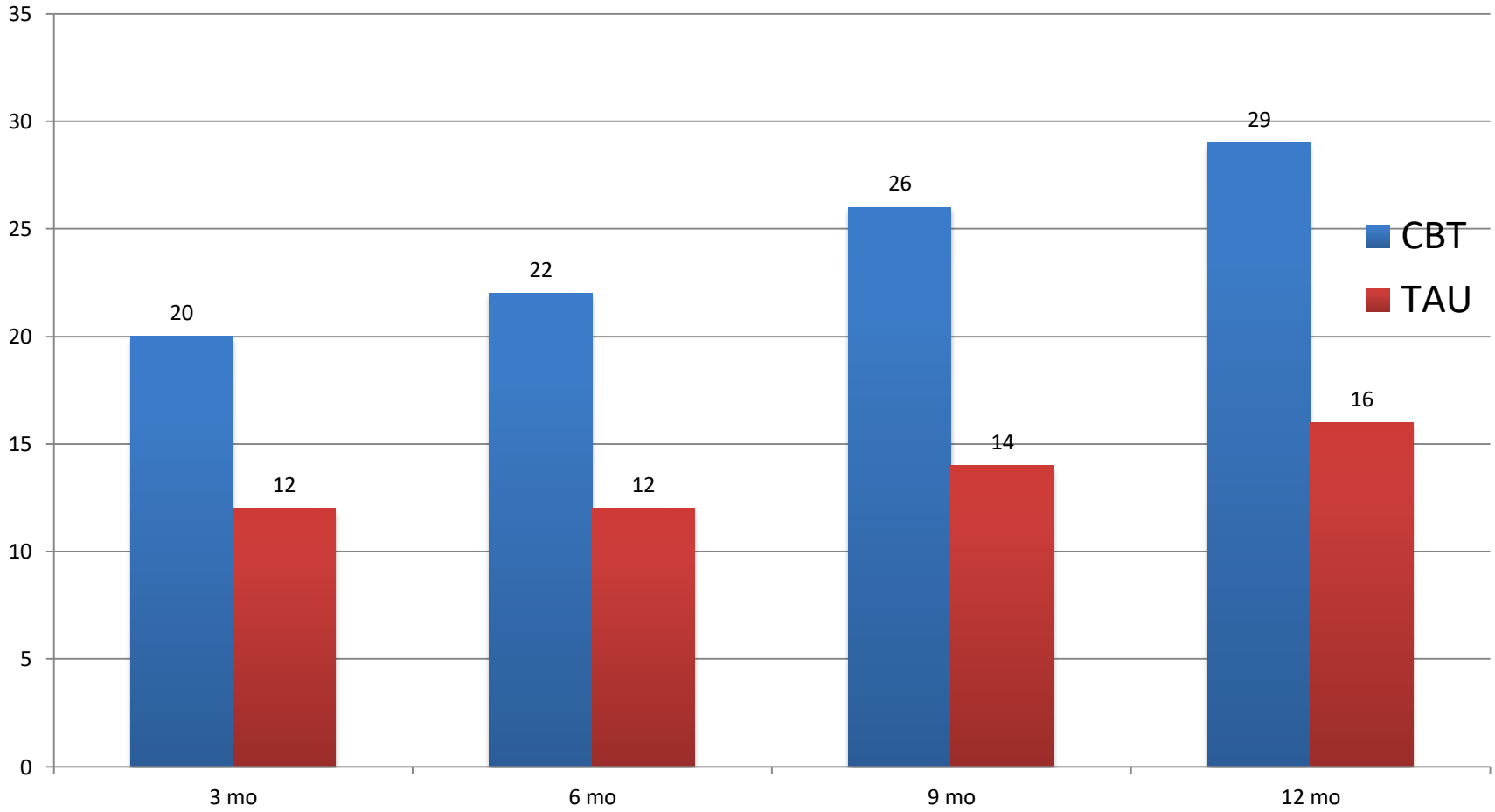
- An effective first-line treatment
- A replacement strategy for medication treatment (medication discontinuation)
- In combination with medication treatment

Effectiveness of CBT: Rates of Response



Roy-Byrne et al., Arch Gen Psychiatry 2005; 62(3): 290-98

Effectiveness of CBT: Rates of Remission



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New Directions for Treatment

- Transdiagnostic CBT protocols?
- Comparisons to other approaches (e.g., psychodynamic therapy)
- Telehealth?
- Augmentation strategies?
  - Treatment nonresponders
  - D-cycloserine

Resources

- Anxiety and Depression Association of America (ADAA; adaa.org)
- Unified Protocol for Diagnostic Treatment of Emotional Disorders (Barlow et al., 2010)
- Mastery of Your Anxiety and Panic, 4th ed. (Craske & Barlow, 2006)
- Coping with Panic (Young et al., 2011)
- Self-help Tools for Panic (Whalley, 2015)
- Riding the Wave (for teens; Pincus et al., 2008)