

High Anxiety

Your heart's racing, your stomach is churning and you're dizzy. Yet you felt perfectly fine just a minute ago. Panic attacks can sneak up on just about anyone—and the conditions that create them are on the rise.

It was sunny, traffic on the highway was light and Mary Lukens was feeling relaxed as she drove home. Then, out of nowhere, she was hit with overwhelming anxiety. Her heart began to race, she felt sick to

her stomach and her arm and leg started tingling. "I thought that I was having a heart attack," the 51-year-old marketing entrepreneur recalls. She managed to drive to a rest stop, get out of the car and attract the attention of an employee. An ambulance took

her to the hospital. After an evaluation, doctors gave her a surprising diagnosis: She'd had a panic attack.

As businesses close and layoffs mount, people are bound to experience more frequent panic attacks, which are often exacerbated by increased life

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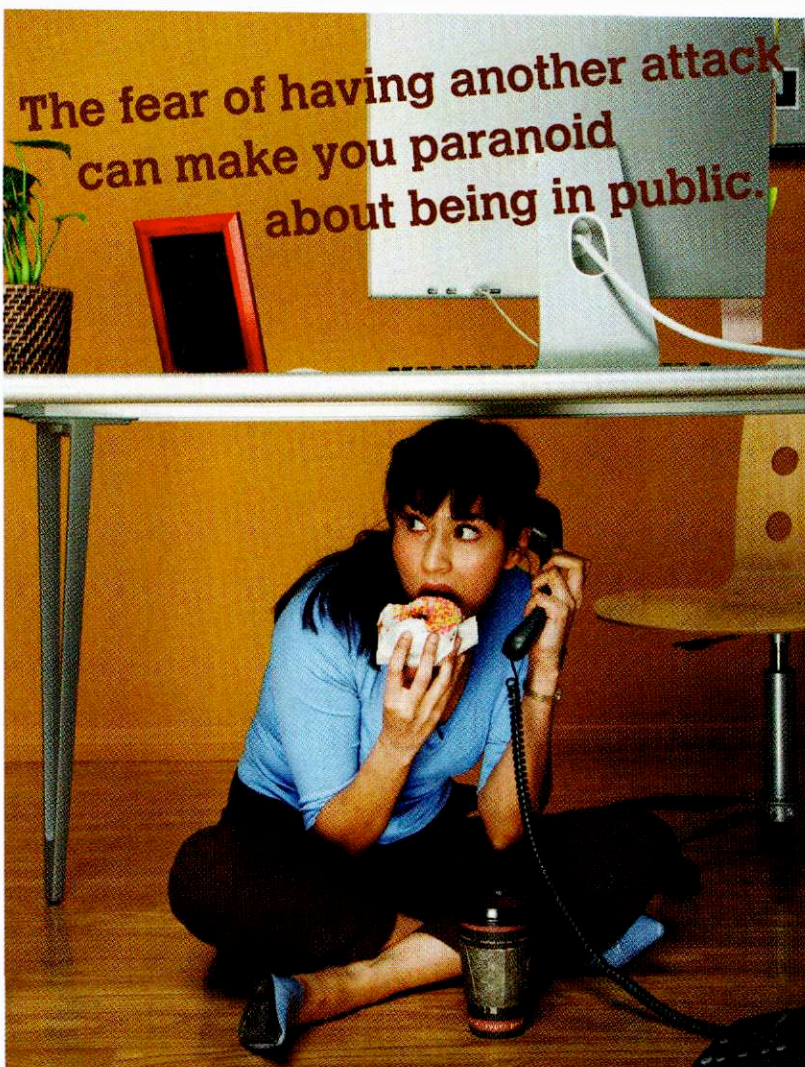
stress, says Martin M. Antony, Ph.D., professor of psychology at Ryerson University, in Toronto, Ontario, and author of *The Anti-Anxiety Workbook*. This isn't the usual anxiety you feel when your heart beats faster and your stomach flip-flops because you have to make a presentation or go for a mammogram.

A panic attack doesn't always have an obvious trigger. "Nothing explains why this intense reaction can seem to come out of the blue," says Jerilyn Ross, president and CEO of the Anxiety Disorders Association of America. Attacks can happen to anyone, but women are twice as likely to get them as men; some experts believe women's hormones play a role.

Panic disorder affects as many as 6 million American adults. In a recent study of postmenopausal women—people probably not much affected by hormone swings—10 percent reported an attack in the prior six months. "That was much higher than we expected," says co-author Jordan W. Smoller, M.D., Sc.D., associate professor of psychiatry at Harvard Medical School.

Though terrifying, panic attacks are not dangerous. Many people who have one never have another, but if you become consumed by the fear of future episodes you may develop panic disorder or a related problem. "People with panic disorder are constantly thinking about where and when the next attack might happen," Ross says. Even normal physical reactions can unnerve them. "They become hypervigilant—freaking out if they get breathless after walking up some stairs," says psychiatrist Lindsay Kiriakos, M.D., author of *Panic Disorder: How to Fight Back and Win*.

About a third of panic-disorder sufferers develop agoraphobia, based on a deep fear of having a panic attack in



public. They might begin to refuse to eat in restaurants or avoid driving on highways where exits are spaced far apart, Dr. Kiriakos says.

"Catastrophic personal or professional trauma or loss, especially when it's unexpected, is often behind panic attacks, and life is throwing these curveballs at a lot of people right now," says Eva Ritvo, M.D., associate professor of psychiatry at the University of Miami Miller School of Medicine. That was true for Mary Lukens: She was returning to her Piermont, New York, home after visiting an aunt who'd recently had a stroke. "You may think you're having a heart attack or going crazy," says Dr. Ritvo.

"It's important to recognize you're not—you're having a panic attack."

Since everyone experiences stress and loss, why do some people fall prey to these attacks while others never experience one? Up to 40 percent of our susceptibility to panic disorder can be attributed to our genetic makeup. There may even be a brain difference. The evidence comes from research on general anxiety disorder, a related problem. When people with GAD were asked to anticipate a non-frightening event, their brain's fear centers still fired, says lead study author Jack B. Nitschke, Ph.D., assistant

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IS IT A PANIC ATTACK?

Doctors say you might be having a panic attack if four or more of these symptoms strike out of the blue and start to subside after about 10 minutes.

- shortness of breath
- feeling as if you're choking
- hot flashes/sudden chills
- increased heart rate
- feeling dizzy or unsteady
- numbness or tingling in your extremities
- chest pain or tightness
- sweating
- terror that you're dying, going crazy or losing control
- nausea
- a sense of unreality or detachment
- trembling

professor of psychiatry and psychology at the University of Wisconsin–Madison. Non-anxious people, however, didn't have the same fear reaction.

The problem is, unless these attacks run in your family, there's no way to know if you might be predisposed. "It doesn't matter how healthy and strong you think you are," Dr. Ritvo says. She would know: Last fall she herself had a half dozen panic attacks when she was going through a divorce and the shutdown of her hospital department. "It's important to know they can be successfully treated," she says.

The symptoms of a panic attack mimic those of some serious illnesses, so you need to rule out other causes, including heart attack, especially if it's your first episode, says Dr. Kiriakos. Call 911 or go to the ER or your doctor's office for immediate evaluation of the first attack and any later one. Other possible causes? A hyperactive thyroid, high blood pressure or medication reaction.

Melissa Wurst of St. Louis only realized she'd had a panic attack, not a heart attack, during the EKG she got in a doctor's office. The 46-year-old had had a dozen panic attacks in the years since her late 30s. "It honestly didn't dawn on me," she says. "It felt like a train was sitting on my chest, and I was overwhelmed by the fear I was going to die." Her physician gave her Xanax, an

anti-anxiety drug, to take if she felt an attack coming on again. So far she hasn't needed it.

Studies have connected attacks with too much coffee and too little sleep, so if you've had a single panic attack and your health checked out fine, you may want to watch your caffeine intake and make sure you're getting enough rest. If you've had more than one attack, ask your doctor whether you should carry a fast-acting anti-anxiety medication, such as alprazolam (Xanax) or lorazepam (Ativan). These benzodiazepines are thought to slow down central-nervous-system activity. You can become dependent on them, so use them only under a doctor's care.

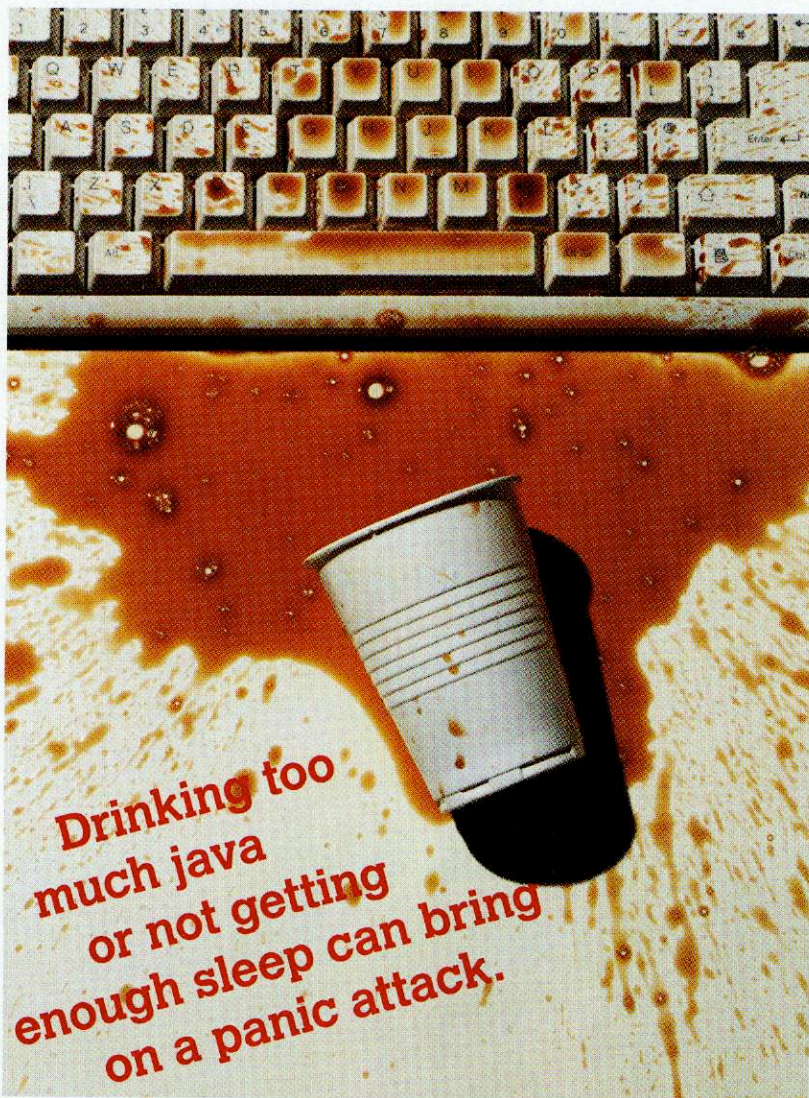
And if you find yourself avoiding situations that might bring on an episode or having other problems that stem from them, consider additional help. Each attack carves a pathway in your brain that makes future episodes more likely, Dr. Ritvo says.

Fortunately, panic is one of the most treatable anxiety disorders. The best approach is cognitive behavioral therapy, says Dr. Antony. CBT exposes you little by little to what makes you anxious. The goal? To get used to the actual symptoms you have during an attack: shortness of breath, dizziness, a feeling of being out of control.

"We want people to teach themselves that they can handle the discomfort they fear," says Reid Wilson, Ph.D., director of the Anxiety Disorders Treatment Center, in Chapel Hill, North Carolina, and author of *Don't Panic*. You might shake your head until you're dizzy or walk up and down stairs until you're short of breath. After several weeks or months the symptoms no longer make you anxious. The doctor may also help shift your thinking about what triggers anxiety.

Drugs can help, too. A six-month to one-year course of selective serotonin reuptake inhibitors, such as Prozac, normalizes brain chemicals and prevents the fear center from taking over. "Drugs and CBT are equally effective in the short term, but the benefits of CBT last much longer," says Dr. Antony. Many doctors use both.

For Mary Lukens, keeping a Xanax in her purse has been enough to stop her from worrying about—or having—a recurrence. Ironically, her panic attack even may have saved her life. During her time in the ER, doctors found blockages in her neck caused by dangerously high cholesterol, which she's since lowered. The terror on the turnpike that made her fear a heart attack may have actually prevented one. ■



WHAT TO DO WHEN YOU GET ONE

If you've had a panic attack and sense that another one is coming on, these tools can help.



Distract yourself.

Early in the process you may be able to cut off the cycle by reading a book, taking a shower or getting fresh air.



Make a muscle.

Progressive muscle relaxation techniques can put you back in control of your body. Make really tight fists until you can't hold them anymore, then relax. Or tighten all your muscles and hold for a count of 10 before releasing them.



Talk back to panic.

Once a full-fledged attack begins, confront your anxious thoughts directly. "Say things like, 'I know I'm healthy since I just saw my doctor,' or 'You're only a panic attack and you can't harm me,'" Dr. Kiriakos advises.



Take it easy afterward.

When symptoms subside, take a nap if possible, and later get a good night's sleep. "Even though the attack lasted just a few minutes, your body has fired all its ammunition," Dr. Ritvo says. You need rest.