

an abducted earthling in a Grade B science fiction movie). We can obtain most of the details while maintaining a conversational tone that won't cause patients to feel we are muscling into their personal space. But it does mean trying to learn all about every aspect of the history of the present illness: Usually, this will be the *who, what, where, when, why, and how*—questions that are bread and butter, both for journalists and for clinicians. We'll also want to learn the consequences of certain symptoms, previous attempts at remedy, and (possibly) attempts at prevention.

In the history from Douglas that follows, the underlined passages followed by superscript numbers refer to some questions I'll pose afterward (and answer in Note D).

Douglas's episodes of anxiety, which he readily identifies as "panic,"<sup>1</sup> can come on at almost any time.<sup>2</sup> He rarely has any forewarning;<sup>3</sup> they seem to arise "out of a blue sky." The attacks can happen as often as two or three times in a day; however, he's occasionally gone a week or more without having one.<sup>4</sup>

At first the attack feels mild, perhaps only a hint of apprehension.<sup>5</sup> But it rapidly builds<sup>6</sup> to engulf him in terror so severe that he feels virtually paralyzed. His heart beats rapidly;<sup>7</sup> he has the sensation of being unable to catch his breath.<sup>8</sup> His legs feel like jelly,<sup>9</sup> and he must stop what he is doing, lest he collapse.<sup>10</sup> He sometimes tries to tell himself to "chill,"<sup>11</sup> but that doesn't usually make much difference.

With prompting ("I haven't thought about it in years"), Douglas recalls his earliest experience with anxiety.<sup>12</sup> It occurred during his first year of college.<sup>13</sup> He and some of his new classmates had gone to stay at the lodge their school maintained in the mountains. "The accommodations were somewhat spartan," Douglas reports. "We brought a camp stove and had to carry in water from town. The loo wasn't working, either, so we had to use a privy located outside the back door. The first evening, I was in there minding my own business when my friends sneaked up and put a stick through the latch, so I couldn't open the door. Then they went off down the mountain to party with some women we'd met."

Douglas shifts uneasily in his chair and sneezes. "I was there for hours. At first, I tried to laugh about it, but the smell, the dark, and—most of all—the closeness of those four walls pretty much killed my sense of humor. After a few minutes of beating on the door and yelling, I realized no one was going to come. So I crouched in a corner and tried to contemplate the big questions in life—such as the meaning of friendship and the value of trust. But all I could really focus on was my heartbeat, which seemed to be getting faster, and the cold sweat that was pouring off me into the stinky air. As the evening wore on, they seemed to be squeezing in on me, like in that Poe story about the Inquisition."

Since then, Douglas has had repeated episodes<sup>14</sup> of severe anxiety, where "I basically succumb to terror." Several times a week,<sup>15</sup> he says, without any provocation or warning,<sup>16</sup> his anxiety level begins to build.<sup>17</sup> Over the next few minutes, he'll become "too aware" of the beating of his heart,<sup>18</sup> which he sometimes worries will "accelerate to one huge, final thump before it stops completely." He feels acutely short of breath,<sup>19</sup> his chest hurts,<sup>20</sup> and he's so weak<sup>21</sup> that his legs will not support him and he has to sit down. During some of these episodes, he's also experienced dizziness ("It's more of a lightheaded feeling"),<sup>22</sup> hands trembling,<sup>23</sup> numbness<sup>24</sup> of his fingers, and the feeling that he is about to vomit.<sup>25</sup> "If I'm up in a tree, God forbid, I'll come down<sup>26</sup> as fast as I can. If I'm really high up, I may just have to sit down on a limb until it passes.<sup>27</sup> That can