This is more or less along the lines of the strategies we have already discussed for stress. These include common sense measures such as engaging in healthy lifestyle activities: exercising, eating well, and getting enough rest.

Exercise has been found to strengthen the communication centre in the brain that affects the fight-or-flight response system to stress, whilst also helping to relax the whole body, and improve mood.

Eating at regular intervals throughout the day is also very important in reducing panic and/or anxiety feelings, by ensuring that our blood sugar levels are not fluctuating wildly.

It is also important to get enough sleep, if possible 7-9 hours a day. Research has demonstrated that a lack of sleep produces a generalised physiologic arousal, especially in those with sensitive bodies. This arousal can generate symptoms of anxiety and panic. I shall be looking at insomnia in a separate article.

Psychotherapy:

Education is of prime importance: developing an understanding of how our body reacts to stress and the way in which the symptoms of panic arise is immediately helpful in reducing the impact of panic attacks.

This is because the situation is demystified and the element of fear of the unknown is eliminated.

The attacks are no longer perceived as presaging severe illness or even death, and are thus

stripped of their ability to precipitate the relevant physiological response that previously acted as a snowball effect.

Learning to recognise the body's reaction helps to put the individual back in the driving seat.

Treatment usually needs between 12 and 15 sessions.

After the educational aims have been achieved, therapy then aims to teach relaxation and imagery techniques, especially deep breathing and progressive muscle relaxation.

These are effective tools that can be used during a panic attack to reduce immediate physiological distress and the accompanying emotional fears.

The deep breathing especially is key since many of the uncomfortable physical symptoms the person experiences with panic, such as difficulty breathing and dizziness, are due to mild hyperventilation.

Teaching a person how to breathe correctly greatly reduces panic symptoms and attacks.

Discussion of the client's irrational fears (usually of dying, passing out, becoming embarrassed) during an attack is essential but must be in the context of a supportive approach from the therapist.

The therapist helps the patient identify unhelpful thought patterns such as overgeneralising or catastrophising that tend to fuel the panic attacks. For instance, often people fear they are having a heart attack.

The therapist helps the patient to understand that the chest pain is minor and not life

threatening and thus facilitates the replacement of the fearful belief that death is imminent with an attitude of acceptance and calm.

This is directly helpful in reducing the feedback of an emotional response, which would have previously contributed in escalating the panic symptoms.

The treatment for panic disorder may also include specific panic control techniques, which may involve the patient learning how to produce panic sensations on their own and then learn how to control them.

A crucial feature of treatment for panic disorder is helping the individual learn how to self-monitor panic attacks and moods, which helps to identify correlations between when the attacks happen and what may trigger them.

Completing the practice assignments is important in consolidating the techniques that have been taught during therapy sessions and is vital so that the patient will get the full benefit from the techniques to reduce panic and anxiety and learn long-term coping skills to manage future panic and anxiety symptoms.

In addition, a behavioural approach emphasizing graduated exposure to panic-inducing situations is most-often associated with related anxiety disorders, such as agoraphobia or social phobia. It may or may not be appropriate as a treatment approach.

Biofeedback may also be helpful.

Group therapy can also be used effectively to teach relaxation and related panic control skills. They allow other people with panic disorder the opportunity to realize that they are not alone with what they are experiencing, which also helps to alleviate some of the fear about panic attacks.

Medication:

It is best if medication can be avoided, but in some cases, psychotherapy alone is unable to successfully eliminate the problem.

The most commonly prescribed group of drugs is the SSRI antidepressant drugs, details of which I shall discuss below. Examples include Prozac and Seroxat.

Benzodiazepines such as clonazepam may also be used to alleviate anxiety (see below). The latter work quickly but can cause strong dependency as well as significant side effects such as drowsiness. They work on the GABA neurotransmitter system.

GABA is a brain chemical that reduces nervous system arousal. (i.e. is an inhibitory neurotransmitter c.f. epinephrine is an excitatory neurotransmitter).

The Internet Anxiety resource, TAPIR (1) suggests that "by far the largest group of functional, well-controlled PD* patients who show up in the Internet support communities are those on a regimen of long-acting or short-acting benzodiazepines (or both)."

Often the regimen involves a long-acting ?background' preparation taken regularly, with a short acting one added for attacks. TAPIR comment further that the typical pattern is for some initial adjustment to dosage to be required at the beginning of treatment, but then a long period of stability at the same dose.

There may well be some degree of tolerance to the unwanted effects such as fuzzy thinking or drowsiness, but generally not to the anxiety-relieving properties.

Often patients spontaneously reduce their medication after 6 months to a year; many are able to continue on the lower dose although some need to revert back to the higher dose.

In its ?pure' form (i.e. unrelated to other illness, be it physical or psychological), panic disorder may well be a chronic problem. In the case of this condition as a secondary problem, its course may well be affected by the course of the underlying precipitating illness.

(Note: TAPIR, which seems to take a reasonable, rational and informed look at anxiety, have issued a warning about an Internet group who have a quasi-cult like approach and are rabidly anti-benzodiazepines, and use what TAPIR refer to as ?terroristic tactics' to draw in new recruits with horror stories of terrible permanent neurological damage brought about allegedly by brief use of low dose benzodiazepines.

There is little scientific substance to their polemic and they should be avoided: no actual details are available to me of the name of this group).

Occasionally other types of antidepressant such as tricyclics e.g. imipramine, or MAOIs such as Phenelzine (Nardil) may be used. (See below for details)

Generalised anxiety disorder (GAD)

1. CBT (see above)
2. Medication
3. General anti-stress strategies (see above)
4. Herbs/supplements/homoeopathy/aromatherapy
5. Massage/Reiki/acupuncture

(1) http://www.algy.com/anxiety/