Panic disorder and agoraphobia

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Australian treatment guide for consumers and carers

THE ROYAL
AUSTRALIAN AND NEW ZEALAND
COLLEGE OF PSYCHIATRISTS

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4 **Effective treatments are available for panic disorder, and include psychological treatments as well as medications.**

5 **There are support groups to help you and your family to cope.**

Introduction

About this guide

This guide is a companion to the Australian and New Zealand Clinical Practice Guidelines for the treatment of Panic Disorder and Agoraphobia (2003) for professionals, which has been developed by the Royal Australian and New Zealand College of Psychiatrists. This guide is intended to help you find the right care and treatment for your condition. It may also be of value to your family as they seek to understand your panic disorder and help you. You may like to hold onto this guide and take it with you to your health care professional.

The information in this guide is based on international research on panic disorder. Other treatments for panic disorder are available but they have not been carefully studied. The treatments recommended here have been shown to be effective in treating this problem.

What are the differences between anxiety and anxiety disorders?

Panic disorder and agoraphobia are common anxiety disorders. Everyone experiences anxiety at different times. It is normal and sensible to become anxious in some situations. For instance, if a stranger grabs you as you walk alone down a deserted street at night it would be usual to show symptoms of anxiety (also called the 'fight or flight' response). Your body has an in-built system that is activated in times of potential danger to make you more able to fight or flee. This type of anxiety is both useful and normal and is not a cause for concern. In fact, anxiety helps in many day-to-day activities such as job interviews, important meetings and sitting exams. To get a bit anxious is normal and often helpful.

Anxiety disorders are diagnosed when the level of anxiety is out of proportion to the situation. A person with an anxiety disorder becomes anxious when there is no real danger. An example of this is when a person with panic disorder believes they are having a heart attack when their heart pounds after running up stairs.

Many people have panic attacks every now and then. The key to panic disorder is the lasting fear of having future panic attacks. It is the interpretation of the experience, which will be important in both the development and continuation of panic disorder. It is not the event that causes the panic, it's what you think the symptoms mean that causes the panic.

What is panic disorder and agoraphobia?

Panic disorder

Panic disorder[1] is very different to everyday anxiety. Panic disorder is a condition that affects 1 – 2% of the Australian and New Zealand populations each year. It usually begins during the teens or early twenties and women are twice as likely as men to experience it.

The exact causes of panic disorder are still unclear but there is some evidence of a family tendency to nervousness and a link with major life events and stresses. What this means is that if a member of the family has suffered from panic, there is an increased risk of you suffering from it, especially when you are stressed. Often people with panic disorder have always thought of themselves as 'worry worts' or sensitive but this may not always be the case.

Panic disorder involves recurrent, unexpected panic attacks. A panic attack is a sudden period of intense fear or discomfort, in which four or more of the following symptoms reach a peak within 10 minutes:[2]

- Palpitations, pounding heart, or accelerated heart rate
- Sweating
- Trembling or shaking
- Sensations of shortness of breath or smothering
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, or faint

[1] In this guide panic disorder refers to both panic disorder and panic disorder with agoraphobia unless otherwise specified.

[2] In Australia and New Zealand most clinicians use the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) to diagnose panic disorder. It is available in most libraries.

- Derealisation (feeling 'unreal') or depersonalisation (feeling detached from yourself)
- Fear of losing control or going crazy
- Fear of dying
- Numbness or tingling sensations
- Chills or hot flushes.

At least one of these attacks is followed by one or more of the following, lasting for at least one month:

- Worry about having more attacks
- Worry about the what the attacks 'mean' (eg, losing control, heart attack, or 'going crazy')
- A significant change in behaviour related to the attacks.

Agoraphobia

Agoraphobia is often thought to mean that people are afraid of 'open spaces'. This is partly true. Many people with panic disorder avoid a number of situations because of their fears. This avoidance is known as agoraphobia, which is anxiety about being in places or situations from which escape might be difficult or in which help may not be available in the event of having a panic attack.

For this reason people with agoraphobia often avoid places such as trains, crowds and queues or only enter these situations with a trusted friend or relative. Obviously this can be extremely disabling and often limits opportunities in terms of work, social or other activities.

Often there are many less obvious forms of avoidance that people with panic disorder will engage in. For instance, people may avoid exercise, sexual relations, going out in hot weather or experiencing strong emotions such as anger. These forms of avoidance, also known as 'safety behaviours' will also need to be addressed for treatment to be successful.

Managing anxiety symptoms

I don't have panic disorder, but I get really anxious. What can I do?

There are several ways that people can manage their anxiety symptoms themselves. Here are some simple techniques you can practise.

Reducing anxiety with slow breathing

Part of the 'fight or flight' response is increasing the rate of breathing. This would be useful if you did need to fight or run. An increase in breathing can be triggered as part of the automatic 'fight or flight' response. Common sensations of overbreathing include feeling lightheaded, dizzy, things feeling unreal and feeling breathless. If you experience these sensations when anxious it is possible that overbreathing is playing a role.

Some people with panic disorder may be more anxious in general and may overbreathe in other situations, whereas other people with panic disorder only tend to overbreathe in association with certain situations. You can demonstrate for yourself how an increase in breathing can affect the way you feel by deliberately overbreathing until you experience sensations such as feeling dizzy and lightheaded.

Learning to slow your breathing can be a useful way to control symptoms of panic and may be helpful in combination with cognitive and behavioural therapy techniques . The slow-breathing technique (see facing page) is a skill that is easy to learn and can be used at times when you experience symptoms of the 'fight or flight' response.

Even if you do not usually overbreathe it may be a useful strategy to focus attention on slowing yourself down to remind you to challenge what you are saying to yourself.

It is important to practise this technique until you are able automatically to start slowing your breathing in response to anxiety-provoking thoughts and/or situations. Over the next few weeks it would be helpful to monitor your breathing rate at different times throughout the day and to practise the technique.

Remember that it is much easier to prevent a panic attack than to stop one. The best approach is to start slowing your breathing at the first signs of anxiety. Breathe using your diaphragm (lower stomach), not your chest.

Slow-breathing technique

Take a regular breath (through your nose) and hold it for six seconds (use a watch).

When you get to six, breathe out and say the word 'relax' to yourself in a calm, soothing manner.

Breathe in and out in a six second cycle (in for three, out for three).

Continue breathing in this way until the anxiety symptoms of overbreathing have gone.

There are a number of good tapes and CDs available. It is not so important which one you choose – the important thing is taking time to relax.

What is relaxation training?

Relaxation is the voluntary letting go of tension. This tension can be physical tension in the muscles or it can be mental (or psychological) tension.

When we physically relax, the impulses arising in the various nerves in the muscles change the nature of the signals that are sent to the brain. This change brings about a general feeling of calm, both physically and mentally. Muscle relaxation has psychological benefits as well as physical. Through relaxation training you will learn how to recognise tension and achieve deep relaxation.

When someone is in a continual high state of tension, it's easier for a panic attack to occur because the body is already highly activated. A minor event, such as getting stuck in traffic, can trigger further tension, which in turn can lead to hyperventilation (overbreathing) and panic.

Constant tension makes people over-sensitive and they respond to smaller and smaller events as though they were threatening. By learning to relax, you can reduce general levels of arousal and tension, and gain control over these feelings of anxiety.

Meditation

There are many different types of relaxation that can achieve similar benefits. Choose to do something that you feel comfortable with and try to find time each day to relax. Possible types of relaxation are meditation, yoga, or tai chi. Any of these may be useful if they reduce tension for you and are used often.

Guided imagery

If you feel anxious about doing something hard it may be useful sometimes to practise doing it in your mind first. For example, if you don't think you are ready to drive the whole way across a bridge on your own perhaps you can try to imagine yourself going some of the way across.

It is important that you think of yourself doing this in a successful, calm way, even if you think it would be hard. Imagine you are coping OK. Other situations that can be practised in imagination are plane travel, train travel, weddings and job interviews.

Exercise

Many people with panic disorder avoid doing aerobic exercise as the increase in heart rate and faster breathing may remind them of panic symptoms. Through interoceptive exposure (facing the symptoms and sensations that you fear) it is important to gradually start increasing the amount of exercise you do. This is an important part of stress management. Aim for three sessions of exercise per week, choosing activities that you enjoy and varying the type of exercise so that you are able to establish and maintain a routine.

I think I have panic disorder – can I help myself?

Educate yourself

'Don't panic!' This is important advice and the title of a quick and easy-to-read book on panic disorder by Dr Andrew Page. It is available in most major bookstores and costs approximately $10. This is money well spent!

Another good book is 'Living With It', by Bev Aisbett, which is available in most bookshops.

Educate yourself – read, speak to your health care professional, and you might look on the Internet. Some useful websites are included at the back of this guide.

Slow breathing technique

This has been discussed on previous pages and is included in the books listed above.

Become an expert on your health. Libraries can be a good place to find information cheaply.

Facing fears can be hard work

Expose yourself to things you fear… but do it gradually. Write a list of things you avoid because of your anxiety and start to slowly reintroduce these activities into your life. Be kind to yourself and set achievable goals. Reward yourself for success even if it didn't go as well as you had hoped.

For example, a person who is afraid of driving because of their anxiety may set a goal to be able to drive to an unknown suburb 20km away. They might start with short trips in familiar areas and gradually increase the distance from home and explore unknown places. It is important to feel some anxiety during the exposure exercises and to 'stay with' the anxiety until it reduces.

If you find that after a few weeks using these recommendations that you are still experiencing panic attacks and/or avoiding situations, it is important that you get professional help in treating your anxiety disorder.

Facing fears can be hard work. Support and advice from a professional may be vital.

Effective treatments for panic disorder

Panic disorder is a condition that we know a lot about. There has been a great deal of research to find out which treatments are effective, that is, which treatments will significantly help someone with panic disorder.

The aims of treatment for panic disorder are:

- To help you cope with and stop panic attacks
- To become aware of and stop fear-driven avoidance
- To reduce the vulnerability to future panics.

It is important to remember though that even if treatment has been helpful, you will probably still experience symptoms of anxiety during your recovery.

The major treatments for panic disorder are:

- Cognitive Behavioural Therapy
- Antidepressant medication
- Benzodiazepine medication.

Each of these treatments will be briefly described with the potential advantages and disadvantages listed. Your choice of treatment may depend on the skill of the therapist, cost or other considerations.

You do not need to be afraid of anxiety. You have skills to deal with it.

Is there a recommended treatment?

Research suggests that Cognitive Behavioural Therapy (CBT) is the preferred treatment but Selective Serotonin Reuptake Inhibitor (SSRI) antidepressants are also commonly used. However, effective treatment should include behavioural treatment to limit avoidance. Each treatment must be considered for its suitability in your particular case. Both psychological and medication options will now be discussed.

Psychological treatments

Cognitive Behavioural Therapy

CBT for panic disorder involves treatments that change the behaviour (exposure and anxiety management such as slow-breathing) and those that change anxiety-provoking and worrying thoughts (i.e. cognitive therapy). The goal is to help you develop a less upsetting understanding of physical changes that occur when you are anxious.

There is evidence that CBT is more effective than medication in both the short and long term. One advantage of CBT over medication is that it has been shown to be helpful in the long-term, i.e. several months to several years after short-term treatment has finished.

Education about the disorder

Following assessment, a therapist will teach you about anxiety in general, and panic disorder specifically. This will involve talking about the 'fight or flight' response and details of how this affects the body. Education will involve dispelling fears that people commonly have about this disorder such as that they are going crazy or will die as a result of the symptoms.

Cognitive therapy

This part of treatment involves identifying triggers for panic attacks and understanding the fears you have about the symptoms of panic. Triggers might be a thought or situation or a slight physical change such as faster heartbeat. People are taught to be more realistic in their interpretation of panic symptoms and feared situations.

Interoceptive and in vivo exposure

Interoceptive exposure involves becoming less frightened of the symptoms of panic in a controlled manner. For instance, it might involve jogging on the spot in the therapist's office to become more familiar with the meaning of certain symptoms such as rapid heartbeat and shortness of breath. Alternatively, it may involve drinking cups of coffee or sitting in a hot room.

For those who avoid situations for fear of having a panic attack it will be important to face feared places. In vivo exposure involves breaking a fearful situation down into achievable steps and doing them one at a time until the most difficult step is achieved. For example, if a person is fearful of train journeys, the treatment may include going on trains, then going on trains with an increasing number of stops and with increasingly large crowds and so on.

Relaxation and breathing techniques

Panic can be made worse by overbreathing. Slowing one's breathing rate can be effective for some people to help deal with a panic attack and also to prevent a full-blown attack from occurring (see page 10). Relaxation is probably more useful as a general strategy for dealing with anxiety but has been shown to be helpful for some people with panic disorder. Relaxation and slow-breathing alone have not generally been shown to effectively treat panic disorder, although there is some evidence that a form of relaxation called 'applied relaxation' can be helpful.

Medications for panic disorder

Antidepressants

There are many different types of antidepressant medications that have been found to be effective in treating panic disorder. Each type works slightly differently and with your doctor you will be able to decide which works best for you, while causing the least amount of side effects.

Most medications will be started at a low dose and increased to an effective level. It is important that you take the medication as suggested by your doctor and do not make changes without his/her knowledge. If you experience unpleasant side effects, let your doctor know so that you can be advised whether they are normal or not. Some side effects are quite common and your doctor will help you to understand what to expect. See Appendix 1 for a list of possible questions for your prescribing doctor. Currently there is no evidence that the benefits of medications will continue once the medication is stopped.

Tricyclic antidepressants

Tricyclic antidepressants (TCAs) are an older class of drugs known for helping depression. They are, also effective in treating anxiety. Imipramine has been shown in many good studies to be an effective treatment for panic disorder.

These drugs tend to have a number of unpleasant side effects including a dry mouth, dizziness and nausea, which means that some people find it difficult to take the medication even though it may help them.

Selective Serotonin Re-uptake Inhibitors

In recent years, there has been a lot of talk about drugs in this class of antidepressants as they are as effective as the older types of antidepressants but are associated with fewer side effects. The most well known is probably Prozac (fluoxetine) but now there are a range of other SSRIs, many which have been shown to help people with panic disorder (i.e. Cipramil / citalopram, Aropax / paroxetine, Zoloft / sertraline and Luvox / fluvoxamine).

Side effects, while less frequent, still occur and include headaches, nausea, insomnia and difficulties with sexual intercourse. Symptoms can also occur when you try to stop the SSRI medication.

Benzodiazepines

These drugs are designed to reduce tension and increase relaxation without causing sleep. There are side effects associated with these drugs which should be discussed with your doctor. Benzodiazepines such as alprazolam (Xanax) have been found to be effective in treating panic disorder. Disadvantages of this class of medication include the addictive quality and problems with withdrawal when you stop taking the drug. Long-term use is associated with dependence, increased risk of motor accidents and memory problems.

Other medications have been studied for panic disorder but there is not sufficient information at this stage to recommend their use.

Benzodiazepines are not recommended because they can be addictive.

How do I choose a treatment?

The number needed to treat (NNT) is a statistic that is popular and informative. It means that the clinician must treat a certain number of people with a disorder for one person to become 'cured' (for panic disorder this means free of panic attacks).

The number of people your clinician would need to treat for one person to be panic free varies with different treatments.

Treatment	Number needed to treat
Cognitive behaviour therapy	3
Benzodiazepines	5
Tricyclic antidepressants	6
SSRIs	6

How long until I feel better?

Improvements will not be seen instantly with any type of treatment so it is important to be patient and work hard towards recovery. Any treatment you choose will require your active involvement.

Generally with most antidepressant medications results will take three to four weeks to be seen. If after six weeks on a certain medication you do not see any improvement it is important to discuss with a health professional what other options are available.

Improvement will often be gradual with CBT and not instantaneous. It is important to give the treatment a chance. Treatment often involves 8 to 12 sessions of 60 to 90 minutes. As with medication, if you have not seen any improvement after six to eight sessions you may need to consider other treatments.

With CBT, you are required to be an active participant in treatment. If you have practised the techniques and done homework between sessions and are still finding that you are not better, then a change in treatment could be advised. Research about long-term outcome suggests that cognitive behavioural techniques have lasting benefits that continue after treatment has finished.

Keep an open mind and if you feel that the therapist you have chosen is not the right choice for you, take action and either seek a second opinion or change therapists altogether. It is important to fully participate in treatment and to be assertive regarding treatment recommendations and decisions. You should work with your doctor – not simply 'do as your doctor says'.

Finding professional help

Panic disorder is a disabling condition, but it can be successfully treated with the right help. If you think you suffer from panic disorder there are many ways to get the help you need including:

- Contacting your general practitioner
- Looking in the phone book for 'clinical psychologists' or 'psychiatrists'
- Contacting one of the anxiety disorders support groups for help in finding a therapist (see Appendix 3)
- Contacting a local university to see whether their psychology department offers treatment for the general public (alternatively, they may be conducting treatment research that you could participate in)
- Looking on the internet
- Looking in your local book shop to see what information is available.

What level of treatment do I need?

Some people with panic disorder can be successfully treated by their general practitioner. However, many will need specialised treatment by a clinical psychologist or psychiatrist. This is often because the first treatment does not work, or because they need a combination of treatments, or because their panic disorder is severe and chronic. A clinical psychologist or psychiatrist with the right training and experience will be the most suitable person to diagnose and treat your anxiety disorder.

Why should I get help?

Panic attacks and avoidance can seriously get in the way of everyday life. Without seeking the right treatment, it is possible that many areas of your life will be affected such as relationships, productivity at work, social activities and your general mood.

People with panic disorder often experience depression. People often are told to 'get it together', 'snap out of it' and other unhelpful things. They probably do not say this to be cruel, but because they do not understand how awful it can be to have panic disorder. You are probably a better judge of whether you need help than your relatives and friends who may not be aware of how the problem interferes with your life.

What the research says

Research suggests that people who suffer from panic disorder:

- Report that they feel disabled by their problem and this often interferes with work and other responsibilities
- May lead restricted lives eg, not driving far from home, missing special occasions due to their fear of panic attacks
- Use more alcohol and other drugs, possibly as a way to deal with their distress
- Think about suicide more often and have a greater risk of attempting suicide
- Spend less time on interests, sports and other satisfying activities
- Are often financially dependent on others
- Spend more time in emergency departments, afraid they have a life threatening illness.

What will they ask about me?

When you go for treatment for panic disorder your health professional will first need to ask you a lot of questions to make sure that they know what the problem is. This is standard mental health assessment. A good mental health professional will want to understand your panics in detail. For example, What? When? How often? Where?

They will also ask you questions about your life, such as if there have been other difficulties in the past, whether you have had treatment before and so on.

A good mental health professional will also usually ask you to fill in some forms to confirm the diagnosis. Such forms may ask about your panics and avoidance directly, your mood, or about how the panics have affected your life. This will also be important to check at the end of your treatment to see if the treatment has been helpful.

How do I choose a therapist?

Many mental health professionals say they can treat panic disorder but some may not use effective treatments to do so. It is essential to choose a professional who is trained and experienced in the treatment strategies described in this guide.

It will also be important that you feel comfortable with the therapist you choose, as therapy can be a difficult and a very personal experience. It might be good to give the chosen therapist a chance to see if they are right. Don't change after the first session unless you are really not happy with them at all or you have good reason to believe that the treatment they describe does not fit with what you know to be effective.

It is recommended that you check their qualifications. The following are possible qualifications that you would probably like to know about. There may be others.

For general practitioners:

- Are they a Fellow of the Royal Australian College of General Practitioners (FRACGP)?
- Are they a member of their local Division of General Practice?
- Do they have a Masters of Psychological Medicine from the University of New South Wales or Monash University?

For psychiatrists:

- Are they a Fellow of the Royal Australian and New Zealand College of Psychiatrists (FRANZCP) or of the Royal College of Psychiatrists (FRCPsych)?

For psychologists:

- Are they a registered psychologist? They need to show this on their letterhead.
- Do they have a Masters degree in clinical psychology (MPsychol) or a postgraduate qualifications such as a PhD in clinical psychology or a diploma in clinical psychology?
- Are they a member of the Australian Psychological Society (MAPS) and of the Society's College of Clinical Psychology?
- Are they a member of the Australian Association for Cognitive Behavioural Therapy?

Other things to consider:

Are they familiar with the latest information from scientific studies?

Do they share information with you?

Do they consider your say in decisions?

Do they check the quality / outcome of their treatment?

What if I live outside of the big cities and towns?

Getting treatment can be hard if you live far from major cities and towns. If you can't find someone to deliver the treatments discussed in this guide then you might need to think about self-treatment, self help of other kinds or travelling to get specialist help. The books mentioned in the reading list in Appendix 3 may be useful. The Internet is a good place to find information and it may be helpful to 'chat' to people in 'chat rooms'.

APPENDICES

Appendix 1

Questions to ask your therapist

- What is the diagnosis?
- What can I expect if I do not get treatment? What happens if I do nothing?
- What are the treatment options?
- What are the benefits and harms (costs) of the treatment options?
- How long will it take?
- What results can I expect?
- How much time and/or effort will it take me?
- What will it cost me?
- Is there anything that would complicate treatment? (other problems such as depression or substance misuse may make treatment more difficult and take longer to see benefits)
- Can we make a time to review progress and if necessary revise our treatment plan?
- Are these the latest treatment guidelines for my condition? Can you recommend any reading material including self-help books?
- How do the benefits and harms weigh up for me?
- Can I speak to someone who has been through treatment with you or to someone who has been through this procedure with other therapists?

Questions to ask about medication

- What is the name of the medicine?
- What is the dosage?
- When and how often do I take the medicine?
- What are the side effects? Will I be tired, hungry, thirsty etc?
- Are there any foods I should not eat while taking it?
- Can I have beer, wine or other alcoholic drinks?
- Can I take the medicine with other medicines I am taking?
- What do I do if I forget to take the medicine?
- How long will I have to take the medicine?
- What are the chances of getting better with this treatment?
- How will I know if the medicine is working or not?
- What is the cost of the medicine?
- Any other questions?

Key questions to ask

- How many people with panic disorder have you treated?
- Do you have any special training in panic disorder treatment?
- What is your basic approach to treatment – Cognitive Behavioural Therapy, medication or both?
- If you provide only one type of treatment, how do I get the other if I need it?
- How long is a typical course of treatment?
- How frequent are treatment sessions? How long does each session last?
- What are your fees?
- Can you help me determine whether my health insurance will cover fees?

Appendix 2

What should I do if my child or spouse is anxious?

Living with someone who is anxious can be difficult at times. It may restrict the activities of other members of the family in important ways. For instance, a child who is anxious about going to unfamiliar places may convince the family that they should not take a holiday to a new destination. Similarly, the partner of someone with agoraphobia may have extra chores they are responsible for, such as driving the children to sport and doing the weekly shopping.

The decision to get help for panic disorder can be a difficult one to make. There will often be a lot of fear associated with seeking treatment and for those with agoraphobia getting to treatment will often involve facing one's fears. For some, past treatment may have been disappointing and they may be skeptical about the benefits of seeking help.

The key to supporting a relative or friend who is anxious will be to be encouraging and understanding.

The organisations and further reading suggested in Appendix 3 will also be helpful for family and friends of people experiencing panic disorder and agoraphobia.

Child and adolescent psychiatrists and mental health services can assess and treat young people for anxiety disorders.

There is good evidence that these disorders are often preventable and early intervention is recommended.

The organisations listed in Appendix 3 can also provide referral information to parents for children and adolescents.

An Australian guideline 'clinical approaches' is available to help professionals treat these disorders in younger people.

Appendix 3

Where do I find more information and support?

There are a range of options for support while you are experiencing panic disorder or agoraphobia. It is important to accept support when it is offered as facing fears can be hard work if done on your own. Family and freinds are an important source of support as well as your local general practitioner, other health professionals and mutual support organisations.

If you have access to the Internet you may find it helpful to explore some of the websites listed on the last page and perhaps to visit some of the 'chat rooms' available on many sites. The important thing is to know that you are not alone and do not have to face your anxiety without support.

The organisations listed below are mostly voluntary non-government agencies. They do not replace the need for formal treatment but are an adjunct to it and can provide further information.

NSW

Anxiety Disorders Foundation of Australia (NSW) Inc
Message Service: 16 282 897
Email: adfa@crufad.unsw.edu.au

Anxiety Disorders Alliance
(NSW Obsessive Compulsive Disorder Support Group and Triumph Over Phobias Programs)
Programs of Mental Health Association NSW Inc
Freecall: 1800 626 055
Phone: (02) 9570 4519

Mental Health Association Information and Referral Service, NSW

Freecall: 1800 674 200

Phone: (02) 9816 5688

Serenity NSW and Anxiety Services

Anxiety Information Line & Self-help Support Group

1902 261 534 (Call cost $0.95 per minute from private phones)

ARAFMI NSW Inc

Phone: (02) 9887 5897

Helpline: (02) 9805 1883

Email: arafmi@webtime.com.au

QLD

Mental Health Association (QLD) Inc,

Obsessive Compulsive Disorder Support Group

Phone: (07) 3271 5544

Email: association@mentalhealth.org.au

Website: www.mentalhealth.org.au

Panic Anxiety Disorders Association QLD Inc

Phone: (07) 3353 4851

ARAFMI (QLD) Inc

Phone: (07) 3254 1881

Email: arafmi@irvnet.org.au

SA

Panic Anxiety Disorders Association of South Australia

Phone: (08) 8373 2161

Message Service: 16 886 377

Panic Anxiety Education and Management Service

Phone: (08) 8339 4998

Obsessive Compulsive Disorder Support Services (SA)

Phone: (08) 8231 1558

ARAFMI SA Inc (Carer support)

Mental Health Resource Centre

Phone: (08) 8221 5166

VIC

Panic Anxiety Disorders Association of Victoria

Phone: (03) 9889 6760

Obsessive Compulsive and Anxiety Disorders Foundation of Victoria

Phone (OCD and Anxiety Helpline): (03) 9576 2477

ARAFEMI (VIC) Inc

Phone: (03) 9889 3733

Email: admin@arafemi.org.au

NT

Anxiety Disorders Foundation of Australia (NT),

Panic Anxiety Disorders Association (NT)

Phone: (08) 8945 2924

ARAFMI NT (Carer support)

Phone: (08) 8942 2811

TAS

Tasmanian Association for Mental Health

Phone: (03) 6233 4049

ARAFMI Tasmania (Carer support)

Phone: (03) 6327 3046

WA

Anxiety Disorders Foundation of Australia (WA),

Panic Anxiety Disorders Association (WA)

Phone: (08) 9401 2167

Email: padawa@iinet.net.au

ARAFMI (WA) Inc (Carer support)

Phone: (08) 9228 0577

Suggested reading

Panic disorder and agoraphobia

Aisbett, B (1993). *Living with it*. Sydney. Angus and Robertson

Bourne, EJ (1995). *The Anxiety and Phobia Workbook*. California: New Harbinger Publications

Franklin, J (1996). *Overcoming panic: A complete 9-week home-based treatment program for panic disorder*. Melbourne: A.P.S. Ltd

Page, A (2002). *Don't Panic! Overcoming Anxiety, Phobias and Tension*. Sydney, ACP/Media21

Rapee, R & Lampe, L (1998). *Fight or Flight* (video). Available through Monkey See Production (PO Box 3010, Waverley, NSW, 2024).

Cognitive therapy

Greenberger, D & Padesky, C (1995). *Mind over Mood: A cognitive therapy treatment manual for clients*. NY. Guildford Press

Tanner, S & Ball, J (1989). *Beating the Blues*. Sydney, Australia: Double day.

Stress management

Barlow, D & Rapee, R (1997). *Mastering Stress: A Lifestyle Approac*h. Killara, Australia: Lifestyle Press

Burrows, GD, Stanely, RO & Norman, TR (1999). *Stress, Anxiety and Depression*. Adis International Pty Ltd

Davis, M, Eshelman, E & McKay, M. (1995). *The Relaxation and Stress Reduction Workbook*. Oakland, Ca: New Harbinger Publications.

More scientific and academic references

Andrews G, Creamer M, Crino R, Hunt C, Lampe L & Page A. (2002). *The Treatment of Anxiety Disorders*. Cambridge: Cambridge University Press

Gould, RA, Otto, MW, & Pollack, MH (1995). *A meta-analysis of treatment outcome for panic disorder*. Clinical Psychology Review, 15, 819-844

Irwig, J, Irwig, L & Smart, M (1999). *Smart Health Choices: How to Make Informed Health Choices*. Sydney: Allen & Unwin

Nathan, P & Gorman, J (1998). *Treatments that Work*. Oxford: Oxford University Press

Nathan, PE, Gorman, JM & Salkind, NJ (1999). *Treating Mental Disorders: A Guide to What Works.* Oxford: Oxford University Press

Treatment Protocol Project (2000). *Anxiety and Somatoform Disorders*. *Management of Mental Disorders* (3rd Ed). WHO: 299 Forbes St, Darlinghurst, NSW, 2010, Australia. Also available at www.crufad.org

Andrews, G et al (2003) *Summary Australian and New Zealand Clinical Practice Guideline for Panic Disorder and Agoraphobia*; Australasian Psychiatry March, 2003.

Other useful websites about panic disorder and agoraphobia

American Psychological Association (APA)	**www.psych.org**
Australian Association for Cognitive Behavioural Therapy (AACBT)	**www.aacbt.org**
University of Western Australia: School of Psychology	**www.psy.uwa.edu.au**
Australian Psychological Society (APS)	**www.psychology.org.au**
Beck Institute	**www.beckinstitute.org**
British Psychological Society	**www.bps.org.uk**
Center for Cognitive Therapy	**www.uphs.upenn.edu/psycct**
Clinical Research Unit for Anxiety Disorders	**www.aforanxiety.com**
Internet Mental Health	**www.mentalhealth.com**
Mental Help Net Anxiety	**www.mentalhelp.net**
The CBT Website	**www.cognitivetherapy.com**
The Anxiety – Panic Internet Resource	**www.algy.com/anxiety**

Appendix 4

What do these acronyms mean?

CBT	Cognitive behavioural therapy
GP	General practitioner
SSRI	Selective serotonin reuptake inhibitor
TCA	Tricyclic antidepressant

Authors and acknowledgements

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Quality statement

This guide has been consulted upon bi-nationally and drafts were available for comment on www.ranzcp.org. It has been appraised by a national workshop of consumer consultants using DISCERN and meets NHMRC criteria for presenting information on treatments for consumers.

Updates will be posted on the RANZCP website www.ranzcp.org

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