

Panic Disorder

Clinical Practice Guideline Summary for Primary Care

DIAGNOSIS AND CLINICAL ASSESSMENT

The primary features of Panic Disorder identified in the DSM-V are recurrent unexpected panic attacks that are followed by one month or more of persistent concern about having additional attacks. Patients with Panic Disorder generally experience panic attacks described as periods of intense fear or discomfort and at least four of the following concurrent symptoms: palpitations, pounding heart, accelerated heart rate, sweating, trembling or shaking, sensations of shortness of breath, chest pain or discomfort, nausea or abdominal stress, feeling dizzy, lightheaded or faint, and numbness or tingling sensations. Patients with Panic Disorder may initially present to a Hospital Emergency Department due to the physical nature of symptoms and perceived emergent medical issues.

A comprehensive diagnostic evaluation requires careful attention to the patient's behavioral health and medical history and should include the following elements:

- History and severity of current symptoms
- Mental status examination
- Psychiatric history, including current and past treatments (i.e. behavioral health therapy and pharmacotherapy) and responses to treatment
- Assessment of risk to self or others
- General medical history and physical examination to rule out medical reason for reported symptoms
- History of substance use including alcohol, illicit drugs, prescription and over the counter medications, and other substances (i.e. caffeine) that may produce physiological effects that can trigger or exacerbate panic symptoms
- Personal history including psychological development, major life events, and response to life transitions
- Social, occupational (including military) history
- Family medical and psychiatric history
- Appropriate diagnostic tests to rule out possible causes of panic symptoms

It is important to note that the following general medical conditions are more prevalent in patients with Panic Disorder than the general population:

- Allergic Conditions
- Cancer

- Cardiac Disease
- Chronic Pain
- Irritable Bowel Syndrome
- Migraines
- Mitral Valve Prolapse
- Respiratory Disease

POTENTIAL WARNING SIGNS IN TREATING PATIENTS WITH PANIC DISORDER

- Any significant or sudden change in a patient's mental status, such as a new onset of impulsive, self-destructive or violent behaviors, warrant consultation with a behavioral health specialist and may require urgent or emergent treatment, including hospitalization.
- Patients presenting with panic disorder and/or co-occurring depressive disorders, with a risk of harm to self or others require hospitalization; patients presenting with co-morbid alcohol and/or substance use disorders may also require detoxification.

EFFECTIVE TREATMENT

Treatment options for Panic Disorder are generally determined by the patient's clinical presentation and severity of symptoms. Treatment modalities include pharmacotherapy, psychotherapy, and a combination of both.

Comprehensive treatment plans should be developed and reviewed during all phases of treatment and include the following interventions:

- Evaluate and monitor the patient's functional impairments and quality of life in domains such as family and social relationships, work, school, leisure activities and maintenance of health and hygiene
- Collaboration with the patient to develop a treatment plan and help with decision making; attend to the patient's preferences and concerns
- Ongoing assessment and monitoring of patient safety and thoughts of harm to self or others is critical even in the absence of co-occurring conditions such as major depression
- Ongoing assessment and monitoring for prevalent co-occurring disorders such as Major Depressive Disorder and/or Substance Use Disorders
- Ongoing monitoring of patient's symptoms and response to treatment
- Coordinate the patient's care with other treating clinicians to ensure that relevant information is communicated to guide treatment decisions, and treatments are synchronized

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- Assess potential barriers to treatment adherence including lack of motivation, medication side effects, logistical, economic or cultural barriers to treatment
- Provide education to patient/family regarding illness, risk of relapse, and the need for treatment compliance
- Promote healthy behaviors such as exercise, good sleep hygiene and nutrition, and decreased use of tobacco, alcohol and other potentially addictive substances

Medication

The initial selection of medication for Panic Disorder is determined by the patient's clinical presentation, severity of symptoms, presence of co-occurring mental health or medical disorders, psychosocial stressors, prior treatment experience, potential side effects, cost, and patient preference. For most patients a serotonin reuptake inhibitors (SSRIs) or serotonin norepinephrine reuptake inhibitors (SNRIs) are optimal pharmacotherapy options due to safety, tolerability and anticipated side effects. SSRIs include Citalopram, Escitalopram, Fluoxetine, Paroxetine, Paroxetine extended release, and Sertraline. SNRIs include Venlafaxine immediate release, Venlafaxine extended release, Desvenlafaxine, and Duloxetine. Benzodiazepines may also be considered for pharmacotherapy treatment; however close monitoring is required due to potential onset of cognitive issues, increased risk of motor vehicle accidents and potential misuse or dependence.

It is important to monitor the patient's response to SSRIs and SNRIs, considering potential side effects and safety concerns as there is an increased suicide risk for some patients. Therefore close monitoring is essential.

Prescribing clinicians should educate patients during all phases of treatment regarding the importance of taking medication as prescribed. It is also important that patients understand the need to consult with their prescribing clinician prior to discontinuing an SSRI, SNRI or other psychiatric medication.

Therapy

Patients with Panic Disorder can benefit from psychotherapy or a combination of psychotherapy and pharmacotherapy. Cognitive Behavioral Therapy (CBT) is recommended as the first line psychotherapeutic treatment for Panic Disorder. In addition Exposure Therapy is also well studied and recommended with substantial clinical confidence.

Patients may consider outpatient psychotherapy modalities such as individual therapy or group therapy. Couples therapy or family therapy alone is not recommended as a treatment for Panic Disorder; although it may be helpful in addressing co-occurring relationship dysfunction.

RESOURCES

For further information you may access the complete version of the American Psychiatric Association's *Practice Guideline for the Treatment of Patients with Panic Disorder* available at <http://psychiatryonline.org/guidelines>.

OPTUM CONTACT INFORMATION

- Optum Physician Consultation Service (800) 292-2922 to discuss treatment concerns with an Optum psychiatrist.
- Optum Customer Service (888) 777-4742 if you would like to make a referral to a behavioral health professional.
- Optum 24/7 Substance Use Disorder Helpline (855) 780-5955 for education regarding substance use, treatment options and available community support services.

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