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Understanding and Treating Panic Disorder Using Cognitive Behavioral Therapy

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Disclosures

- ▶ None!

"TBL"

- ▶ CBT "works" for Panic Disorder
- ▶ There are 3 essential ingredients in the treatment
- ▶ Think twice about using somatic skills training and/or medications when conducting CBT for Panic Disorder

"THM"

- ▶ 3 essential ingredients in CBT for Panic Disorder
 1. Exposure to anxiety-provoking triggers and situations
 2. Restructure faulty cognitive processes
 3. Block/eliminate "safety behaviors"

Agenda

- ▶ What is panic?
- ▶ A One-Slide Summary of the Literature
- ▶ A CBT model of Panic
- ▶ Three essential ingredients in CBT for Panic
- ▶ Bonus: A quick discussion on the use of somatic skills training and/or combining CBT with medications for Panic Disorder

Panic Attacks

- ▶ Panic attacks
 - Discrete periods of intense fear/discomfort
 - Associated with numerous somatic and cognitive symptoms
 - Typically have an abrupt onset
 - Hit maximum intensity within about 10 minutes
 - Accompanied by a strong urge to escape/flee the place where attack begins
 - Frequently result in ER visits or other types of urgent assistance

Panic Attacks

- ▶ Must be characterized by at least 4 of the 13 associated somatic and cognitive symptoms
 - Less than 4 symptoms = "limited symptom" attacks
- ▶ Distinguished from other forms of anxiety by their intensity and sudden, episodic nature
- ▶ Currently characterized by the relationship between the onset of the attack and the presence or absence of situational factors
 - Unexpected, situationally-bound, or situationally-predisposed
 - In DSM-5, will be replaced with the terms unexpected and expected panic attacks

Panic Attacks vs. Panic Disorder

- ▶ The presence of panic attacks do not always indicate a diagnosis of Panic Disorder!
- ▶ 10-20 percent of otherwise healthy people experience an isolated panic attack per year
- ▶ Panic attacks commonly occur in the course of other anxiety disorders, mood disorders, and medical conditions

Panic Disorder: Diagnosis

- ▶ Panic disorder is diagnosed when a person:
 - Has experienced at least two unexpected panic attacks *and*
 - Develops persistent concern or worry about having further attacks *or*
 - Changes his or her behavior to avoid or minimize such attacks *and*
 - Is not caused by a drug, medication or general medical condition
- ▶ While the number and severity of the attacks varies widely, the concern and avoidance behavior are essential features

Epidemiology

- ▶ Lifetime rates of 2-4% and 1-year rates of about 2%
- ▶ Frequently complicated by Major Depressive Disorder (50-65% lifetime comorbidity rates) and Alcohol and/or other Substance Abuse Disorders (20-30% comorbidity)
- ▶ Also commonly diagnosed with other anxiety disorders:
 - Social Phobia (up to 30%), Generalized Anxiety Disorder (up to 25%), Specific Phobia (up to 20%), and OCD (up to 10%)
- ▶ About twice as common among women as men
- ▶ Age of onset most common between late adolescence and mid-adult life, with onset relatively uncommon past age 50
 - Early age of onset of panic disorder carries greater risks of comorbidity, chronicity, and impairment

Agoraphobia

- ▶ From Greek, "fear of an open marketplace"
- ▶ Severe and pervasive anxiety about being in situations from which escape might be difficult or avoidance of situations where help may not be available:
 - e.g., being alone outside of the home, traveling in a car, bus, or airplane, or being in a crowded area
- ▶ Best understood as an adverse behavioral outcome of repeated panic attacks and the subsequent worry, preoccupation, and avoidance

Agoraphobia

- ▶ Will be separated from panic disorder and have its own set of diagnostic criteria in the DSM-5, which include:
 - Extreme fear or anxiety concerning two or more agoraphobic situations
 - The person has become afraid of and may additionally be avoiding these situations because they feel it would be difficult to escape or help would not be available if they were to experience a panic attack or pass out
 - These situations always cause high levels of fear and worry
 - To deal with these feared situations, the person needs to be accompanied by a friend, will suffer through the situation with intense worry and alarm, or will completely stay away from these situations
 - Most people with similar cultural backgrounds would believe that the person's fear is much larger than the possible risks or danger associated with the situation
 - The person has been struggling with these fears and concerns for 6 months or more

Panic Disorder: A One-Slide Summary of the Literature

- ▶ *A Guide to Treatments That Work* (Nathan & Gorman, 2007)
 - "Situational in vivo exposure has been shown to be effective for patients with PD with moderate to severe agoraphobia
 - CBT is effective for persons with PD with no more than mild agoraphobia
 - ▶ These treatments include cognitive therapy, exposure to interoceptive sensations similar to physiological panic sensations, and breathing retraining.

CBT Model of Panic (Clark, 1997)

- ▶ Individuals who experience panic attacks do so because they have a tendency to interpret certain bodily sensations in a catastrophic manner
- ▶ Sensations that are misinterpreted are mainly those involved in normal anxiety responses, but can include other sensations
- ▶ Accounts for panic attacks preceded by elevated anxiety and for panic attacks that appear to come on "out of the blue"

CBT Model of Panic (Clark, 1997)

- ▶ Catastrophic misinterpretation involves perceiving bodily sensations as much more dangerous than they really are (i.e., indicative of an immediately impending physical or mental disaster)
 - Breathlessness = impending cessation of breathing
 - Palpitations = impending heart attack
 - Pulsing sensation in forehead = impending brain hemorrhage
 - Shaky feeling = impending loss of control and insanity

CBT Model of Panic (Clark, 1997)

- ▶ Once a tendency develops to catastrophically misinterpret bodily sensations, two further processes contribute to the maintenance:
 - Hypervigilance
 - Avoidance/safety behaviors
 - ▶ Prevent learning that the symptoms being experienced are harmless

3 essential ingredients in CBT for Panic Disorder

1. Exposure to anxiety-provoking triggers and situations
2. Restructure faulty cognitive processes
3. Block/eliminate "safety behaviors"

Essential Ingredient 1: Exposure to Anxiety-Provoking Triggers and Situations

- ▶ Goal: diminish or extinguish anxiety associated with patient's trigger stimuli
- ▶ Why: a decrease in anxiety leads to decreased urges to escape/avoid and restructures faulty beliefs

Exposure: Three Main Types

- ▶ In vivo
- ▶ Interoceptive
- ▶ Imaginal (if necessary)

Exposure: How Do You Do It?

- ▶ Provide subjects with a rationale
- ▶ Develop a "SUDS" scale
 - May also utilize an avoidance scale
- ▶ Create a hierarchy

Exposure Should Always Be:

- ▶ Well-designed and systematic
- ▶ Prolonged
- ▶ Structured
- ▶ Repeated
- ▶ Graded?
- ▶ Gradual?
- ▶ Assigned for homework

Essential Ingredient 2: Restructure Faulty Cognitive Processes

- ▶ Provide psychoeducation
 - Information about the disorder!
 - Provide rationale for the maintenance of the symptoms
 - Develop an idiosyncratic model
 - Provide rationale for treatment interventions
 - Include relapse prevention discussion

Essential Ingredient 2: Restructure Faulty Cognitive Processes

- ▶ Include self-monitoring and self-report assessment measures
 - Self-monitoring:
 - ▶ Allows patients to take an active role in treatment
 - ▶ Increases awareness
 - ▶ Establishes baselines
 - ▶ Decreases maladaptive behaviors
 - Self-report assessment measures
 - ▶ Allows for objective, structured measurement of symptoms
 - ▶ Normalizes symptoms
 - ▶ Allows comparisons to be made with established norms

Essential Ingredient 2: Restructure Faulty Cognitive Processes

- ▶ Self-Report Assessments for Panic Disorder
 - PDSS-SR
 - ACQ
 - BSQ
- ▶ Self-Report Assessment for Agoraphobia
 - MI

Essential Ingredient 2: Restructure Faulty Cognitive Processes

- ▶ Engage in formal cognitive restructuring
- ▶ Train patients to:
 - Think flexibly
 - Be a “scientist” with their symptoms
 - ▶ Consider their thoughts and beliefs as *hypotheses* rather than facts
 - ▶ Pay attention to *all* available information
 - ▶ *Revise* hypotheses according to incoming information

Common Distortion in Patients with Panic: “Overestimating”

- ▶ Thinking an improbable (medical) event is likely to happen when experiencing a panic attack
- ▶ Challenge by:
 - Evaluate evidence for and against
 - ▶ How many times have I had that thought?
 - ▶ How many times has _____ happened?
 - ▶ How many times has _____ not happened?
 - ▶ How likely is it to happen the next time I think of it?
 - Generate more likely alternatives and rehearse

Common Distortion in Patients with Panic: “Catastrophizing”

- ▶ See potential (social) consequences of panic as catastrophic and/or intolerable
- ▶ Challenge by:
 - Imaging the worst
 - Critically evaluating it
 - ▶ How bad is it?
 - ▶ Is it a horror or a hassle?
 - ▶ Have you experienced something like that before?

Essential Ingredient 3: Block or Eliminate "Safety Behaviors"

- ▶ Safety behaviors
 - Actions that may fall short of outright avoidance but still perpetuate the anxiety reaction
 - Anything done that the patient thinks will make them safer
 - Superstitiously maintains the belief that panic is dangerous and needs to be controlled

Essential Ingredient 3: Block or Eliminate "Safety Behaviors"

- ▶ Typical safety behaviors:
 - Checking pulse/breathing
 - Checking for the presence of bathrooms
 - Carrying safety aids
 - ▶ Water, rescue medication, or a cell phone
 - Sitting near exits
 - Walking slowly or rigidly
 - Leaning on walls for support
 - Being accompanied on errands
 - Seeking reassurance

Essential Ingredient 3: Block or Eliminate "Safety Behaviors"

- ▶ Problem:
 - Relying on safety behaviors helps people to face their feared situations, but
 - They believe that the reason they survived is because of the behavior
- ▶ Goal:
 - Increase awareness of use
 - Gradually give them up

Essential Ingredient 3: Block or Eliminate "Safety Behaviors"

- ▶ Procedure:
 - Design interventions that help the patient
 - ▶ Test whether they work as thought
 - ▶ Understand these behaviors are maladaptive
- ▶ How:
 - Use safety behavior experiments
 - ▶ Make prediction
 - ▶ Design test
 - ▶ Evaluate results

What About Anxiety Management Skills?!

- ▶ Don't panic protocols have anxiety management skills training in them?
- ▶ Dismantling studies looking at DB
 - Schmidt et al. (2000)
 - Craske et al. (1997)
- ▶ Studies looking at PMR
 - Barlow et al. (1989)
 - Craske et al. (1991)

Bonus: A quick note on combining CBT with medications for Panic Disorder

Proponents

- ✓ Adding medication to CBT will enhance the outcome by reducing the patient's anxiety, thereby promoting his or her ability to tolerate longer exposure(s) to feared situations
- ✓ Evidence suggests that longer exposure is more effective

Bonus: A quick note on combining CBT with medications for Panic Disorder

Opponents:

- ✘ The reduction of anxiety caused by medication will block the fear activation that is a necessary condition for cognitive changes that mediate treatment success

A Closer Look at the Literature

- ▶ Foa, Franklin, & Moser (2002) conducted a comprehensive literature search of published randomized trials comparing treatment with CBT or medications
- ▶ Found only 26 RCTs comparing CBT to medications or examining the combination of these approaches for treating anxiety disorders!

CBT With and Without Meds in Anxiety Disorders

- ▶ Reviewed in detail 10 studies meeting their inclusion criteria:
 - Established diagnosis
 - At least 2 treatment groups
 - Adequate methodology, etc.

Bonus: A quick note on combining CBT with medications for Panic Disorder

- ▶ Conclusions made for Panic Disorder:
 - Combined treatment for Panic Disorder seems to provide an advantage over CBT alone *at post-treatment*
 - However, adding medications to CBT in Panic Disorder appears to be associated with a greater *relapse rate* after treatment discontinuation

CBT: A Panacea?

No!

But...



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Video Examples

- ▶ In vivo Exposure Therapy

Questions/Discussion



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