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Panic Disorder (ICD-11: 6B01)

Anxiety & Fear-Related Disorders

INTRODUCTION

Panic disorder is characterised by recurrent, unexpected panic attacks and persistent concern about having more attacks or their consequences. It can significantly impact daily life, leading to avoidance behaviours and reduced quality of life (Skapinakis *et al.*, 2011).

CLASSIFICATION

Panic disorder is classified under Anxiety and Fear-related Disorders (ICD-11: 6B01) (WHO, 2024).

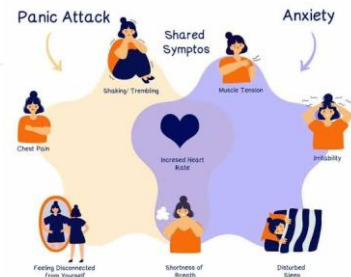
HOW COMMON IS THE DISORDER?

A UK national survey of the general population found the prevalence of panic disorder, with or without agoraphobia, to be 1.7%, with subthreshold panic symptoms considerably more common. Panic-related conditions are associated with substantial functional impairment, even below the full diagnostic threshold (Skapinakis *et al.*, 2011).

HOW ARE PEOPLE DIAGNOSED?

Diagnosis relies on clinical interview and assessment of functional impact. Research shows that people with untreated panic disorder display a pronounced attentional bias towards threat-related information, which clinicians take into account when evaluating the disorder (Reinecke *et al.*, 2011).

Panic Attack Vs. Anxiety



HISTORICAL PERSPECTIVES AND TREATMENTS

Historically, panic disorder was viewed as less understood and often misdiagnosed. Earlier approaches focused on reassurance and rest, while modern perspectives emphasise biological, psychological, and social components. Studies using exposure-based cognitive behavioural therapy have shown that changes in automatic threat processing precede and predict clinical improvement, reshaping how treatment success is understood and measured (Reinecke *et al.*, 2013).

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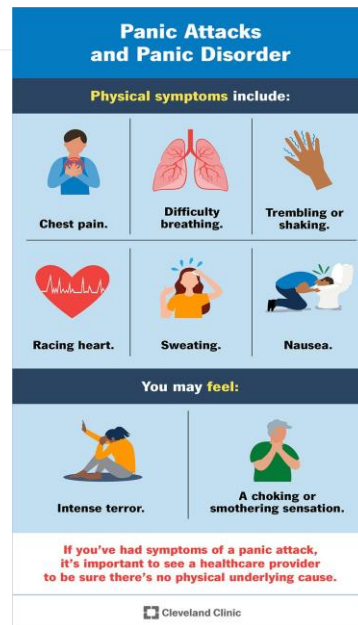
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NAME OF THE SPECIFIC DISORDER

Panic Disorder

DEFINITION

Panic disorder is a mental disorder characterised by recurrent, unexpected panic attacks and persistent worry about having more attacks or their consequences. Panic attacks involve a sudden surge of intense fear or discomfort that reaches a peak within minutes and includes physical, cognitive, and emotional symptoms (WHO, 2024).



CAUSES

Panic disorder has a multifactorial origin involving biological, psychological, and social factors (Reinecke *et al.*, 2013).

- Dysregulation in brain regions involved in fear response
- Genetic vulnerability and neurobiological imbalances
- Stressful life events and learned behaviours
- Attentional and interpretation bias towards threat may increase vulnerability

SYMPTOMS

Symptoms can vary but commonly include:

- Sudden and repeated panic attacks
- Persistent worry about future attacks
- Avoidance of places or situations where panic occurred
- Physical symptoms such as rapid heartbeat, sweating, trembling, shortness of breath, chest pain, dizziness, and nausea

DIAGNOSIS

Diagnosis is made through clinical interview based on ICD-11 criteria, ruling out medical conditions, and assessing functional impact (WHO, 2024).

Core diagnostic features include:

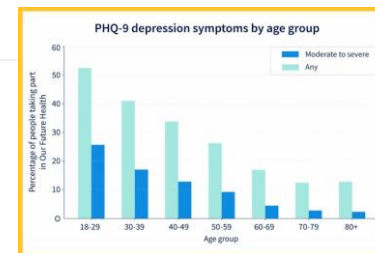
- Recurrent unexpected panic attacks
- Persistent concern about additional attacks
- Maladaptive change in behaviour related to the attacks

HAS THE DISORDER BEEN LINKED WITH A SPECIFIC CAUSE?

Yes. Research shows links between panic disorder and altered automatic threat processing, heightened attentional bias, and stress-related neurocognitive mechanisms (Reinecke *et al.*, 2013).

WHAT DOES A PERSON WITH THIS DISORDER EXPERIENCE?

Individuals experience sudden intense fear with physical and emotional symptoms, accompanied by worry about future attacks and avoidance behaviours (WHO, 2024).



CURRENT SERVICES AND TREATMENTS

Several non-pharmacological approaches are recommended for managing panic disorder (NICE, 2020).

- 1. Cognitive Behavioural Therapy (CBT)**
Helps identify and challenge negative thoughts and reduce avoidance behaviours.
- 2. Breathing and Relaxation Techniques**
Diaphragmatic breathing and relaxation training reduce physiological arousal.
- 3. Mindfulness and Stress Management**
Mindfulness practices and stress management improve emotion regulation and coping.
- 4. Psychoeducation and Support Groups**
Education about the disorder and peer support improves understanding and reduces stigma.
- 5. Emotion Regulation Training**
Developing emotional awareness and coping skills reduces panic severity.

RECOMMENDATIONS

Evidence-based interventions such as CBT, stress management, and emotion regulation strategies are recommended for improving outcomes and quality of life (NICE, 2020; Reinecke *et al.*, 2011).

CONCLUSIONS

Panic disorder is a complex condition influenced by biological, psychological, and social factors. Early recognition and non-pharmacological treatments significantly improve outcomes and quality of life (Skapinakis *et al.*, 2011).

