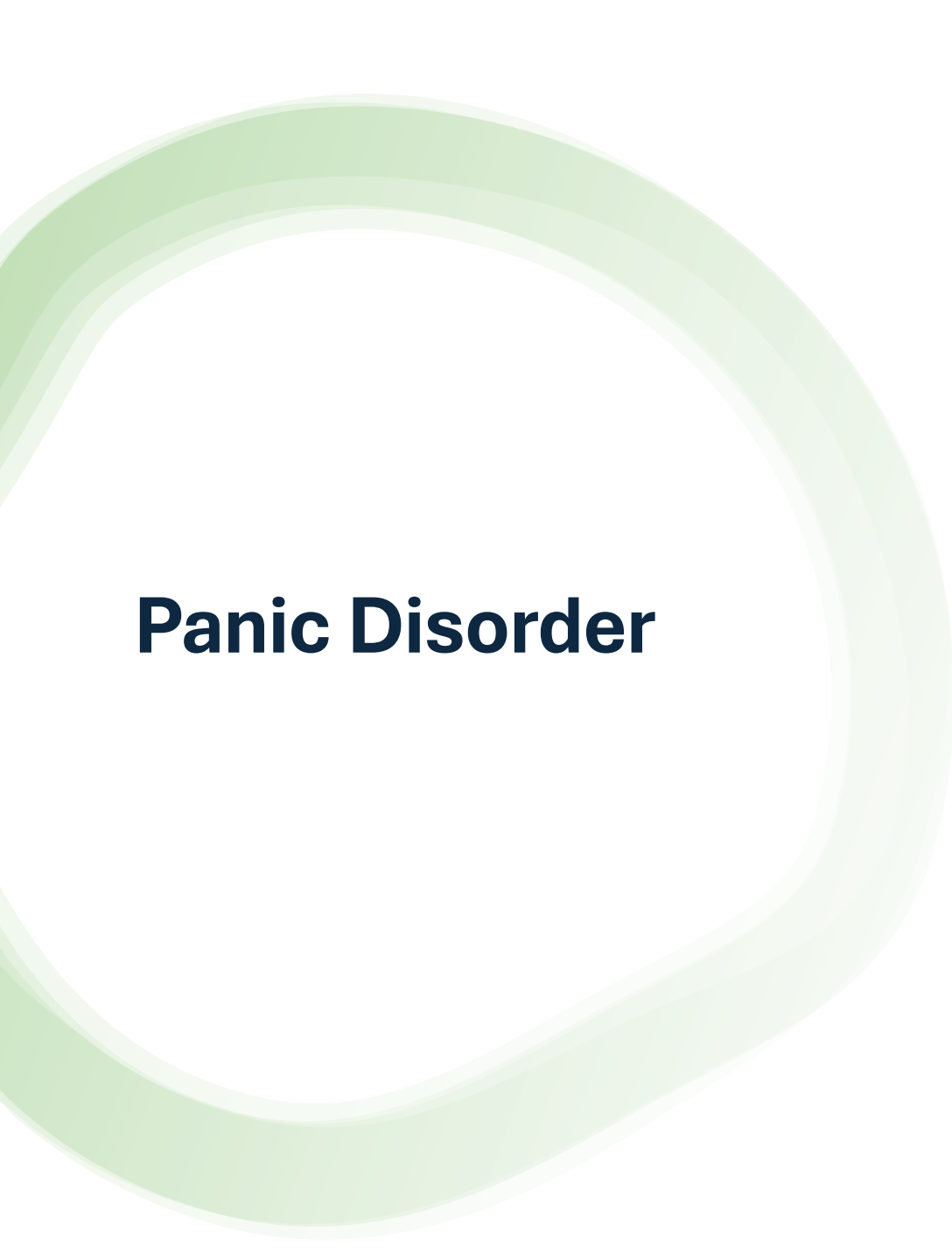


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Panic Disorder

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Module name: Psychopathological
Classifications and Provisions

Module code: (BMHP6029_LON)

Introduction

Classification

According to NICE (2025), panic disorder is classified as an anxiety disorder in both the International Classification of Diseases, Eleventh Revision (ICD-11), and the Fifth Edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

How common is the disorder?

- ❖ Panic disorder typically manifests during late adolescence or early adulthood.
- ❖ Research indicates that this condition is approximately twice as prevalent in women as it is in men.
- ❖ Individuals diagnosed with panic disorder frequently experience comorbid anxiety or depressive disorders (McKechnie, 2024).

Title: 6B01- Panic Disorder

Definition

Panic Disorder is characterised by the recurrent and unexpected occurrence of intense fear or discomfort, commonly referred to as panic attacks. Furthermore, these episodes are frequently accompanied by physical symptoms (Lalk et al., 2025).



(Cleveland Clinic, 2025)

How many people are diagnosed with this disorder?

In the UK, it is estimated that around 1% of the population is affected by panic disorder. Additionally, it is noteworthy that occasional panic attacks can occur in nearly everyone within the general population (Camden and Islington NHS Talking Therapies, 2025).

Historical perspectives and treatments

Historically, panic attacks were often misinterpreted as signs of spiritual or moral inadequacy during the 18th and 19th centuries. However, by the mid-20th century, perceptions shifted, recognising it as a biological and psychological disorder, leading to the development of treatments such as psychotherapy and medication (Bern, 2025).

Current services and treatments

Treatment options include Cognitive Behavioural Therapy (CBT), which helps patients understand and manage their anxiety, and pharmacological interventions such as selective serotonin reuptake inhibitors (SSRIs) (Motta, 2023).

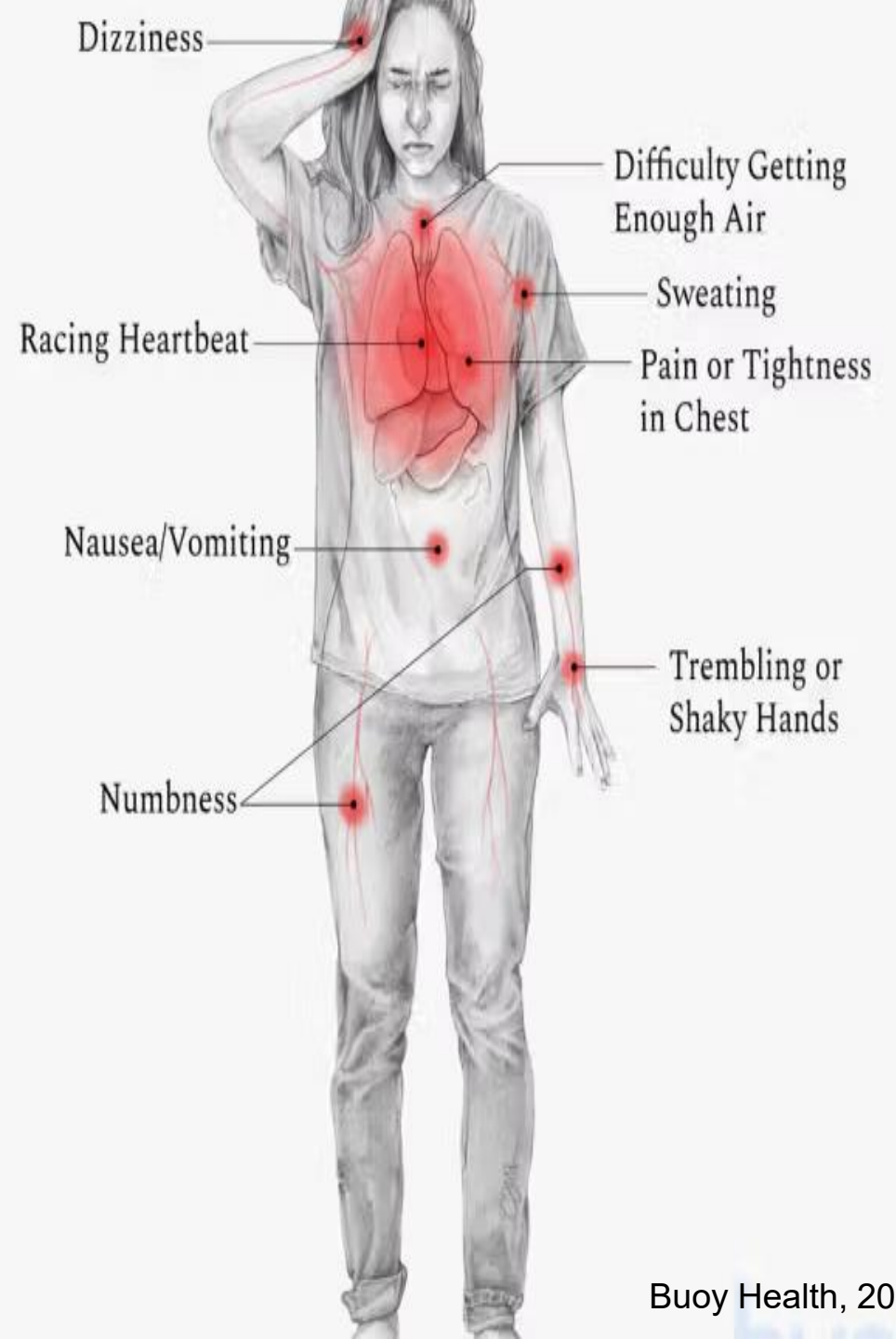
Recommendations

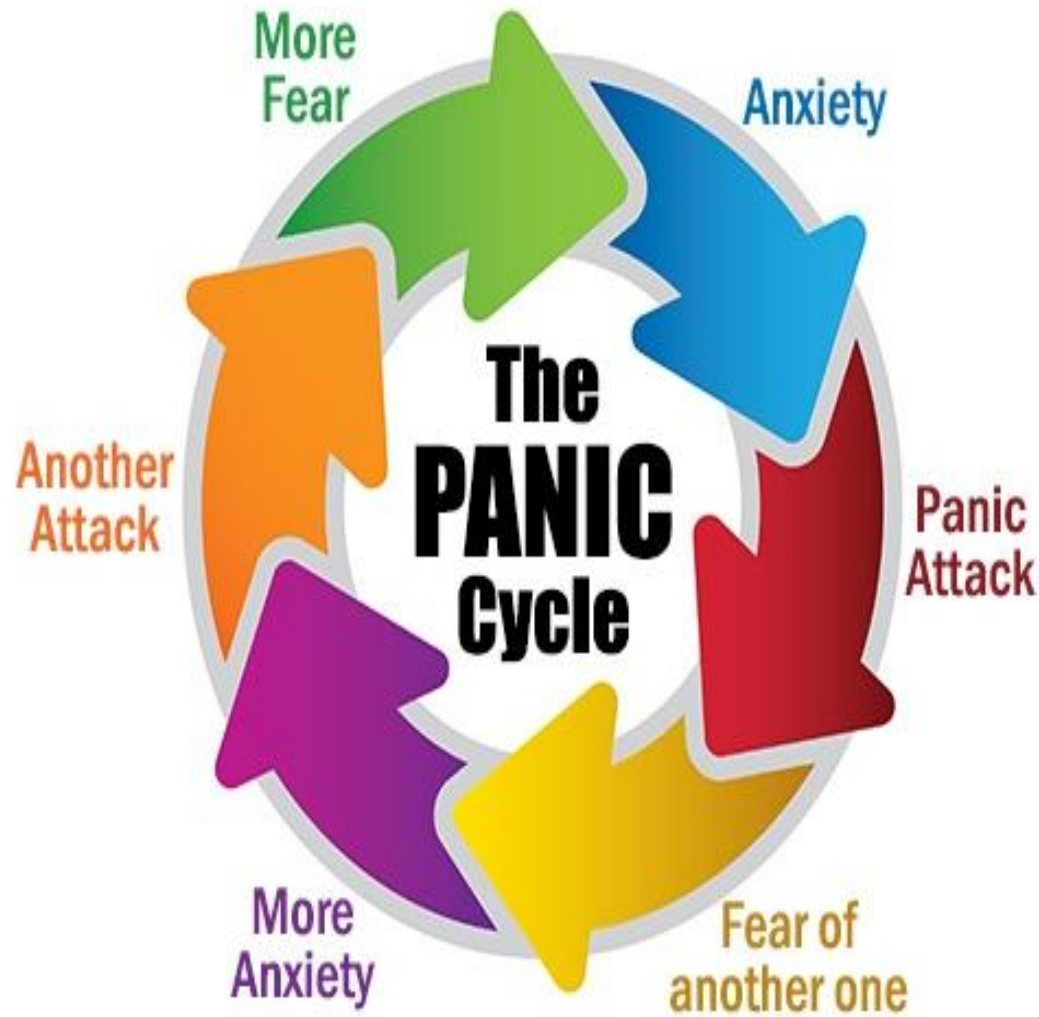
- ❖ Enhance access to Cognitive Behavioural Therapy (CBT) within primary care settings (Seki et al., 2025, pp.1-12).
- ❖ Foster public education initiatives to combat stigma associated with mental health treatment.
- ❖ Implement comprehensive long-term follow-up strategies to minimise the risk of relapse (Whalley, 2025).

— Symptoms

Causes

- ❖ Individuals with a parent diagnosed with this condition may face an increased risk.
- ❖ Alterations in brain chemicals, specifically neurotransmitters, can contribute to panic disorders.
- ❖ Traumatic or stressful life events, such as experiences of grief or violence, can serve as triggers for the disorder, potentially emerging years later (Mental Health UK, 2025).





(Hiltibran, 2016)

Diagnosis

Panic disorder is typically diagnosed by a healthcare professional, often a general practitioner, who conducts a comprehensive clinical assessment that may include a physical examination and laboratory tests. Moreover, mental health practitioners perform a psychological evaluation, utilising criteria established in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) (Eisenberg, 2015, p. 13).

Conclusions

Panic Disorder is a prevalent yet treatable anxiety disorder. Early diagnosis, effective therapeutic interventions, and comprehensive patient education are crucial for improving recovery outcomes. In addition, future practices should prioritise holistic, patient-centred care that integrates both psychological and medical approaches.

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