

Opinion





Preventing panic attacks

Introduction

Panic attacks are sudden, intense surges of fear, panic, or anxiety. They are overwhelming, and they have physical as well as emotional symptoms. Many people with panic attacks may have difficulty breathing, sweat profusely, tremble, and feel their hearts pounding. Some people will also experience chest pain and a feeling of detachment from reality or themselves during a panic attack, so they make think they're having a heart attack. Others have reported feeling like they are having a stroke. Panic attacks can be scary and may hit you quickly. Here are 11 strategies you can use to try to stop a panic attack when you're having one or when you feel one coming on:^{1–20}

Use deep breathing

While hyperventilating is a symptom of panic attacks that can increase fear, deep breathing can reduce symptoms of panic during an attack.

If you're able to control your breathing, you're less likely to experience the hyperventilating that can make other symptoms — and the panic attack itself — worse.

Focus on taking deep breaths in and out through your mouth, feeling the air slowly fill your chest and belly and then slowly leave them again. Breathe in for a count of four, hold for a second, and then breathe out for a count of four:

Recognize that you're having a panic attack

By recognizing that you're having a panic attack instead of a heart attack, you can remind yourself that this is temporary, it will pass, and that you're OK.

Take away the fear that you may be dying or that impending doom is looming, both symptoms of panic attacks. This can allow you to focus on other techniques to reduce your symptoms.

Close your eyes

Some panic attacks come from triggers that overwhelm you. If you're in a fast-paced environment with a lot of stimuli, this can feed your panic attack.

To reduce the stimuli, close your eyes during your panic attack. This can block out any extra stimuli and make it easier to focus on your breathing.

Practice mindfulness

Mindfulness can help ground you in the reality of what's around you. Since panic attacks can cause a feeling of detachment or separation from reality, this can combat your panic attack as it's approaching or actually happening.

Focus on the physical sensations you are familiar with, like digging your feet into the ground, or feeling the texture of your jeans on your hands. These specific sensations ground you firmly in reality and give you something objective to focus on.

Find a focus object

Some people find it helpful to find a single object to focus all of

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their attention on during a panic attack. Pick one object in clear sight and consciously note everything about it possible.

For example, you may notice how the hand on the clock jerks when it ticks, and that it's slightly lopsided. Describe the patterns, color, shapes, and size of the object to yourself. Focus all of your energy on this object, and your panic symptoms may subside.

Use muscle relaxation techniques

Much like deep breathing, muscle relaxation techniques can help stop your panic attack in its tracks by controlling your body's response as much as possible.

Consciously relax one muscle at a time, starting with something simple like the fingers in your hand, and move your way up through your body.

Muscle relaxation techniques will be most effective when you've practiced them beforehand.

Picture your happy place

What's the most relaxing place in the world that you can think of? A sunny beach with gently rolling waves? A cabin in the mountains?

Picture yourself there, and try to focus on the details as much as possible. Imagine digging your toes into the warm sand, or smelling the sharp scent of pine trees.

This place should be quiet, calm, and relaxing — no streets of New York or Hong Kong, no matter how much you love the cities in real life

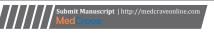
Engage in light exercise

Endorphins keep the blood pumping in exactly the right away. It can help flood our body with endorphins, which can improve our mood. Because you're stressed, choose a light exercise that's gentle on the body, like walking or swimming.

The exception to this is if you're hyperventilating or struggling to breathe. Do what you can to catch your breath first.

Keep lavender on hand

Lavender is known for being soothing and stress-relieving. It can help your body relax. If you know you're prone to panic attacks, keep





some lavender essential oil on hand and put some on your forearms when you experience a panic attack. Breathe in the scent.

You can also try drinking lavender or chamomile tea. Both are relaxing and soothing.

Lavender should not be combined with benzodiazepines. This combination can cause intense drowsiness.

Repeat a mantra internally

Repeating a mantra internally can be relaxing and reassuring, and it can give you something to grasp onto during a panic attack.

Whether it's simply "This too shall pass," or a mantra that speaks to you personally, repeat it on loop in your head until you feel the panic attack start to subside.

Take benzodiazepines

Benzodiazepines may help treat panic attacks if you take one as soon as you feel an attack coming on.

While other approaches to the treatment of panic may be preferential, the field of psychiatry has acknowledged that there is a handful of people who will neither respond fully (or at all in some cases) to the other approaches listed in above, and as such, will be dependent on pharmacological approaches to therapy.

These approaches often will include benzodiazepines, some of which carry FDA approval for the treatment of this condition, such as alprazolam (Xanax).

Because benzodiazepines are a prescription medication, you'll likely need a panic disorder diagnosis in order to have the medication on hand

This medication can be highly addictive, and the body can adjust to it over time. It should only be used sparingly and in cases of extreme need. $^{21-23}$

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References

- Hassan H, Bayoumi M, Atwa A. Emotional Distress Associated with Gynecologic and Breast Cancer in Beni-Suef City. *International Journal* of Science and Research. 2016;5(2):1118–1129.
- AGREE Collaboration. Development and validation of an international appraisal instrument for assessing the quality of clinical practice guidelines: the AGREE project. *Qual Saf Health Care*. 2003;12(1):18–23.
- Hassan H. Effectiveness of a structured teaching program on anxiety and perception regarding toxoplasmosis among seropositive pregnant women in Northern Upper Egypt. Clinical Nursing Studies. 2018;6(1):1–19.
- Generalised Anxiety Disorder in Adults: Management in Primary, Secondary and Community Care. Leicester (UK): British Psychological Society; 2011.
- 5. Allgulander C, Dahl AA, Austin C, et al. Efficacy of sertraline in a 12-week

- trial for generalized anxiety disorder. Am J Psychiatry. 2004;161(9):1624–1649
- Hassan H. Call for psychosocial well-being among pregnant women associated with medical disorder in Beni-Suef governorate. IOSR *Journal* of Nursing and Health Science. 2016;5(2):81–94.
- Allgulander C, Florea I, Huusom AKT. Prevention of relapse in generalized anxiety disorder by escitalopram treatment. *International Journal of Neuropsychopharmacology*. 2006;9(5):495–505.
- Allgulander C, Jorgensen T, Wade A, et al. Health-related quality of life (HRQOL) among patients with generalised anxiety disorder: evaluation conducted alongside an escitalopram relapse prevention trial. *Curr Med Res Opin*. 2007;23(10):2543–2549.
- Alonso J, Angermeyer MC, Bernert S, et al. Disability and quality of life impact of mental disorders in Europe: results from the European Study of the Epidemiology of Mental Disorders (ESEMeD) project. *Acta Psychiatr Scand Suppl.* 2004;109(Suppl. 420):38–46.
- Alonso J, Angermeyer MC, Bernet S, et al. Prevalence of mental disorders in Europe: results from the European study of the epidemiology of mental disorders (ESEMeD) project. *Acta Psychiatrica Scandinavica*. 2004;109(420):21–27.
- Alvidrez J, Azocar F. Distressed women's clinic patients: preferences for mental health treatments and perceived obstacles. *Gen Hosp Psychiatry*. 1999;21(5):340–347.
- Amsterdam JD, Li Y, Soeller I, et al. A randomized, double-blind, placebocontrolled trial of oral matricaria recutita (chamomile) extract therapy for generalized anxiety disorder. *J Clin Psychopharmacol*. 2009;29(4):378– 382.
- Andlin-Sobocki P, Wittchen HU. Cost of anxiety disorders in Europe. Eur J Neurol. 2005;12 Suppl 1:39–44.
- 14. Andlin-Sobocki P, Jönsson B, Wittchen HU, et al. Cost of disorders of the brain in Europe. *Eur J Neurol*. 2005;12 Suppl 1:1–27.
- Hassan H, Sheha E, Nasr E. Level of Stress among Pregnant Women with Heart Problems. *International Journal of Research-GRANTHAALAYAH*. 2016;4(7):220–230.
- Andrews G Tolkein II Team. A Needs-Based, Costed Stepped-Care Model for Mental Health Services. Sydney: Clinical Research Unit for Anxiety and Depression, University of New South Wales; 2006.
- Andrews G, Issakidis C, Sanderson K, et al. Utilising survey data to inform public policy: comparison of the cost-effectiveness of treatment of ten mental disorders. *Br J Psychiatry*. 2004;184:526–533.
- Nasr E, Hassan H, Sheha E. Psychological Consequences of Hypertensive Disorders among Pregnant Women. Scientific Research Journal. 2016;4(9):1–8.
- Hassan H, Saber N, Sheha E. Comprehension of Dyspareunia and Related Anxiety among Northern Upper Egyptian women: Impact of Nursing Consultation Context Using PLISSIT Model. *Nurse Care Open Acces J.* 2019;6(1):1–19.
- APA. Diagnostic and Statistical Manual of Mental Disorders. 3rd ed. Washington, DC: APA; 1987.
- Hassan H. Infertility profile, psychological ramifications and reproductive tract infection among infertile women, in northern Upper Egypt. *Journal of Nursing Education and Practice*. 2016;6(4):92–108.
- Arntz A. Cognitive therapy versus applied relaxation as treatment of generalized anxiety disorder. Behaviour Research and Therapy. 2003;41(6):633–646.
- Arroll B, Kendrick T. Anxiety. In: Gask L, Lester H, Kendrick T, Peveler R, editors. *Primary Care Mental Health*. Glasgow: Bell and Bain Ltd;2009:147–149.