CONDITION

Panic disorder

Panic disorder causes repeated, unexpected panic attacks and ongoing worry or avoidance related to further attacks.

WHAT IT IS
Repeated unexpected panic attacks with ongoing worry or avoidance

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Sudden intense fear, racing heart, breathlessness, dizziness

WHAT CAUSES IT
Unknown; genes, stress systems, and life experiences contribute

HOW IT IS DIAGNOSED
Clinical assessment after other possible causes are excluded

MAIN TREATMENT
Talking therapy, antidepressant medicines, and self-management

CAN IT BE CURED?
Sometimes - treatment can bring lasting remission

IS IT AN EMERGENCY?
Sometimes - new chest pain or fainting needs urgent assessment

LONG-TERM OUTLOOK
Many improve, though symptoms may return during stressful periods

Overview

Panic disorder is a mental health condition involving repeated, unexpected panic attacks. A panic attack is a sudden wave of intense fear or discomfort that causes strong physical and emotional symptoms.

During an attack, you may feel as though you are losing control, having a heart attack, or about to die. The symptoms are real, even when there is no external danger. They come from the body's alarm system becoming highly active.

Having one panic attack does not mean you have panic disorder. Panic attacks can happen during severe stress, with other anxiety conditions, after using certain substances, or because of a medical problem. Some people have one or two attacks and never have another.

With panic disorder, attacks happen repeatedly and unexpectedly. You also spend at least a month worrying about another attack or changing your behaviour because of that fear. For example, you may avoid exercise, driving, shops, public transport, or places where leaving could feel difficult.

Panic attacks themselves are not usually physically dangerous. However, their symptoms can resemble heart, breathing, hormonal, or neurological problems. New or unusual symptoms should not automatically be assumed to be panic.

Symptoms

A panic attack usually starts suddenly and reaches its most intense point within minutes. It may happen while you are active, resting, or asleep.

Common symptoms include:

Not everyone has the same symptoms. Attacks may last several minutes or longer, and tiredness or unease can continue afterward.

Panic disorder also affects how you feel between attacks. You may constantly watch your body for signs that another attack is starting. Normal changes, such as a faster heartbeat after climbing stairs, can begin to feel threatening.

Fear of another attack may lead to avoidance. Some people stop going to certain places, travelling alone, exercising, or being far from home. If this avoidance centres on places where escape or help might be difficult, it may be agoraphobia. Agoraphobia can occur with or without panic disorder.

- A pounding, racing, or irregular-feeling heartbeat
- Sweating, shaking, chills, or hot flushes
- Shortness of breath, rapid breathing, or a choking feeling
- Chest pain or tightness
- Nausea or stomach discomfort
- Dizziness, weakness, tingling, or feeling faint
- Feeling detached from yourself or as if your surroundings are unreal
- Fear of losing control, "going crazy," or dying

Causes and risk factors

There is no single known cause of panic disorder. It probably develops through a combination of biological and life factors.

Genes may play a part. Panic disorder can run in families, although having an affected relative does not mean you will develop it. Differences in the brain systems that control fear, breathing, and the stress response may also contribute.

Some people become highly sensitive to physical sensations. They may interpret a harmless change, such as dizziness or a fast heartbeat, as evidence of danger. This fear increases the body's alarm response, making the sensation stronger and creating a cycle of panic.

Risk may be higher after prolonged stress, trauma, major loss, illness, or an important life change. Attacks can also begin without a clear trigger.

Caffeine, nicotine, alcohol, cannabis, stimulants like methylphenidate or lisdexamfetamine , and some medicines can cause or worsen panic-like symptoms in some people. Withdrawal from alcohol, sedatives, or certain other substances can also cause severe anxiety. These factors do not explain every case of panic disorder.

Diagnosis

There is no blood test or scan that confirms panic disorder. Diagnosis is based on a detailed clinical assessment.

A healthcare professional will ask what happens during attacks, how often they occur, whether they are unexpected, and how they affect your daily life. They may also ask about stress, sleep, medical conditions, medicines, alcohol or drug use, and other mental health symptoms.

Panic disorder is considered when you have recurrent, unexpected panic attacks followed by at least one month of:

The symptoms must not be better explained by a substance, medical condition, or another mental health condition.

Depending on your symptoms and health history, you may need a physical examination, an electrocardiogram to check the heart's rhythm, or blood tests. These tests do not prove that panic disorder is present. They help look for other causes, such as thyroid problems, heart rhythm disorders, anaemia, breathing conditions, or medication effects.

Panic symptoms can also occur with social anxiety, post-traumatic stress disorder, obsessive-compulsive disorder, depression, and specific phobias. Identifying the main pattern helps guide treatment.

- Persistent concern about further attacks or their consequences

- Behaviour changes intended to prevent attacks, such as avoiding activities or places

Treatment and management

Panic disorder is treatable. The main options are psychological therapy and medication. Your preferences, symptoms, other health conditions, and previous treatments all influence which approach is suitable.

Cognitive behavioural therapy, often called CBT, is one of the best studied treatments. It helps you understand the cycle between body sensations, fearful thoughts, and avoidance. You learn to question catastrophic interpretations and respond differently when symptoms begin.

CBT may include interoceptive exposure . This means safely and gradually practising feared body sensations, such as a faster heartbeat or mild dizziness, with professional guidance. The aim is to learn that the sensations are uncomfortable but temporary and do not always mean danger.

Gradual exposure may also help you return to avoided situations. This is usually done in manageable steps rather than forcing you into the most frightening situation at once.

Antidepressant medicines can reduce panic attacks and ongoing anxiety. Commonly used categories include selective serotonin reuptake inhibitors and serotonin-noradrenaline reuptake inhibitors, known as SSRIs and SNRIs. Despite their name, these medicines are also used for anxiety conditions.

Benefits often develop gradually. Some people temporarily feel more restless or anxious when starting treatment. Antidepressants like sertraline or fluoxetine should not be stopped suddenly without medical advice because withdrawal symptoms can occur.

Benzodiazepines like diazepam or lorazepam are sedating anti-anxiety medicines that can reduce symptoms quickly. They are generally not preferred for routine long-term treatment because tolerance and dependence can develop. They may also cause drowsiness and affect memory, coordination, and driving.

Self-management can support formal treatment:

Slow breathing may help if you are overbreathing, but the goal is not to force every sensation to stop. Learning that symptoms can rise and fall safely is an important part of recovery.

Medicines commonly used for this include clonazepam and sertraline . Which one suits you, if any, is a decision for you and your doctor.

- Practise the breathing or grounding methods learned in therapy

- Keep regular sleep, meal, and activity routines where possible
- Reduce caffeine or nicotine if they trigger symptoms
- Avoid using alcohol or non-prescribed drugs to control anxiety
- Return to avoided activities gradually rather than all at once

Complications

Without effective support, fear of attacks can restrict work, education, travel, exercise, relationships, and social activities. Avoidance may grow over time and can develop into agoraphobia.

Panic disorder may occur alongside depression, other anxiety conditions, sleep problems, or harmful alcohol and drug use. Repeated emergency visits and medical tests can also happen when attacks are mistaken for a physical crisis.

Some people with panic disorder experience thoughts of self-harm or suicide, particularly when depression is also present. These thoughts require immediate support.

Prevention

There is no proven way to prevent every case of panic disorder. Attacks can begin without a clear warning, and inherited or biological vulnerability cannot be removed.

Early assessment and treatment may reduce how much fear and avoidance build around the attacks. Continuing to use skills learned in therapy may also help you respond to returning symptoms before they become more disruptive.

If caffeine, nicotine, lack of sleep, alcohol, or another substance reliably brings on symptoms, reducing that trigger may help. This does not replace an assessment when attacks are recurrent or unexplained.

Living with it and what to expect

The course of panic disorder differs from person to person. Some people have a period of frequent attacks followed by long-lasting improvement. Others have symptoms that come and go over months or years, often becoming more noticeable during stress, illness, or major change.

Improvement is usually gradual. You may first notice that attacks feel less frightening, even if they still happen. Later, they may become less frequent, and avoided activities may become manageable again.

Recovery does not always mean never feeling anxious. It often means understanding the sensations, being less afraid of them, and continuing with daily life when they occur.

Symptoms can return after improvement. This does not mean treatment has failed or that you are back at the beginning. Reviewing therapy skills and seeking support early can help.

Many people with panic disorder work, study, travel, exercise, and maintain relationships. Treatment may take time, and some people need more than one approach before finding what helps.

When to get medical help

Arrange a routine appointment if you have repeated panic attacks, persistent fear of another attack, or avoidance that affects daily life. You should also seek advice if symptoms are changing, treatment is not helping, or a medicine is causing side effects.

Do not assume that new symptoms are caused by panic disorder, even if you have had panic attacks before.

Seek urgent medical assessment for:

Call emergency services if symptoms could represent a heart attack, stroke, severe breathing problem, or another immediate medical emergency.

Get immediate crisis support if you may harm yourself, have made a suicide plan, or cannot stay safe. Contact emergency services or a local crisis service, and stay with a trusted person if possible.

- New, severe, or unexplained chest pain
- Fainting, severe breathing difficulty, or a sustained irregular heartbeat
- New weakness on one side, difficulty speaking, or confusion
- Symptoms after a medication change, overdose, or substance withdrawal

Common questions

Can a panic attack feel like a heart attack?

Yes. Both can cause chest discomfort, sweating, breathlessness, dizziness, and a racing heart.

It may not be possible to tell them apart based on feelings alone. New, severe, or unusual chest symptoms need urgent medical assessment rather than being assumed to be panic.

Can you die from a panic attack?

A panic attack itself is not usually life-threatening. Its symptoms come from an intense stress response and usually settle. However, similar symptoms can be caused by serious medical conditions, so first-time or unusual episodes should be assessed.

Why do panic attacks happen when nothing is wrong?

The body's alarm system can activate even when there is no immediate external danger. A physical sensation, thought, memory, or subtle stress response may start the cycle without you noticing a trigger. This does not mean that you are imagining the symptoms.

Can panic attacks wake you from sleep?

Yes. Nocturnal panic attacks can wake you suddenly with fear, a racing heart, sweating, or breathlessness. Sleep apnoea, reflux, heart problems, nightmares, and other conditions can cause similar experiences, so recurrent nighttime symptoms deserve assessment.

Is panic disorder the same as anxiety?

Panic disorder is one type of anxiety condition. Its main feature is repeated, unexpected panic attacks followed by worry or avoidance. General anxiety is usually broader and more persistent, although both conditions can occur together.

Is panic disorder the same as agoraphobia?

No. Agoraphobia is a strong fear of situations where escape or help might feel difficult, such as crowds, public transport, or being outside alone. It can develop because of panic attacks, but either condition can occur without the other.

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