Pak J Med Res
Vol. 56, No. 1, 2017

Editorial

Panic Disorder: A Common Yet Underdiagnosed and Misunderstood Psychological Illness in Pakistan

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Panic disorder (PD) includes the experience of physiological distress (such as sweating, heart racing and chest pain), along with feelings of confusion, apprehension and fear that one is losing control or going insane.[1] The symptoms of a panic attack normally peak within 10 minutes. Most initial panic attacks typically start at or after puberty. The onset of PD typically occurs from mid-teens through about 40 years. However, the median age of onset is between 20-24 years of age.[2] In primary care settings PD is one of the most common, yet unrecognized and undiagnosed, illnesses.[3] Despite the fact that panic disorder and generalized anxiety disorder have similar physical and somatic symptoms, panic attacks with palpitations or chest pain may seem more likely to be mistaken for a heart attack because of its intense and acute onset.[4,5] PD may be associated with low education, ignorance, and poverty. Females are twice more likely to be affected than males.[6] Additionally, it has also been associated with age, restricted economic resources, substance abuse, parental history of mental disorders, and other mental health problems in the individual.[6] Literature has demonstrated that, at times, this disorder is so painful for the patients that they start avoiding situations or activities such as exercise, running, avoiding sitting in sun or any rooms, which might perspire them or produce internal physical arousal similar to the beginnings of a panic attack.[7] This attitude ultimately causes the serious functional impairment.

Symptoms of panic anxiety appear as shaky limbs, pounding heartbeat, sweating, faint feeling, nausea, discomfort in breathing, chest pain, feeling of losing control, and legs turning to jelly.[8] These symptoms are often confused with physical ailments or given supernatural explanations. According to the Diagnostic and Statistical Manual of Mental Disorders, the prevalence of panic disorder in general population in several European countries and in USA is about 2-3%. Lower estimates have been reported for African, Asian, and Latin America, ranging from 0.1% to 0.8%.[8] The reasons for this low prevalence may be that individuals go to traditional healers or spiritual healers who explain the nature of this disorder in their own way and propose their treatment.[9] In Pakistan, hardly any patient with panic anxiety goes directly to a mental health professional without visiting such traditional healers.[10] Most believe that they are under the influence of black magic (*Kala Jadu*). In PD, the real cause of the problem is not clear and is diffuse so, the clients associate it with some supernatural cause and consult traditional/ spiritual healers, or "*Amils*". Sometimes clients get better from these traditional healers through the placebo effect.[9,11] But when they do not get benefit from this customary treatment, they contact health professionals.Another reason for delayed diagnosis of panic disorder is that the psychological manifestations of panic disorder differ across countries. Moreover, there is a scarcity of local research and terminology in the local languages for panic attacks. In many underdeveloped countries, anxiety and mood disorders are taken as substantial bodily sensations, however, symptoms like fear and dread are not reported.[11]

To make this disorder understandable to the community, certain steps need to be taken. Awareness should be created in the community along with specialized courses for the trainers. Electronic, print and social media should be used for awareness raising, prevention, and treatment of this disorder. Appropriate psycho education should be offered to the individual to understand the nature of disease and its treatment. Current studies and guidelines suggest Cognitive Behavior therapy (CBT) and/or pharmacotherapy for the treatment of panic disorder. CBT may likewise be utilized for patients who do not respond or have a poor response to pharmacotherapy.[12,13] This would not only be cost effective, practical and sustainable but would also aid in relapse prevention.[14-16] There are a number of useful tools that are readily available to screen, detect and assess the severity of PD. These include the Panic and Agoraphobia Scale;[17] Panic Disorder Severity Scale (American Psychiatric Association); Severity Measure for Panic Disorder-Self Report Form.[18] Early assessment, diagnosis, and treatment would not only be beneficial for the patient, but would also help in reducing the burden of disease.

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Received: 27 July 2016, **Accepted:** 08 November 2016,
Published: 20 March 2017

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