



NHS Camden
NHS Islington

Panic and phobias

Your self help guide

What is a panic attack?

Everyone knows what panic is, and it is common to feel panicky from time to time:

- You get the sense that you are being followed on your way home from a party, late at night
- You discover you have had your wallet stolen
- You are sitting an exam. You look at the paper and realise you don't know the answers to any of the questions
- Someone runs in front of your car and you almost hit them.

It would be normal in any of these situations to feel a sense of panic. The feeling would be understandable and would pass fairly quickly.

A panic attack is a bit like “normal” panic, but different in a number of ways:

- The feelings seem to come “out of the blue” and are not usually related to the sort of frightening situation described above
- The feelings are a lot stronger.

As the feelings are UNEXPECTED and STRONG they can feel extremely frightening.

Panic attacks affect people in many different ways, but there is usually a frightening feeling that something really awful is about to happen.

The truth is nothing awful is going to happen, as panic attacks are not dangerous.

Lots of people have panic attacks, although they can affect people in different ways. Some people have only one, others may have them for many years. Some people have them every day, some people only once in a while. If you were to ask all of your friends if they had ever had a panic attack, it is very likely that at least one or two will have had the same experience. They are quite common and NOT a sign of serious mental or physical illness.

Some non-serious physical conditions can cause symptoms similar to panic attacks.

For example:

- Certain medicine taken together
- Thyroid problems
- Drinking too much caffeine
- Pregnancy
- Low blood sugar.

If, after reading this booklet, you are concerned that your problem may have a physical cause and you have not yet had a check-up from your GP, then it may be a good idea to make an appointment.

Sometimes panic regularly occurs in response to a specific situation or a specific object. This is often known as a phobia.

What is a phobia?

A phobia is a very intense fear of an object or situation that is not actually dangerous. However the fear of these can cause a great deal of distress and can severely restrict a person's life. A person with a phobia will go to great lengths to avoid the thing that they fear. For example, a person with a dental phobia may totally avoid going to the dentist even though they are in severe pain as a result.

Types of phobia

- **Phobia and avoidance of a specific object or situation** A person can develop a phobia of almost any object or situation. Objects commonly associated with phobias include fear of animals and insects (e.g. birds, dogs, mice, wasps or spiders). Specific situations include fear of driving, flying, heights or being in the dark. Phobias can also develop about social situations such as public speaking or social events such as parties. Extreme anxiety across social situations is known as "social phobia".
- **Avoidance of places or situations that are hard to escape from** Anxiety and panic can develop in situations where people feel trapped e.g. busy supermarkets, crowded buses or trains, traffic jams, or being outside and far away from home. As a result of this anxiety, the person might avoid the situation leading to a phobia developing. Fear of a situation where leaving is difficult is called "agoraphobia".

This booklet aims to help you reduce your panic attacks and phobias by helping you to:

- Recognise whether or not you are having panic attacks
- Understand panic, what causes it and what keeps it going
- Accept that panic cannot harm you
- Learn techniques to reduce panic.

Recognising panic

How do I know if I am having a panic attack?

This may sound obvious, but it isn't. Sometimes panic feels so awful, and comes so "out of the blue", that people can't quite believe that it's only a panic attack, and think it must be something more serious. The feeling of a panic attack can be so unusual that you may not even realise this is what is happening.

One of the most important first steps in overcoming panic attacks is recognising whether or not your symptoms are caused by a panic attack.

Panic affects your body, your mind and the way you behave. The following are some of the most common symptoms experienced by people having a panic attack. Some people may experience all of these symptoms, others just a few.

Summary

Panic attacks and phobias are very common and treatable. They are NOT dangerous and are NOT a sign of serious mental or physical illness.

Your body (please tick those that apply)

- Heart pounding, beating fast or skipping a beat
 - Heart seems to stop, followed by a big thud, chest pains
 - Changes in your breathing, either gulping air, breathing fast or feeling short of breath
 - Pounding in your head
 - Numbness or tingling fingers, toes or lips
 - Feeling as though you can't swallow, feeling sick
 - Feeling as though you're going to faint, wobbly legs.

Write down any other symptoms:



Your mind (please tick any thoughts or feelings that apply)

- Feelings of utter terror
 - Feelings of unreality, as though you're not really there
 - You feel anxious in situations where you
- "I'm going to have a heart attack"
- "I've had a panic attack"
- "I will collapse or faint"
- "I'm going to faint"
- "I'm going to die"
- "I'm going to lose control"
- "I'm going to lose my mind"
- "I'm going to lose my life"
- "I'm going to lose my sanity"
- "I'm going to lose my sense of self"
- "I'm going to lose my ability to think"
- "I'm going to lose my ability to feel"
- "I'm going to lose my ability to love"
- "I'm going to lose my ability to live"
- "I'm going to lose my ability to exist"
- "I'm going to lose my ability to be"
- "I'm going to lose my ability to be me"
- "I'm going to lose my ability to be human"
- "I'm going to lose my ability to be alive"
- "I'm going to lose my ability to be conscious"
- "I'm going to lose my ability to be aware"
- "I'm going to lose my ability to be present"
- "I'm going to lose my ability to be here"
- "I'm going to lose my ability to be now"
- "I'm going to lose my ability to be this"
- "I'm going to lose my ability to be that"
- "I'm going to lose my ability to be anything"
- "I'm going to lose my ability to be everything"
- "I'm going to lose my ability to be nothing"
- "I'm going to lose my ability to be someone"
- "I'm going to lose my ability to be no one"
- "I'm going to lose my ability to be everybody"
- "I'm going to lose my ability to be nobody"
- "I'm going to lose my ability to be someone's friend"
- "I'm going to lose my ability to be no one's friend"
- "I'm going to lose my ability to be everybody's friend"
- "I'm going to lose my ability to be nobody's friend"
- "I'm going to lose my ability to be someone's enemy"
- "I'm going to lose my ability to be no one's enemy"
- "I'm going to lose my ability to be everybody's enemy"
- "I'm going to lose my ability to be nobody's enemy"
- "I'm going to lose my ability to be someone's lover"
- "I'm going to lose my ability to be no one's lover"
- "I'm going to lose my ability to be everybody's lover"
- "I'm going to lose my ability to be nobody's lover"
- "I'm going to lose my ability to be someone's parent"
- "I'm going to lose my ability to be no one's parent"
- "I'm going to lose my ability to be everybody's parent"
- "I'm going to lose my ability to be nobody's parent"
- "I'm going to lose my ability to be someone's child"
- "I'm going to lose my ability to be no one's child"
- "I'm going to lose my ability to be everybody's child"
- "I'm going to lose my ability to be nobody's child"
- "I'm going to lose my ability to be someone's sibling"
- "I'm going to lose my ability to be no one's sibling"
- "I'm going to lose my ability to be everybody's sibling"
- "I'm going to lose my ability to be nobody's sibling"
- "I'm going to lose my ability to be someone's friend"
- "I'm going to lose my ability to be no one's friend"
- "I'm going to lose my ability to be everybody's friend"
- "I'm going to lose my ability to be nobody's friend"
- "I'm going to lose my ability to be someone's enemy"
- "I'm going to lose my ability to be no one's enemy"
- "I'm going to lose my ability to be everybody's enemy"
- "I'm going to lose my ability to be nobody's enemy"
- "I'm going to lose my ability to be someone's lover"
- "I'm going to lose my ability to be no one's lover"
- "I'm going to lose my ability to be everybody's lover"
- "I'm going to lose my ability to be nobody's lover"
- "I'm going to lose my ability to be someone's parent"
- "I'm going to lose my ability to be no one's parent"
- "I'm going to lose my ability to be everybody's parent"
- "I'm going to lose my ability to be nobody's parent"
- "I'm going to lose my ability to be someone's child"
- "I'm going to lose my ability to be no one's child"
- "I'm going to lose my ability to be everybody's child"
- "I'm going to lose my ability to be nobody's child"
- "I'm going to lose my ability to be someone's sibling"
- "I'm going to lose my ability to be no one's sibling"
- "I'm going to lose my ability to be everybody's sibling"
- "I'm going to lose my ability to be nobody's sibling"

- going to be sick”
- losing control”
- going to make a complete fool of myself”
- “I’ve got to get out of here”.

Write down any other frightening thoughts or feelings:



Remember – these things never actually happen in a panic attack, but people sometimes think they will.

What you do/your behaviour (please tick any of these that apply to you)

- You avoid situations that have caused panic or that you fear might cause panic, for example going shopping
- Escape as soon as you can when panicking, for example rushing around the supermarket to get out as soon as possible
- Prevent what you think is going to happen, by doing something to make yourself safe, for example gulping air if you think you are going to suffocate, sitting down if you think you are going to faint, lying down if you think you are having a heart attack, or scanning your body for evidence of something wrong

□ Seek help – In one study a quarter of all people having their first panic attack called an ambulance or went to accident and emergency, they were so convinced something dangerous was happening to them. Perhaps you have done this, or called out the GP?

□ Cope – People often try to cope with a panic attack by doing things they have found or have been told are helpful, for example, distracting themselves or trying to relax.

Write down anything else you do or don't do as a result of having a panic attack:



Whilst all of these things can help to stop a panic attack, as we shall see later, they can also become part of the problem.

If you have ticked quite a few of these symptoms, thoughts and behaviours, then it is likely that you are suffering from panic attacks.

Summary

A panic attack is a strong feeling of terror that comes on very suddenly. Physical symptoms include pounding heart, fast breathing, shaking, and wobbly legs. People often have lots of frightening thoughts and think something awful is happening. They often try to avoid or escape the panic. But panic is not dangerous or harmful.

Understanding panic

What causes it and what keeps it going?

All of the panic symptoms described previously are nothing more than an extreme form of fear. Fear is our body's natural response to a situation perceived as threatening. Fear can range from mild anxiety (which can be helpful when there is a goal, like passing an exam) through to full blown panic.

But why have fear at all when it's such an unpleasant feeling? In a way, it is a bit like pain. If you were to break your ankle, it would feel very painful, which would be a warning to you not to walk on it. If you heard a noise downstairs at night, you might feel frightened, which is a warning that you might have to deal with a dangerous situation.

Fear is very useful. It prepares your body for action. This has been called the "fight or flight" response. What happens when you feel fear is that your body is preparing to fight or run away from the thing it feels threatened by or possibly to stay completely still and wait for the threat to pass.

If we take the example of the noise downstairs. Let us suppose it is a burglar, as you fear. You may wish to stay absolutely still, so as to prevent the burglar from attacking you. You might want to go and challenge him or you might need to run away should he come after you. Your fear response would help with any of these.

When you are frightened you breathe more quickly so that you can get lots of oxygen to your muscles. Your heart beats faster to pump the blood faster round your body. Your digestive

system closes down to allow your body to concentrate on the more immediate threat. This is your body's normal healthy reaction to situations where your body feels under threat. your body's alarm system.



The problem with panic attacks is that they usually occur when there is no obvious physical threat there at all. Your body is reacting as though it was about to be attacked when in reality it is not. In other words it is a false alarm. It is a bit like the annoying smoke detector that goes off at all the wrong times, because it is sensitive to small amounts of smoke, or the burglar alarm that goes off because of the cat. Or even more annoying, the car alarm that is triggered when there is in fact no danger. The same can be the case with your body's "alarm" system. Sometimes it can be triggered when there is no real danger.

The problem is that our body's "alarm system" was designed many, many years ago, when people had to cope with dangers in order to survive.

Nowadays, we are rarely faced with the sort of life or death threats our ancestors faced. We have different threats, mainly related to stress. Financial worries, overworking, moving house or divorce for example, can all be stressful, and can raise our anxiety levels to the point where our "alarm system" is triggered. It is a bit like a "stress" thermometer – which when it reaches a certain level results in panic. Whilst a panic attack may be unpleasant, it is not dangerous but quite the opposite. It is a system designed to protect us, not harm us.

Summary

Panic is a form of fear. It is our body's alarm system signalling threat. It prepares our body to fight or run away from danger. But as there is no physical danger it is a false alarm. A panic attack may be unpleasant but it is not dangerous.

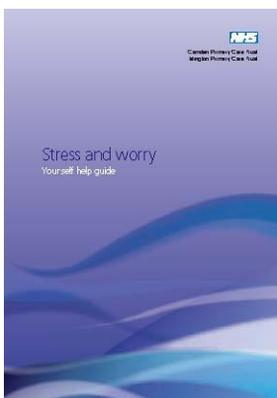
What causes panic attacks to begin?

Panic attacks can start for a number of reasons.

Stress

As mentioned, stressful events can cause anxiety to go up, which may lead to the alarm system being triggered. Are you aware of any stress in your life over the last few years? For example, work stress or being out of work, relationship problems, loss of a loved one, financial difficulties.

Please list any stresses that you are aware of:



If you feel you have had a lot of stress in your life recently, it might be useful to read our booklet “Stress and worry, your self help guide”. Copies can be obtained from the Public Health administration office on 0203 317 3651.

Health worries

Panic attacks often begin when a person becomes over-concerned about their health. This can happen for various reasons. Sometimes people with panic attacks have recently experienced the sudden death of someone they know or are close to.

They then become very worried about their own health, and look for signs that they may be developing the same illness. They are often aware of medical 'mistakes' where serious illness has not been picked up, and so become worried that there is something seriously wrong. This leads to raised anxiety. They then think the anxiety symptoms are evidence of a serious illness, which can result in panic.

Think back to when your panic attacks began. Do you know anyone who died suddenly, for example from a brain haemorrhage or an asthma or heart attack?

Other health-related reasons

Sometimes panic attacks occur for the first time during a period of ill-health. For example some viruses can cause dizziness. Pregnancy or the menopause can cause changes in the way our body works that can lead to a first experience of panic. Consuming large amounts of caffeine, or low blood sugar can also lead to feelings of faintness. Can you think of any "health-related" reasons for your panic attacks?

Difficult emotions

Panic attacks often begin when there are feelings from the past or present that are being "swept under the carpet". Maybe you have relationship problems, or something from the past you need to deal with?

Out of the blue

Sometimes we just don't know why panic attacks begin. Some people even have their first panic attack when they are asleep! It may just be that certain people, in certain circumstances respond like the over-sensitive car alarm. Their alarm system is triggered when there is in fact no danger.

In some ways it is less important to know what causes panic attacks to begin and more important to know what keeps them going.

What causes phobias to develop?

As we grow up we learn what is safe and dangerous from our experiences and from others. Many of us learn particular fears e.g. of dogs or heights. We may have seen a parent react with fear to something, or have had a bad experience e.g. being bitten by a dog, or painful dental treatment. These can lead to phobias.

Phobias may also be more likely to develop in people who have not had the chance to learn helpful ways of coping with stress and anxiety, so they are more likely to avoid situations that are difficult. However, sometimes we cannot remember how the phobia started. This does not matter as we can still successfully treat the phobia as we do with panic by addressing what keeps it going.



What keeps panic attacks going?

As you will remember panic affects your body, your thoughts and your behaviour. All three work together to keep panic going.

Physical

Firstly, the physical symptoms can be part of the problem. For people whose breathing is affected by anxiety, something called hyperventilation can occur. This just means someone is taking in too much air and not breathing it out. This is not dangerous but can lead to feelings of dizziness, and is often taken as further evidence that there is something seriously wrong.

Thoughts

Secondly, the physical symptoms and anxious thoughts form a vicious circle that keeps panic attacks coming back again and again. Also, focusing your mind on your body can lead to noticing small changes and seeing this as a threat.

People who have panic attacks often worry that the physical symptoms mean something different from what they really do. Examples of some of the most common misinterpretations are shown in the table overleaf:

What you feel	Reasons this is happening	Common fears
Eyes go funny Blurred vision Tunnel vision Feel unreal	Eyes trying to focus to fight danger Body trying to take in more oxygen to fight or run away	Brain haemorrhage Going mad Choking or suffocating Running out of air Heart attack Heart attack
Breathing changes Chest pains Heart pounding	Muscles held tight ready to fight Increase flow of blood through the body Increased pressure of blood flowing through body for extra energy	Tumour Haemorrhage Stroke
Pounding in head Headache Numbness or tingling in fingers or lips	Blood diverted to muscles	
Chest pains Heart pounding		
Pounding in		

produce such strong feelings as fear. But if we believe something 100% then we will feel exactly the same way as if it were true.

Another way thoughts can affect panic is when someone starts to worry that they are going to panic in situations where they have panicked before. This, unfortunately, makes it more likely to happen again.

Behaviour

Thirdly, how a person behaves before, during and following a panic attack has a big part to play in whether panic attacks keep happening. The avoidance, escape, and safety behaviour described earlier all add in to the vicious circle.

The vicious circle of panic

These physical symptoms, thoughts and behaviours form a vicious circle, which keeps the panic attacks occurring over time.



Summary

- Fear is our body's way of coping with threat – preparing us to fight or run.
- Panic attacks and phobias can begin for a number of reasons:
 - Stress
 - Health worries
 - During a mild illness
 - Because of difficult emotions
 - Fearful experiences
 - Out of the blue.
- They are kept going because of the vicious circle of:
 - Physical symptoms
 - Thoughts
 - Behaviour.
 - Never find out that nothing terrible was going to happen
 - By avoiding, you fear another attack
 - Escaping or preventing those confidence in your ability to cope alone.
 - panic attacks, you may:

Can panic attacks really harm me?

We have spent a lot of time looking at recognising and understanding panic, because this should give you all the information you need to be able to accept that panic attacks are not harmful. If you can do this then you have come a long way to being able to end your panic attacks.

To what extent, sitting here now, do you believe that your panic attacks mean that something awful is going to happen (0–100%), for example, heart attack, stroke, fainting, choking, suffocating?



Next time you have a panic attack, can you rate at the time how much you believe something awful is going to happen?



What techniques can help me cope with and reduce panic attacks and phobias?

The good news is that panic attacks are very treatable. You may find that your panic attacks have already started to reduce because you have begun to recognise and understand them, and accept that they are not harmful.

As we have seen, panic affects your body, your mind and your behaviour. It makes sense to try to deal with each of these. You may find some techniques more helpful than others.

Summary

Panic attacks are not harmful

Not everyone finds the same things helpful. Also, if you have been having panic attacks for a while, it may take some time for these techniques to work. Don't expect miracles straightaway, but keep at it and you should see the benefits soon, when you've found the techniques that work best for you.

Your body

There are at least two things you can do to help with the physical symptoms of anxiety:

1. **Relaxation**
2. **Controlled breathing.**

These techniques are helpful for a number of reasons:

- Panic attacks often start in periods of stress. These techniques can help you deal with stressful situations better, and reduce overall levels of anxiety
- They can “nip anxiety in the bud”, stopping the cycle that leads to full blown panic by reducing anxiety symptoms and preventing hyperventilation
- They can be used when avoidance is being cut down, to help you cope with situations you fear
- Being relaxed and breathing calmly is the opposite of panic.

To begin with it is best to practice regularly when you are not anxious. Look on it as getting into training. You would not enter a marathon without training for a while first!

Relaxation

People relax in many different ways. It might be that looking at your lifestyle would be helpful. What do you do to relax? Write down six things you do, or could do, to relax; for example, swimming, reading, and walking. As well as finding everyday ways of relaxing, there are special relaxation techniques which can help with the specific symptoms of panic.



We have already seen that one of the things that happens when you panic is that your muscles tense up. To help yourself you should try to relax your muscles whenever you start to feel anxious.

Relaxing in this sense is different from the everyday ways of relaxing like putting your feet up and having a cup of tea (although that is just as important!). It is a skill, to be learnt and practiced.

There are relaxation tapes/CDs, and sometimes classes, which can help. Yoga classes can also be helpful. Your GP may be able to lend you a relaxation CD, so please ask.

Relaxation CDs teach you to go through the main muscle groups in your body, tensing and relaxing your muscles. The CD will come with instructions and some people find them very helpful. For further details on relaxation please see the booklet in this series, “Stress and worry, your self help guide”.

Remember – Relaxation can help reduce symptoms of panic, but it is not preventing something terrible happening – because nothing terrible is going to happen, whether you relax or not.

Controlled breathing

As we saw earlier, when someone becomes frightened they start to breathe more quickly, so that oxygen is pumped more quickly around the body. However, breathing too fast, deeply or irregularly can lead to more symptoms of panic, such as faintness, tingling and dizziness. If breathing can be controlled during panic, these symptoms may be reduced and so the vicious circle described earlier can be broken. You must breathe more slowly.

If you breathe calmly and slowly for at least three minutes, the alarm bell should stop ringing. This is not as easy as it sounds. Sometimes in the middle of a panic attack, focusing on breathing can be difficult. One of the effects of over-breathing is that you feel you need more air, so it is difficult to do something which makes you feel as though you are getting less!

Again, practice while you are not panicking to begin with. This technique will only work if you have practiced and if it is used for at least three minutes. It works much better in the very early stages of panic. Practice the following as often as you can.

Fill your lungs with air. Imagine you are filling up a bottle, so it fills from the bottom up. Your stomach should push out too.

Do not breathe in a shallow way, from your chest, or too deeply. Keep your breathing nice and slow and calm. Breathe out from your mouth and in through your nose.

Try breathing in slowly saying to yourself: 1 elephant, 2 elephant, 3 elephant, 4.

Then let the breath out slowly to six: 4 elephant, 5 elephant, 6.

Keep doing this until you feel calm. Sometimes looking at the second hand on a watch can help to slow breathing down.

Remember – Even if you didn't control your breathing, nothing awful is going to happen.

Your mind

There are at least four things you can do to help with the way your mind fuels a panic attack:

1. Stop focusing on your body
2. Distract yourself from frightening thoughts
3. Question and test your frightening thoughts
4. Try to work out whether something else is making you tense.

Stop focusing

Try to notice whether you are focusing on your symptoms, or scanning your body for something wrong.

There really is no need to do this and it makes the problem far worse. It may be helpful to use the next technique to help you

stop the habit. In particular, focus on what is going on outside rather than inside you.

Distraction

This is a very simple but effective technique. Again, you need to keep distracting yourself for at least three minutes for the symptoms to reduce. There are lots of ways you can distract yourself. For example, look at other people, and try to think what they do for a job. Count the number of red doors you see on the way home. Listen very carefully to someone talking. You can also try thinking of a pleasant scene in your mind, or an object, like a flower or your favourite car. Really concentrate on it. You can try doing sums in your mind, or singing a song. The important thing is that your attention is taken off your body and on to something else. Use what works best for you.

Distraction really does work. Have you ever been in the middle of a panic attack when something happened that totally took over your attention, for example the phone ringing, or a child falling over?

Remember – Distraction breaks the vicious circle, but it is important to remember that distraction is not preventing something terrible from happening. In fact, as distraction works, this is evidence that nothing awful was going to happen after all. For example, could the fact that the phone rang really have prevented a heart attack?

Question your thoughts

Sometimes, rather than distracting yourself from your anxious thoughts, it is more helpful to challenge them. In the long run, it is most helpful to challenge your worrying thoughts, so that you no longer believe them.

For thought challenging you need to do two things:

1. Work out what your anxious thoughts and worst fears are. Everyone's are different, you should already have a good idea from the work done so far
2. Start to challenge these thoughts and come up with more realistic and helpful thoughts.

Once you are aware of your thoughts and pictures in your mind, ask yourself:

- What is the evidence for and against them?
- How many times have you had these thoughts and has your worst fear ever happened?
- Do your experiences fit more with panic or with something more serious? For example, if thinking about panic brings a panic attack on, is it likely that a stroke or heart attack could be caused in this way?

If you can come up with more realistic helpful thoughts, write them down and keep them with you. It is often much more difficult to come up with these thoughts when you are actually panicking.

Some examples of unrealistic and unhelpful thoughts, with more realistic alternatives are given opposite.

What you feel	Reasons this is happening	Common fears
Eyes go funny Blurred vision Tunnel vision Feel unreal	Eyes trying to focus to fight danger Body trying to take in more oxygen to fight or run away	Brain haemorrhage Going mad Choking or suffocating Running out of air Heart attack Heart attack
Breathing changes Chest pains Heart pounding Pounding in head Headache	Muscles held tight ready to fight Increase flow of blood through the body Increased pressure of blood flowing through body for extra energy Blood diverted to muscles	Tumour Haemorrhage Stroke

When it is really difficult to challenge thoughts in this way, probably the best way is to challenge the thoughts through the things we do, which is the next section. Before looking at how we can alter our behaviour to help reduce panic, it is useful to look at one other way in which your mind may be contributing to panic. Not through unhelpful anxious thoughts, but because there may be other things bothering you, as mentioned earlier.

Remember – that panic can arise as a result of difficult feelings not being dealt with. It may be helpful to work out whether anything like that is bothering you. Is there anything from your past that you haven't sorted out that is preying on your mind?

Are there difficulties in your relationship? Do you feel angry or sad? Has someone or something upset you or is something troubling you? Panic is less likely to happen if you face up to emotional difficulties, either through talking to a friend or a health professional (for example your GP, nurse, practice counsellor or psychologist).

Behaviour

Finally, challenging what you do is probably the most helpful way of overcoming panic. We have already talked about how avoidance, escape and safety behaviours keep panic going. It makes sense then that in order to reduce panic you need to reduce these behaviours.

Put simply, what you need to do now is test out the situations you fear most to prove to yourself that what is written here is true, panic attacks cannot harm you.

This is best done, not all at once, but in a planned way. It's probably best to start off with a small experiment. It's difficult to believe something just by reading it, so what you really need to do little by little is to prove to yourself what is really going on.

It is important to remember that whatever you do or don't do, the panic attack will stop. Just like any other alarm would.

First of all, work out what behaviours you need to tackle.

Avoidance

For example, if you are frightened of being alone, or visiting a supermarket, try gradually spending a little bit more time on your own, or going to a small shop. Does your feared disaster actually happen? Now you have some evidence that you didn't go mad/die/faint. The next step is to spend a bit longer, more often. You will probably feel anxious to begin with, as you have learnt to be anxious in certain situations, and you may have been avoiding them for some time.

Graded practice

What is graded practice?

When we are afraid of a situation or object such as spiders, meeting people or going out, we will often try to avoid it. Avoidance does relieve anxiety but only for a short time. Avoidance can often lead to long-term difficulties because a vicious circle of anxiety and avoidance builds up. Graded Practice is useful to break this cycle. It teaches you to slowly confront the feared object or situation, one step at a time until anxiety falls.

There are three main principles of Graded Practice:

1. It starts gradually with something that you think you can manage
2. It is prolonged. It should last for about an hour a day so that your anxiety will fall
3. It is carried out regularly at least once a day.

How do I do graded practice?

1. Make a list of all the things you avoid. Try to describe why you avoid them. For example if you are afraid of spiders, what size of spider makes you anxious? Does it make a difference how close it is to you, where you are, whether you're with someone else? For instance, you might be OK with small spiders but can't cope with large spiders in the same room as you.

You might also be less anxious if someone is with you. By describing your fear in detail, you can draw up a plan of steps to overcome it. Each step should feel just a little harder than the last. Starting with the easiest, you can work out

some small, safe, achievable steps, gradually building up to your target. This is called a Graded Hierarchy; an example can be seen below.

See below how Jane overcomes her fear of driving. (Robert and Alice are her husband and daughter)

Target: To be able to drive alone or with Alice for at least half an hour.

Step 1: Sit in the car on the drive **Step 2:** Sit in the car on the drive with the engine running **Step 3:** With Robert in the car, drive it onto the road and pull up **Step 4:** With Robert in the car drive around the block **Step 5:** Drive around the block on my own **Step 6:** With Robert in the car, drive to the local shops and back **Step 7:** Drive to the local shops and back on my own **Step 8:** With Robert in the car, drive Alice to play school **Step 9:** Drive Alice to playschool on my own **Step 10:** Go on a half an hour journey on my own **Step 11:** Go on a half an hour journey with Alice.

Remember the first task has to be achievable, so ask yourself: “Can I imagine myself doing this with a bit of effort?” If you answer “No” then make the task easier. It is essential that you do not take risks: the aim of Graded Practice is to build on a series of successes, so you have to plan for success. Remember that each challenge provides an opportunity to use your coping skills (relaxation, breathing, distraction etc).

2. Start out with the easiest thing on your list. Practice that step using your coping skills, until you can manage it without difficulty. Then, and only then, move on to the next task. Don't be put off by feelings of anxiety – that is only natural. Remember that you are learning to master anxiety instead of avoiding it.

To be helpful practice has to be:

- Regular and frequent enough for the benefits not to be lost (try and practice every day for approximately an hour if possible)
- Rewarding - recognise your achievements and learn to praise yourself
- Repeated until the anxiety is no longer there. If you find that a task is too difficult, don't give up or feel that you failed. Instead, look for ways of making the task easier – perhaps as two or three smaller steps. Expect setbacks from time to time as everyone has good and bad days. When this happens, think about your task. Did you over-estimate what you could do and make the task too difficult? Did you practice when you were feeling unwell or tired? Did you have other things on your mind so that you could not put enough effort into your practice?

3. Keep a record of the anxiety you feel at each step. A suggested format is shown for you on the next page. You could use the notes section of this booklet for the record keeping. Keep doing this until your anxiety falls. Only when you can see and feel your anxiety reduce to zero or near enough should you move to the next step. A useful way to rate your anxiety is to score zero for no anxiety at all and 10 for worst anxiety you have ever felt.

Don't forget to give yourself credit for your achievements, no matter how small. Try not to downgrade your successes and try not to criticise yourself: encouragement works better. In this way you will manage to reach your goals and face your fears with confidence.

What you feel	Reasons this is happening	Common fears
Eyes go funny Blurred vision Tunnel vision	Eyes trying to focus to fight danger Body trying	Brain haemorrhage Going mad Choking or

Escape



Note which situations you are escaping from. Do you stop eating a meal half way through in case you are sick? Or leave the supermarket without your shopping? Try staying in the situation until your panic starts to go down. What will you have learnt?

Safety behaviours

Try to notice all the things you do to make yourself feel safe, big and small, and gradually cut them out.

Do you stand absolutely still to stop yourself having a heart attack? Walk about instead. If you normally sit down to stop yourself fainting, try staying upright. What happened? What did you learn?

Write down some experiments you could try and what you found out afterwards, following the example below.

Safety behaviour and purpose	What you do instead	What did you learn
Lie down when panic comes on to prevent heart attack	Run up and down stairs	I did not have a heart attack even though I ran up and down the stairs
Lean on shopping trolley to prevent fainting	Walk without trolley, use basket instead	I did not faint even without the trolley

By testing out your fears in this way, and finding out that your worst fear never happens you will gradually become more and more confident. Your panic attacks should become fewer and fewer and less strong when they do come.

Summary

- Practice relaxation, slow breathing, distraction when you are through challenging situations. You have learned the techniques.
- Remind yourself during a panic attack that you times before panic attacks are going to happen.
- Use distraction, relaxation and slow breathing away to help you get the panic away.
- Challenge your unrealistic thoughts during a more realistic attack. You have written down more realistic thoughts.
- Try not to avoid, escape or use safety what really happens. Instead test out.
- Use graded practice to tackle the things you at a time avoiding one step.
- Have positive goals that you want to work towards.
- Try to sort out any worries or troubles that you have. Talk about them, don't sweep them under the carpet.

Coping with setbacks

Most of us get through our problems in a series of ups and downs. The diagram illustrates the progress you should expect:



“Just when I started to make progress and things were going well I had a setback and I was back to square one. I needed help from my husband to start again but I soon made up the ground I had lost and I’m still going forward. I still have one or two setbacks but I keep working at it.”

Expect setbacks, they are normal. When a setback happens, remember that they are to be expected. Try and focus on the progress you have made so far. You know you have done it once, so you can do it again.

Staying well plan

In order to feel better and to stay well, it is important to continue to look after your mental health just as you would your physical health. It can be helpful to see yourself as being on a journey towards wellbeing. As part of this journey, it is important to continue using what you have learned during your sessions in the future to help you stay well, and to improve your wellbeing further.

This section will help you to review what your difficulties were, what you did that helped to improve things, and what you can do to stay well and improve how you feel.

1. What difficulties did I ask for help with?

- What were my goals?
- What things did I want to work on?



2. What was keeping my problem(s) going?

- Behaviour e.g. avoiding situations or people
- Thinking e.g. always imagining the worst
- Difficult situations or life events e.g. relationships, work problems



3. What progress have I made in achieving my goals?



**How
did I do this?**

4. What ideas and tools have I learned that have helped me?



5. What obstacles might lead to a setback or make it harder to stay well? E.g.

- Stressful life events/situations
- Motivation and thinking negatively



6. What would I notice first if I started to have difficulties again? E.g.

- Changes in the way I think e.g. always imagining the worst
- Changes in my behaviour e.g. avoiding things, drinking
- Changes in how I feel physically e.g. feeling more tired
- Changes in how I feel e.g. tearful or irritable.

Thinking:

Behaviour:

Physical

:

Emotion:

**7. What strategies can I use to help me feel better again?
Who can I talk to? E.g. talking to friends or family,
making time to exercise regularly**

**8. How can I build on what I have achieved? What
further goals could I set to help me stay well?**

- Short-term

- Long-term



Many people find the structure and routine of talking to someone for regular sessions helpful. Now that your sessions are coming to an end, you might find it useful to continue having this time to check how you are doing by setting a regular review day with yourself.

When would be a good regular time for me to check how I am doing?

- What day/time of day?
- How often?
- Do I want anyone else to help me do this?
E.g. a friend or partner



Further help

We hope you will use the exercises suggested in this booklet. They should help you make a start in overcoming your difficulties with panic or phobias.

Your family GP, health visitor or practice nurse may also be able to give you further help in dealing with these problems.

You may also be referred to a mental health worker, counsellor or psychologist if your difficulties do not respond to self-help alone.

Stress-management groups and classes may be run in local surgeries or community centres. Ask your GP or mental health worker if you are interested in attending one of these groups.

Some people may be prescribed medication for treating anxiety. This should only be taken for short periods to get over specific anxiety provoking situations. A lot of people find these medications helpful, although they are not a cure.

If you have any queries about medication you have been prescribed, you should discuss this with your GP. Alternatively, you could telephone NHS Direct for information on 0845 4647.

Further reading

Many of the ideas in this booklet are discussed in further detail in the following books, some of which are available to borrow at part of the Books on Prescription scheme in local libraries (for more information ask your GP or mental health worker):

Overcoming Panic (2007)

D. Silove and V. Manicavasager

Overcoming Anxiety (1997)

H. Kennerley

Overcoming Anxiety – A Five Areas Approach (2003)

C. Williams

Further support

Useful organisations

Anxiety UK

Zion CRC 339 Stretford Road Hulme
Manchester M15 5FQ Tel: 0161 227
9898 Opening hours: 9am–5.30pm
Mon–Fri

www.anxietyuk.org.uk

This is a self-help organisation run entirely by sufferers of anxiety and their carers providing help for people with anxiety and specific phobias. It has a website providing information, chat rooms, and contacts for local self help groups for agoraphobia, panic and Obsessive Compulsive Disorder (OCD).

Triumph over Phobia (TOP UK)

P.O.Box 3760 Bath
BA2 3WY Tel: 0845
600 9601 Email:
info@topuk.org

www.triumphoverphobia.com

This is an organisation running groups nation-wide. Groups are run by lay people and generally by ex-sufferers. They follow a structured, self-treatment, self-exposure programme. Groups run in the evenings. To join, contact Triumph over Phobia on the above number.

No Panic

93 Brands Farm Way Telford TF3 2JQ
Freephone helpline: 0808 808 0545
Free information pack: 0800 783 1531
Tel: 01952 590 005

www.nopanic.org.uk

This site provides valuable information for sufferers and carers of people with panic, anxiety, phobias and obsessive compulsive disorder (OCD). Its purpose is to provide members with support, advice and a chance to meet like-minded people and make friends along the way. No Panic offers a confidential helpline staffed by trained volunteers, open every day of the year, 10am–10pm (from 10pm–10am there is an answer phone service only).

H.O.P.E

Help Overcome Panic Effects Ltd
Fellows Court Community Hall
Weymouth Terrace London E2
8LR Tel: 020 7275 7814
Email: hope2central@hotmail.com

www.hopextra.com

H.O.P.E is another registered charity that is dedicated to helping people with panic attacks, anxiety and agoraphobia. It provides self-help groups in central London.

Social Anxiety UK

Social Anxiety UK is a volunteer-led organisation for people with social anxiety problems and their supporters. It offers chat rooms, discussions and self help groups across the country. The London

Social Anxiety Self-Help Group (known as the SASH Group) is an open group which meets regularly in central London. Its aim is to support socially anxious people in their process of self-exploration and in creating a rewarding social life for themselves. Contact them at www.social-anxiety.org.uk

Depression Alliance

35 Westminster Bridge Road
London SE1 7JB Tel: 020 7633
0557 Opening hours:
10am–5.30pm
www.depressionalliance.org

This is a national charity providing information and support for those affected by depression, and their carers.

Websites

www.livinglifetothefull.com

Online life skills resource using a Cognitive Behavioural Therapy (CBT) self-help approach. Sign up for free.

www.sortoutstress.co.uk

Advice and information website for young men.

www.moodgym.anu.edu.au

Free self-help programme teaching Cognitive Behavioural Therapy (CBT) skills to people vulnerable to depression and anxiety.

Emergencies

If you are in crisis, especially if you feel at risk of harming yourself or someone else, contact your GP.

Alternatively, you could contact:

CAMIDOC 020 7388 5800

Provides urgent medical care for people between 6.30pm–8am Mondays to Fridays, and 24 hours at weekends and Bank Holidays.

Samaritans 08457 90 90 90

Confidential emotional support, 24 hours a day, for people who are experiencing feelings of distress or despair, or feeling suicidal.

Islington MIND Crisis Line 0845 123 23 73

Out-of-hours telephone helpline and counselling service open Monday to Saturday 5pm–10pm.

Umbrella Crisis Nightline 020 7226 9415

Night-time phone line for anyone with difficulties relating to a mental health problem. Open every night from 12.30am–6am.

You can also go to your nearest Accident & Emergency department where you will be seen by someone who can discuss your difficulties with you.

Acknowledgements

Extracts from this booklet have been taken from:

Panic: A Self Help Guide (2003)

Northumberland, Tyne and Wear NHS

Trust

Managing Anxiety: A user's manual (2002) Helen Kennerley.

Distributed by Psychology Department, Warneford Hospital

Oxford Cognitive Therapy Centre Educational Self-Help

Booklets

Managing Anxiety and Depression: A Self Help Guide

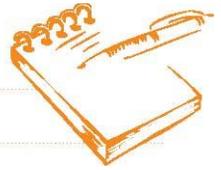
(1999) Nicolas Holdsworth and Roger Paxton, The

Mental Health Foundation.

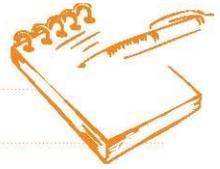
Notes



Notes



Notes



This booklet is yours to keep, so make use of it again and again

For further copies of this booklet please contact the Public Health
Administration office on 020 3317 3651

© NHS Camden

Other booklets in this series:

