



## **Frequently Asked Questions about Panic Attacks**

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*Taken from the book Overcoming Anxiety and Depression and Breathing Correctly in COPD/Emphysema: A Self Care Book for People with COPD and a Psychosocial Manual for Professionals*

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### **What role does memory play in anxiety and panic attacks?**

Catastrophic thoughts create catastrophic memories. If you thought you were going to die of suffocation, you are likely to remember, "I could've died of suffocation! I don't know but somehow I made it!"

Previous panic attacks or severe dyspnea (shortness of breath) can also increase the likelihood of future panic attacks. The more one tries to forget an experience that caused fear or severe discomfort, the stronger the memory of that experience can become.

When people suffer from recurring panic attacks or from a specific phobia such as that of height, bridges or highways, they usually don't think of a specific memory or thought as the real culprit behind their predicament, but sometimes that is exactly the case.

Once the frightening experience such as of choking, shaking, trembling, heart racing, hot flashes, cold chills or dizziness occurs, a catastrophic memory of that experience is created. The body and the mind from then on will remember that specific physiological state, along with specific thoughts related to that situation. Such a combination will drive the disorder by reacting to everything that appears close to the original experience.

In my diagnostic interview, when I ask people about their first panic attack or a frightening experience, they often remember the physical symptoms of that frightening experience but not the specific thoughts or circumstances. But that does not mean they have really forgotten then. The body remembers it, whether the mind does or not.

In many cases, when clients begin to get better in therapy, at some point the memory of that traumatic/frightening experience emerges from the deep recesses of the mind like a flash. When fearful memories are confronted and dealt with, it gives a boost to the process of recovery.

## **Can stress cause panic attacks?**

Yes. Let's take the example of Joe. Joe was not a COPD patient but the example will still illustrate the relationship between continual stress and emergence of panic attack at some point.

Joe habitually carried a high level of stress and had several deadlines to meet. Things got really hectic towards the end of the year at work, with worsening health, financial pressures and other family concerns. Joe was not getting a break on any of these fronts. One day Joe felt a mild chest pain but forgot all about it as he focused on things he needed to finish that day.

Driving home Joe experienced a sudden increase in heart rate along with rapid breathing. He felt a hot flash permeate his entire body, leading to profuse perspiration. He felt tingling and numbing in the feet and hands followed by shaking and trembling. Joe was puzzled that he would have hot flashes in some parts of his body and cold chills in others. He felt faintish, somewhat dizzy and nauseated.

He began to think, "This never happened to me before. I am either going crazy or I am really having a heart attack. What if I die right now here on this road! Nobody will come to help me here. Nobody will ever find me until it's too late!"

Joe felt overwhelming fear along with fast breathing, heart pounding, sweating, and shaking. Just then, he saw a blue sign that read, "Hospital" and he sped down to the hospital emergency room. At the E.R. they did an arterial blood gas test and EKG to assess his heart function. Upon completion of tests, doctors advised Joe that his heart was in "good" condition and his symptoms were consistent with a panic

attack and hyperventilation. He was released to the care of his primary care physician. Joe was more confused than ever and thought to himself, "If I don't have a heart problem, why did it feel like a heart attack? Does this mean I am going crazy?"

The story of Joe is not a unique one. This commonly occurs in individuals who have not had the opportunity to learn about panic attacks. Patients are seldom medical experts. During a panic attack, people experience symptoms that appear much like those of a heart attack. They believe they are facing a truly life threatening event and until they are medically cleared of any danger, they fear they may be dying of a heart attack.

Even after several panic attacks, a person may still believe that "unlike the last time, this time it is for real." When a panic attack is over, patients know that their heart is normal, but during an attack, they cannot think logically. In the panic mode, catastrophic thinking replaces the normal thinking and reasoning ability. The pounding heart deafens the faint voice of the logical mind at such a time. However, after ten to fifteen minutes, which is the average duration of a panic attack, a person can again believe that his or her heart is okay, but he or she wouldn't do that during a panic attack.

I have worked with hundreds of people who suffered from phobias and panic attacks. Many of them had been on anxiety pills for years with limited relief. We have usually been able to identify the circumstances when they first experienced severe discomfort or a panic attack in a specific situation. They were experiencing some sort of impasse or a highly frustrating and challenging situation in their lives.

The ongoing stress of a major illness such as COPD is enormous. Long-term, on going severe stress creates a certain kind of physiology, which, in turn, creates negative thoughts such as those pertaining to anger, frustration, helplessness, powerlessness, being suffocated or simply "getting stuck." Understand that my explanation is an oversimplification of what might happen in the body and the mind. I am of the opinion that panic attacks result from a combination of specific physiological stated, high-stress and cognitive factors such as negative thoughts and traumatic memories.

The road to recovery from the grips of a panic disorder or phobia involves becoming aware of the specific thoughts, memories, experiences and stressful circumstances so we can begin to change them. It is important because if you don't know your "enemy," you can't fight it. With just a little training, anyone can become good at catching those thoughts and memories, the enemy of our peace of mind.

## **How does an anxiety pill fit into all this? Is anxiety medication all I need?**

So far, we have discussed self-help tools such as breathing regulation, emotional

modification, thoughts and memories.

Anxiety medication alone may be sufficient in some cases. In other cases, it may be helpful but may not provide adequate relief. A pill may temporarily change the physiology, that high anxiety state, and make it possible for the anxious individual to venture out into an erstwhile fearful situation and thus create new memories and thoughts.

Unfortunately, many people fail to improve because they keep on avoiding the situations that created the bad experiences and memories for them. Because of such avoidance, they never get to unlearn the fear. If you are experiencing significant problem in spite of the medical treatment and have trouble in facing certain situations, consider combining chemical treatment with psychological work such as cognitive-behavioral therapy or panic control therapy.

## **What is the role of Exercise in the management of anxiety?**

There is another tool one can use to alter the anxiety physiology, more specifically the tool of exercise! Researchers at the University of Missouri-Columbia have found that even low to moderate intensity workouts immediately reduce the level of anxiety and stress. High intensity workouts lower the anxiety and stress levels even more.

Don't let the term "high intensity exercise" put you off! You don't have to do high intensity exercises in order to derive mood benefits of exercise. You as a person with COPD may want to exercise lightly and gradually increase the duration of your exercise.

In addition to reduction in stress and anxiety levels, participants in the above cited study felt healthier and more energized. The psychological benefits of the vigorous exercise lasted from 30 to 90 minutes. The study was conducted on non-COPD individuals. I believe the value of exercise for anxiety and stress management and for overall health is even greater for people with COPD. Please exercise regularly once or twice a week according to the level that is medically safe for you.