

# FACTS *for* FAMILIES

No. 50

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## PANIC DISORDER IN CHILDREN AND ADOLESCENTS

Panic disorder is a common and treatable disorder. Children and adolescents with panic disorder have unexpected and repeated periods of intense fear or discomfort, along with other symptoms such as a racing heartbeat or feeling short of breath. These periods are called panic attacks and last minutes to hours. Panic attacks frequently develop without warning. Symptoms of a panic attack include:

- **Intense fearfulness (a sense that something terrible is happening)**
- **Racing or pounding heartbeat**
- **Dizziness or lightheadedness**
- **Shortness of breath or a feeling of being smothered**
- **Trembling or shaking**
- **Sense of unreality**
- **Fear of dying, losing control, or losing your mind**

More than three million Americans will experience panic disorder during their lifetime. Panic disorder often begins during adolescence, although it may start during childhood, and sometimes runs in families.

If not recognized and treated, panic disorder and its complications can be devastating. Panic attacks can interfere with a child's or adolescent's relationships, schoolwork, and normal development. Children and adolescents with panic disorder may begin to feel anxious most of the time, even when they are not having panic attacks. Some begin to avoid situations where they fear a panic attack may occur, or situations where help may not be available. For example, a child may be reluctant to go to school or be separated from his or her parents. In severe cases, the child or adolescent may be afraid to leave home. This pattern of avoiding certain places or situations is called "agoraphobia." Some children and adolescents with panic disorder can develop severe depression and may be at risk of suicidal behavior. As an attempt to decrease anxiety, some adolescents with panic disorder will use alcohol or drugs.

Panic disorder in children can be difficult to diagnose. This can lead to many visits to physicians and multiple medical tests which are expensive and potentially

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painful. When properly evaluated and diagnosed, panic disorder usually responds well to treatment. Children and adolescents with symptoms of panic attacks should first be evaluated by their family physician or pediatrician. If no other physical illness or condition is found as a cause for the symptoms, a comprehensive evaluation by a child and adolescent psychiatrist should be obtained.

Several types of treatment are effective. Specific medications may stop panic attacks. Psychotherapy may also help the child and family learn ways to reduce stress or conflict that could otherwise cause a panic attack. With techniques taught in “cognitive behavioral therapy,” the child may also learn new ways to control anxiety or panic attacks when they occur. Many children and adolescents with panic disorder respond well to the combination of medication and psychotherapy. With treatment, the panic attacks can usually be stopped. Early treatment can prevent the complications of panic disorder such as agoraphobia, depression and substance abuse.

For more information about panic disorder, visit the National Institute of Mental Health’s website at [www.nimh.nih.gov](http://www.nimh.nih.gov) or call 1-800-64-PANIC. See also: The Freedom from Fear’s website [www.freedomfromfear.org](http://www.freedomfromfear.org) or *Facts for Families: #4 The Depressed Child, #7 Children Who Won’t Go to School, #10 Teen Suicide, #47 The Anxious Child, #60 Obsessive Compulsive Disorder in Children and Adolescents, #66 Helping Teenagers with Stress, #70 Posttraumatic Stress Disorder, and Your Child* (1998 Harper Collins)/*Your Adolescent* (1999 Harper Collins).

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The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 7,000 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

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