

## In Psychiatry

### Panic disorders in GP setting

Panic disorders is one of the most common illness presenting in primary care setting, the emergency room and cardiology depending upon nature of the presentation . Patients often shy away from psychiatric care and instead seek reassurance from speciality physicians

Panic disorder is defined as “an abrupt surge of intense fear or discomfort” reaching a peak within minutes. Four or more of a specific set of physical symptoms accompany a panic attack. These symptoms include as shown in the table:

Symptom	Symptom domain	Presenting to	Common investigations ordered (apart from routine)	Common treatment is given (apart from drugs)
Palpitations, pounding heart, tachycardia	Cardiovascular	Cardiologist	Electrocardiogram Troponin levels, Oxygen saturation, Doppler ultrasound, Echocardiogram	Cardiac Catheterization
Chest pain or discomfort syncope				
Sweating	Autonomic	Endocrinologists	Hormone levels (T3, T4, TSH) HPA axis evaluations	Hormone supplements, antihormone drugs
Chills or hot flushes, Trembling or shaking				
Shortness of breath, Smothering sensation, Hyperventilation, Stammering	Pulmonary	Chest physician/ Pulmonologist, ENT specialist	Chest X-Ray Pulmonary function test, Blood gases Laryngoscopy	Nebulization, Laryngoscopy
Paresthesia, Dizziness or lightheadedness, unsteadiness, faintness, Impaired memory				
Choking Nausea	Gastrointestinal	Gastroenterologists	Endoscopy	-
Abdominal distress				
Depersonalization Derealization The dread of no control or 'going crazy'	Psychological	Faith healers	-	-

Ref: Manjunatha, Narayana<sup>1</sup>; Ram, Dushad<sup>2</sup>, Panic disorder in general medical practice- A narrative review, Journal of Family Medicine and Primary Care: March 2022 - Volume 11 - Issue 3 - p 861-869

Differential Diagnosis includes-Angina, Asthma, Congestive heart failure, Mitral valve prolapse, pulmonary embolism, Substance use disorder and other mental health disorders associated with panic attacks

Diagnosis is made on the basis of history and physical examination including Signs of anxiety or other mental illness, anaemia, or evidence of substance abuse, signs of hyperthyroidism. Examination for Pulse irregularities, fever, blood pressure and tachypnoea are important.

Treatment includes SSRIs and Cognitive behaviour therapy. Panic attack can be aborted by giving low dose benzodiazepine in patients without any physical co-morbidity. Long term administration of benzodiazepine should be avoided due to abuse potential.