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FOR MORE INFORMATION:

Depression and Anxiety Information Resource
& Education Centre

1-888-557-5051 ext. 800

Anxiety Information Resource & Education Centre

www.fhs.mcmaster.ca/direct/

American Psychological Association

www.apa.org/pubinfo/panic.html

American Academy of Family Physicians

www.familydoctor.org/handouts/137.html

The information provided in this brochure is of a general nature only and is not meant
to replace the advice of your doctor or pharmacist.
Please contact your healthcare provider for advice for your specific health or medical needs.

panic attacks



Arthritis

Asthma

Heart Disease

Menopause

Sunburn

Acne

Depression

Cough

Flu

Allergies

Parkinson's

Diabetes

Alzheimer's

Arthritis

Depression

Allergies

Flu

Breast Cancer

Depression

Allergies

Flu

Breast Cancer

Depression
Allergies
Cough
Flu

The Inukshuk has been a northern messenger for thousands of years. Shaped in the likeness of a person, it acts as a guidepost to travelers, to point the way. The Drugstore Pharmacy has chosen to use this symbol, and its simplest message to say 'you are not alone'.

BOLSTER YOUR KNOWLEDGE

A panic attack is a sudden surge of fear that comes without warning and without any obvious reason. It is a much more intense experience than the "stressed out" feeling that most people experience occasionally.

Recurrent panic attacks are a symptom of a condition known as **panic disorder** that is believed to affect about one in every 75 people, although as many as one in five people will experience an isolated panic attack at some time during their lives. Panic disorder usually appears for the first time during the teens or early adult years. The causes remain unclear, but researchers believe that heredity, stress, and biochemical factors are involved. There appears to be a link to life-altering transitions such as graduating from school, getting married, or having a first child.

Panic attacks are extremely frightening and can lead to complications such as **phobias**.

In general, the phobias that people with panic disorder develop do not focus on actual objects or events, but rather on the fear of having another attack. For example, instead of a fear of flying, someone with panic disorder is more likely to fear having a panic attack as a result of boarding a plane. A typical attack lasts for about two to ten minutes, but attacks can last up to an hour or more. The **anxiety** that follows the attack may linger for hours or even days.

People who suffer from panic disorder are continually concerned about having another attack, worry about the implications or consequences of the attack, and make significant behaviour changes as a result of the attacks.

All ethnic groups are susceptible to panic disorder. For unknown reasons, women are about twice as likely as men to be afflicted.



TRIGGERS

- Stress
- Physical illness
- Certain medications
- Substance abuse
- Alcohol withdrawal
- Caffeine
- Exercise
- Fear of having an attack

CLEAR CONNECTIONS

A panic attack is an intense period that starts suddenly and is marked by at least four of the following symptoms:

- Racing or pounding heart
- Sweating
- Trembling or shaking
- Shortness of breath or sense of being smothered
- Feeling of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy, unsteady, lightheaded, faint
- Feeling unreal or detached
- Numbness or tingling
- Chills or hot flushes
- Fear of dying
- Fear of going crazy or losing control

In addition to these symptoms, a panic attack is characterized by the following conditions:

- It occurs suddenly, without any warning and without a way to stop it.
- The level of fear is completely out of proportion to the actual situation.
- It passes quickly, but repeated attacks can continue to recur for hours.

Panic disorder may be accompanied by agoraphobia, an anxiety about being in places or situations from which escape might be difficult or embarrassing or in which help might not be available if it is needed.

A diagnosis of panic disorder is based solely on the basis of the symptoms once a medical examination has ruled out physical causes. There are no tests that help determine the diagnosis.

QUICK FACTS

PHYSICAL CONDITIONS THAT PRODUCE SIMILAR SYMPTOMS

Type Of Condition	Examples
cardiovascular diseases	congestive heart failure, angina, hypertension, myocardial infarction, paroxysmal atrial tachycardia
lung diseases	asthma, hyperventilation, pulmonary thromboembolism
neurological diseases	epilepsy, transient ischemic attack, Meniere's disease
endocrine disorders	Addison's disease, Cushing's syndrome, diabetes mellitus, hyperthyroidism, hypoparathyroidism, menopause, premenstrual syndrome
drug intoxication	from amphetamines, amyl nitrite, anticholinergic agents, cocaine, marijuana, nicotine
drug withdrawal	from alcohol, antihypertensive drugs, opiates, sedatives, hypnotics

ACTION PLAN

Without treatment, panic disorder can have serious consequences. Because simply the fear of having an attack may be enough to trigger the onset of an attack, sufferers may develop phobias that have a significant impact on how they lead their lives. Complications of panic disorder include:

- Restriction of normal activities
- Avoidance behaviours (e.g., refusing to drive a car)
- Depression
- Alcoholism
- Substance abuse
- Increased risk of suicide
- Adverse effects on family life, school, work

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ACTION PLAN (cont'd)

The aim of treatment is to eliminate or reduce the symptoms sufficiently to permit normal functioning and activities. Treatment may yield dramatic results, with 30% to 40% of sufferers becoming symptom-free and 50% having their symptoms reduced considerably.

The medications used to treat panic disorder fall into the following groups: *selective serotonin-reuptake inhibitors (SSRIs)*, *tricyclic antidepressants*, *monoamine oxidase inhibitors (MAOs)*, *mirtazapine*, and *benzodiazepines*.

Most patients require eight to twelve months of treatment.

TAKE CHARGE

Many experts agree that a combination of cognitive and behavioural therapies is the key to treating panic disorder. Therapy generally starts by helping people understand the nature of panic disorder and the impact it has on both the sufferers and the people around them.

Cognitive therapy can help the patient identify some of the factors that trigger attacks. Once the patient understands that the panic attack is separate and independent from the trigger, that trigger begins to lose some of its ability to induce an attack. Many people who suffer from panic disorder worry that the attacks mean they are going insane. Cognitive restructuring (changing the way a person thinks) helps people overcome those fears and view the attacks more objectively.

The behavioural components of therapy are similar to the systematic desensitization used to treat phobias, but they focus on the physical sensations someone experiences during an attack rather than on the fear.

Relaxation techniques may also help a person get through an attack. These techniques can help relieve such stress-related symptoms as headaches, anxiety, high blood pressure, trouble falling asleep, hyperventilation, and clenching or grinding of the teeth. Positive visualization (seeing one's self in a calm, pleasant setting, for example) may help as well. Some studies have found that people with panic disorder tend to have higher than average breathing rates, and some patients have found that learning to slow their breathing not only helps them deal with a panic attack when it occurs, but can also prevent future attacks. Some patients also find it helpful to join support groups and share their concerns with others who experience panic attacks.