Identifying Adolescent Panic Disorder in the School

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Isabelle started to experience unexplained panic attacks at the age of 15, just after beginning her sophomore year of high school. Soon after these attacks began, she started visiting her school nurse several times per week, complaining of physical symptoms such as a racing heart, weakness, and dizziness. Along with these symptoms, Isabelle felt detached from her body and was afraid she would die. Unable to pinpoint any physical causes for Isabelle’s distress, her nurse recommended that she consult with her pediatrician, who found no medical condition responsible for her attacks. Because the attacks were so unexpected, Isabelle continually feared when the next attack would occur. She began to avoid going out of the house, fearful that she might encounter a crowd of people and have a panic attack. She feels more comfortable leaving the house if she has a family member or friend with her. Eventually, Isabelle was referred to a local psychologist, where she learned that her fear of going out in public and having a panic attack in unknown situations is a disorder known as panic disorder with agoraphobia. Although most of her friends were starting to drive and make plans for the school dance, Isabelle was so afraid of having a panic attack that she was unable to enjoy these typical teenage activities. Because her panic attacks were so interfering, Isabelle and her family decided to seek treatment for the disorder.

Panic disorder is regarded as one of the most severe anxiety disorders, with its onset occurring predominantly in adolescence (Barlow, 2002). Individuals with agoraphobia may also fear that help is unavailable during a panic episode (American Psychiatric Association, 2000). Adolescents diagnosed with panic disorder with agoraphobia often miss out on developmental milestones and social activities. In severe cases, they may even refuse to attend school because of the fear associated with these situations. These symptoms disrupt the lives of individuals with the disorder as well as their families. Nurse Southard recalls one student she saw whose panic symptoms were “totally disabling to a point that he could not go to school” because he would start to panic before each school day.

If left untreated, panic disorder has been shown to lead to further chronic issues with continued symptoms throughout the life span (Biederman et al., 1997). Adolescents with panic disorder often experience additional prob-
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problems as well, such as conduct problems or feelings of depression (Biederman et al., 1997; Kearney, Albano, Eisen, Allan, & Barlow, 1997). Therefore, early recognition and treatment of panic disorder before school avoidance and co-occurring psychological problems develop is important.

Because adolescents with panic disorder often seek assistance from their school nurse for their physical symptoms, school nurses are in a pivotal position to provide current resources and treatment options for the adolescent and his or her family. If a student comes to the nurse’s office with symptoms of panic disorder, the student may find it helpful to talk about anxiety and panic with school personnel. School nurses can also help educate parents about their child’s anxiety and provide them with books about the disorder. Books that school personnel might find helpful to recommend include Helping Your Anxious Child: A Step-by-Step Guide for Parents by Drs. Sue Spence, Vanessa Cobham, Ann Wignall, and Ronald Rapee; Your Anxious Child: How Parents and Teachers Can Relieve Anxiety in Children by Drs. John Dacey and Lisa Firoe; and Keys to Parenting Your Anxious Child by Dr. Katharina Manassis.

However, students suffering from panic disorder often require specialized treatment. If a student’s panic symptoms interfere with his or her daily activities and cause marked discomfort, treatment can be extremely beneficial. Therefore, school personnel can play a key role in referring students to appropriate mental health professionals. Although research is ongoing, two empirically supported treatment options for panic disorder include psychopharmacological interventions and cognitive-behavioral therapy. The efficacy of these two treatment methods has been established by numerous randomized clinical trials. The most prevalent psychopharmacological intervention includes treating panic symptoms with benzodiazepines or antidepressants (Bruce et al., 2003). However, high relapse rates following medication discontinuation have been demonstrated with psychopharmacological treatments (Ballenger, 1993).

Cognitive behavioral therapy, another efficacious treatment method, aims to alter thoughts and behaviors to improve symptoms of psychiatric disorders. One cognitive-behavioral therapy treatment method, the Panic Control Treatment (PCT) (Barlow & Craske, 1994) has been shown through controlled clinical trials to reduce anxiety symptoms and number of panic attacks in adults with panic disorder (Barlow, 2002). PCT focuses on educating the patient about the nature of panic disorder as well as encouraging him or her to face the feared situation in a graduated manner under the guidance of a trained therapist.

Researchers at the Center for Anxiety and Related Disorders at Boston University have adapted the PCT to meet the developmental needs of adolescents with panic disorder. The Panic Control Treatment for Adolescents (PCT-A) has been shown to be successful in treating adolescents with the disorder (Hoffman & Mattis, 2000). In a randomized controlled trial, the efficacy of the PCT-A was established for the treatment of adolescents with panic disorder and agoraphobia (Mattis, Pincus, Ehrenreich, & Barlow, 2007) and was found to be beneficial in a subsequent study (Mico, Chocate-Summers, Ehrenreich, Pincus, & Mattis, 2007).

One of the most common reasons for family refusal to participate in the PCT-A trial was the length of the treatment, which lasts several months. In response to this feedback from families, a new treatment method for panic disorder is currently under way at the Center for Anxiety and Related Disorders, which offers treatment in an intensive format. Given the severe impairment and level of interference in daily functioning associated with panic disorder, an intensive intervention is a promising treatment option for adolescents. In fact, intensive treatment approaches have been successful in treating other disorders, including specific phobias, obsessive-compulsive disorder, school refusal, and social phobia (Heimberg & Barlow, 1991; Moffitt, Chorpita, & Fernandez, 2000; Ost, Svensson, Hellsstrom, & Lindwall, 2001; Storch et al., 2007). Using components from the PCT-A, the current randomized controlled trial offered at the Adolescent Panic Disorder & Agoraphobia Intensive Treatment Center within Boston University’s Center for Anxiety and Related Disorders uses an 8-day intensive treatment format that is believed to help adolescents return to everyday activities more quickly. For information about this free treatment opportunity or other treatment options for panic disorder or other anxiety disorders, please e-mail us at panic@bu.edu or visit us at www.bu.edu/teenpanic on the Web.

References


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