

MOSAIC MENTAL HEALTH TIPS

THE OFFICIAL EAP NEWSLETTER FROM MOSAIC COUNSELING

PANIC ATTACK VS. ANXIETY ATTACK: 6 THINGS BY: KEVIN JOY - U OF M - MICHIGAN MEDICINE TO KNOW HTTPS://TINYURL.COM/23P2XXES

Feelings of fear, dread, or unease can be paralyzing. Identifying your symptoms — and

knowing help is available — is key to recovery.

When you feel a sudden rush of nerves or high emotion, it's likely that your body responds in turn. Sweating, shakiness, or feelings of nausea, among other things, might occur. Such discomfort, particularly if the sensations are new, could prompt a person to ask: Am I experiencing a panic attack? Or is it an anxiety attack? But that's not quite the right question. It's likely you're experiencing either anxiety or a panic attack. "They're very different emotional conditions," says Ricks Warren, Ph.D., a clinical associate professor of psychiatry at the University of Michigan.

Anxiety is a condition defined as excessive, persisting worry over an imminent event such as death or illness, or even minor events such as being late for an appointment or other uncertain outcomes. Symptoms include fatigue, hypervigilance, restlessness, and irritability — and are often chronic.

Panic attacks, on the other hand, are short bursts of intense fear often marked by increased heart rate, brief chest pain or shortness of breath. Typically lasting fewer than 30 minutes, they could occur once or repeatedly sometimes without reason. These episodes can send patients to the emergency room, as they are sometimes mistaken for a heart attack. Warren explains more below.

What is the difference between a panic attack and anxiety?

Warren: Anxiety is basically what we experience when we are worrying about some future event - anticipating a bad outcome that might happen. It's often involved with muscle tension and a general feeling of uneasiness. And it usually comes on gradually.

A panic attack is different. It's associated with a very abrupt onset of intense fear because of a sense of threat happening right now, the fightor-flight response that we're hardwired to have in order to deal with immediate danger. It sets off that alarm.



When might one or the other occur?

Warren: So if you're walking down a dark alley, you are probably thinking that there could be potential danger; that anxiety of anticipation, the feeling in your stomach, the elevated heart rate. But if you're walking down that alley and somebody jumps out with a knife, then you're likely to have a panic attack — an overwhelming urge to escape a situation that is dangerous.

Panic attacks also can be triggered by subtler cues, like certain bodily sensations. A person could have a pain in the chest and interpret that as a heart attack. Or they feel lightheaded and think they're having a stroke.

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How do our bodies decide which reaction is appropriate?

Warren: Biologically, panic attacks are associated with the autonomic nervous system and the amygdala — places designed to detect threat and danger. And anxiety is associated with the prefrontal cortex, which has to do with planning and anticipating.

Could both conditions occur at once?

Warren: Yes. A person might be really anxious about going to a party. Sometimes, then, when they go into those situations, they'll have a panic attack on top of the anxiety because they perceive the situation as potentially dangerous psychologically: Are they going to judge me?

Are certain individuals more susceptible? Which condition is more common?

Warren: People are hardwired to experience both anxiety and panic attacks. Some are more prone to worry and anxiety because they have a very sensitive nervous system. If they grow up with others who are worriers, they can learn to worry.

Clinically, we probably see more patients dealing with anxiety than panic attacks. That's because anxiety is so much a part of people's normal emotional lives. They can feel anxious in a lot of different situations.

How do you help affected patients?

Warren: With anxiety to the point where it's part of a disorder — let's say generalized anxiety disorder, mostly characterized by anxiety and worry about a whole bunch of different situations — we would treat it by teaching a patient about the role of worry in creating the symptoms and how to manage the worry. That sometimes involves challenging unrealistic thoughts or working to increase one's ability to tolerate uncertainty, which is a big part of anxiety.

For the socially anxious, we usually come up with a hierarchy from the least- to most-scary types of situations and systemically get them to go out and test their fears of what might happen.

With panic attacks, we might show them a diagram and explain the fight-or-flight response; their mind or body is trying to help them. If you've had a panic attack that came out of the blue, you might become afraid of lightheadedness and avoid activities that spur adrenaline. So we might hyperventilate for a minute in a controlled way to get to the point where they're not afraid of their own bodily sensation. We work on internal avoidance of those cues that become scary, and desensitize them.

It doesn't mean a patient will never be anxious again, but there is good evidence that they can get over these conditions if they engage in treatment. A lot of it depends on how severe the disorder is.



Use your Mosaic EAP for help.

To speak with a professional about panic and anxiety attacks, or how to help a loved one who may be experiencing them, use your Mosaic Counseling Employee Assistance Program (EAP) to be connected with a professional that will help you map out an effective plan. The EAP provides complimentary access to these professionals through Mosaic Counseling and is completely private.

Even if you don't know where to begin, Mosaic's Intake Specialists guide you through the process to get you connected to the right therapist for you.

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