

Anxiety Panic

A plain-English guide for you and your family

WHAT IS HAPPENING

Normal fear protects you when danger is real—your heart speeds up, you breathe faster, muscles tense so you can run or fight. That response should turn off when the danger passes. In panic disorder, your brain's alarm center (the amygdala, a small structure deep in the brain that detects threats) fires intensely even when no danger exists, and your thinking brain (the prefrontal cortex, the front part of the brain that controls logic and calms fear) cannot shut it down fast enough. The result is a panic attack: sudden overwhelming terror, racing heart, gasping for air, crushing chest pain, sweating, shaking, tingling in your hands or face (from changes in blood flow and breathing), feeling disconnected from your body, and absolute certainty you are dying or losing your mind. It peaks in about ten minutes, then fades. After one or more attacks, many people develop constant worry about the next attack and start avoiding places or situations where escape feels hard—grocery stores, crowded rooms, driving over bridges. That avoidance can trap you at home and destroy your ability to work, study, or enjoy life. Every symptom traces back to the same upstream break: your alarm and thinking systems are not communicating correctly, so your body launches a full survival response to a threat that is not there.

What you might feel

- Palpitations or pounding heart
- Sweating
- Trembling or shaking
- Shortness of breath or feeling smothered
- Chest pain or discomfort
- Nausea or stomach pain
- Dizziness, lightheadedness, or feeling faint
- Tingling or numbness in fingers, face, or around the mouth
- Feeling unreal or detached from yourself
- Fear of losing control, going crazy, or dying

Call the doctor right away if...

- Chest pain with abnormal ECG (heart tracing), high troponin (a blood test that shows heart muscle damage), or risk factors for a real heart attack (such as diabetes, high blood pressure, smoking, or family history)
- Sudden shortness of breath with low oxygen (hypoxia), unequal breath sounds on exam, or risk for a blood clot in the lung (pulmonary a traveling clot lodging in a vessel (embolism), especially after surgery, long flight, or leg swelling)
- First panic attack ever in someone over 45 with no history of anxiety—must first rule out heart disease, thyroid problems, or medication or drug causes
- Thoughts of suicide or a plan to hurt yourself, especially if panic disorder happens together with major depression or alcohol or drug use
- Cannot leave home, lost job, or life is severely limited by fear of having another attack (called agoraphobia)—needs urgent referral to a psychiatrist or therapist

What the care team will do

- Place patient on continuous pulse oximetry (oxygen level monitor) and cardiac monitor, obtain 12-lead ECG within 10 minutes of arrival, and notify provider immediately if chest pain is present.
- Assess oxygen saturation and apply 2 to 4 liters of oxygen by nasal cannula if SpO2 (oxygen level) is below 94 percent.
- Move patient to a quiet, low-stimulation room with dimmed lights and minimal staff traffic.
- Sit with the patient and coach slow breathing at 6 breaths per minute: breathe in through the nose for 4 seconds, hold for 2 seconds, breathe out through the mouth for 6 seconds.
- Obtain fingerstick blood glucose and administer 15 grams of fast-acting carbohydrate if glucose is below 70 mg/dL.
- Ask patient to name five things they can see, four they can touch, three they can hear, two they can smell, and one they can taste.
- Avoid giving benzodiazepines like lorazepam or alprazolam during the first episode until ECG, troponin, and chest X-ray results are reviewed by the provider.
- Educate patient that panic symptoms peak in 10 minutes and resolve in 20 to 30 minutes, even without medication, because the body cannot maintain fight-or-flight hormone levels longer than that.

Medicines you may be given — and why

Selective Serotonin Reuptake Inhibitors (SSRIs)

Panic attacks happen when the brain's alarm center (the amygdala) fires even though there is no real danger. It floods the body with adrenaline (the fight-or-flight chemical), making the heart race, hands shake, and breath come fast. Over time, the person starts avoiding places where escape feels hard (like crowded stores or bridges)—this is called agoraphobia. SSRIs work by keeping more serotonin (a calming brain messenger) in the tiny gaps between nerve cells in the fear center and the thinking part of the brain (prefrontal cortex). More serotonin quiets the overactive alarm system and helps the brain stop firing panic signals. It takes 4 to 6 weeks for the brain circuits to reset and for panic attacks to become less frequent and less intense.

Cognitive-Behavioral Therapy with Interoceptive and Situational Exposure

Panic disorder involves two problems: a hypersensitive internal alarm (fearing body sensations like a racing heart) and external avoidance (avoiding places where escape feels hard). CBT with exposure retrains the brain by repeatedly showing it that the feared sensations and situations are not dangerous. Interoceptive exposure intentionally triggers panic-like sensations (spinning to feel dizzy, breathing through a straw to feel short of breath) in a controlled setting, proving to the amygdala that these sensations do not lead to death or loss of control. Situational exposure involves gradually entering feared places (starting with easiest, building to hardest) while staying long enough for the fear to peak and then naturally fall. Over many trials, the amygdala learns the situation is safe, the fear response weakens, and the person regains their life.

Benzodiazepines (short-term or rescue use only)

Benzodiazepines work by turbocharging GABA (the brain's main 'brake pedal' chemical). GABA slows down nerve activity, especially in the amygdala (fear center) and cortex (thinking brain). Benzodiazepines make GABA work stronger and faster at its receptor (like turning up the volume on a calming signal), which very quickly quiets racing thoughts, stops the heart from pounding, and stops the feeling of impending doom. They work within 20 to 60 minutes—much faster than SSRIs—which is why they are used for acute panic attacks. However, the brain adapts within 2 to 4 weeks, needing higher doses to feel the same effect (tolerance), and stopping suddenly can cause dangerous rebound anxiety and seizures (dependence). For this reason, benzodiazepines are used only short-term (2 to 4 weeks max) while waiting for an SSRI to start working, or as rare 'rescue' medication for severe attacks.

Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs)

SNRIs work like SSRIs but block the reuptake (re-absorption) of both serotonin and norepinephrine (another brain chemical involved in alertness and stress response). By keeping both chemicals in the synapse (gap between nerve cells) longer, SNRIs calm the overactive fear circuits in the amygdala and prefrontal cortex and also reduce the physical 'revved up' feeling driven by norepinephrine in the brainstem. SNRIs are a good alternative if a patient does not respond to or cannot tolerate an SSRI. Like SSRIs, they take 4 to 6 weeks to reset the brain's fear system.

Where this information comes from

- DSM-5-TR (Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision)
- APA Practice Guideline for the Treatment of Patients with Panic Disorder, 2009
- Cochrane Systematic Review: Psychological therapies for panic disorder with or without agoraphobia
- AHA/ACC guidelines for evaluation of chest pain and acute coronary syndromes

Last reviewed: 2026-07-07