

# FACTS *for* FAMILIES

No. 50

July 2013

## **Panic Disorder in Children and Adolescents**

Panic disorder is a common and treatable disorder. Children and adolescents with panic disorder have unexpected and repeated periods of intense fear or discomfort, along with other symptoms such as a racing heartbeat or feeling short of breath. These periods are called "panic attacks" and last minutes to hours. Panic attacks frequently develop without warning.

Symptoms of a panic attack include:

- Intense fearfulness (a sense that something terrible is happening)
- Racing or pounding heartbeat
- Dizziness or lightheadedness
- Shortness of breath or a feeling of being smothered
- Trembling or shaking
- Sense of unreality
- Fear of dying, losing control, or losing your mind

More than 3 million Americans will experience panic disorder during their lifetime. Panic disorder often begins during adolescence, although it may start during childhood, and sometimes runs in families.

If not recognized and treated, panic disorder and its complications can be devastating. Panic attacks can interfere with a child's or adolescent's relationships, schoolwork, and normal development. Attacks can lead to not just severe anxiety, but can also affect other parts of a child's mood or functioning. Children and adolescents with panic disorder may begin to feel anxious most of the time, even when they are not having panic attacks. Some begin to avoid situations where they fear a panic attack may occur, or situations where help may not be available. For example, a child may be reluctant to go to school or be separated from his or her parents. In severe cases, the child or adolescent may be afraid to leave home. As with other anxiety disorders, this pattern of avoiding certain places or situations is called "agoraphobia." Some children and adolescents with panic disorder can develop severe depression and may be at risk of suicidal behavior. As an attempt to decrease anxiety, some adolescents with panic disorder will use alcohol or drugs.

Panic disorder in children can be difficult to diagnose. This can lead to many visits to physicians and multiple medical tests that are expensive and potentially painful. When properly evaluated and diagnosed, panic disorder usually responds well to treatment. Children and adolescents with symptoms of panic attacks should first be evaluated by their family physician or pediatrician. If no other physical illness or condition is found as

## **Panic Disorder in Children and Adolescents, “Facts for Families,” No. 50 (07/13)**

a cause for the symptoms, a comprehensive evaluation by a child and adolescent psychiatrist should be obtained.

Several types of treatment are effective. Specific medications may stop panic attacks. Psychotherapy may also help the child and family learn ways to reduce stress or conflict that could otherwise cause a panic attack. With techniques taught in "cognitive behavioral therapy," the child may also learn new ways to control anxiety or panic attacks when they occur. Many children and adolescents with panic disorder respond well to the combination of medication and psychotherapy. With treatment, the panic attacks can usually be stopped. Early treatment can prevent the complications of panic disorder such as agoraphobia, depression and substance abuse.

For more information about panic disorder, visit the National Institute of Mental Health’s website at [www.nimh.nih.gov](http://www.nimh.nih.gov) or call 1-800-64-PANIC.

**See also:** The Freedom from Fear’s website [www.freedomfromfear.org](http://www.freedomfromfear.org) or *Facts for Families*:

[#4 The Depressed Child](#)

[#7 Children Who Won't Go to School](#)

[#10 Teen Suicide](#)

[#47 The Anxious Child](#)

[#60 Obsessive Compulsive Disorder in Children and Adolescents](#)

[#66 Helping Teenagers with Stress](#)

[#70 Posttraumatic Stress Disorder](#)

If you find *Facts for Families*® helpful and would like to make good mental health a reality, consider donating to the [Campaign for America’s Kids](#). Your support will help us continue to produce and distribute Facts for Families, as well as other vital mental health information, free of charge.

You may also mail in your contribution. Please make checks payable to the AACAP and send to *Campaign for America’s Kids*, P.O. Box 96106, Washington, DC 20090.

The American Academy of Child and Adolescent Psychiatry (AACAP) represents over 8,500 child and adolescent psychiatrists who are physicians with at least five years of additional training beyond medical school in general (adult) and child and adolescent psychiatry.

*Facts for Families*© information sheets are developed, owned and distributed by AACAP. Hard copies of *Facts* sheets may be reproduced for personal or educational use without written permission, but cannot be included in material presented for sale or profit. All *Facts* can be viewed and printed from the AACAP website ([www.aacap.org](http://www.aacap.org)). *Facts* sheets may not be reproduced, duplicated or posted on any other website without written consent from AACAP. Organizations are permitted to create links to AACAP’s website and specific *Facts* sheets. For all questions please contact the AACAP Communications & Marketing Coordinator, ext. 154.

**If you need immediate assistance, please dial 911.**

*Copyright © 2012 by the American Academy of Child and Adolescent Psychiatry.*