CONDITION

Anxiety & panic

Learn how anxiety and panic can affect the body and mind, how clinicians evaluate symptoms, and which treatments and coping strategies may help.

WHAT IT IS
Anxiety disorders and sudden episodes of intense fear

BODY SYSTEM
Brain and nervous system

MAIN SYMPTOMS
Uncontrollable worry, racing heart, shortness of breath, dizziness

WHAT CAUSES IT
Biological factors, life experiences, learned responses, stress

HOW IT IS DIAGNOSED
Detailed clinical assessment

MAIN TREATMENT
Psychotherapy, medication, or both

CAN IT BE CURED?
Sometimes - symptoms improve but may recur

IS IT AN EMERGENCY?
Sometimes - severe chest pain or suicidal intent

LONG-TERM OUTLOOK
Treatable, though persistent anxiety can restrict daily life

Overview

Anxiety is the body's response to a possible threat or stressful situation. It can cause worried thoughts, physical tension, and changes such as a faster heartbeat. Some anxiety is a normal part of life. It may help you prepare for a test, respond to danger, or make an important decision.

An anxiety disorder is different from occasional worry. Symptoms may be difficult to control, last for months, or interfere with sleep, relationships, work, school, or daily activities. Several conditions fall under the term "anxiety disorder." For example, generalized anxiety disorder involves ongoing worry about different parts of life.

A panic attack is a sudden episode of intense fear or discomfort. Symptoms often reach their highest level within minutes. A person may feel a racing heart, shortness of breath, dizziness,

chest discomfort, or a fear of losing control. Panic attacks can occur during stress, as part of an anxiety disorder, or with some medical conditions. They can also happen without an obvious trigger.

Having one panic attack does not necessarily mean that someone has panic disorder. Panic disorder involves repeated, unexpected panic attacks followed by ongoing concern about another attack or behavior changes intended to avoid one. Avoidance may gradually limit where a person goes or what they do.

Anxiety and panic are treatable. An evaluation can help identify the pattern of symptoms, rule out medical causes, and guide care.

Symptoms

Anxiety can affect thoughts, emotions, behavior, and the body. Symptoms vary between people and may change over time.

Common anxiety symptoms include:

A panic attack may include several intense symptoms at once:

Although panic attacks are frightening, the attack itself is generally not physically dangerous. However, some symptoms overlap with heart, lung, hormonal, and neurologic problems. New or unexplained symptoms should not automatically be assumed to be anxiety.

Seek emergency medical help for severe or persistent chest pain, major breathing difficulty, fainting, new one-sided weakness, or other symptoms that could represent a medical emergency. Also seek immediate help if you may harm yourself or someone else.

- Frequent worry that feels hard to control
- Restlessness, tension, or feeling "on edge"
- Irritability
- Trouble concentrating
- Difficulty falling or staying asleep
- Muscle tension, headaches, sweating, nausea, or stomach discomfort
- A fast or noticeable heartbeat
- Avoiding situations because they cause fear or worry
- A pounding or racing heart
- Sweating, shaking, or chills

- Shortness of breath or a feeling of choking
- Chest pain or pressure
- Nausea, dizziness, or feeling faint
- Numbness or tingling
- Feeling detached from yourself or your surroundings
- Fear of losing control, dying, or having a medical emergency

Causes and risk factors

Anxiety disorders do not have one single cause. They appear to develop through a combination of biological factors, life experiences, learned responses, and current stress.

Family history can play a role. A person may inherit traits that affect how strongly the brain and body respond to stress. This does not mean that everyone with a family history will develop an anxiety disorder.

Stressful or traumatic experiences may increase risk. Examples include abuse, serious illness, bereavement, financial pressure, relationship conflict, caregiving strain, or major life changes. Panic attacks may begin during a stressful period, but they can also occur when life seems calm.

Some personality traits, such as a strong tendency to avoid uncertainty or interpret physical sensations as dangerous, may contribute. After a panic attack, fear of another attack can create a cycle. Normal sensations such as a faster heartbeat may be read as a sign of danger, which increases fear and makes the sensations stronger.

Caffeine, nicotine, cannabis, stimulants like methylphenidate or lisdexamfetamine , and other substances can trigger or worsen anxiety in some people. Alcohol or sedating medicines may briefly reduce distress, but anxiety can increase as their effects wear off. Withdrawal from alcohol, benzodiazepines like diazepam or lorazepam , or certain other substances can also cause serious anxiety and requires medical attention.

Some medicines may contribute to symptoms. Examples include certain decongestants, stimulants, corticosteroids like prednisone or hydrocortisone , and thyroid medicines. Do not stop a prescribed medicine on your own; discuss concerns with the prescriber.

Medical conditions can sometimes cause symptoms that resemble anxiety or panic. These include an overactive thyroid, abnormal heart rhythms, asthma, low blood sugar, anemia, and some neurologic or hormonal conditions. Sleep loss and untreated pain may also make symptoms worse.

Anxiety can occur at any age. Hormonal and life changes during pregnancy, after childbirth, or around menopause may affect symptoms. Treatment decisions during pregnancy or breastfeeding should be discussed with clinicians familiar with both mental health and reproductive care.

Diagnosis

There is no single blood test or scan that diagnoses an anxiety disorder. Diagnosis is based on a detailed discussion of symptoms, their timing, and their effect on daily life.

A clinician may ask when the anxiety started, what seems to trigger it, and whether panic attacks are expected or unexpected. They may also ask about sleep, mood, trauma, substance use, medicines, and avoidance. Brief questionnaires can help measure symptoms, but they do not replace a full clinical assessment.

The length and pattern of symptoms matter. For generalized anxiety disorder, clinicians look for excessive worry about several areas of life that is difficult to control and has been present more days than not for at least six months. Panic disorder requires recurrent, unexpected panic attacks and at least one month of ongoing worry about attacks or related behavior changes. Only a qualified clinician can determine whether these criteria apply.

A physical examination or testing may be appropriate when symptoms are new, unusual, or suggest another cause. Testing depends on the person's history and may include blood tests, an electrocardiogram to check heart rhythm, or other targeted assessments. Not everyone needs extensive testing.

Anxiety may occur with depression, post-traumatic stress disorder, obsessive-compulsive disorder, substance use disorders, attention-deficit/hyperactivity disorder, or other conditions. Identifying these concerns can affect the treatment plan.

Treatment and management

Treatment depends on the type of anxiety, symptom severity, personal preferences, other health conditions, and access to care. Psychotherapy, medication, or a combination may be used. Improvement often takes time, and treatment may need to be adjusted.

Cognitive behavioral therapy, or CBT, is one of the best-studied forms of psychotherapy for anxiety and panic. It helps people notice patterns between thoughts, physical sensations, emotions, and actions. A therapist may teach ways to question unhelpful predictions and respond differently to anxiety.

Exposure is often part of CBT. It involves gradually and safely approaching feared situations or sensations rather than continuing to avoid them. For panic, this may include learning that uncomfortable physical sensations can pass without causing the feared outcome. Exposure should be planned at a manageable pace, often with professional guidance.

Relaxation and breathing skills may reduce physical tension. During a panic attack, slow, gentle breathing can be more helpful than taking repeated deep breaths, which may increase lightheadedness. Grounding techniques, such as naming things you can see and feel, may help redirect attention to the present.

Several types of medication can be used for anxiety disorders. Selective serotonin reuptake inhibitors, known as SSRIs, and serotonin-norepinephrine reuptake inhibitors, known as SNRIs, are commonly considered for ongoing anxiety or panic disorder. These medicines affect chemical signaling in the brain. Benefits usually develop gradually rather than immediately, and temporary side effects can occur when treatment begins or changes.

Buspirone is another medicine sometimes used for generalized anxiety. It is taken regularly and does not provide immediate relief from a panic attack.

Benzodiazepines are sedating medicines that can reduce anxiety quickly. They can also cause drowsiness, impaired coordination, tolerance, physical dependence, and withdrawal. Combining them with alcohol, opioids, or other sedatives can be especially dangerous. They are generally considered cautiously and should not be stopped suddenly after regular use without medical guidance.

Medication choice should be made with a prescriber. Age, pregnancy, breastfeeding, other medicines, past treatment, and medical conditions may affect the options. Ask what side effects to watch for and how long a treatment trial may take. Do not start, stop, or change a psychiatric medicine without discussing it with the prescriber.

Daily habits can support formal treatment:

Self-help programs based on CBT may be useful for milder symptoms or while waiting for care. They are not a replacement for urgent assessment when safety is a concern or symptoms are severe.

- Keep a regular sleep and wake schedule.
- Limit caffeine if it increases nervousness, palpitations, or poor sleep.
- Include regular physical activity that is appropriate for your health.
- Eat regularly, especially if skipped meals worsen shakiness or dizziness.
- Avoid using alcohol or non-prescribed drugs to manage symptoms.

- Practice therapy skills between appointments.
- Stay connected with supportive people rather than withdrawing.

Complications

Untreated or persistent anxiety can affect sleep, concentration, relationships, school, and employment. Fear of panic attacks may lead to avoiding exercise, driving, public transportation, crowds, or places where leaving might feel difficult. This can make daily life increasingly restricted.

Some people use alcohol, sedatives, or other substances to cope, which can create additional health risks. Anxiety may also occur with depression and suicidal thoughts.

Physical symptoms can lead to repeated urgent medical visits. At the same time, assuming that every symptom is anxiety may delay care for a separate medical problem. A consistent care plan can help balance appropriate medical evaluation with effective anxiety treatment.

Follow up

Routine follow-up helps a clinician assess symptom changes, side effects, sleep, daily functioning, and progress toward treatment goals. Early follow-up may be more frequent when starting therapy, changing medication, or managing significant symptoms. Once symptoms are stable, visits may be less frequent.

Tell your clinician if treatment is not helping, side effects are difficult, or avoidance is increasing. A different therapy approach, medication adjustment, or assessment for another condition may be appropriate. Recurrence does not mean that treatment has failed; previously learned skills and early support may help.

Contact a clinician promptly if anxiety suddenly becomes much worse, you are unable to complete basic daily activities, you are using increasing amounts of alcohol or sedating substances, or you develop concerning symptoms after starting or changing a medicine.

Seek emergency help for thoughts of suicide with an intention or plan, an inability to stay safe, severe chest pain, fainting, major breathing difficulty, or signs of a possible stroke or other medical emergency. In the United States, call or text 988 for the Suicide & Crisis Lifeline. Call local emergency services when immediate medical care is needed.

Sources

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