CONDITION

Panic and anxiety disorders

Panic and anxiety disorders cause persistent fear, worry, physical distress, or avoidance that interferes with daily life.

WHAT IT IS
Conditions involving excessive fear, worry, panic, or avoidance

BODY SYSTEM
Nervous system and whole-body stress response

MAIN SYMPTOMS
Excessive worry, sudden fear, racing heart, avoidance

WHAT CAUSES IT
Genes, stress systems, experiences, and health factors

HOW IT IS DIAGNOSED
Clinical assessment; tests may exclude physical causes

MAIN TREATMENT
Talking therapies, medication, and practical coping strategies

CAN IT BE CURED?
Sometimes - symptoms can fully remit with treatment

IS IT AN EMERGENCY?
Sometimes - suicidal intent or possible medical emergency symptoms

LONG-TERM OUTLOOK
Often manageable, though symptoms may return during stress

Overview

Anxiety is the body's response to a possible threat. It can increase alertness, speed up the heart, and prepare the body to act. Short periods of anxiety are a normal part of life.

An anxiety disorder is different. Fear or worry becomes intense, lasts longer than expected, or leads you to avoid important activities. Symptoms may affect sleep, relationships, education, work, travel, or physical health.

Anxiety disorders include generalized anxiety disorder, social anxiety disorder, specific phobias, separation anxiety disorder, and agoraphobia. They do not all feel the same. Some involve ongoing worry, while others are linked to certain places, objects, or social situations.

A panic attack is a sudden surge of intense fear or discomfort, usually with strong physical

symptoms. It may happen as part of an anxiety disorder, another mental health condition, a medical problem, or substance use. A panic attack by itself does not mean you have panic disorder.

Panic disorder involves repeated, unexpected panic attacks followed by ongoing concern about further attacks or changes in behaviour intended to prevent them. For example, someone may stop exercising because a faster heartbeat reminds them of panic.

Although symptoms can be frightening, effective treatments are available. A careful assessment matters because chest discomfort, breathlessness, dizziness, and shaking can also have physical causes.

Symptoms

Anxiety can affect thoughts, emotions, behaviour, and the body. Symptoms may be present most days or appear only in particular situations.

Common anxiety symptoms include:

During a panic attack, symptoms rise quickly. They may include a pounding or racing heart, sweating, trembling, chest discomfort, nausea, dizziness, chills, tingling, or shortness of breath. Some people feel detached from themselves or their surroundings. Others fear they will faint, lose control, or die.

Panic attacks often peak within minutes, although some symptoms can continue after the most intense period has passed. Feeling tired or unsettled afterward is common.

Different anxiety disorders have different patterns. Generalized anxiety disorder involves persistent worry about several areas of life. Social anxiety disorder centres on fear of being judged or embarrassed. A specific phobia involves intense fear of a particular object or situation. Agoraphobia involves fear of situations where escape or help may feel difficult, such as public transport, crowds, or being outside alone.

- Worry that is hard to control
- Feeling tense, restless, irritable, or constantly alert
- Trouble concentrating or feeling that the mind has gone blank
- Difficulty falling asleep or staying asleep
- Muscle tension, headaches, sweating, nausea, or bowel changes
- Avoiding situations that might cause fear or embarrassment
- Repeatedly seeking reassurance or checking for danger

Causes and risk factors

There is no single cause of panic and anxiety disorders. They appear to develop through a combination of inherited traits, brain stress systems, learning, life experiences, and environmental pressures.

Anxiety disorders can run in families, but this does not mean that a person will inevitably develop one. Temperament may also matter. For example, someone who has been cautious or sensitive to uncertainty since childhood may be more vulnerable.

Stressful or traumatic experiences can contribute. These may include abuse, bereavement, serious illness, family conflict, financial strain, discrimination, or major changes in work and relationships. Sometimes symptoms begin without a clear trigger.

Physical health can affect anxiety. Thyroid disease, heart rhythm problems, breathing disorders, low blood sugar, anaemia, medication effects, and withdrawal from alcohol or sedative medicines can produce anxiety-like symptoms. Caffeine, nicotine, cannabis, stimulants like methylphenidate or lisdexamfetamine , and some non-prescription products may also worsen symptoms.

Avoidance can keep anxiety going. Escaping a feared situation brings short-term relief, which teaches the brain that avoidance was necessary. Over time, the range of feared situations may grow.

Diagnosis

There is no blood test or brain scan that confirms an anxiety disorder. Diagnosis is based on a detailed conversation about your symptoms, how long they have been present, what triggers them, and how they affect daily life.

A clinician may ask about panic attacks, sleep, substance use, medications, physical health, stressful experiences, depression, and thoughts of self-harm. Questionnaires can help measure symptoms, but they do not replace a full assessment.

The pattern and duration of symptoms help distinguish one anxiety disorder from another. The assessment also considers conditions such as depression, obsessive-compulsive disorder, post-traumatic stress disorder, and health anxiety. These can overlap with anxiety disorders but may need a different treatment plan.

A physical examination, heart tracing, or laboratory tests may be appropriate when symptoms could have a medical cause. The tests chosen depend on the symptoms and health history. Repeated testing is not usually helpful once important physical causes have been reasonably

excluded.

Treatment and management

Treatment depends on the type of anxiety disorder, its severity, your preferences, previous treatments, and other health conditions. Talking therapy, medication, or both may be used.

Cognitive behavioural therapy, often called CBT, is a well-studied treatment. It helps you notice patterns between thoughts, feelings, physical sensations, and actions. You practise responding differently instead of automatically avoiding or escaping.

Exposure is an important part of CBT for many anxiety disorders. It means gradually and safely facing feared situations or sensations until the brain learns that anxiety can fall without escape. For panic, this may include supervised exercises that produce harmless sensations such as a faster heartbeat. Exposure is planned and paced; it is not about forcing you into overwhelming situations.

Applied relaxation, structured self-help, and group therapy may also be useful. Access can differ by location, and remote therapy may be an option.

Antidepressant medicines are also used for anxiety disorders, even when depression is not present. Common categories include selective serotonin reuptake inhibitors and serotonin-norepinephrine reuptake inhibitors. They usually take time to work and may cause temporary side effects when started. They should not be stopped suddenly without medical guidance because withdrawal symptoms can occur.

Benzodiazepines like diazepam or lorazepam are fast-acting sedative medicines. They may sometimes be used for a short period in selected circumstances, but they are not generally preferred for ongoing management. Regular use can lead to tolerance, physical dependence, withdrawal symptoms, slowed reactions, and falls.

Helpful supporting habits include regular sleep times, physical activity suited to your health, balanced meals, and reducing substances that worsen symptoms. Breathing slowly and staying in the situation, when safe, may help a panic surge pass. These measures can support treatment but are not a substitute for care when anxiety is significantly affecting your life.

Complications

Untreated or severe anxiety can narrow daily life. Avoidance may interfere with education, employment, healthcare, relationships, driving, shopping, or leaving home. In panic disorder, fear of another attack can become more limiting than the attacks themselves.

Sleep problems and ongoing muscle tension may contribute to fatigue, pain, and difficulty concentrating. Anxiety can also occur alongside depression, harmful substance use, eating disorders, or other mental health conditions.

Some people use alcohol, cannabis, sedatives, or other substances to manage fear. This may bring short-term relief but can worsen sleep, anxiety, dependence, and withdrawal-related symptoms.

Panic attacks do not usually damage the heart. However, it is not safe to assume that every episode of chest pain or breathlessness is panic, especially when symptoms are new, unusual, severe, or linked to exertion.

Prevention

There is no proven way to prevent every panic or anxiety disorder. Genetic vulnerability, temperament, illness, and difficult life experiences are not always controllable.

Early support may reduce how much symptoms disrupt your life. Learning to recognise avoidance, maintaining social contact, and getting help before fear becomes highly restrictive can be useful.

Using caffeine, nicotine, alcohol, cannabis, or stimulants may worsen anxiety in some people. If alcohol or sedative medicines are used regularly, do not stop suddenly without medical advice because withdrawal can be dangerous.

After symptoms improve, continuing to practise therapy skills and following an agreed treatment plan may reduce the chance or impact of a relapse. It cannot guarantee that symptoms will never return.

Living with it and what to expect

The course is different for each person. Some people experience one period of severe anxiety and recover fully. Others have symptoms that improve and return, often during illness, loss, conflict, or major change. Some need longer-term treatment.

Progress is not always steady. A difficult week or a panic attack after improvement does not necessarily mean treatment has failed. Recovery often involves gradually doing more while allowing uncomfortable sensations to pass, rather than waiting to feel no anxiety at all.

Therapy usually requires practice between sessions. At first, exposure exercises can temporarily increase anxiety. With repetition, many people become less frightened of the

feelings and regain activities they had avoided.

Medication may be continued for a period after improvement, depending on the condition and clinical plan. Decisions about reducing it should be made gradually with the prescriber.

Most people can continue or return to ordinary roles, including work, study, parenting, relationships, travel, and exercise. Some need adjustments while symptoms are active. The aim is not to remove every normal feeling of anxiety, but to make fear more manageable and less controlling.

When to get medical help

Arrange a routine appointment if worry, panic, or avoidance is persistent, is causing distress, or is interfering with sleep, work, relationships, travel, or healthcare. It is also reasonable to seek help if you are relying on alcohol, drugs, or sedative medicines to cope.

Prompt medical assessment is important for a first or unexplained episode of strong physical symptoms. A clinician can consider whether panic, medication effects, substance use, or a physical condition is responsible.

Seek emergency help for:

If you are unsure whether chest pain, breathlessness, or faintness is panic, treat it as a possible medical problem rather than trying to diagnose it yourself.

- Thoughts of suicide with an intention or plan to act
- An immediate risk of harming yourself or someone else
- New or severe chest pressure, especially with exertion or spreading pain
- Severe breathing difficulty, fainting, new weakness, or trouble speaking
- Severe confusion, seizure, or suspected drug overdose

Common questions

Are panic attacks dangerous?

A typical panic attack is intensely uncomfortable but is not usually physically dangerous. Its symptoms come from the body's alarm response. New, severe, or unusual symptoms still need medical assessment because heart, breathing, metabolic, and medication-related problems can feel similar.

How long does a panic attack last?

Symptoms usually rise rapidly and often reach their highest intensity within minutes. The strongest phase may be brief, but shakiness, tiredness, or worry can last longer. There is no exact duration that applies to everyone.

What is the difference between a panic attack and panic disorder?

A panic attack is an episode. Panic disorder is a condition involving repeated unexpected attacks plus ongoing worry or behaviour changes related to future attacks. Panic attacks can also occur with other anxiety conditions or physical health problems.

Can anxiety cause real physical symptoms?

Yes. Anxiety can change breathing, heart rate, digestion, muscle tension, sweating, and balance. The symptoms are real, not imagined. Because similar symptoms can have other causes, an assessment may be needed when they are new or unexplained.

Can panic attacks happen during sleep?

Yes. A nocturnal panic attack can wake someone from sleep with fear, a racing heart, sweating, or breathlessness. Sleep apnoea, reflux, nightmares, heart problems, and other conditions may also cause nighttime symptoms, so repeated episodes should be assessed.

Will an anxiety disorder ever go away?

Symptoms may fully settle, improve substantially, or return at times. Evidence-based therapy and medication can reduce symptoms and restore daily functioning. The longer-term course is influenced by the type of disorder, other health conditions, ongoing stress, and access to effective care.

Sources

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