

Case-Report Study of Panic Attacks

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Abstract

This is a case of 17 years old female patient who came to E.R at 1:00 am complaining from severe shortness of breath and palpitation, these attacks were occurring repeatedly and managed conservatively without addressing a certain diagnosis.

This study differs from other case-report studies of panic attacks in that it addresses panic attack diagnosis where the Emergency physician should have high suspicion of panic disorder in cases presented with shortness of breath, especially with presence of other symptoms confirming the diagnosis.

Keywords: *Panic Attacks; Anxiety Disorders; Palpitation; Dyspnea or Shortness of Breath*

Abbreviations

SOB: Shortness of Breath; ECG: Electrocardiogram; RBS: Random Blood Sugar; CBC: Complete Blood Count; TSH: Thyroid Stimulating Hormone; ER: Emergency Room

Introduction

Panic attacks are a type of anxiety disorders, in which there is a fear from uncertain condition, this fear stimulates the sympathetic nervous system causing tachycardia and palpitation which-at certain limits-impairs myocardial function and causing dyspnea and palpitation as a presenting symptoms in ER, Dyspnea aggravates patient's anxiety causing more tachycardia and so on.

N.B: Panic attacks commonly misdiagnosed to be caused by structural cardiac or pulmonary disease that forces the patient to further Doctor-shopping at many specialties such as cardiology, pulmonology, radiology, psychiatry and emergency medicine several times.

In absence of physical cause and presence of other symptoms of panic attacks: the diagnosis can be confirmed [1-3].

Other symptoms of panic attacks:

1. Paresthesia and tingling: The attacks cause tachypnea leading to excessive removal of CO₂ and blood alkalosis this decreases ionized calcium causing paresthesia (Oxford book of medicine).
2. Dizziness and vertigo: Not responding to conventional treatment but to propranolol (Wikipedia).
3. Nausea.

Case Report and Discussion

A 17 years old female patient came to ER with SOB associated with her anxious mother.

Vital signs:

- Temperature: 36.9°C
- SO_2 : 99%
- Pulse: 124 bpm
- Respiratory rate: 28/min
- Blood pressure: 110-65 mmHg.

We requested further ECG which yielded: Sinus tachycardia.

Pulse on the monitor was fluctuating between 87 - 168 bpm.

History was taken that included no family or personal history of serious cardiac or chest problems, but recurrent attacks of dyspnea and palpitation that prevented the patient from attending her school for many days during the last 9 months.

Patient also complained from attacks of tingling around the mouth that was short-lasting and loss of appetite due to nausea.

On reviewing patient's file it showed many ECG.s with the only abnormality: sinus tachycardia, previous Echocardiograph reported normal, and previous C.T chest: no abnormality detected.

Laboratory tests are requested urgently at the scene and included: RBS, CBC and TSH to exclude hypoglycemia, anemia and hyperthyroidism as a causes of tachycardia.

All laboratory results came within normal ranges:

- RBS: 98 mg/dl
- Hb: 13 G/dl
- TSH: 1.2 mIU/L.

Further social history of the patient included: conflicts with her fiancée, stressful studying required to join college, and excess caffeine consumption.

A diagnosis of Panic attacks as a complication of general anxiety was suspected.

Patient is learnt to re-breathe in a plastic bag for several seconds till her heart rate settled at 74 - 79 bpm on the monitor.

Patient was reassured and treated by advising her to rebreathe in a plastic bag (National Institute of Health and Care excellence Guidelines) whenever a palpitation attack occurs with consideration of adding a small dose (10 mg propranolol orally) if further attacks occurred requiring a second line treatment.

A mother was advised for further family support, and stress-management of her daughter.

Follow-up visit to Psychiatry clinic was requested as soon as possible.

At 3 months later: patient was stable on propranolol 10 mg tablet twice per day and fluoxetine 20 mg capsule once per day according to psychiatrist follow-up reviews.

Conclusion

Panic attacks are not uncommon, Emergency physicians should have high suspicion of panic attacks diagnosis in patients presenting with shortness of breath particularly with history of other symptoms and absence of other cardiac and respiratory causes.

Bibliography

1. NICE guidelines.
2. Wikipedia. Panic attack.
3. Oxford medicine.

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