

Losing Control

Initial Evaluation

CJ, a 26-year-old corporate administrator, consulted her physician because of “dizziness.” She had been in good physical health until two months before she first saw her physician for this problem. While driving her car she had experienced the initial feeling that she later called “dizziness” for lack of a better term, but which she could describe as a “floating” sensation within her head, a feeling of detachment or disconnectedness. It seemed to her that something terrible was going to happen—perhaps that she might collapse. Her head “buzzed,” she felt sweaty and became aware of her heart beating faster. She then felt that “things were closing in” on her, and experienced a tightness in her chest. However, she was able to pull the car over, still feeling strangely detached. As she reached to turn the ignition key off, she noted that her hand was shaking. She later said that this “dizziness” was “overwhelming,” and one of the most frightening things she had ever experienced, because she thought that she would “lose control.”

She recalled that she had been hit on the head and knocked out for a few seconds at age 11. During adolescence she had been told that she “daydreamed” too much, and she recalled occasional feelings of “unreality.” Sometimes, just before her periods, she felt irritable and thought that she “lost her concentration.” When asked about any unusual tastes or smells, she stated that she sometimes had a slightly funny taste in the back of her mouth in the morning, but couldn’t specify any further.

Family medical history was negative except that her mother had experienced spells of “passing out” as a young woman.

She had grown up in St. Louis in a middle class family until her mother and father divorced while the children were teenagers, CJ 15 and two brothers 13 and 9. Her father’s business had failed, and with that he seemed to have lost self-respect. CJ remembered being very hurt and angry when he pulled out of the family, thereafter supplying only occasional alimony payments. There had been no choice for her but to go to the local community college for her higher education; she tried to help hold things together at home, the boys having started to get into trouble. Once they were out on their own and she was through college, she came to the Columbia area, hoping to get a “fresh start,” as she put it. She had had few close relationships and not intimate ones, but did describe a “budding romance” that had ended with some bitterness 4 months before she sought medical attention.

Initial Treatment

Over the next two months, CJ had five further episodes. Because CJ complained that she was becoming increasingly anxious about these episodes, her physician prescribed diazepam 5 mg TID for the two weeks that the patient would have to wait until the neurologic consultant had time to see her.

Despite diazepam, she had two subsequent episodes, although she did feel somewhat less anxious between them. She became increasingly self-conscious about having one of her “fits” in public. What little social life she had, decreased further. She began to write daily letters to her mother, whereas she had previously written only once

or twice a month. At the suggestion of her doctor, she began keeping a record of her episodes.

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Learning Questions

Please list a short response for each statement and question.

I. Differential Diagnosis

Define the phenomenology of primary diagnosis.

Consider various complications to this disorder.

Discuss when anxiety is adaptive and when is it maladaptive?

II. Treatment

Consider the value of a panic diary.

Discuss when to use Imipramine and when to use a benzodiazepine.

Consider equivalences among benzodiazepine doses. For example, 5 mg. of Valium equals 0.5 mg. of Alprazolam.

Other articles attached to the Panic Case are:

Antidepressants in Panic Disorder by James W. Jefferson, M.D. from the J Clin Psychiatry 1997; 58 (suppl 2) pg. 20-24.

Toward an Integrated Neurobiology of Panic Disorder by Andrew W.Goddard, M.D. and Dennis S. Charney, M.D. from the J Clin Psychiatry 1997; 58 (suppl 2) pg. 4-11.

WCA Recommendations for the Long-Term Treatment of Panic Disorder by Mark H. Pollack et. Al. from the CNS Spectrums – August 2003, Volume 8 – Number 8 (suppl 1) pg. 17-30.