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# NEWS

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\*\*\*UTHSCD researchers looking at abnormalities in the central nervous system in patients with panic disorders.

DALLAS -- How can a salesman expect to succeed when he can't even bring himself to take a client to lunch for fear he will pass out at the table?

How can a mother raise a happy, healthy child when she refuses to leave the house so her little one can go to kindergarten or even visit other children?

How can a young person have an active social life if he or she won't go to a party because of the fear of dropping a glass during a blackout?

These everyday activities are impossible for the victim of panic attacks whose life is controlled by fear.

Each year panic disorders affect several million people in this country, most of them women, says Dr. Barry Fenton, assistant professor of Clinical Psychiatry at The University of Texas Health Science Center at Dallas. Victims may feel fine one minute and then suddenly experience severe physical symptoms, coupled with a feeling of doom, impending disaster or belief that they are going to die. Symptoms often resemble those generally associated with heart attacks: rapid or uneven heart beat, a flushing of the skin, dizziness, a cold sweat or alternating feelings of hot and cold, a tingling sensation or even passing out. Fenton is working with cardiologist Dr. Drew Gaffney and other associates in the Anxiety Disorder Research Group at the health science center in investigations aimed at learning exactly what causes panic attacks and how they can best be treated.

Currently the researchers are searching for people in the North Texas area who suffer from this disorder for laboratory studies looking at the relationship between lactose, a natural byproduct of muscle activity, and panic or anxiety attacks as they are sometimes called. Subjects must have had at least one panic attack during the last three weeks to be eligible. If a patient under treatment for this disorder is interested in participating in the study, he or she must be willing to suspend current treatment for the duration of the study.

Gaffney and Fenton are looking at abnormalities in the central nervous system leading to an overproduction of lactose as a possible cause. Volunteers will receive an infusion of lactate in the laboratory. They will then be monitored for physiological response and will be questioned about their subjective experiences during the test. In addition, they will be monitored for muscular activity and keep a diary that describes their panic attacks outside the laboratory. Tests on an exercycle will be used to establish the amount of blood the heart is pumping.

Gaffney, assistant professor of Internal Medicine at the health science center, says there are two major groupings of panic attack victims. One has no clues as to when to expect an attack. The other group, he says have developed secondary agoraphobia, a disorder in which the person is afraid of being in a particular place or places. This happens if the person having the panic attack associates the attack with the place where it occurs. Even worse, the victim's fear may spread to include a

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widening number of associated places, so that even leaving home itself may become psychologically impossible. The person may also develop clinical depression.

"People panic for appropriate reasons," says the cardiologist. For example, one patient was caught in a fire in a disco. It is understandable that the person in this situation might form a bad, even neurotic association. But the association spread to all small places with people, to any place where people are smoking.

Gaffney has a friend who developed a panic attack because of a frightening experience in a cave in the Middle East. The fear spread from that one cave to other caves--then to subways and busses. Until he started working with panic attacks himself, he didn't realize what was happening to her.

The cardiologist's interest in work with panic attacks grew out of his research and clinical work with patients with mitral valve prolapse, a heart condition in which sufferers have similar symptoms. The condition is called a "syndrome" because it is not one complaint, but a whole complex of symptoms. The prolapsing of the heart valve occurs when the heart's main pumping chamber, the left ventricle, is contracting to send blood through the aorta to the rest of the body. The mitral valve is supposed to prevent blood from flowing back toward the lungs, but in patients with mitral valve syndrome, it leaks.

"There is a definite relationship between panic attacks and cardiac problems," says Gaffney. "When people become frightened, they have cardiac symptoms. A 'hyperkinetic heart' may be beating too fast and the heart is pumping too much blood. The body's 'computer' that regulates the heart just shuts down." In fact, there is a correlation between mitral valve prolapse, a condition that is also more prominent in women, and panic attacks in some patients.

Often the victims of both disorders are misdiagnosed or written off as neurotics and dismissed, many times at hospital emergency rooms. It is not uncommon that the victims will go from doctor to doctor until they find a cardiologist or family physician who is familiar with the problem.

Fenton, who has been working as a psychiatric consultant with Gaffney at Parkland Memorial Hospital for about two years, is excited about being a part of the research group in anxiety disorders.

"With these panic disorder patients, the genes set the stage the drama is played on," he says. "But we don't know whether there is a genetic or biochemical defect interacting with the cardiovascular system or whether panic attacks are a learned phenomenon."

Current treatment for panic attacks and/or agoraphobia includes such drugs as tranquilizers, beta blockers and mood elevators; biofeedback; psychotherapy and combinations. Some treatment regimens work well; others don't because much more work needs to be done in these areas.

Those participating in the study can drop out at any time, say the researchers. If they do not feel able to continue the study, they will be offered the option of receiving treatment through the program, which sees clinical patients as well as doing research studies. For further information call the Anxiety Disorder Research Group at the Dallas health science center, (214) 688-3240.

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