

In a PANIC?

Pregnancy and motherhood can be overwhelming, but don't let panic attacks – an acknowledged form of stress response – impact on this special time of your life.
By Lynne Gidish



Anxiety is a normal emotion during and after pregnancy due to the many changes you will experience. “It’s when anxiety becomes excessive or disturbs normal functioning that intervention may be needed, because panic attacks can be a sign of an underlying mental illness,” says Dr Antoinette Miric, a Johannesburg-based psychiatrist with a special interest in women’s mental health.

“Since panic attacks are common in women of reproductive age, they’re often experienced pre- or post-delivery and, while research is not clear on whether attacks improve or worsen during pregnancy, there’s a subgroup of women who develop panic symptoms for the first time only after conception,” she says.

It’s the suddenness and intensity of the experience that differentiates a panic attack from ‘nerves’, adds Johannesburg counselling

psychologist Tamara Zanella. “The onset of a panic attack is abrupt and always accompanied by an intense, unreasonable and persistent fear that’s far more extreme than what you’d normally experience when nervous.

The panic attack will reach a peak within two to four minutes – although it may seem like a long time, and will include at least four of the following symptoms:

- Palpitations or accelerated heart rate
- Sweating

- Trembling or shaking
- Shortness of breath (hyperventilating) or sensation of smothering
- Feelings of choking
- Chest pain or discomfort
- Nausea or abdominal distress
- Feeling dizzy or faint
- Chills or heat sensations
- Numbness or tingling sensations (paresthesia)
- Feelings of being detached from oneself
- Fear of losing control or ‘going crazy’
- Fear of dying.

What about baby?

Feeling as if you’re going crazy and you’re a bad mother, unable to care for your child, is very common, but this is not the reality, says Tamara. You’re dealing with anxiety, a real, treatable condition, and you need professional help.

“Studies have indicated that untreated maternal anxiety during pregnancy can cause lower infant birth weight, as well as altered Apgar scores”, she continues. “It’s vital that moms-to-be seek treatment for any anxiety and/or panic attacks.

“Although panic attacks are not dangerous in and of themselves, if you do have them after your baby’s arrival, they can lead to added physical

and psychological strain.

This could impact on how you adjust to your new child as well as how capable you feel. This can also put you at risk of depression and postpartum anxiety.”



Go to www.livingandloving.co.za, click on ‘Pregnancy’, then ‘General’, for 7 ways to a stress-free pregnancy.

Treating panic

The first thing your doctor should do after taking a history and examining you, is exclude any possible medical cause for your symptoms, such as a hyperactive thyroid gland,” explains Dr Miric.

“It’s important to remember that panic attacks are seldom an isolated event – more than 70% of people experiencing panic attacks have an additional underlying mental illness. Attacks frequently co-occur with mood, anxiety and substance-use disorders and should be regarded as a sign of internal psychological distress. Therapy targeting your symptoms may include cognitive behavioural therapy (CBT) targeted directly at the panic attacks. In pregnancy, non-pharmacological measures should always initially be tried to decrease foetal exposure to medications.”

Dr Miric stresses that mothers suffering from panic attacks are not weak and incapable, and should not feel ashamed. “Many women are embarrassed by having panic attacks, especially since a first attack often results in seeking medical help for a presumed heart attack. Panic attacks are not brought on voluntarily; they are also not a reflection of your character or mothering skills. You should rather regard them as a physical sign of underlying psychological distress, of which you may or may not be aware. Most mothers do feel overwhelmed after delivery and by the changes and responsibilities they face. Due to these changes, some women may experience their first panic attack during this time and this should be viewed as a warning sign of a developing postpartum mental illness”. ➔



What about medication?

Panic attacks themselves aren't a mental disorder, according to Dr Miric, but they do need to be treated in order to decrease your anxiety symptoms. "If your symptoms aren't improving with therapy and are severe, disabling and affecting your daily functioning, it's time to discuss medication with your doctor. This should, preferably, be in addition to therapy, as combined treatment is generally more effective."

She points out that any decision to take medication must be weighed up in consultation with your treating doctor, and you need to be fully informed about the potential risks and benefits of taking psychiatric medication. While there are certain medications that should not be used while pregnant or breastfeeding, selective serotonin reuptake inhibitors (SSRIs) are commonly prescribed. "SSRIs have been extensively researched in pregnant patients with depressive and anxiety disorders. The majority of

research has shown no association with major congenital malformations or any long-term developmental effects on the child."

However, since it's difficult to do well-controlled studies on pregnant or breastfeeding women, and findings are generally inconsistent when it comes to safety of medication during pregnancy, it's best to be cautious, she says. "What we do know is the impact of untreated mental illness during pregnancy and while

breastfeeding, so in some patients medication may be the better option."

Panic disorder is a highly treatable condition. According to The South African Depression and Anxiety Group (SADAG), with the right combination of treatments, 90% of people recover fully. The remaining 10% experience significant recovery.



WHERE TO GET HELP

- It's vital to seek professional help, so chat to your GP about treatment options and ask to be referred to a psychologist who specialises in panic and cognitive behavioural therapy, or to a specialist psychiatrist.
- Contact SADAG for advice and referrals to specialists in your area. Call 0800 21 22 23 or go to www.sadag.org
- The Postnatal Depression Support Association (PNDSA) will provide information on mental health specialists who specifically work with moms. Call 082 882 0072 or go to www.pndsa.org.za

HOW TO HELP YOURSELF

Firstly, remind yourself that this is part of your fight/flight reaction (to a threat – perceived or real) and that, from a biological perspective, this reaction is activated to protect, not harm, you. Tamara suggests the following action plan during a panic attack:

- Try to slow down and relax, but keep doing what you were doing. Concentrate on the here and now as thinking about what could happen will only exacerbate the feelings of panic.
- Let the feelings run their course and accept them for what they are – they will soon disappear.
- Monitor your level of anxiety (10 being the most and 0 being the least) and notice how the level goes down.
- Try to stay in the situation rather than running away or avoiding it, as this will make it more difficult in the future.
- Take a few slow, deep breaths from your abdomen and say the word 'calm' as you breathe out.
- Focus on relaxing your muscles.
- Focus again on what you were doing and start to move. I&I