

## Panic Disorder Treatment Guide Summary<sup>1,2</sup>

CONDITION	OPTIONS
Panic disorder	<p>Start with psychotherapy + first-line medication +/- benzodiazepine (see Table 5.3, p. 64)</p> <p>Start with first-line medication +/- benzodiazepine if patient unable or unreceptive to psychotherapy; encourage psychotherapy</p> <p>Start with psychotherapy alone if mild</p>
<p>Wait 8 weeks to assess response. With drug therapy, if evidence of response, titrate every 2 weeks until optimum response or maximum dose is reached. For any options above, allow 12 weeks as improvement may not plateau until 12 weeks of treatment.</p>	
If no response or partial response to psychotherapy alone	Add first-line medication +/- benzodiazepine
If partial response to first-line medication alone	<p>Add adjunctive medication</p> <p>Switch to another first-line medication (see Table 5.3, p. 64)</p> <p>Add psychotherapy</p>
If no response to first-line medication alone	<p>Switch to another first-line medication</p> <p>Consider adding psychotherapy</p>
If partial response to second first-line medication, with or without psychotherapy	<p>Add adjunctive medication</p> <p>Add psychotherapy if not started</p>
If no response to second first-line medication, with or without psychotherapy	<p>Switch to second-line +/- adjunctive therapy</p> <p>Add psychotherapy if not started</p> <p>Refer</p>
If response	Continue treatment for a minimum of 6 months after remission and longer if long-standing condition, treatment resistant disorder, or prior relapse to treatment discontinuation.

### Medication Guidelines

If using benzodiazepines, give TID rather than PRN and withdraw gradually when anticipatory and panic attacks resolve. Give antidepressant an 8-week trial at minimum dose, then titrate every 2 weeks until maximum dose is reached.

First-line psychotherapy consists of CBT, delivered in any format: individual, group, Internet, telephone coaching, or self-help books.

### Other Considerations

Psychotherapy intervention should be encouraged at any point in treatment if the patient is receptive.

1 Katzman MA, Bleau P, Blier P, Chokka P, Kjernisted K, Van Ameringen M, et al. Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders. *BMC Psychiatry*. 2014; 14 Suppl 1:S1.

2 Ballenger JC, Davidson JR, Lecrubier Y, Nutt DJ, Baldwin DS, et al. Consensus statement on panic disorder from the International Consensus Group on Depression and Anxiety. *J Clin Psychiatry*. 1998; 59 Suppl 8:47-54.