

Panic Disorder; Diagnosis

These are the DSM V diagnostic criteria for Panic Disorder. Please review your diagnostic assessment (Sections A and B) using this checklist. If the symptom is “clearly present” mark that box. If the symptom has been sustained for at least 1 month mark the box “sustained”. Please ensure that the determining criteria (C and D) are also met. For a diagnosis of Panic Disorder, BOTH boxes in A and B must be marked. As well, items C and D must be clearly present.

Clearly Present	Sustained	
		<p>A) Recurrent unexpected panic attacks. A panic attack is an abrupt surge of intense fear or intense discomfort that reaches a peak within minutes, and during which time four (or more) of the following symptoms occur:</p> <ul style="list-style-type: none"> Palpitations, pounding heart, or accelerated heart rate Sweating Trembling or shaking Sensations of shortness of breath or smothering Feeling of choking Chest pain or discomfort Nausea or abdominal distress Feeling dizzy, unsteady, light-headed, or faint Chills or heat sensations Paresthesias (numbness or tingling sensations) Derealization (feelings of unreality) or depersonalization (being detached from oneself) Fear of losing control or “going crazy” Fear of dying <p><i>Note: Culture-specific symptoms (e.g., tinnitus, neck soreness, headache, uncontrollable screaming or crying) may be seen. Such symptoms should not count as one of the four required symptoms.</i></p>
		<p>B) At least one of the attacks has been followed by 1 month (or more) of one or both of the following:</p> <ol style="list-style-type: none"> 1. Persistent concern or worry about additional panic attacks or their consequences (e.g., losing control, having a heart attack, “going crazy”). 2. A significant maladaptive change in behavior related to the attacks (e.g., behaviors designed to avoid having panic attacks, such as avoidance of exercise or unfamiliar situations).
		<p>C) The disturbance is not attributable to the physiological effects of a substance (e.g. a drug of abuse, a medication) or another medical condition (e.g., hyperthyroidism, cardiopulmonary disorders).</p>
		<p>D) The disturbance is not better explained by another mental disorder (e.g., the panic attacks do not occur only in response to feared social situations, as in social anxiety disorder; in response to circumscribed phobic objects or situations, as in specific phobia; in response to obsessions, as in obsessive-compulsive disorder; in response to reminders of traumatic events, as in posttraumatic stress disorder; or in response to separation from attachment figures, as in separation anxiety disorder).</p>