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## PANIC DISORDER AND SHORT-TERM COMPLEX PSYCHOTHERAPY

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### **Resume**

*The article discusses the methods and techniques of short-term integrative psychotherapy for panic disorder based on the study of evidence-based studies. The main targets and stages of psychotherapeutic intervention within the framework of the studied method are formulated. A step-by-step mechanism for conducting short-term integrative psychotherapy in panic disorder is presented. The degree of evidence of the effectiveness of the application of specific psychotherapeutic methods and the strength of recommendations are indicated.*

*Key words: panic disorder, integrative psychotherapy, targets and stages of psychotherapy.*

## ПАНИЧЕСКОМ РАССТРОЙСТВО И КРАТКОСРОЧНАЯ КОМПЛЕКСНАЯ ПСИХОТЕРАПИЯ

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### **Резюме**

*В статье рассмотрены методика и техники краткосрочной интегративной психотерапии панического расстройства на основе изучения доказательных исследований. Сформулированы основные мишени и этапы психотерапевтического вмешательства в рамках изучаемого метода. Представлен поэтапный механизм проведения краткосрочной интегративной психотерапии при паническом расстройстве. Указана степень доказательности эффективности применений конкретных психотерапевтических методов и сила рекомендаций.*

*Ключевые слова: паническое расстройство, интегративная психотерапия, мишени и этапы психотерпии.*

## **ПАНИК ХАВОТИРЛИ БУЗИЛИШЛАРНИНГ ИНТЕГРАТИВ ҚИСҚА МУДДАТЛИ ПСИХОТЕРАПИЯСИ**

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### **Резюме**

*Мақолада далил исботларга асосланган тадқиқодларни ўрганиб чиқиш асосида паник хавотирли бузилишларнинг интегратив қисқа муддатли психотерапияси техникаси ва усуллари келтирилган. Мазкур усул асосида психотерапевтик аралашувнинг асосий нишонлари ва босқичлари ифодаланган. Паник хавотирли бузилишларнинг интегратив қисқа муддатли психотерапияси алгоритми такдим этилган. Аник психотерапевтик усулларни қўлланилишининг самараси исботланганлик ва тавсиялар кучи даражалари кўрсатилган.*

*Калит сўзлар: ваҳима бузилиши, интеграл психотерапия, психотерапиянинг мақсадлари ва босқичлари.*

### **Introduction**

Due to their high prevalence in the population, the most significant anxiety disorders for clinical practice are the following: generalized anxiety disorder; post-traumatic anxiety disorder; panic disorder; obsessive compulsive disorder; social phobias; anxiety-depressive disorder [6,7].

Of the entire spectrum of anxiety disorders, it is panic disorder that remains the least understood by clinicians. This is due to the fact that the symptomatology of panic disorder is perceived primarily as a syndrome that can develop within the framework of various nosological coordinates: neuroses, psychogenic reactions, decompensation of character accentuations, psychopathies of anxiety-suspicious type, affective psychosis, neurosis-like schizophrenia, etc. The high prevalence of subclinical forms

of panic disorder and high comorbidity with other anxiety disorders, recurrent depression, substance abuse, somatic diseases and other pathological disorders emphasize the establishment of the diagnosis of panic disorder and the individual decision of the question of starting pharmacotherapy and psychotherapy. Also, it is equally important to find effective methods of psychotherapy for panic disorder based on evidence-based research [1,2,3,4,5,6].

**The aim of this work** is to develop an algorithm for short-termed integrational therapy of panic disorder based on evidence-based studies.

**Materials and methods** used to collect / select evidence: search in electronic databases. The evidence base is the publications included in the Cochrane Library, the EMBASE and MEDLINE databases. The search depth was 5 years. Sources for analysis of evidence: reviews of published meta-analyzes; systematic reviews with tables of evidence.

To create an algorithm short-termed integrational therapy of anxiety disorders, the following rating system for assessing evidence was used, according to the hierarchy of scientific data reliability :

A) The evidence is compelling: There is strong evidence for the proposed claim that comes from one well-designed or multiple randomized clinical trials (RCTs) or a large systematic review (meta-analysis) of RCTs.

C) Relative Strength of Evidence: There is sufficient evidence to recommend this hypothesis. Evidence comes from at least one controlled study or a systematic review of cohort studies or RCTs.

C) Evidence from uncontrolled studies or case reports / expert opinions

C1 - Uncontrolled research

C2 - Case reports

C3 - Expert opinion or clinical experience

D) Inhomogeneous results Positive RCTs are outweighed by roughly equal numbers of negative studies

F) Negative evidence. Sufficient negative evidence: There is sufficient evidence to recommend that the drug or treatment should not be used in a particular situation.

F ) Insufficient evidence

General information. Panic disorder is a common anxiety disorder in the population that has a chronic or recurrent course, accompanied by stable anxiety and emotional stress, leading to severe maladjustment and an increased suicidal risk.

The average lifetime risk of developing panic disorder ranges from 4.1% to 6.6%. Panic disorder occurs at the initial admission in 10% of cases [1, 2]. Like major depression, panic disorder is much more common in women than in men, with a ratio of about 2 to 1. [3]. In addition to age and female sex, low living standards and loneliness are also considered risk factors [7]. It should be noted that panic disorder among other anxiety disorders accounts for a significant proportion - from 12 to 25% [6,7].

Panic disorder can develop at any age, most often before the age of 30. The disease usually begins gradually, the symptoms progress slowly and become chronic. panic disorder is manifested by conscious excessive anxiety, which is characterized by episodic course. The leading symptoms of panic disorder are feelings of paroxysmal, excessive, poorly controlled anxiety, tense anticipation and fears about possible adverse events that may occur in the future. Anxiety feels as of extreme levels for patients. Exaggerated fears, not justified by the situation and inadequate to life circumstances, may relate to any spheres of activity. Patients are worried about possible accidents, they fear the occurrence of unlikely diseases, professional incapacity, and inability to complete their studies. Anxious expectation of failure and exaggerated fears are poorly controlled and are not adequate to the objective circumstances of the patient's life. At the same time, anxiety is never an isolated symptom and is necessarily combined with other manifestations of panic disorder.

The diagnosis of panic disorder is based on the presence of inadequate anxiety attacks and anxiety anticipation, as well as accompanying them constantly for at least six months, somatic and vegetative symptoms.

The main therapeutic strategy for panic disorder currently involves a combination of pharmacotherapy and psychotherapy. Antidepressants (SSRIs, SNRIs, TCAs), benzodiazepine tranquilizers, pregabalin, cognitive-behavioral therapy (CBT), various relaxation methods (for example, modification of auto-training) are currently considered to be the methods recognized as effective in the treatment of panic disorder.

Short-termed integrational psychotherapy for anxiety disorders. (Level of Evidence - A. Strength of Recommendations - 1)

Modern meta-analyses of evidence-based studies assess the effectiveness of short-termed integrational psychotherapy in anxiety disorders very highly [12; 16], and for generalized anxiety disorder and panic disorder, the productivity of this method is comparable to the results of pharmacotherapy using SSRIs. An important advantage of short-termed integrational psychotherapy is the possibility of group psychotherapy, which is comparable in effectiveness to the individual form of work, but has a natural advantage - a greater coverage of patients [4]. It has been shown that in the treatment of anxiety disorders, the use of group short-termed integrational psychotherapy in combination with psychopharmacotherapy significantly reduces the number of readmissions and reduces the likelihood of relapses [10]. Empirically based cognitive models of mental disorders provide high results for short-termed integrational psychotherapy methods, which allow the construction of scientifically based models of psychotherapeutic interventions. For example, short-termed integrational psychotherapy's cognitive models of social phobias and generalized anxiety disorder have been supported by evidence-based studies; on the basis of these models, the methods of short-termed integrational psychotherapy with proven efficiency were constructed [5,6,7].

In general short-termed integrational psychotherapy approach, taking a leading position, continues to develop: research team David D. (D. The by David ) and co-authors argues that improvements in therapy in the future will be towards ever greater integration of science-based psychotherapeutic approaches based on the methodology of short-termed integrational psychotherapy [7].

Algorithm for short-termed integrational psychotherapy of panic disorder

Cognitive model of generalized anxiety disorder. The mindset of a patient with panic disorder is dominated by themes of danger, that is, he presupposes events that will turn out to be detrimental to him, to his family, to his property and other values. Anxious individuals find it difficult to recognize safety signals and other clues that reduce the threat of danger [6].

**Results and discussion.** The targets of cognitive- behavioral psychotherapy for panic disorder are: low tolerance for uncertainty; positive beliefs about anxiety; lack of focus on problem solving; cognitive avoidance.

Table 1

Algorithm of short-termed integrational psychotherapy for panic disorder

Stage	Stage goal	Stage objectives
1	Psychoeducation	<p>Explaining Short-Termed Integrational Psychotherapy</p> <p>Clarification of the nature of anxiety disorders, including their description and characteristics</p> <p>Anxiety awareness training (with notes on the timing and content of disturbing thoughts)</p>
2	Awareness of one's own low tolerance to uncertainty and to overcome it	<p>Linking Low Tolerance to Uncertainty and Exaggerated Anxiety</p>

		<p>Awareness and acceptance of the inevitability of situations of uncertainty in human life</p> <p>Development of the ability to recognize various situations of manifestation of a state of intolerance to uncertainty</p> <p>Identifying situations that provoke states of anxiety about uncertainty and immersion in them based on the exposure method</p>
3	Overestimating the value of worry	<p>Identifying All Arguments For Concern</p> <p>Identifying counterarguments and analyzing the negative consequences of anxiety</p> <p>Articulating new beliefs about anxiety as an ineffective strategy for coping with danger</p>
4	Solution of problems	<p>Preparing For The Inevitability Of Certainty In The Problem-Solving Process</p> <p>Identifying existing problems and formulating a goal to overcome them</p> <p>Elaboration of various possible ways to achieve these goals</p> <p>Choosing the optimal path</p> <p>Application of the selected means and evaluation of the result</p>
5	Overcoming cognitive avoidance and developing	<p>Discussing Images Of Scary Situations</p>



	the ability to tolerate unpleasant thoughts and images	Description of feelings and subjective assessment of the level of anxiety Training resistance to these images and feelings based on the exposure method
6	Relapse prevention	Consolidation Of All Acquired Knowledge And Skills Discussion of possible triggers and provocations that may contribute to the return of old ineffective coping styles Discussion of ways of dealing with situations in which the old style of reaction is manifested

To achieve the goals in the treatment of panic disorder, the following techniques are used in the framework of short-termed integrational psychotherapy (Level of Evidence - A. Strength of Recommendations - 1):

Cognitive restructuring. Interventions are performed to correct misconceptions and interpretations of bodily sensations. May be supplemented with in vivo exposure to provide additional information that will disprove erroneous judgments.

Breathing training. It is shown in the case of pronounced hyperventilation component panic disorder structure. Due to the fact that dyspnea occurs against the background of stress, which is assessed as threatening health and provokes or intensifies fear caused by external anxiety stimuli, it is recommended to conduct training in breathing control with subsequent cognitive reattribution of the meaning of symptoms. The training can be supplemented by forced hyperventilation with the acquisition of the skills to control symptoms through breathing in a bag.

Applied relaxation. Using progressive muscle relaxation and teaching patients the skills to control their physical condition. Interceptive exposure. Exercise that provides

a sensation similar to a panic attack, such as inhaling carbon dioxide, doing cardiovascular stress testing or exercise, hyperventilating, rotating a chair, and re- infusing sodium lactate .

Exposure in vivo conducting repeated behavioral training close to reality, especially indicated in the presence of agoraphobia. It can be carried out in a different mode, with the participation of a psychotherapist or a specially trained nurse, or independently, dosed or massively, with prolonged immersion in the situation or with the ability to leave it.

Attraction / distraction of attention. During exposure, the patient's attention can be completely focused on phobic experiences, when the patient is fully focused on his feelings and thoughts, reminds himself of the need not to be distracted. Another option is to distract attention by performing cognitive tasks such as counting, rhyming words, instructing yourself to be distracted from disturbing thoughts and images.

### **Conclusion**

The described algorithm of short-termed integrational psychotherapy and its techniques can be included in the complex of psychotherapeutic measures aimed at treating patients with panic disorder along with biological therapy and social interventions. Such involvement of specialists of various orientations on the basis of a evidence-based approach provides an effective therapeutic effect based on the biopsychosocial concept of the development of mental disorders and creates the possibility of using personalized therapy [2,3,6,7].

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