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Panic Disorder in Patients Presenting to the Emergency Department with Chest Pain: Prevalence and Presenting Symptoms

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Q2 Background

Patients with panic disorder experience symptoms such as palpitations, chest pain, dizziness, and breathlessness. Consequently, they may attend the Emergency Department (ED) to be assessed for possible emergency medical conditions. Recognition of panic disorder within the ED is low. We sought to establish the prevalence of panic disorder in patients presenting to the Emergency Department for investigation of potential acute coronary syndrome. We also sought to characterise the cohort of patients with panic disorder in terms of presenting symptoms, risk factors, medical history and rates of major adverse cardiac events.

Methods

This was an observational study of 338 adult patients presenting to the Emergency Department of a tertiary hospital in Australia. Trained research nurses collected clinical data using a customised case report form. The outcome was panic disorder, assessed using the MINI International Neuropsychiatric Interview.

Results

The average age of participants was 50.2 years and 37.9% were female. Thirty-day major adverse cardiac events (MACE) occurred in 7.7% of the cohort. The clinical diagnosis of panic disorder was made in 5.6% (95% CI: 3.4–8.6%) of patients. Compared to patients without panic disorder, patients with panic disorder were slightly more likely to report that their pain felt heavy (48.9% and 73.7% respectively, $p = 0.04$). All other reported symptoms were similar in the two groups.

Conclusions

The prevalence of panic disorder was low in patients presenting to an Australian ED with chest pain. Clinical signs or symptoms that are routinely collected as part of the chest pain workup cannot be used to distinguish patients with and without panic disorder.

Keywords

Acute Coronary Syndrome • Emergency medicine • Panic disorder • Prevalence

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Background

Panic disorder affects 2–5% of the Australian population [1,2]. This condition is diagnosed following a comprehensive diagnostic interview and is characterised by recurrent, unexpected panic attacks, in conjunction with persistent worry about having additional panic attacks or behaviour change to avoid further attacks [3]. A panic attack is defined as an abrupt surge of intense fear in which at least 4 of 13 defined symptoms occur (Table 1). Although several effective treatments are now available for panic disorder, including cognitive behaviour therapy and pharmacological treatment [4], many sufferers are thought to remain undiagnosed or misdiagnosed [5]. Patients with untreated panic disorder have a poor long-term prognosis; they have high rates of chronic and debilitating psychiatric disorders [5], experience poorer overall health [6] and have high rates of medical utilisation [7].

One reason for under-diagnosis of panic disorder is that many patients experience somatic symptoms such as palpitations, chest pain, dizziness, and breathlessness [3]. Consequently, patients may attend the Emergency Department (ED) to be assessed for possible emergency medical conditions such as myocardial infarction, cardiac arrhythmias, and heart failure. Up to a third of patients presenting to the ED with chest pain have a panic or anxiety disorder [8,9] but recognition of such disorders within the ED is low [10].

While quality research has detailed the prevalence of panic disorder in chest pain patients, the majority of evidence is over 10 years old. Since this time there have been developments that may improve the identification [11,12] and treatment of panic disorder within general practice and ED settings [13]. As such, it is unclear if the prevalence of panic disorder in patients presenting to the ED with chest pain has changed. Further, given the low recognition of panic disorder in the ED, improved understanding about presenting symptoms or medical history in patients with panic disorder is needed. Such information may provide clinicians with

additional knowledge to assist identification of patients with panic disorder in the ED.

The objectives of this study were to establish the prevalence of panic disorder in patients presenting to the ED for investigation of potential acute coronary syndrome (ACS). It also sought to characterise the cohort of patients with panic disorder in terms of presenting symptoms, risk factors, medical history and rates of major adverse cardiac events.

Material and Methods

Study Design

This was an observational study of adult patients presenting to the ED of a tertiary hospital in Australia between April 2012 and March 2014. This was a sub-analysis. Patients were co-enrolled in this study and a larger observational study investigating the assessment of chest pain in the ED. Data from the larger study have been previously published [14,15]. The protocol was approved by Royal Brisbane and Women's Hospital Human Research and Ethics Committee and complied with the Declaration of Helsinki. Informed consent was obtained from all participants. This study was funded by the Emergency Medicine Foundation. The granting body had no role in the study design, data collection, data analysis, data interpretation, the writing of the report, or decision to submit the paper.

Participants

Patients were recruited for this study during working hours (0800–1700). Inclusion criteria were age ≥ 18 years, presentation to the ED with at least five minutes of chest pain suggestive of ACS, and being investigated for ACS. In accordance with American Heart Association case definitions [16], pain suggestive of ACS includes acute chest, epigastric, neck, jaw, or arm pain; or discomfort or pressure without an apparent non-cardiac source. Patients were excluded for the following reasons: there was a clear non-ACS cause for their symptoms; they had ST-segment

Table 1 Symptoms of panic attack.

1. Palpitations, pounding heart, or accelerated heart rate
2. Sweating
3. Trembling or shaking
4. Sensations of shortness of breath or smothering
5. Feeling of choking
6. Chest pain or discomfort
7. Nausea or abdominal distress
8. Feeling dizzy, unsteady, lightheaded, or faint
9. Chills or heat sensations
10. Paresthesias (numbness or tingling sensations)
11. Derealisation (feelings of unreality) or (being depersonalised/detached from oneself)
12. Fear of losing control or going crazy
13. Fear of dying

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