A Panic Attack is characterized by acute physiological consequences that are caused by prominent symptoms not associated with a situational trigger (i.e., occurring spontaneously “out of the blue”); **situationally bound (cued) Panic Attacks**, in which the Panic Attack almost invariably occurs immediately on exposure to, or in anticipation of, the situational cue or trigger (e.g., seeing a snake or dog always triggers an immediate Panic Attack); and **situationally predisposed Panic Attacks**, which are more likely to occur on exposure to the situational cue or trigger, but are not invariably associated with the cue and do not necessarily occur immediately after the exposure (e.g., attacks are more likely to occur while driving, but there are times when the individual drives and does not have a Panic Attack or times when the Panic Attack occurs after driving for a half hour).

The occurrence of unexpected Panic Attacks is required for a diagnosis of Panic Disorder (with or without Agoraphobia). Situationally bound Panic Attacks are most characteristic of Social and Specific Phobias. Situationally predisposed Panic Attacks are especially frequent in Panic Disorder but may at times occur in Specific Phobia or Social Phobia. The differential diagnosis of Panic Attacks is complicated by the fact that an exclusive relationship does not always exist between the diagnosis and the type of Panic Attack. For instance, although Panic Disorder definitionally requires that at least some of the Panic Attacks be unexpected, individuals with Panic Disorder frequently report having situationally bound attacks, particularly later in the course of the disorder. The diagnostic issues for boundary cases are discussed in the “Differential Diagnosis” sections of the texts for the disorders in which Panic Attacks may appear.

### Criteria for Panic Attack

**Note:** A Panic Attack is not a codable disorder. Code the specific diagnosis in which the Panic Attack occurs (e.g., 300.21 Panic Disorder With Agoraphobia [p. 402]).

A discrete period of intense fear or discomfort, in which four (or more) of the following symptoms developed abruptly and reached a peak within 10 minutes:

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. derealization (feelings of unreality) or depersonalization (being detached from oneself)
10. fear of losing control or going crazy
11. fear of dying
12. paresthesias (numbness or tingling sensations)
13. chills or hot flushes
Agoraphobia

Features

Because Agoraphobia occurs in the context of Panic Disorder With Agoraphobia and Agoraphobia Without History of Panic Disorder, the text and criteria set for Agoraphobia are provided separately in this section. The essential feature of Agoraphobia is anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having a Panic Attack (see p. 394) or panic-like symptoms (e.g., fear of having a sudden attack of dizziness or a sudden attack of diarrhea) (Criterion A). The anxiety typically leads to a pervasive avoidance of a variety of situations that may include being alone outside the home or being home alone; being in a crowd of people; traveling in a automobile, bus, or airplane; or being on a bridge or in an elevator. Some individuals are able to expose themselves to the feared situations but endure these experiences with considerable dread. Often an individual is better able to confront a feared situation when accompanied by a companion (Criterion B). Individuals' avoidance of situations may impair their ability to travel to work or to carry out homemaking responsibilities (e.g., grocery shopping, taking children to the doctor). The anxiety or phobic avoidance is not better accounted for by another mental disorder (Criterion C). The differential diagnosis to distinguish Agoraphobia from Social and Specific Phobia and from severe Separation Anxiety Disorder can be difficult because all of these conditions are characterized by avoidance of specific situations. The diagnostic issues for boundary cases are discussed in the "Differential Diagnosis" sections of the texts for the disorders in which avoidant behavior is an essential or associated feature.

Criteria for Agoraphobia

Note: Agoraphobia is not a codable disorder. Code the specific disorder in which the Agoraphobia occurs (e.g., 300.21 Panic Disorder With Agoraphobia [p. 402] or 300.22 Agoraphobia Without History of Panic Disorder [p. 404]).

A. Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situationally predisposed Panic Attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone; being in a crowd or standing in a line; being on a bridge; and traveling in a bus, train, or automobile.

Note: Consider the diagnosis of Specific Phobia if the avoidance is limited to one or only a few specific situations, or Social Phobia if the avoidance is limited to social situations.

B. The situations are avoided (e.g., travel is restricted) or else are endured with marked distress or with anxiety about having a Panic Attack or panic-like symptoms, or require the presence of a companion.

(continued)
Criteria for Agoraphobia (continued)

C. The anxiety or phobic avoidance is not better accounted for by another mental disorder, such as Social Phobia (e.g., avoidance limited to social situations because of fear of embarrassment), Specific Phobia (e.g., avoidance limited to a single situation like elevators), Obsessive-Compulsive Disorder (e.g., avoidance of dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., avoidance of stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., avoidance of leaving home or relatives).

Panic Disorder

Diagnostic Features

The essential feature of Panic Disorder is the presence of recurrent, unexpected Panic Attacks (see p. 394) followed by at least 1 month of persistent concern about having another Panic Attack, worry about the possible implications or consequences of the Panic Attacks, or a significant behavioral change related to the attacks (Criterion A). The Panic Attacks are not due to the direct physiological effects of a substance (e.g., Caffeine Intoxication) or a general medical condition (e.g., hyperthyroidism) (Criterion C). Finally, the Panic Attacks are not better accounted for by another mental disorder (e.g., Specific or Social Phobia, Obsessive-Compulsive Disorder, Posttraumatic Stress Disorder, or Separation Anxiety Disorder) (Criterion D). Depending on whether criteria are also met for Agoraphobia (see p. 396), 300.21 Panic Disorder With Agoraphobia or 300.01 Panic Disorder Without Agoraphobia is diagnosed (Criterion B).

An unexpected (spontaneous, uncued) Panic Attack is defined as one that is not associated with a situational trigger (i.e., it occurs “out of the blue”). At least two unexpected Panic Attacks are required for the diagnosis, but most individuals have considerably more. Individuals with Panic Disorder frequently also have situationally predisposed Panic Attacks (i.e., those more likely to occur on, but not invariably associated with, exposure to a situational trigger). Situational bound attacks (i.e., those that occur almost invariably and immediately on exposure to a situational trigger) can occur but are less common.

The frequency and severity of the Panic Attacks vary widely. For example, some individuals have moderately frequent attacks (e.g., once a week) that occur regularly for months at a time. Others report short bursts of more frequent attacks (e.g., daily for a week) separated by weeks or months without any attacks or with less frequent attacks (e.g., two each month) over many years. Limited-symptom attacks (i.e., attacks that are identical to “full” Panic Attacks except that the sudden fear or anxiety is accompanied by fewer than 4 of the 13 additional symptoms) are very common in individuals with Panic Disorder. Although the distinction between full Panic Attacks and limited-symptom attacks is somewhat arbitrary, full Panic Attacks are associated with greater morbidity. Most individuals who have limited-symptom attacks have had full Panic Attacks at some time during the course of the disorder.

Individuals with Panic Disorder display characteristic concerns or attributions about
Diagnostic criteria for 300.01 Panic Disorder Without Agoraphobia

A. Both (1) and (2):
   (1) recurrent unexpected Panic Attacks (see p. 395)
   (2) at least one of the attacks has been followed by 1 month (or more) of one (or more) of the following:
      (a) persistent concern about having additional attacks
      (b) worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy")
      (c) a significant change in behavior related to the attacks

B. Absence of Agoraphobia (see p. 396).

C. The Panic Attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).

D. The Panic Attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia (e.g., on exposure to a specific phobic situation), Obsessive-Compulsive Disorder (e.g., on exposure to dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., in response to stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., in response to being away from home or close relatives).

Diagnostic criteria for 300.21 Panic Disorder With Agoraphobia

A. Both (1) and (2):
   (1) recurrent unexpected Panic Attacks (see p. 395)
   (2) at least one of the attacks has been followed by 1 month (or more) of one (or more) of the following:
      (a) persistent concern about having additional attacks
      (b) worry about the implications of the attack or its consequences (e.g., losing control, having a heart attack, "going crazy")
      (c) a significant change in behavior related to the attacks

B. The presence of Agoraphobia (see p. 396).

C. The Panic Attacks are not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., hyperthyroidism).
Diagnostic criteria for 300.21 Panic Disorder With Agoraphobia (continued)

D. The Panic Attacks are not better accounted for by another mental disorder, such as Social Phobia (e.g., occurring on exposure to feared social situations), Specific Phobia (e.g., on exposure to a specific phobic situation), Obsessive-Compulsive Disorder (e.g., on exposure to dirt in someone with an obsession about contamination), Posttraumatic Stress Disorder (e.g., in response to stimuli associated with a severe stressor), or Separation Anxiety Disorder (e.g., in response to being away from home or close relatives).

300.22 Agoraphobia Without History of Panic Disorder

Diagnostic Features

The essential features of Agoraphobia Without History of Panic Disorder are similar to those of Panic Disorder With Agoraphobia except that the focus of fear is on the occurrence of incapacitating or extremely embarrassing panic-like symptoms or limited-symptom attacks rather than full Panic Attacks. Individuals with this disorder have Agoraphobia (see p. 396) (Criterion A). The “panic-like symptoms” include any of the 13 symptoms listed for Panic Attack (see p. 394) or other symptoms that may be incapacitating or embarrassing (e.g., loss of bladder control). For example, an individual may be afraid to leave home because of a fear of becoming dizzy, fainting, and then being left helpless on the ground. To qualify for this diagnosis, the full criteria for Panic Disorder must never have been met (Criterion B) and the symptoms must not be due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (Criterion C). If an associated general medical condition is present (e.g., a cardiac condition), the fear of being incapacitated or embarrassed by the development of symptoms (e.g., fainting) is clearly in excess of that usually associated with the condition (Criterion D).

Specific Culture and Gender Features

Some cultural or ethnic groups restrict the participation of women in public life, and this must be distinguished from Agoraphobia. This disorder is diagnosed far more often in females than in males.

Prevalence

In clinical settings, almost all individuals (over 95%) who present with Agoraphobia also have a current diagnosis (or history) of Panic Disorder. In contrast, the prevalence of Agoraphobia Without History of Panic Disorder in epidemiological samples has been reported to be higher than that for Panic Disorder With Agoraphobia. However, problems