SUMMARY

“I was standing in line at the check-out in the supermarket, waiting for my turn to pay. Suddenly, I broke into a sweat and my heart started beating like mad. I was scared I might faint in the shop, so I rushed outside, leaving my shopping behind.”

A panic attack is a sudden surge of intense anxiety or tension, accompanied by various physical symptoms, such as trembling, perspiring and dizziness. Panic attacks are very common; and if they are not dealt with on time, they can develop into a panic disorder. A panic disorder is a psychiatric condition which reduces quality of life, increases the likelihood of other mental health disorders and incurs considerable costs. Prevention and early intervention in people with mild to moderate panic symptoms may prevent the development of a chronic disorder.

The ‘Don’t Panic’ course has been developed with this aim in mind. The following research questions are addressed in this thesis:

1. Is a short version of the ‘Don’t Panic’ course equally as effective as the long version?
2. Is the course effective and feasible?
3. Do varying degrees of panic severity differ in impact on level of functioning and intervention outcome?
4. What is the process of change underlying improvement?

Chapter 1 contains an introduction to the nature and aetiology of panic symptoms. This is followed by an analysis of the epidemiological data on anxiety symptoms in general and panic symptoms in particular. The analysis shows that panic symptoms occur frequently, generate a considerable illness burden and incur high costs. Little research has been conducted to date on prevention and early intervention in panic, and results are poorly generalisable; nonetheless, there are indications that this may be a promising approach. The research questions of this thesis are explored in studies conducted within standard mental health care practice, in order to increase external validity. The ‘Don’t Panic’ course is based on cognitive behavioural therapy – a form of therapy that has been proven effective in the treatment of panic disorder. This group-based course is aimed at adults with mild to moderate panic symptoms. It may be categorised as ‘indicated prevention’, in relation to people with subclinical panic disorder, and ‘early intervention’ in relation to people with a mild form of panic disorder.

Chapter 2 describes a pilot study examining the difference between the short and long versions of the course and the course’s effectiveness and feasibility. For the pilot study, the course was conducted by employees of 12 mental health (GGZ) organisations spread throughout the Netherlands. The procedures used for recruitment and screening were the standard procedures employed by the mental health organisations for conducting courses of this nature. Measurements using validated, reliable measuring instruments were taken
at baseline, upon completion of the course, and six months after the course. A total of 114 course participants took part in the study. The average age was 42 and 78% were female. The results show that no significant difference was found between the long and the short versions of the course. Furthermore, it was shown that after the course, the panic symptoms had abated significantly, quality of life had improved significantly, and there was a significant reduction in depressive symptoms. The improvements were maintained six months after the course. Both course participants and course leaders rated the course positively (regarding aspects including content, feasibility and results).

Chapter 3 contains a description of a protocol for a study on the (cost-) effectiveness of the course. This is a pragmatic study conducted in a population with sub-clinical and mild panic disorder. The study participants were randomised to the course or to a wait-list control group. Account was taken of the organisation to which the course participant had applied, and whether the participant had panic disorder or agoraphobia. Several mental health care organisations were involved in the research. Measurements were conducted with valid, reliable measuring instruments before the course started and after its completion. In the experimental group a follow-up measurement was conducted six months after the course in order to evaluate the longer term effects. In addition to questionnaires that were completed by the participants themselves, a standardised diagnostic interview (MINI-Plus) was conducted before the course started and after it ended, in order to obtain an impression of the diagnoses made according to DSM-IV criteria. The research protocol with the methods, procedures, measuring instruments and analyses have been described extensively in the protocol and critically reviewed.

The practical execution of the randomised effectiveness study as well as its results are described in Chapter 4. Seventeen mental health (GGZ) organisations spread throughout the Netherlands participated in the trial. A total of 217 participants were involved in the study. These were randomised to the experimental group (N=109, who took part in the course) and the control group (N=108, who were assigned to a waiting list). The average age was 42 and 71% were female. The results showed that three months after pre-test, significantly more people from the experimental group had achieved a clinically significant change compared to the control group. In addition, a significantly positive effect on the DSM-IV diagnosis of panic disorder and on the severity of the panic symptoms was found for the experimental group compared to the control group. The effect on panic symptoms could be considered large, and remained in place after six months. Information supplied by the course leaders showed that the attendance rates of the participants and the degree of completion of the homework assignments were satisfactory. Furthermore, the evaluation of the course by the participants showed that the participants rated the course positively, and that they found it helped to reduce their panic symptoms.
On the basis of this research and the pilot study, we can conclude that the course is effective in reducing panic symptoms and that the positive effects remain in place in the longer term. In addition, the course has been shown to be feasible within the setting of mental health care organisations, and that it is well received by participants.

Chapter 5 describes a study comparing groups with varying levels of severity on level of functioning, economic costs and degree of improvement after the course. The data from the randomised trial were used for this study. The results show that groups with varying levels of severity of subclinical and mild panic disorder all exhibit a large illness burden and incur considerable costs. The findings also show no significant difference in improvement in general between the different levels of severity after the course. It may thus be concluded that the various groups benefit equally from the course. As a clinical implication of these results it was suggested that the intervention could be useful as a first step in a stepped care approach to mental health care.

In order to obtain insight into the process of change underlying improvement after the intervention, a study was conducted on the possible mediating role of cognitions. This study is described in Chapter 6. The results show that cognitions may possibly be a mediator for changes after the course. It was also shown that the process of change may be circular: change in cognitions may result in a change in panic symptoms and vice versa.

In Chapter 7 the results of the studies are discussed against the background of the existing literature on prevention and early intervention in panic. In addition, the strengths of the research (including the large degree of generalisability) and the limitations (including the short duration of follow-up measurements) are outlined. Reference is made to the implications of the results of the studies in this thesis for clinical practice, and suggestions are proposed for future research.

In the Addendum, the history of the ‘Don’t Panic’ course is outlined, and the preliminary studies on its effectiveness and feasibility are discussed. Subsequently, a comprehensive description of the content of the course is given. To conclude, the experiences of a course participant are described.