
恐慌症與自律神經失調

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恐慌發作與恐慌症

- 突然的恐懼害怕，合併有心悸、胸悶、氣喘、頭暈、發熱、冒汗、發冷、發抖、發麻、肚子痛等等身心症狀，稱作恐慌發作。
 - 症狀來得急去得快。
 - 重複沒有原因的恐慌發作，合併有預期焦慮，稱為恐慌症。
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Could you have panic disorder?

More than 3 million Americans do. People with panic disorder live in constant fear of having panic attacks. Research shows that effective treatments — medications or a kind of psychotherapy called cognitive-behavioral therapy — can reduce or eliminate panic attacks in 70-90 percent of people with panic disorder.

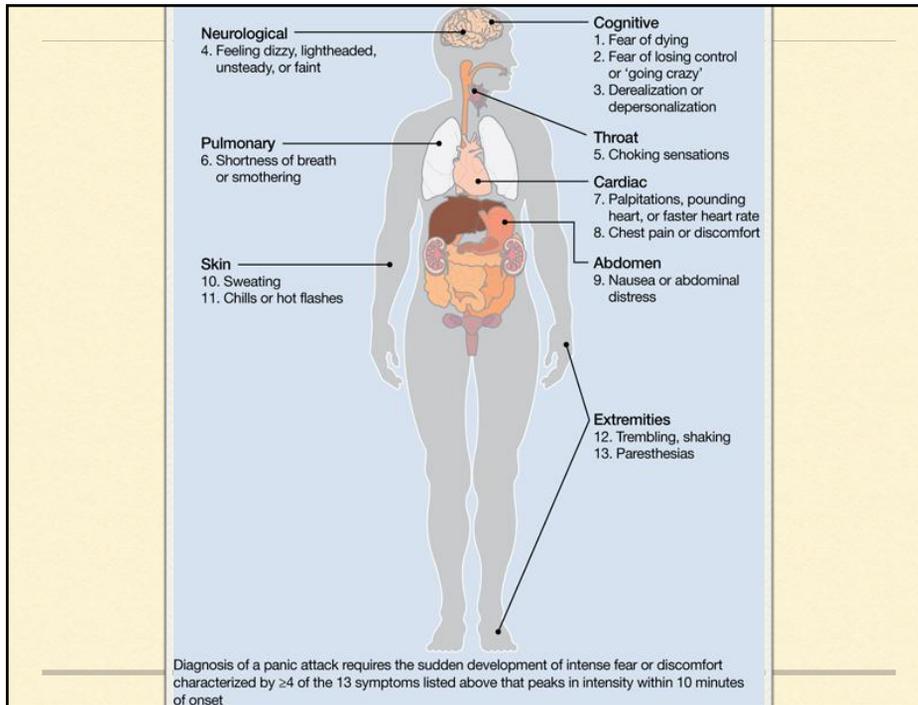


Symptoms of Panic Disorder

- Choking, chest pains, distress
- Difficulty breathing, rapid or shallow breathing
- Tingling in fingers or toes ("pins and needles")
- Hot flashes, or sudden chills
- Nausea, dizziness or lightheadedness
- Trembling, sweating, shaking

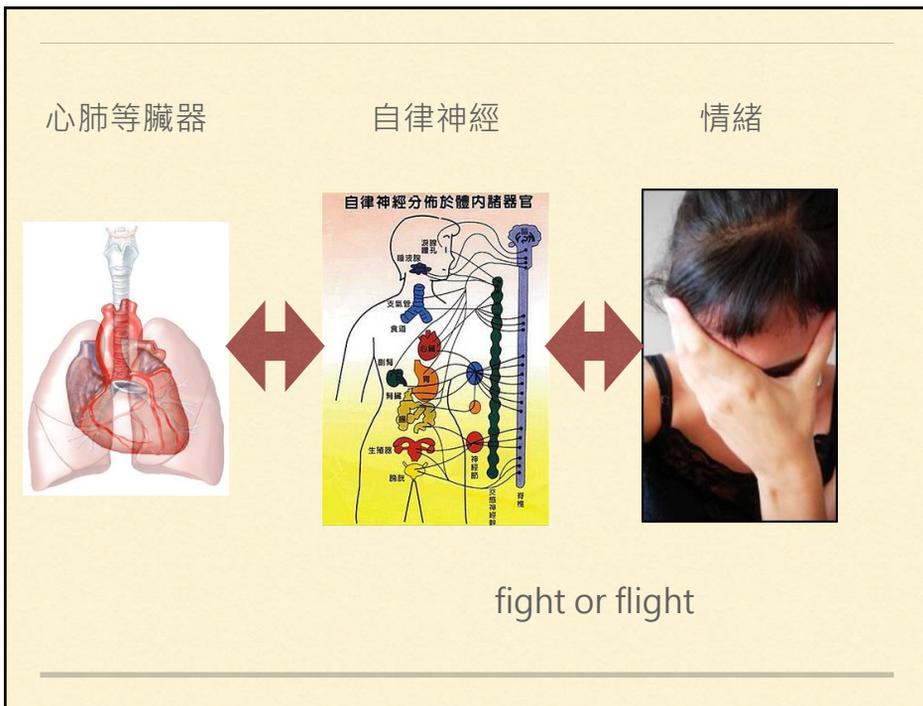
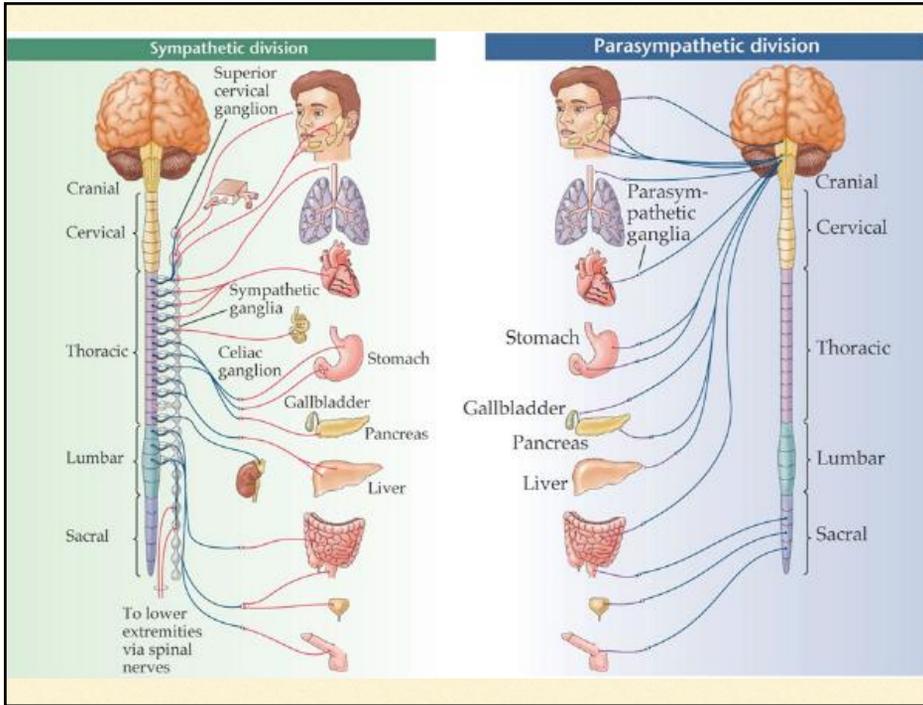


- Fearful that you're going to go crazy or are about to die
- Terror that is almost paralyzing
- Nervous, shaking, stress
- Fear, fright, afraid, anxiety
- Raging heartbeat
- Heart palpitation, feeling of dread



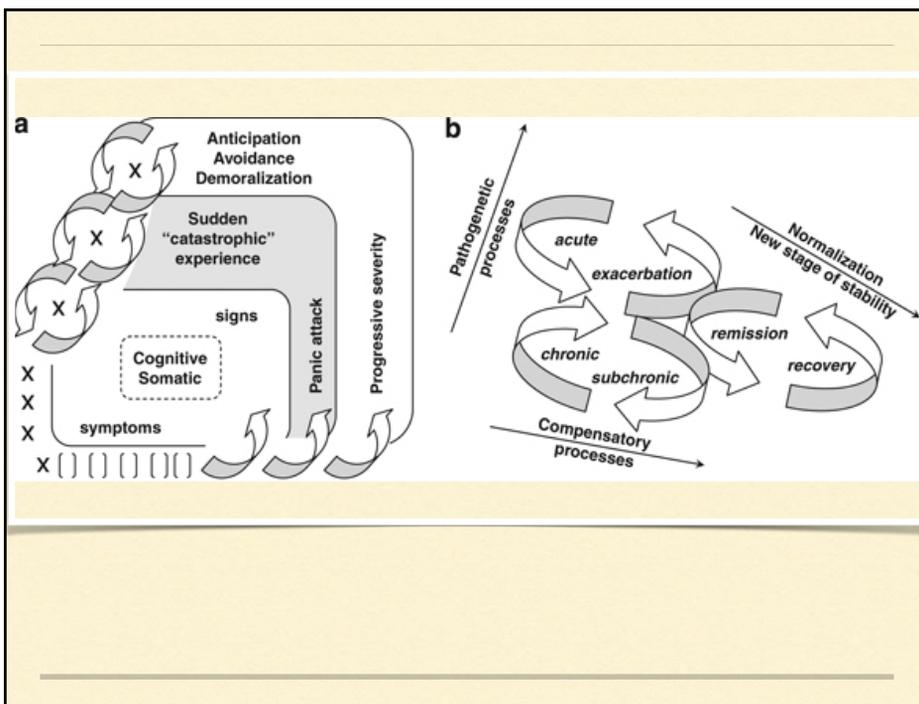
自律神經系統

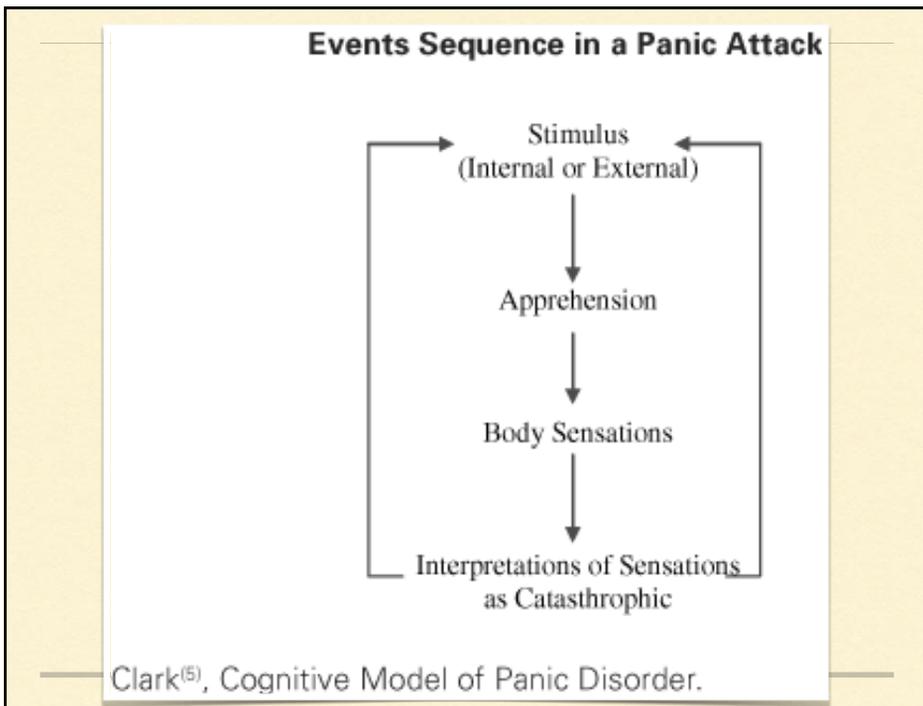
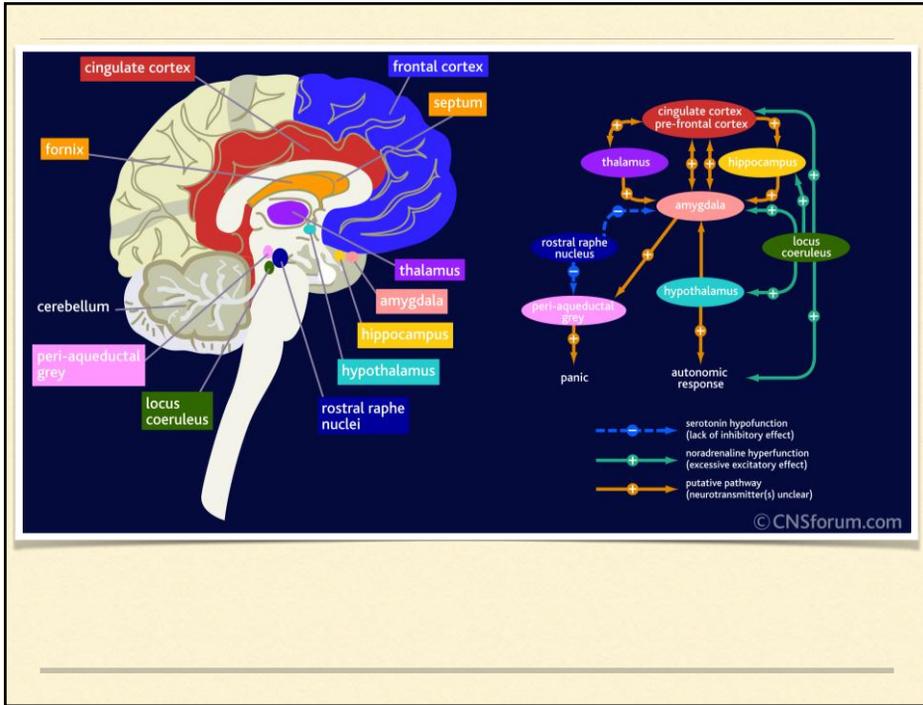
- 自己控制自己，不受我們意志控制，所以稱為自律神經系統。
- 主管臟器與腺體（唾液、汗等）的神經系統。
- 控制內臟的動作，並且接收內臟的感覺。
- 心血管、呼吸、腸胃、泌尿道等，都受到自律神經系統控制。

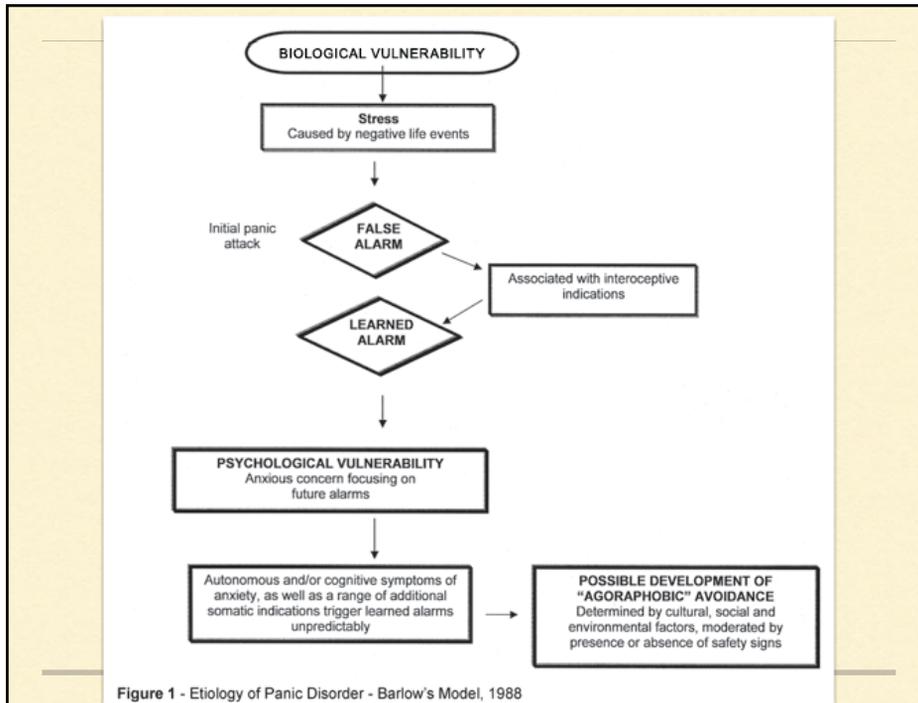


恐慌症與自律神經失調的關係

- 自律神經主管心跳、呼吸、腸胃、排汗、血流。局部血流影響冷熱，往腦部血流影響頭暈等等。
- 恐慌症也有超乎自律神經的症狀，覺得快死、失去現實感、發抖等等。
- 自律神經失調除可解釋主要症狀外，也可解釋來得急去得快的恐慌發作。
- 預期焦慮仍扮演重要角色。



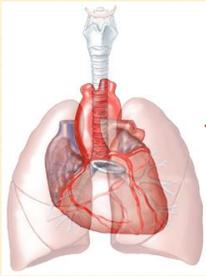




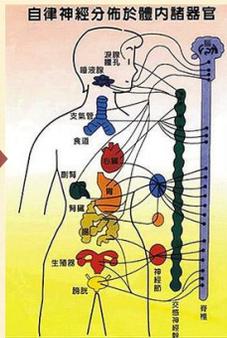
自律神經檢測

- 自律神經無法直接檢測
- 用心跳變異率來推估自律神經的狀況
- 自律神經的狀況可以再來推估情緒的狀況
- 經過兩層的推估，準確率有限，但是至少讓病人感受到實際客觀的檢測，來表現出其情緒。

心肺等臟器



自律神經

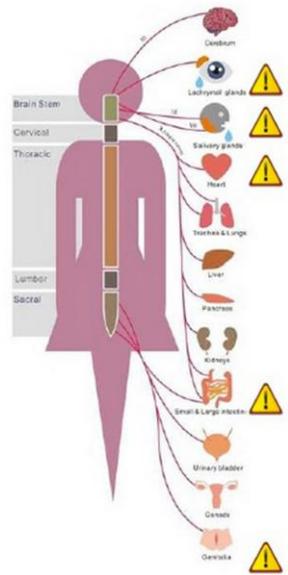


情緒

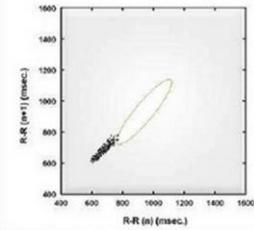


fight or flight

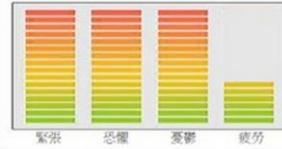
全身臟器之評估



心跳變異



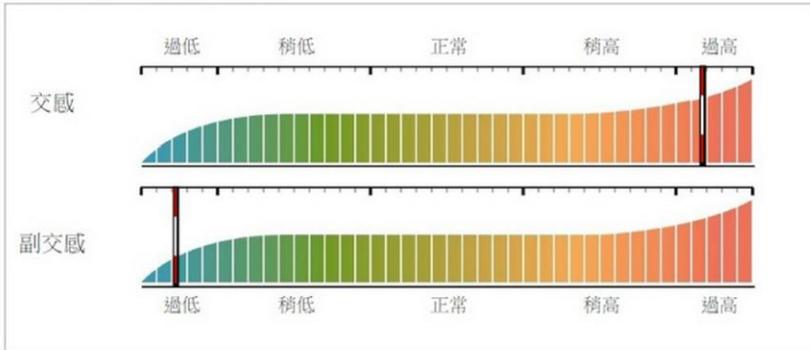
情緒指數



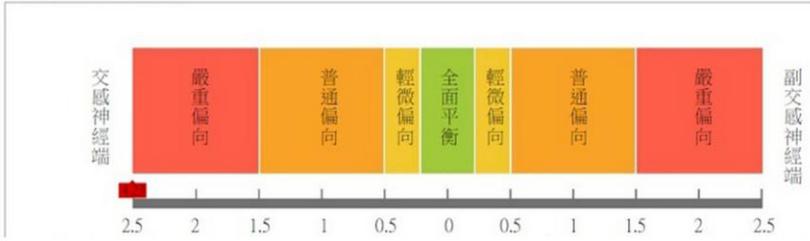
整體評估



交感/副交感神經指標分析

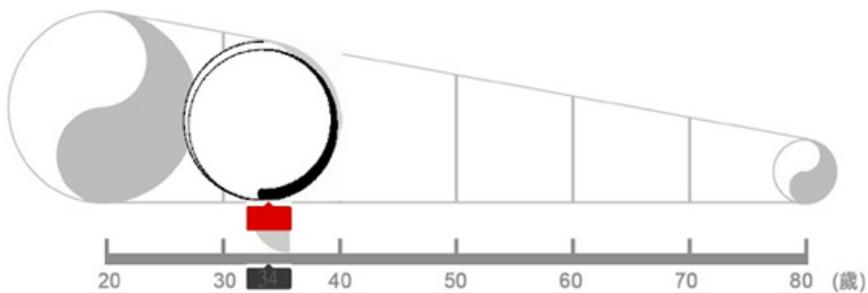


自律神經平衡表



人間診所自律神經檢測報告

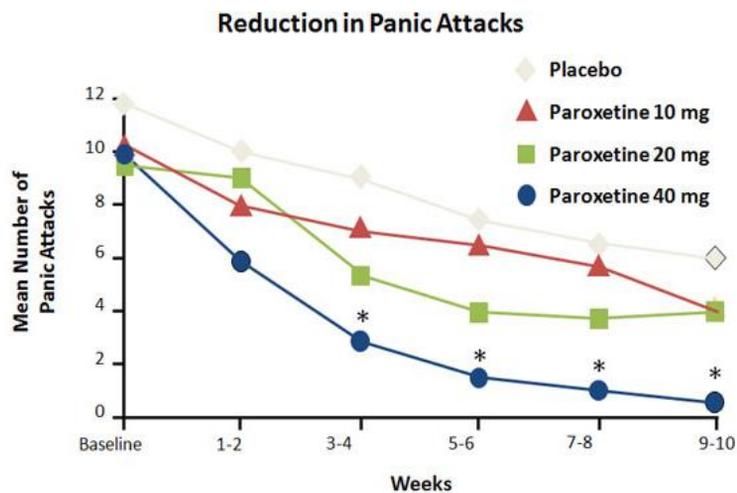
自律神經年齡關聯性



I SUFFER FROM FEAR OF OPEN SPACES AND FEAR OF CLOSED SPACES. WHY CAN'T THEY CANCEL EACH OTHER OUT?!



Fixed-Dose Study of Paroxetine in Panic Disorder



* $P < .019$ vs placebo.
Ballenger JC et al. *Am J Psych.* 1998;155:34-40.

Setting	Prevalence of Panic Disorder
Family practice ⁷	25%
Emergency department ^{17,18}	18%–26%
Atypical chest pain ^{19,20}	16%–47%
Referral population	
GI Lab (no CAD) ²¹	34%
Cardiology ²²	38%
Negative work-up ^{9,23}	27%–37%
For cardiac testing ²⁴	47%
For angiography ²⁵	10%
Cardiology ^{26–28}	9%–57%
Sent for ECG ^{22,29}	62%
No CAD ³⁰	34%–41%
With atypical chest pain ^{31,32}	41%–59%
Clinic with nonischemic pain ³³	22%
Coronary care unit ³⁴	31%
Other	
Minimal/no CAD ^{35,36}	30%–43%
Noncardiac chest pain ³⁷	53%
Cardiac neurosis ³⁸	17%

Source: J Am Board Fam Pract © 2004 American Board of Family Practice