Tower Bridge Hospital London

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT
020 7916 0029 · Open 7 days, 9am–7pm
towerbridgehospital.co.uk

PATIENT INFORMATION · MENTAL HEALTH

Panic attacks
terrifying, harmless, and highly treatable

A panic attack is a surge of intense fear that peaks within about ten minutes and produces such convincing physical symptoms that most people having their first one believe they are dying. They are not dangerous, they always stop, and panic disorder responds better to treatment than almost any other mental health condition.

Get emergency help if there is

- **chest pain lasting more than 15 minutes**, or spreading to the jaw, neck or arm
- chest pain with **sweating, vomiting or collapse**
- **breathlessness that persists** after the panic has subsided
- a **first episode over the age of 40**, or in someone with heart disease or risk factors
- **thoughts of harming yourself**

Panic and heart attack can be genuinely difficult to distinguish, particularly the first time. If in any doubt, call 999 — nobody will think less of you, and it is the right call. Once cardiac causes have been properly excluded, however, repeated emergency attendances tend to reinforce the fear rather than relieve it. If you are having thoughts of harming yourself or ending your life, help is available now and these feelings can be treated. Call **999** or go to an emergency department if you have already harmed yourself or feel unable to stay safe. Otherwise call **Samaritans free on 116 123**, any time of day or night, text **SHOUT to 85258**, or call **NHS 111 and select the mental health option**. Please also tell someone you trust, and tell us — we would far rather you did.

What happens

Adrenaline floods the system: heart pounding, chest tight, breathing fast, dizzy, sweating, trembling, tingling in the hands and around the mouth, nausea, and a powerful sense of unreality or of being about to lose control or die.

Much of the physical experience comes from **over-breathing**. Breathing too fast blows off carbon dioxide, which causes the tingling, the light-headedness, the chest tightness and the feeling of not getting enough air — which then prompts more over-breathing. Recognising that loop is the beginning of controlling it.

10 minutes	20–30 minutes	Zero

typical time to peak	usual duration	physical harm caused

During an attack

1. **Name it.** Say to yourself: this is a panic attack, it will peak and pass, it cannot harm me. Naming it interrupts the escalation.
2. **Slow the out-breath.** Breathe in for four, out for six or seven. The long out-breath is the part that matters — it restores carbon dioxide and activates the calming system.
3. **Stay where you are if you can.** Leaving teaches your brain that the place was dangerous and that escape saved you.
4. **Do not fight it.** Let the wave rise. Resisting adds a second layer of fear on top of the first.
5. **Ground yourself** — feel your feet on the floor, name five things you can see. This anchors attention outside your body.

Avoidance is what turns panic attacks into panic disorder

One panic attack is unpleasant. What makes it a lasting problem is what happens next: avoiding the supermarket, the tube, the gym, driving, being alone. Each avoidance brings immediate relief and long-term worsening, and the avoided world steadily shrinks. The single most important thing you can do is keep going to the places you are afraid of, even while afraid.

Things that keep it going

- carrying 'safety behaviours' — always having water, tablets, a companion, sitting near exits
- checking your pulse, or monitoring your body for early signs
- searching symptoms online
- caffeine, energy drinks, nicotine and cannabis
- alcohol used to get through situations
- poor sleep, which lowers the threshold considerably

Treatment

Cognitive behavioural therapy is the treatment of choice and works well — typically 8 to 12 sessions, involving understanding the physical mechanism, dropping safety behaviours, and deliberately re-entering avoided situations. Many people are substantially better within a few months.

An SSRI is effective where panic is frequent or therapy alone is not enough. It is started at a low dose because panic disorder is particularly sensitive to early side effects. **Benzodiazepines are not recommended** — they abort an attack but make the disorder worse over time and cause dependence quickly.

> **Book an appointment if** you are having repeated attacks, avoiding places or activities, or want cardiac causes properly excluded once so you can stop wondering. We can examine you, arrange an ECG and bloods, and refer for CBT without a long wait.

ECG, assessment and therapy referral

Seven days a week, 9am–7pm, on Whitechapel Road.

Book an appointment

or call 020 7916 0029

Where to get help

Tower Bridge Hospital London
97–99 Whitechapel Road, London E1 1DT

020 7916 0029

WhatsApp **07903 284 189**
info@mhwclinic.co.uk
Open 7 days, 9am–7pm

In an emergency
Call 999, or go to the Royal London Hospital Emergency Department, Whitechapel Road, London E1 1FR.

When we are closed and it is not an emergency
Call NHS 111 or visit 111.nhs.uk.

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Written and reviewed by Dr H Bolat, GP & Clinical Director **Review date: 26 July 2026** **Next review due: July 2028**

Ref: TBH-PIL-086

This leaflet is based on current NHS and NICE guidance on panic disorder in adults. It is general information and does not replace advice from a clinician who has assessed you. If your symptoms change or you are worried, contact us on 020 7916 0029, call NHS 111, or call 999 in an emergency.