

Behavioral and Cognitive Management of Panic Disorder and Agoraphobia in Adolescents: A Case Report

Amraouza K*, Rabitadeddine M, El Barmaki N, Adali I, Manoudi F, Asri F

Research Team for Mental Health, University Department of Psychiatry, Mohammed VI University hospital center, Marrakech, Morocco

DOI: [10.36347/sasjm.2020.v06i04.001](https://doi.org/10.36347/sasjm.2020.v06i04.001)

| Received: 27.02.2020 | Accepted: 05.03.2020 | Published: 07.04.2020

*Corresponding author: Amraouza K

Abstract

Case Report

Children and adolescents are increasingly at risk of developing mental health problems, which negatively impacts their development and the development of their societies. Anxiety disorders are the most frequent in this population. The management is specially focused on psychotherapy. In our study, we report the case of a teenage girl with panic disorder and agoraphobia. We have proposed Cognitive behavioural therapy (CBT). In fact, several meta-analysis studies have demonstrated its effectiveness in this indication. Until now, studies mainly concern adults and there are few data concerning children and adolescents. The success of our therapy and the absence of relapse after the end of treatment allow us to emphasize the importance of this approach with young population.

Keywords: Panic disorder, agoraphobia, Cognitive behavioural therapy, adolescents.

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INTRODUCTION

Fear is a primary emotion. It appears early in childhood and contributes to good psychological development of children. Nevertheless, it can sometimes become pathological when it is too intense or when it occurs in inappropriate situations. Therefore, it leads to anxiety disorders which represent the most frequent psychiatric disorders in young people [1]. Panic disorder is one of the common anxiety disorders in adolescents. Its prevalence in the general population is about 2 to 4% with. It is more frequent with female [2]. In the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), panic disorder was separated from agoraphobia [3, 4]. In our study, we report the case of a 14-year-old girl suffering from panic disorder and agoraphobia. The behavioral and cognitive management of the patient illustrated the effectiveness of this approach in adolescents.

CLINICAL CASE

Miss F is a 14-year-old girl. She was referred in child psychiatry consultation by her cardiologist. She was the youngest so she has always been overprotected by all family members. She suffered from separation anxiety during her childhood. At school, she was a very good student: serious, intelligent and very calm. Symptoms started a year ago. Miss F had her first panic attack at school. Then, the number of panic attacks increased up to several times a day. Panic attacks were

spontaneous and occurred in different situations. Therefore, Miss F began to avoid all situations where she could find herself alone. She was afraid that she would not be able to ask for help when needed. She was so afraid of panic attacks that she stopped doing many activities. She only went out with someone else, did not play sports, and even refused to travel. She often consulted emergency service. She feared every time to have a heart attack. No organic cause including heart disease has been found. Her cardiologist referred her to a child psychiatry consultation. We proposed Behavioral and cognitive management coupled with pharmacological treatment (selective serotonin reuptake inhibitor) for her case.

Treatment length was up to 20 weekly individual sessions. First we worked on psychoeducation and we made a therapeutic contract in collaboration with both patient and her parents. Then, the Synchronic Functional Analysis focused on a situation "spontaneous panic attack at home". We used the "SECCA" grid [5]. we indentified the emotion "fear" the physical symptoms of the panic attack, the cognition or automatic thoughts "I will die" "my heart will stop", and the behavior of the patient "stay frozen". The diachronic functional analysis reveals a genetic predisposition since the parents were suffering from a generalized anxiety disorder. The overprotection of family members doesn't help her. The therapeutic goals were to eliminate the panic attacks and to overcome

agoraphobia. We used measures to monitor the progress of therapy. Beck's abbreviated depression inventory [6] showed an initial score of 23 which means moderate depression without suicidal thoughts. The scale of assessment of phobias, panic attacks and generalized anxiety "PPAG" [7] made it possible to measure the number of panic attacks. It could reach up to 10 per day. It also identified phobogenic situations. We use Beck's automatic thought record [8] to teach patient how to identify, evaluate and modify her negative thoughts. We also classified the phobogenic situations using a hierarchical subjective evaluation. The degree of anxiety was defined by the patient using a visual analogical scale from 0 to 10 so we could make a fear thermometer. Using this tool, we could conduct the exposures in a graduated way.

We used several techniques as well as a healthy lifestyle. Respiratory control using the "Valsalva" maneuver [5] allows the patient to reduce anxiety and to eliminate physical sensations that may arise from it. The patient was also trained to Jacobson's relaxation technique. Cognitive restructuring made it possible to replace the automatic anxiety-provoking thoughts with alternative thoughts. The exposures were the most important stage of therapy. We explained to our patient the principle of habituation. Exposure exercises were done in a graduated, prolonged and repeated way. They were first done in imagination. After training in sessions, the patient did exposures in vivo.

At the end of the therapy, objectives were achieved. The panic attacks were controlled at the 10th session. Then the agoraphobia was managed by exposure exercises. Panic disorder was no longer a handicap for the patient. She regained self-confidence. Her school level had improved. She became autonomous. She was able to live new experiences and have new social relationships. Measures at the end of therapy revealed no depression and no panic disorder.

We followed our patient for 2 years after the end of therapy and pharmacological treatment. We did not notice any relapses during this period.

DISCUSSION

Nearly 25% of children and adolescents suffer from mental diseases [8]. Anxiety disorders are the most common diagnosis [1]. In young people, it has a negative impact on the development and quality of life. This was clearly reported by our patient. Her academic performance was reduced as well as her social interactions. She became more and more isolated and she was afraid to do new experiences. According to the recommendations of the American Academy of Child and Adolescent Psychiatry (AACAP), Cognitive behavioural therapy (CBT) is the gold standard of treatment for panic disorder. It can be combined with pharmacotherapy, especially selective serotonin

reuptake inhibitors, in severe anxiety disorders [9]. CBT is associated with a high rate of remission [10, 11]. Despite the success of this approach, the data concerning children and adolescents remain very limited and neglected compared to those concerning adults [12]. For our case, we choose to treat the patient using CBT + pharmacotherapy because of the severity of the disorder. We involved parents too. In children and adolescents, CBT follows the same pattern used for adults with adaptations according to the age. Also, the involvement of the parents is important to encourage their children especially for doing exposures [13].

The therapy was successful. A good therapeutic alliance was established between the therapist and the patient. She was very motivated to deal with her trouble. She was really engaged; enthusiastic and she always respected the appointments. We congratulated her and encourage her for doing homeworks in the right way. We always tried to increase her sense of self-efficacy in order to maintain her motivation and involvement to the therapy. This clinical case illustrates the effectiveness of CBT in the management of Panic disorder in adolescents. Indeed, we achieved complete remission with relapse prevention during the follow-up of our patient.

CONCLUSION

Our clinical case is an opportunity to show the high importance of CBT in the management of mental disorders in adolescents especially anxiety disorders. It allows us to encourage using this therapy with young people and also publishing more data about it.

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