

Effective interventions in patients with panic disorder and asthma: A theoretical review

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Introduction

Asthma is a common disease that implies psychological issues such as: panic fear, avoidance, anticipation, anxiety and depression. The two conditions share similar phenomenology and confusion between symptoms can result in severe complications, causing in some cases risk of dead. Panic disorder prevalence is four-times higher in patients diagnosed with asthma. Besides, some psychotherapeutic techniques which are normally recommended to treat panic are not functioning in the case of asthma and in some cases they are even harmful. In spite of all these considerations, few studies have investigated how to treat patients with both conditions simultaneously.

Objective

This systematic review aims to examine the current investigation of the effective psychological interventions applied to people suffering from asthma and panic disorder.

Method

In order to conduct the research, four different databases were consulted: TripData Base, Cochrane Data Base, MEDLINE and EMBASE up to March 2018. A total number of four articles fulfilled the inclusion criteria and were selected.

Results

Cognitive Behavior Therapy and psycho-education along with some adaptations was the combination applied by all the selected studies (See [Table 1](#)). A significant reduction on severity of panic disorder and asthma symptoms was accomplished as well as a significant improvement in some asthma parameters such as asthma quality of life (See [Table 2](#)).

Table 1: Treatment components

Reference	Treatment	Components
Ross et al. (2005)	CBT+ Asthma education	Education anxiety and panic, cognitive therapy techniques, diaphragmatic breathing, interoceptive exposure Information airway inflammation, correct use of medication, inhaler techniques, self-monitoring and peak-flow, asthma triggers and strategies for control, action plans
Lehrer et al. (2008)	Barlow CBT + Asthma education	Jacobson relaxation, cognitive restructuring, exposure, assertiveness, relapse prevention Use of peak-flow meters, anatomy and physiology of asthma, differentiation between asthma and panic, asthma problem solving, asthma medication, smoking reduction
Parry et al. (2012)	CBT+ Asthma and anxiety education	Differentiation asthma and panic, anxiety cognitions, reducing preoccupation, exposure breathing techniques, panic triggers, problem solving, asthma related beliefs
Feldman et al. (2016)	CBPT + Biofeedback vs MRT	CBPT: same treatment as Lehrer et al. (2008) culturally adapted, biofeedback MRT: relaxing music, paced breathing, supportive techniques

Table 2: Characteristics and results of the included studies

Reference	Sample	Type of Study	Treatment	Results
Ross et al. (2005)	15 treatment 10 waiting list	RCT	CBT + Asthma education	CBT + asthma education produced antipanic effect and improved asthma related quality of life
Lehrer et al. (2008)	12 treatment (14 session protocol) 10 treatment (8 session)	Pilot study	Barlow CBT protocol + Asthma education	Decrease >50% in panic symptoms, decrease asthma symptoms and improvement asthma quality of life.
Parry et al. (2012)	28 treatment 31 routine care	RCT	CBT + Asthma and anxiety education	Significant reduction in asthma-specific fear. Quality of life improved.
Feldman et al. (2016)	24 treatment 24 control group	RCT	CBPT + biofeedback vs MRT	Both groups decreased PD severity, and improved asthma control and asthma quality of life. CBT was better for adherence to inhaled corticoids.

RCT: Randomized controlled trial; CBT: Cognitive Behavioral Therapy; CBPT: Cognitive Behavioral Physiological Therapy; MRT Music and Relaxation Therapy

Conclusions

The investigation available of both disorders is still scarce but it suggests that a combination of Cognitive Behavior Therapy and a significant emphasis on education may be helpful and effective as a treatment for patients with asthma and a comorbid panic disorder. More investigation is required in order to offer a more effective intervention to this group of patients.

References

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