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CASE SERIES: COGNITIVE-BEHAVIOURAL INTERVENTION OUTCOMES IN MILD, MODERATE, AND SEVERE PRESENTATIONS OF PANIC DISORDER

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ABSTRACT

This case series explores the effectiveness of Cognitive Behavioural Therapy (CBT) in treating Panic Disorder (PD) of varying severity—mild, moderate, and severe—among three Indian clients. Interventions included psychoeducation, breathing retraining, cognitive restructuring, graded exposure, and mindfulness. All participants showed significant improvement, with reductions in Panic Disorder Severity Scale (PDSS) and Beck Anxiety Inventory (BAI) scores, and enhanced functioning. The results highlight CBT's adaptability across different symptom levels and its cultural relevance in the Indian context. Incorporating CBT into educational and workplace settings can promote early intervention, reduce stigma, and improve overall mental health outcomes.

INTRODUCTION

Panic Disorder (PD) is a distressing anxiety condition characterised by sudden and recurrent panic attacks accompanied by intense physiological arousal, fear, and avoidance behaviours (American Psychiatric Association, 2013). Onset typically occurs in early adulthood, with the severity of symptoms ranging from mild and transient episodes to severe and disabling attacks associated with agoraphobia. Globally, PD affects approximately 1.5%–3.5% of adults (Roy-Byrne et al., 2006). In India, however, sociocultural stigma, underdiagnosis, and limited access to mental health services continue to delay treatment initiation (Math et al., 2019). Due to its somatic manifestations such as palpitations, chest pain, and breathlessness. PD is frequently misattributed to cardiac or respiratory conditions, leading to multiple

medical consultations before appropriate psychological intervention. Cognitive Behavioural Therapy (CBT) has consistently demonstrated robust efficacy in addressing PD, focusing on restructuring maladaptive cognitions, reducing avoidance, and managing physiological hyperarousal (Clark, 1986; Craske & Barlow, 2008). This case series presents three clients with varying PD severity—mild, moderate, and severe to illustrate the adaptability and effectiveness of CBT across different clinical presentations.

Case 1: Mild Panic Disorder (Early Onset)

A 22-year-old undergraduate student reported experiencing recurrent episodes of acute anxiety and shortness of breath during academic examinations over a period of three months. Symptoms included dizziness, trembling, and chest tightness, which she initially feared were due to a cardiac condition. She demonstrated good insight and continued regular academic activities. No relevant medical history or comorbid psychiatric condition was identified. Her baseline scores were (Panic Disorder Severity Scale)PDSS = 8 and (Beck Anxiety Inventory) BAI = 15, consistent with mild panic symptoms. The client was given six weekly CBT sessions. Initial sessions emphasised psychoeducation about the physiological mechanisms of anxiety and breathing retraining to counter hyperventilation. Cognitive restructuring exercises were introduced to challenge automatic catastrophic thoughts such as 'I might faint in the exam hall,' which were gradually replaced with balanced cognitions. She was encouraged to maintain a panic diary documenting triggers, thoughts, and coping responses, with weekly homework focusing on relaxation and mindfulness practices.By the end of therapy, PDSS decreased to 3 and BAI to 8. The client reported improved self-efficacy and focus during examinations, with no recurrence of panic attacks at one-month follow-up.

Case 2: Moderate Panic Disorder (Professional Stress)

A 27-year-old unmarried female software engineer presented with a six-month history of frequent panic attacks occurring two to three times per week. Episodes were characterised by palpitations, shortness of breath, dizziness, and an overwhelming fear of losing control. Over time, she began avoiding meetings and crowded environments. Her baseline scores were PDSS = 14, BAI = 28, and (Global Assessment of Functioning)GAF = 62, indicating moderate symptom of severity and impaired occupational functioning.Twelve weekly CBT sessions were implemented following Clark’s cognitive model (1986). The early sessions focused on psychoeducation, normalisation, and breathing retraining, while subsequent sessions targeted cognitive distortions and introduced progressive muscle relaxation and

graded exposure. Mindfulness-based techniques were integrated during the later phase of therapy to enhance emotional regulation. The client was also guided to develop workplace coping strategies, including assertiveness and stress management techniques.At the conclusion of therapy, PDSS reduced from 14 to 4, BAI from 28 to 8, and GAF improved to 88. The client resumed independent travel and active participation in professional meetings. A three-month follow-up confirmed stable improvements and ongoing use of CBT-based coping skills.

Case 3: Severe Panic Disorder with Agoraphobia

A 35-year-old married male school teacher presented with a two-year history of severe panic attacks characterised by palpitations, sweating, derealization, and an intense fear of dying. He progressively developed agoraphobic avoidance, refraining from travelling alone or teaching in classrooms. He had been prescribed low-dose anxiolytics for six months without significant relief. Baseline assessment scores were PDSS = 20, BAI = 36, and GAF = 52, suggesting severe impairment. The client underwent sixteen CBT sessions over four months. The initial sessions centred on rapport building, psychoeducation, and relaxation techniques. Subsequent sessions introduced cognitive restructuring to counter catastrophic interpretations, such as 'I will die if I leave home.' Graded in vivo exposure was employed, beginning with brief outdoor walks and progressing to independent commuting and full classroom teaching. The final phase of therapy emphasised relapse prevention, mindfulness meditation, and lifestyle modifications such as improved sleep hygiene and physical activity.Post-treatment scores showed PDSS = 7, BAI = 12, and GAF = 80. The client resumed teaching, engaged socially, and reported reduced fear of recurrence. At the three-month follow-up, he remained stable with consistent practice of relaxation and mindfulness exercises.

DISCUSSION

The present case series highlights the flexibility and efficacy of Cognitive Behavioural Therapy in managing Panic Disorder across different severity levels. While the mild case required minimal intervention focusing on psychoeducation and relaxation, the moderate and severe cases necessitated extended therapy incorporating cognitive restructuring and exposure techniques. Significant reductions in PDSS and BAI scores across all cases reflect the consistent therapeutic impact of CBT.These findings align with the existing literature, which emphasises CBT’s efficacy in panic management and long-term relapse prevention

(Hofmann et al., 2012). Key therapeutic components contributing to improvement included normalisation of symptoms, identification of automatic negative thoughts, and gradual desensitisation through exposure. Mindfulness practices further supported emotional regulation and reduced anticipatory anxiety. Cultural factors played an important role in treatment engagement. Indian clients often perceive anxiety as a weakness, which may delay help-seeking (Math et al., 2019). By reframing anxiety as a physiological and psychological response rather than a character flaw, clients became more receptive to therapy. Culturally congruent interventions, such as mindfulness and breathing retraining, enhanced compliance and therapeutic alliance. Treatment intensity corresponded with symptom severity: mild cases benefited from brief interventions, whereas severe cases required prolonged and structured therapy. These results underscore the adaptability of CBT and support its integration into community and occupational wellness programs to facilitate early identification and intervention. This aligns with Papola et al. (2023), who found CBT to be the most effective intervention across varying delivery formats.

CONCLUSIONS

Cognitive Behavioural Therapy demonstrated strong effectiveness across mild, moderate, and severe presentations of Panic Disorder. The structured combination of psychoeducation, relaxation, cognitive restructuring, and graded exposure yielded measurable reductions in symptom severity and functional impairment. Tailoring CBT interventions to individual severity and sociocultural context enhances therapeutic relevance and long-term maintenance. Integrating CBT-based interventions within academic and workplace environments could promote early detection and prevent chronic anxiety progression.

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