



# Maneuvering Panic Symptoms: A Biobehavioral Diagnostic Approach

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## DESCRIPTION

A biobehavioral approach is instrumental in distinguishing panic symptoms from medical illness, offering a comprehensive framework that considers both physiological and psychological factors. Panic symptoms, such as rapid heartbeat, shortness of breath, and chest tightness, can mimic various medical conditions, leading to diagnostic challenges. By integrating biological markers, behavioral observations, and psychological assessments, clinicians can effectively differentiate panic-related symptoms from those indicative of underlying medical issues. One key aspect of the bio-behavioral approach is the assessment of physiological markers associated with panic symptoms. Physiological measurements, including heart rate, blood pressure, and respiratory rate, provide objective data that can aid in diagnosis. For instance, panic attacks are often characterized by a sudden increase in heart rate and respiratory rate, accompanied by symptoms of hyperventilation. These physiological changes can be monitored using medical devices and compared with baseline measurements to identify patterns consistent with panic episodes. In addition to physiological markers, behavioral observations play a crucial role in distinguishing panic symptoms from medical illness. Behavioral indicators, such as body language, facial expressions, and movement patterns, can provide valuable insights into the nature of symptoms. For example, individuals experiencing panic attacks may exhibit signs of agitation, restlessness, or fear, which are less commonly observed in patients with purely medical conditions. Observing these behavioral cues during a clinical assessment can help clinicians differentiate between panic-related symptoms and those caused by organic pathology. Furthermore, psychological assessments are essential for understanding the context and triggers of panic symptoms. A comprehensive evaluation of a patient's psychiatric history, stressors, coping strategies, and past experiences with panic attacks can provide valuable diagnostic information. For instance, a patient with a history of anxiety disorders and recurrent panic attacks triggered by

specific situations or thoughts is more likely to have panic-related symptoms rather than a new-onset medical condition. Another critical aspect of the biobehavioral approach is ruling out potential medical causes of panic-like symptoms. Certain medical conditions, such as cardiovascular disorders, respiratory disorders, endocrine imbalances, and neurological conditions, can present with symptoms similar to panic attacks. Conducting thorough medical evaluations, including laboratory tests, imaging studies, and specialist consultations, is necessary to rule out underlying medical pathology. Collaboration between medical and mental health professionals is crucial in this process to ensure a comprehensive and accurate diagnosis. Moreover, response to pharmacological interventions can provide diagnostic clues in differentiating panic symptoms from medical illness. Patients with panic disorder typically respond well to medications targeting anxiety, such as selective serotonin reuptake inhibitors (SSRIs) or benzodiazepines. Conversely, patients with medical conditions causing panic-like symptoms may not show improvement with these medications and may require targeted treatments for their underlying medical conditions. The integration of these biological, behavioral, and psychological assessments in a biobehavioral approach facilitates a nuanced understanding of panic symptoms and aids in accurate diagnosis and treatment planning. Clinicians can tailor interventions based on the underlying causes of symptoms, whether they are primarily related to panic disorder, medical illness, or a combination of both. In conclusion, a biobehavioral approach is instrumental in distinguishing panic symptoms from medical illness by integrating physiological markers, behavioral observations, and psychological assessments.

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## CONFLICT OF INTEREST

The authors declare that they have no conflict of interest.

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