

Schizophrenia and Panic Disorder

K. Vrbova¹, A. Kotianova², M. Slepecky², J. Prasko², M. Ociskova³, K. Latalova⁴, D. Kamaradova³, D. Jelenova³

¹Department of Psychiatry, University Palacky Olomouc University Hospital Olomouc, Liptovsky Mikulas, Slovakia ; ²Department of Psychology, ABC institut Liptovsky Mikulas, Liptovsky Mikulas, Slovakia ;

³Department of Psychology Department of psychiatry, University Palacky Olomouc University Hospital Olomouc, Olomouc, Czech Republic ; ⁴Department of Psychiatry, University Palacky Olomouc University Hospital Olomouc, Olomouc, Czech Republic

Introduction: Patients with schizophrenia might experience panic attacks and meet the criteria for both schizophrenia and panic disorder. Classification of mental disorders with hierarchical approach gives schizophrenia the first position before the panic disorder. The panic attacks might not be well recognized and adequately treated. The aim of this study is to determine the prevalence of panic disorder in schizophrenic patients, to recognize the impact of comorbidity on the clinical picture and the course of the disease, and to determine the appropriate/possible treatment.

Method: The articles were identified by the keywords "schizophrenia" and "panic disorder", or "agoraphobia", using the Medline and Web of Science search. Additional sources were obtained by studying the references of summaries of important articles.

Results: The prevalence of comorbid panic disorder in patients with schizophrenia ranges from 16% to 63%, but the results are not consistent. Etiopathogenical hypothesis of schizophrenia and panic disorder and also the concept of panic psychosis are discussed. There is a limited biological evidence to support those hypotheses. Data suggest that patients with schizophrenia and panic disorder exhibit higher rates of depression, suicidal ideation and increased extrapyramidal side effects. Panic comorbidity may worsen severity of positive and negative symptoms of schizophrenia and the overall quality of life.

Conclusion: Panic disorder and schizophrenia often occurs comorbid. It is found most commonly in patients with paranoid subtype. Comorbid panic disorder may worsen positive symptoms and lead to depressive symptoms. It negatively affects the quality of life and add up to higher level of suicidality. The pharmacotherapy with atypical antipsychotics is preferred, or their combination with clonazepam or alprazolam.