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LETTER TO THE EDITOR

The Overlooked Stroke in an Elderly Patient Misdiagnosed with Recurrent Panic Attacks

Panic disorder, one of the anxiety disorders, is a common psychiatric illness affecting 5% of the population at some point in life.[1] It occurs less frequently in the elderly than in younger adults. Since the 1990s, panic disorder has been recognized as a chronic illness with high rates of relapse after remission and longer durations of episodes when agoraphobia is a part of the constellation of symptoms.[2] With the chronic clinical course, patients of panic disorder will eventually enter their old age. At the same time, little is known about the longitudinal development of panic disorder. Here, we report a case of a patient with geriatric panic disorder who suffered from some changes during the progression of the illness to highlight clinical wisdom.

A 67-year-old male patient presented himself to the psychiatric clinic with the chief problems of syncope and recurrent panic-like attack. He denied any major systemic disease when he was young until 4 years ago when he suffered from the symptoms of palpitation, chest tightness, intermittent fainting, and nausea sensation. He visited the cardiovascular clinician for help and received a series of physical check-ups. Besides some abnormality being recorded by a 24-hour Holter's scan (infrequent ventricular premature complex), the results of all the other tests were within the normal range. He was diagnosed with panic disorder and started to receive treatment. Half a year later, he regularly took propranolol 10 mg 4 times/day and oxazolam 10 mg four times/day with a relatively stable condition. One month prior to this visit, he suffered from two episodes of panic attacks. The first time, he visited the medical clinician for help and received examination with Dopscan of carotid arteries. The results showed only shallow atherosclerotic plaques in the left carotid bifurcation with normal hemodynamics. At the second episode, he was noted to have syncope and was transferred to the emergency department for help. His consciousness was recovered shortly prior to arriving at the emergency department. All the basic laboratory checks later showed only anemia. Because of his past history of panic disorder, he was referred to the psychiatric clinic and was subsequently admitted for further evaluation.

During admission, the patient continued to receive a 24-hour Holter's scan, showing only some abnormality (rare ventricular premature complex and intermittent sinus tachycardia). Because mild weakness over the left upper limbs was mentioned, he also received a brain image survey, showing recent infarctions over the bilateral basal ganglion and right globus pallidus. A cognitive function evaluation study showed results within the normal range. He was discharged after a 2-week observation with no more syncope.

Panic disorder rarely starts for the first time in old age. In other words, geriatric patients with panic disorder usually have a past history of panic attacks with panic remaining a chronic and recurrent condition.[3] The clinical presentation of panic disorder in the elderly is qualitatively similar to that experienced by younger people, characterized by sudden and unpredictable symptoms of palpitations, shortness of breath, chest pain, dizziness, and sweating. But, in the elderly, the panic disorder associated presentation may interfere with the increasing physical illness making the differential diagnosis harder than in younger cases. Those with panic attack for the first time in their old age need detailed physical examination. However, panic disorder usually links with the autonomic nervous system hyperfunction resulting in effects on cardiovascular regulation, such as increased heart rate and blood pressure, and may imply risk for cardiovascular disease.[4] That is, the frequently recurrent cases may have a higher risk of developing vascular illness than those of the first episode. A recent study using the data from Taiwan's National Insurance Research Database has demonstrated that patients with panic disorder have an increased risk of stroke.[5]

Therefore, we suggest that the old patients with panic disorder, especially those with panic attack history, should not only be considered to be due to a recurrence of panic attack, but also other possible physical problems including stroke. When facing a geriatric panic patient, we need a detailed work up including neurological examination.

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Yao-Tung Lee, Shan-Yu Liu, Yi-Ping Ma, Hsin-Chien Lee*
Department of Psychiatry, Taipei Medical University-Shuang-Ho Hospital, New Taipei City, Taiwan

*Corresponding author. Hsin-Chien Lee.
E-mail: H.-C. Lee <ellalee@tmu.edu.tw>.

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