

# Evidence-based treatment options for Panic Disorder

Guidance for Psychiatrists, Family Physicians,  
and Nurse Practitioners



Developed by:

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According to the Canadian clinical practice guidelines for the management of anxiety, posttraumatic stress and obsessive-compulsive disorders (2014), the following treatment approaches could be beneficial for individuals with Panic Disorder:

### A. Psychological treatment:

Cognitive Behavioral Therapy (CBT) is considered to be the favoured treatment for panic disorder. Exposure and combinations of exposure, cognitive restructuring and other CBT techniques had the most consistent evidence of efficacy for the treatment of panic disorder.

### B. Pharmacological treatment:

Pharmacological interventions that have good evidence for efficacy in treating panic disorder include SSRIs, TCAs, and other antidepressants, as well as benzodiazepines.

1. **First-line:** Citalopram, escitalopram, fluoxetine, fluvoxamine, paroxetine, paroxetine CR, sertraline, venlafaxine XR.
2. **Second-line:** Alprazolam, clomipramine, clonazepam\*, diazepam\*, imipramine, lorazepam\*, mirtazapine, reboxetine
3. **Third-line:** Bupropion SR, divalproex, duloxetine, gabapentin, levetiracetam, milnacipran, moclobemide, olanzapine, phenelzine, quetiapine.
4. **Adjunctive therapy:**
  - **Second-line:** Alprazolam ODT\*, clonazepam\*
  - **Third-line:** Aripiprazole, divalproex, olanzapine, pindolol, risperidone

\*While these agents have good evidence for efficacy, they are recommended as second-line therapy and usually only for short-term use because of side effects, dependence, and withdrawal issues. Be careful in prescribing benzodiazepine to individuals with a history of substance abuse.