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A Role of Neurobiology in Psychiatric Disorders

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Commentary

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DESCRIPTION

PD is an anxiety condition marked by frequent, unexpected, and severe panic attacks. Panic attacks are described as a time of intense distress and worry during which four or more symptoms develop quickly and reach a peak within ten minutes. While panic attacks can occur in a variety of mood and anxiety disorders, in PD, there is persistent concern about future attacks, anxieties about what will happen as a result of the attacks, or behavioural changes as a result of these repeated attacks.

The presentation of panic attacks in PD varies greatly between and among individuals. Shortness of breath or choking sensations, as well as nausea, flatulence, and digestive difficulties, are all common symptoms of panic attacks.

When panic attacks are caused by general medical conditions or substances, PD is not identified. PD is, however, linked to a number of concomitant cardiovascular, pulmonary, and otological diseases, which can be aggravated by certain substances.

Comorbid psychopathology, such as significant depression, bipolar illness, alcohol misuse, and other anxiety disorders, are usually associated with PD. Comorbid panic–depression is associated with a high rate of morbidity, and PD usually precedes the onset of comorbid depression. Agoraphobia is defined by the avoidance of particular places or situations that previously caused panic attacks.

Functional impairment and a lower quality of life are both symptoms of Parkinson's disease. Patients commonly have unneeded healthcare appointments, surgeries, and laboratory tests because panic episodes can mimic a

variety of medical diseases. As a result of their condition, PD patients frequently miss employment or work less productively than their peers. As a result, PD has severe personal, societal, and economic costs.

The National Comorbidity Survey-Replication, a nationally representative survey of the incidence of psychiatric diseases in the United States, found 4.7% lifetime and 2.7% 12-month prevalence rates for PD, respectively. Although prevalence rates differ between studies using different methods and diagnostic criteria, epidemiological research consistently shows that PD affects more women than men, that onset occurs in late adolescence to early adulthood, and that PD is linked to major depression and agoraphobia across cultures and countries.

Some researchers believe that PD can be divided into subtypes, such as the mainly respiratory subtype. It is not always easy to distinguish between putative subtypes (such as nocturnal *vs* diurnal PD) based on clinical characteristics or treatment outcome, therefore determining the dimensions that best delineate subtypes is a difficult challenge.

Assessment and treatment severity

Standardized rating systems, such as the Panic and Agoraphobia Scale and the Panic Disorder Severity Scale, are useful in evaluating the severity of a patient's PD and in randomised controlled trials of panic disorder therapies.

Comorbidity

Psychiatric comorbidity is widespread in people with Parkinson's disease, thus it's crucial to check for comorbid diseases and symptoms, including suicidal thoughts. It's also crucial to rule out medical diseases linked to Parkinson's disease, such as respiratory and cardiac problems. Patients with temporal lobe epilepsy and other temporal lobe neurological disorders are susceptible to panic attacks. Ambulatory physiological monitoring may be beneficial in the future to examine people with Parkinson's disease.