THE BALANCE

Panic Disorder

Private treatment

A guide for individuals and families

Dedicated to one client at a time

MALLORCA / ZURICH

English / September 2026

01 / WHAT TO KNOW BEFORE TREATMENT

What to know before treatment

01 Panic disorder involves recurrent unexpected attacks followed by persistent concern, avoidance, or behavioral change, while isolated attacks can occur in many conditions.

02 Assessment considers medical, medication, substance-related, sleep, trauma, and psychiatric factors before a coordinated plan may include CBT, prescribing, and gradual exposure.

03 THE BALANCE offers one-client residential care in Mallorca or Zurich for selected complex cases, with family involvement, real-world practice, and continuing care.

One client

A private residence and a team organized around you.

Coordinated care

Clinical disciplines work within one individual plan.

Continuity

The next steps are considered throughout treatment.

02 / UNDERSTANDING YOUR NEEDS

Understanding your needs

Panic Attacks and Panic Disorder Are Not the Same

A panic attack can occur in several conditions and does not automatically establish panic disorder. Attacks may be associated with social anxiety, a phobia, post-traumatic stress, obsessive-compulsive disorder, depression, substance use, withdrawal, medical illness, or acute stress.

What a Panic Attack Can Feel Like

Symptoms can include rapid heart rate, chest discomfort, shortness of breath, dizziness, trembling, sweating, nausea, chills, tingling, derealization, fear of losing control, or fear of dying. The experience can feel medically catastrophic even when the episode is panic.

Symptoms should not be dismissed as “just anxiety.” A first severe episode, atypical symptoms, fainting, persistent chest pain, neurological change, or a significant medical risk factor may require urgent medical assessment.

03 / ASSESSMENT BEFORE A RECOMMENDATION

Assessment before a recommendation

Cardiovascular, respiratory, endocrine, neurological, vestibular, and other medical conditions can produce panic-like symptoms. Caffeine, cocaine, amphetamines, cannabis, alcohol withdrawal, benzodiazepine withdrawal, some prescribed medicines, and supplements can also trigger or intensify episodes.

Assessment and Treatment Planning reviews symptoms, timing, triggers, medication, substances, physical health, sleep, previous investigations, and family history. Independent medical testing or specialist review may be necessary.

Safety and the appropriate setting

Call the appropriate local emergency service for new or persistent chest pain, collapse, severe breathing difficulty, sudden neurological symptoms, overdose, severe intoxication, or immediate risk of self-harm. It is unsafe to assume that every episode is panic. Acute mania, psychosis, dangerous withdrawal, or inability to remain safe may require hospital care. These limits apply regardless of privacy or professional status.

04 / CARE BUILT AROUND YOU

Care built around you

Cognitive Behavioral Therapy

Cognitive behavioral therapy is a first-line psychological treatment for panic disorder. It may include education about panic, examination of catastrophic interpretations, interoceptive exposure to feared bodily sensations, gradual situational exposure, and reduction of safety behaviors.

Exposure is collaborative and planned. It should not become abrupt flooding, humiliation, or pressure to prove courage. The therapist explains the rationale, considers medical findings, and reviews what the client learns from each step.

Medication

Antidepressant medication, including selected SSRIs, may be considered for panic disorder. Benefits, side effects, onset, interactions, prior response, and the client's preferences require discussion with a responsible prescriber.

Benzodiazepines can provide rapid relief but may create dependence, sedation, cognitive effects, or a strong safety behavior. NICE guidance does not recommend them as a long-term treatment for panic disorder. A person already dependent on a benzodiazepine requires a separate medically governed plan and should not stop abruptly.

Progress and Real-World Practice

Progress is not measured only by fewer attacks. It may include reduced fear of bodily sensations, less avoidance, greater willingness to remain in a situation, reduced reliance on safety behaviors, improved sleep, and restored work or relationship functioning.

From assessment to a shared plan

The recommendation explains the proposed setting, priorities, team and pace, and how the plan will be reviewed with you.

05 / THE EXPERIENCE OF CARE

The experience of care

A calm private setting can create room for treatment, rest and reflection. The residence, schedule and practical support are organized around one client at a time.

A private place to pause

Personal space, discreet coordination and a daily rhythm shaped around clinical needs.

Care with room to recover

Individual appointments are balanced with rest, meals, movement and time to process.

Practical support

A personal care manager helps coordinate the schedule and everyday arrangements.

Care and residence imagery from THE BALANCE admissions guide. The residence is confirmed individually.

Mallorca

Private residential care in a restorative island setting.

Zurich

Private residential care with Swiss clinical coordination.

London

Selected assessment, transition and continuing-care support.

06 / FROM ASSESSMENT TO EVERYDAY LIFE

From assessment to everyday life

01

A confidential conversation

Admissions listens to your circumstances and explains the clinical review process.

02

Assessment and a recommendation

The team considers suitability, priorities, setting and the individual plan.

03

Personalized treatment

Care is reviewed and adjusted as your needs and capacity change.

04

Transition and continuing care

A handover connects treatment with the people, routines and support needed at home.

Preparing for home

Continuing care may include local CBT, psychiatric follow-up, medication management, gradual exposure, family support, and a plan for travel or work demands. The handover should describe what has been learned and which behaviors need continued practice. International Continuing Care connects residential work with the client's home environment and existing clinicians.

07 / CONSIDERING THE NEXT STEP

Considering the next step

What is the difference between a panic attack and panic disorder?

A panic attack is an episode that can occur in several conditions. Panic disorder involves recurrent unexpected attacks followed by persistent concern, avoidance, or behavioral change.

Can panic symptoms be caused by a medical condition?

Yes. Cardiovascular, respiratory, endocrine, neurological, medication, substance, and withdrawal factors can produce similar symptoms. Assessment should not assume every episode is psychological.

What is the main psychological treatment for panic disorder?

Cognitive behavioral therapy, including carefully planned interoceptive and situational exposure, is a first-line treatment for many people with panic disorder.

Are benzodiazepines used for panic disorder?

They may provide short-term relief in some contexts, but dependence and safety concerns are important. NICE does not recommend them as a long-term treatment for panic disorder.

Begin with a conversation

Speak privately with Admissions about your circumstances and the options available. An enquiry carries no obligation to proceed.

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Full condition page

If you or someone else is in immediate danger, seek local emergency care. Do not wait for routine admission or travel.

General information; individual care follows assessment.