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A descriptive study to assess the prevalence of panic attack related to anxiety among students of 8th - 12th class studying at selected schools of District Mohali, (Punjab) with a view to develop information booklet regarding coping strategies

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Abstract

Background: A panic attack is a feeling of fear and anxiety that can over the wellness us quite suddenly and is usually accompanied by intense physical symptoms such as lightheadedness, shortness of breath and a racing heart. Many children feel a sense of terror during an attack, like something bad is about to happen. These feelings can occur even when there is no real danger. Panic attacks in children and adolescents Panic attacks often begin during adolescence, although they may start during childhood. Attacks can lead to severe anxiety, as well as affecting other parts of a child & opposite mood or functioning.

Objectives: To assess the prevalence of panic attack related to anxiety among the students of selected schools of district Mohali, (PUNJAB). To provide the information booklet regarding coping strategies to Selected Schools Students of district Mohali, (Punjab). To find out the prevalence of panic attack related to anxiety with their selected socio-demographic variables among the Students of Selected School of district Mohali, (Punjab). To analyse and disseminate the findings.

Aim of the study: To study the prevalence of panic attack related to anxiety among the Students of 8-12th class of Selected Schools of District Mohali, (Punjab).

Materials and Methods: The study was carried out with 120 schools' students at Rayat Bahra International School, Rayat Bahra +2 School wings Mohali, Punjab data was collected by using a Modified DSM4 diagnostic criteria for panic attacks. Qualitative approach and descriptive design were used to carry out the study. The area selected for the study was, Rayat Bahra International School, Rayat Bahra +2 School wings, Mohali. Purposive sampling technique was used to select 120 schools' students to assess the prevalence of panic attack faced by schools students. Collected data was analysed by using descriptive and inferential statistics.

Results: The prevalence of panic attack related to anxiety with their selected socio-demographic variables was done by using chi square test. The mean difference of panic attack with their selected socio demographic variables such as age, gender, monthly income, type of family, number of siblings, education of father, education of mother, residence, source of information. The panic attack statistically non-significant at $p \leq 0.05$ level. (Result shows in table no:4:3)

Conclusion: The conclusions were drawn on the basis of findings of the study. The findings showed that the panic attack among the Selected Schools Students of 8th to 12th class was mild.

Keywords: Panic attack, anxiety, coping strategies, adolescents

Introduction

Panic attack is an intense feeling of fear and anxiety. It often happens if people feel anxious about something happening in their life or have experienced something difficult or stressful [1]. Anxiety is the feeling you get when you're worried or scared about something. It is a natural, human feeling of fear or panic. Afterwards, we usually calm down and feel better. Small amounts of worry and fear can help keep us safe and even protect us from danger [2].

A panic attack is a feeling of fear and anxiety that can over the wellness us quite suddenly and is usually accompanied by intense physical symptoms such as lightheadedness, shortness of breath and a racing heart. Many children feel a sense of terror during an attack, like something bad is about to happen. These feelings can occur even when there is no real danger.

Panic attacks in children and adolescents Panic attacks often begin during adolescence, although they may start during childhood. Attacks can lead to severe anxiety, as well as affecting other parts of a child & opposite mood or functioning. Some children begin to avoid situations where they fear a panic attack may occur. Adolescents might use alcohol or drugs to reduce their anxiety. If not recognized and treated, panic attacks can cause future complications for children such as severe depression and suicidal behaviour [1].

Panic attack is characterized by feeling of fear, dread, and un-comfortable physical symptoms. Panic attacks are classified into two types: expected and un-expected Here's what u need to know about each one. Expected attacks are anticipated when a person is subjected to specific cues or panic triggers. Un-expected attacks occur suddenly without any obvious cause or indication [3].

Anxiety is a feeling of fear, dread, and uneasiness. It might cause you to sweat, feel restless and tense, and have a rapid heartbeat. It can be a normal reaction to stress [4]. Anxiety is not the same as fear, but they are often used interchangeably. Anxiety is considered a future-oriented, long-acting response broadly focused on a diffuse threat, whereas fear is an appropriate, present-oriented, and short-lived response to a clearly identifiable and specific threat⁵.The anxiety may give you a boost of energy or help you focus. But for people with anxiety disorders, the fear is not temporary and can be overwhelming [4].

When children do not outgrow the fears and worries that are typical in young children, or when there are so many fears and worries that they interfere with school, home, or play activities, the child may be diagnosed with an anxiety disorder. Examples of different types of anxiety disorders include: Being very afraid when away from parents (Separation anxiety), Having extreme fear about a specific thing or situation, such as dogs, insects, or going to the doctor (Phobias), Being very afraid of school and other places where there are people (Social anxiety), Being very worried about the future and about bad things happening (General anxiety).

As having repeated episodes of sudden, unexpected, intense fear that come with symptoms like heart pounding, having trouble breathing, or feeling dizzy, shaky, or sweaty Anxiety may present as fear or worry, but can also make children irritable and angry. Anxiety symptoms can also include trouble sleeping, as well as physical symptoms like fatigue, headaches, or stomach aches. Some anxious children keep their worries to themselves and, thus, the symptoms can be missed [6].

Causes of panic attack and anxiety

It is not always clear what causes panic attacks in children: Anxiety caused by a difficult experience at home or school, Stress about things like exams, friendships or relationships, the death of a loved one, a violent experience [7], Some children begin to avoid situations where they fear a panic attack may occur, Past or childhood experiences, Your current life situations, Physical and mental health problems, Drugs and medications [8].

Sign and symptoms of panic attack and anxiety

Palpitations, pounding heart, or accelerated heart rate, Sweating, Trembling or shaking, Sensations of shortness of breath or smothering, feeling of choking, Chest pain or

discomfort

Nausea or abdominal distress, feeling dizzy, lightheaded, or faint, feelings of unreality, Fear of losing control or going crazy, Fear of dying, Chills or hot flushes [9].

Coping strategies of panic attack and anxiety

1. Use Positive Self-Statements

At the initial stages of the panic attack, begin to repeat some positive coping statements in your mind:

"I know what is happening to my body. I just need to begin my breathing."

"I can accept the changes in my body because it poses no threat to me."

"I know what to do. I've handled this effectively before."

"I can't stop the symptoms this second and I don't need to."

"This is only anxiety. I'm not going crazy."

"Nothing serious can happen to me. It's just unpleasant."

2. Learn and Practice Breathing exercises

In conjunction with your positive coping statements, begin to do breathing. Our breathing is under our conscious control, this is the first and often best place to start to induce the opposite response, i.e., the relaxation response in our body. Diaphragmatic breathing involves slowly breathing in through your nose to the count of 4 or 5 and exhaling through your mouth again to the count of 4 or 5. If you're breathing properly, your stomach will rise at the end of each inhale. Put your hand on your stomach to assess whether you are breathing properly. Also remember that learning to do diaphragmatic breathing is a skill and therefore, the more you practice it when you're not having a panic attack, the better you will be able to apply it when you need to.

3. Use Distraction Techniques

Engage in a wide variety of distraction techniques to alter the focus of attention away from the bodily symptoms you are experiencing. Examples of some of these activities include: Counting backwards in threes from 100, Playing with the ring on your finger, Watching the seconds ticking off on your watch, chewing gum, working on your computer, putting together a puzzle, talking to a friend, playing a musical instrument, Focusing on your academic or work tasks.

4. Engage in a Pleasurable Activity

Doing anything pleasurable during a panic attack will both distract you from your symptoms and produce positive feelings that are incompatible with anxiety. Again, the list of pleasurable activities is endless and depends on your time and interests but could include:

Going to a movie, Eating a snack or meal, Watching TV, Playing a board game or cards, Getting romantic with your partner, Having a shower or bath, Playing a video game, Going to a concert.

5. Express Your Feelings

Pent up feelings that have not been expressed can elevate your overall stress level and make you more prone to panic attacks. Openly expressing your feelings to other people in ways that respect their feelings can reduce a lot of stress and make you more immune to panic attacks. Writing out your feelings can also be another healthy way to express them, in either a journal, log, or letter.

6. Physically Active

Once adrenalin is released into your body, you will have a significant surge of energy. Rather than have this energy manifest itself as anxiety or anxiety 5 symptoms, you can dissipate it through physical activity. This physical activity can take almost any form, including: Running, Cycling, doing household chores, Gardening, Swimming, Weight training, Stretching your body, Yoga, Any sport.

7. Keep a Log of Your Panic Attacks

By keeping a log of your panic attacks, you can learn to understand what triggers them and thus learn to better control them. Focus your record on what conditions were present prior to the panic attack. Possible triggers include: stress, negative thinking, fatigue, Difficulty in breathing, temperature changes, stimulants (e.g., coffee, nicotine), sugar, changes in your environment, particular people, mood changes, significant losses, or subtle internal changes (i.e., in heart rate or muscle tension). Research indicates that people who are prone to panic attacks are overly focused on subtle changes inside their body and perceive these changes as indicative of something catastrophic happening in their body. For example, they feel a slight constriction in their chest and believe that it means they are going to suffocate.

8. Know That Panic Attacks Are Treatable

Realize that panic attacks are highly treatable if you are willing to educate yourself about the nature of panic attacks and both learn and use the strategies listed in this handout. Statistics indicate that by using these strategies, 80 to 90% of people will experience relief. Some people may need to enhance these techniques with medication if they have not responded to the strategies after a significant trial period.

9. Make an Appointment with a Psychologist

Although you can develop many of the self-help strategies in this hand-out on your own, you may benefit from the additional support and expertise of a psychologist at Student Counselling Services. We can help you both learn the skills outlined here and use some additional techniques to help you develop mastery over your panic attacks. Symptom induction techniques can be particularly helpful if done with a psychologist to challenge any irrational thinking.

Need of study

Panic attacks are sudden surges of intense fear that reach a peak within minutes, with at least four physiological or cognitive symptoms an accelerated heart rate, sweating, shaking, shortness of breath, chest pain, nausea, dizziness, depersonalisation, and fear of losing control, 'going crazy', or dying^[11].

As per the CDC report Anxiety affect many children 9.4% of children aged 3-17 years (Approximately 5.8 million) had diagnosed anxiety in 2016-2019. Anxiety and depression have increased over time.

"Ever having been diagnosed with either anxiety or depression" among children aged 6-17 years increased from 5.4% in 2003 to 8% in 2007 and to 8.4% in 2011–2012. "Ever having been diagnosed with anxiety" among children aged 6-17 years increased from 5.5% in 2007 to 6.4% in 2011–2012^[12] per the report by the desk lifestyle There has been an increase anxiety among people since the Covid-19 pandemic hit, says a new study. The study surveyed over 10,000 Indians to understand how they have been coping

with the new normal. Conducted by Delhi-based The Centre of Healing (TCOH), a preventive healthcare platform, the study noted that anxiety levels have been on the rise w 88 percent Indians suffering from anxiety^[13].

Kesler Ronald C. assess the epidemiology of panic attack, panic disorder and agoraphobia in the national comorbidity survey replication the result of which is Lifetime prevalence estimates are 22.7% for isolated panic without AG (PA only), 0.8% for PA with AG without PD (PA-AG), 3.7% for PD without AG (PD only), and 1.1% for PD with AG (PD-AG). Persistence, lifetime number of attacks, and number of years with attacks increase monotonically across these 4 subgroups. All 4 subgroups are significantly comorbid with other lifetime *DSM-IV* disorders, with the highest odds for PD-AG and the lowest for PA only. Scores on the Panic Disorder Severity Scale are also highest for PD-AG (86.3% moderate or severe) and lowest for PA only (6.7% moderate or severe). Agoraphobia is associated with substantial severity, impairment, and comorbidity. Lifetime treatment is high (From 96.1% for PD-AG to 61.1% for PA only), but 12-month treatment meeting published treatment guidelines is low (From 54.9% for PD-AG to 18.2% for PA only).

panic attack associated with anxiety among school going students are due to interpersonal conflicts with other students, hostel adjustment, anxiety caused by a difficult experience at home or school, stress about things like exams, friendships or relationship, The death of loved one, A frightening experience like abuse or neglect, A violent experience, emotional problems, mental disorders, personality trait, health issues, Family history, separational anxiety and not having proper knowledge about what happen with them what are the cause behind this changes occur in the body and how to cope with them so that is why the researcher felt that there is a need to assess the prevalence of panic attack so that the necessary action can be taken to reduce the level of panic attack associated with anxiety among the students who are at the greater risk.

Problem statement

A descriptive study to assess the prevalence of panic attack related to anxiety among students of 8th - 12th class studying at selected schools of district Mohali (PUNJAB) with a view to develop information booklet regarding coping strategies

Aim of the study: To study the prevalence of panic attack related to anxiety among the Students of 8-12th class of Selected Schools of District, Mohali (PUNJAB).

Objectives: To assess the prevalence of panic attack related to anxiety among the Students of Selected Schools of district Mohali, (PUNJAB)

To provide the information booklet regarding coping strategies to Selected Schools Students of district Mohali, (PUNJAB).

To find out the prevalence of panic attack related to anxiety with their selected socio-demographic variables among the Students of Selected School of district Mohali, (PUNJAB).

To analyse and disseminate the findings.

Operational Definition

Assess: The process of gathering, verifying and evaluation of knowledge.

Prevalence: A measure of the total number of people in a

specific group who have a certain disease, condition, or risk factor at a specific point in time or during a given period of time.

Panic Attack: Panic attack is a sudden episode of intense fear that triggers severe physical reactions when there is no real danger

Anxiety: An emotion characterized by feeling of tension, worried thoughts and physical changes like increase blood pressure.

Coping strategies: Coping strategies are behaviours, thoughts and emotions that you use to adjust to the changes that occur in your life.

Assumptions: School students may have mild knowledge regarding coping strategies of panic attack related to anxiety.

Delimitation

The study was delimited to the students of class 8th-12th in selected schools of district Mohali, Punjab.

Methodology

Research Approach

The selection of an appropriate research approach is an essential step as it is concerned with overall framework for conducting the study. A Quantitative research approach was adopted for the study.

Research design

A Descriptive research design was utilized to achieve the objectives of the study.

Research setting

The study was conducted in Selected Schools of District Mohali, (PUNJAB) (Rayat Bahra International School, Rayat Bahra +2 School Wings) Researcher's familiarity with setting and availability of required sample were considered while selecting setting.

Target population

The target population was the Schools Students of Selected Schools of classes 8-12th of district Mohali, (PUNJAB).

Sample size

In the present study the sample size was 120 Selected Schools Students of district Mohali, (Punjab).

Sampling technique

Students were selected by "Purposive sampling technique"

Sample criteria

Inclusion criteria

Those schools students who:

Were available at the time of data collection.

Exclusion criteria

Those schools students who were not present at the time of data collection.

Research Variables: Coping strategies.

Development of tool

The tool was formulated according to the need of the study and after review of literature. The tool consists of:

Section A - Socio demographic variables.

Section B - Modified DSM4 diagnostic criteria for panic attacks.

Section C – Information Booklet of Coping Strategies

Validity of Tool

Content validity of the tool was determined by expert opinion. Tool was given to nursing experts of every area or speciality and language experts in English. As per guidance and suggestions from the experts, the amendments were done.

Pilot Study

The pilot study was conducted to find out the partibility and feasibility of the tool. Purposive sampling technique were used to select the study sample i.e. 10% of total sample size. The pilot study was conducted among the students of Rayat Bahra +2 School wings district Mohali, (Punjab).

Data Collection

The data collection for the final study was carried out after the pilot study to find out the reliability and validity of the tool. Socio-Demographic variables and Modified DSM4 diagnostic criteria for panic attacks to assess the prevalence of panic attack related to anxiety.

Ethical considerations

- Written permission was taken from the Director Principal of Rayat Bahra College of Nursing, Mohali (PUNJ).
- Written permission was taken from the Principal of the Selected Schools of district Mohali, (PUNJAB).
- An informed written consent was taken from each study subject.
- Confidentiality and Anonymity of the subjects was maintained throughout the study.

Plan for Data Analysis

- The analysis was done in accordance to the objectives.
- Descriptive and inferential statistics was applied.
- Collected data was arranged using tables, diagrams.
- Findings was disseminated.

Data Analysis and Interpretation

Analysis and interpretation was done in accordance with the objectives laid down for the study. The purpose of analysis is to reduce the data into an interpretable and meaningful form so that the result can be compared and significance can be identified.

Plan for data analysis

The plan was done using descriptive and inferential statistical. Descriptive statistics used was frequency, Percentage, Mean, Standard deviation. Inferential statistics and chi square were used.

Table 1: Frequency and percentage distribution of socio-demographic variables

Section-1 socio demographic variables		Frequency(f)	Percentage (%)
Age	12-13 Years	1	1%
	14-15 Years	26	22%
	≥16 Years	93	77%
Gender	Male	47	39%
	Female	72	60%
	Other	1	1%
Monthly income	≤Rs. 10000	3	3%
	Rs. 10,001- Rs.20,000	1	1%
	Rs.20,001- Rs.30000	53	43%
	≥Rs.30,001	63	53%
Type of family	Joint	73	61%
	Nuclear	57	39%
Number of siblings	1	34	28%
	2	59	49%
	≥3	27	23%
Educational status of father	No formal education	3	3%
	Primary education	18	16%
	Secondary education	76	63%
	Graduation or above	23	18%
Educational status of mother	No formal education	3	3%
	Primary education	20	16%
	Secondary education	74	62%
	Graduation or above	23	19%
Residence	Urban	84	70%
	Rural	35	29%
	Slum	1	1%
Source of information	Books	72	60%
	Journals	15	13%
	Internet	32	26%
	Newspaper or magazine	1	1%

Table 2: Frequency & Percentage distribution of Panic Scores

Criteria measure of panic score		
Category Score	Frequency	Percentage
SEVERE (21-30)	0	0.0%
MODERATE (11-20)	6	5.0%
MILD (0-10)	114	95.0%
Maximum Score=30 Minimum Score=0		

Severe Panic (Score 21-30)

This category represents individuals with the highest level of panic, but according to the data provided, there are no individuals falling into this category (0% frequency). It's important to note that a score of 21-30 on the panic scale would typically indicate severe panic symptoms.

Moderate Panic (Score 11-20)

This category includes individuals with moderate levels of panic. In your dataset, 5.0% of individuals fall into this category, which corresponds to 6 people. A score of 11-20 on the panic scale suggests significant but not extreme panic

symptoms.

Mild Panic (Score 0-10)

This category comprises individuals with the lowest level of panic. A significant majority, 95.0% of individuals in your dataset, fall into this category totalling 114 people. Scores of 0-10 on the panic scale indicate mild or minimal panic symptoms. This section deals with the findings related to the association between score and selected demographic variables. The chi-square test used to determine the association between the score levels and selected demographic variables.

Table 3: Table showing association of panic attack with their selected socio-demographic variables

Demographic Variables		N= 120			Association With Panic Score				
Variable	Opts	Severe	Moderate	Mild	Chi Test	P ² Value	df	Table Value	Result
Age	12-13 Years	0	0	1	0.545	0.761	2	5.991	Not Significant
	14-15 Years	0	2	24					
	≥16 Years	0	4	89					
Gender	Male	0	0	47	4.211	0.122	2	5.991	Not Significant
	Female	0	6	66					
	Other	0	0	1					
Monthly income	≤Rs. 10000	0	0	3	5.714	0.126	3	7.815	Not Significant
	Rs. 10,001- Rs.20,000	0	0	1					
	Rs.20,001- Rs.30000	0	0	53					
	≥Rs.30,001	0	6	57					
Type of family	Joint	0	4	69	0.090	0.764	1	3.841	Not Significant
	Nuclear	0	2	45					
Number of siblings	1	0	2	32	1.870	0.393	2	5.991	Not Significant
	2	0	4	55					
	≥3	0	0	27					
Educational status of father	No formal education	0	0	3	0.201	0.977	3	7.815	Not Significant
	Primary education	0	1	17					
	Secondary education	0	4	72					
	Graduation or above	0	1	22					
Educational status of mother	No formal education	0	0	3	0.959	0.811	3	7.815	Not Significant
	Primary education	0	1	19					
	Secondary education	0	3	71					
	Graduation or above	0	2	21					
Residence	Urban	0	5	79	0.551	0.759	2	5.991	Not Significant
	Rural	0	1	34					
	Slum	0	0	1					
Source of information	Books	0	5	67	1.652	0.648	3	7.815	Not Significant
	Journals	0	0	15					
	Internet	0	1	31					
	Newspaper or magazine	0	0	1					

*Significant at <0.05 level, NS: Non-Significant at p>0.05 level

Age: There is no significant association between age groups (12-13 years, 14-15 years, ≥16 years) and panic scores (p-value = 0.761 > 0.05).

Gender: There is no significant association between gender (male, female, other) and panic scores (p-value = 0.122 > 0.05).

Monthly Income: There is no significant association between monthly income categories and panic scores (p-value = 0.126 > 0.05).

Type of Family: There is no significant association between type of family (joint, nuclear) and panic scores (p-value = 0.764 > 0.05).

Number of Siblings: There is no significant association

between the number of siblings and panic scores (p-value = 0.393 > 0.05).

Educational Status of Parents: There is no significant association between the educational status of fathers or mothers and panic scores (p-values = 0.977 and 0.811 > 0.05).

Residence: There is no significant association between residence (urban, rural, slum) and panic scores (p-value = 0.759 > 0.05).

Source of Information: There is no significant association between the source of information (books, journals, internet, newspaper or magazine) and panic scores (p-value = 0.648 > 0.05).

Table 4: Descriptive statistics level of panic attack

Descriptive statistics	Mean	SD	Median	Maximum	Minimum	Range	Mean %
Panic Score	6.64	3.08	6.00	19	0	19	22.1

Maximum= 30 Minimum= 0

Mean: The mean panic score is 6.64. This indicates the average level of panic in the sample.

Standard Deviation (SD): The standard deviation is 3.08. This measures the dispersion or spread of the panic scores around the mean. A higher standard deviation suggests greater variability in panic levels among the individuals in

the sample.

Median

The median panic score is 6.00. This is the middle value in the dataset when all scores are arranged in ascending order. It is another measure of central tendency similar to the mean.

Maximum Score: The maximum panic score observed in the sample is 19. This represents the highest level of panic recorded among the individuals.

Minimum Score: The minimum panic score observed in the sample is 0. This represents the lowest level of panic recorded among the individuals.

Range: The range of panic scores is calculated as the

maximum score minus the minimum score, which is $19 - 0 = 19$. This indicates the spread or difference between the highest and lowest panic scores in the sample.

Mean Percentage: The mean percentage is 22.1%. This represents the average panic level as a percentage of the maximum possible score (30). It gives an indication of how close the average panic level is to the maximum possible level of panic.

Table 5: Showing Descriptive score according to demographic variables.

Panic score					
Frequency Distribution		Mean %	Mean	SD	N
Age	12-13 Years	20.0%	6.00	-	1
	14-15 Years	23.2%	6.96	3.55	26
	≥16 Years	21.9%	6.56	2.97	93
Gender	Male	21.0%	6.30	2.56	47
	Female	22.9%	6.86	3.40	72
	Other	23.3%	7.00	-	1
Monthly income	≤Rs. 10000	24.4%	7.33	3.79	3
	Rs. 10,001- Rs.20,000	10.0%	3.00	-	1
	Rs.20,001- Rs.30000	19.4%	5.81	2.41	53
	≥Rs.30,001	24.6%	7.37	3.40	63
Type of family	Joint	21.4%	6.42	2.97	73
	Nuclear	23.3%	6.98	3.26	47
Number of siblings	1	20.0%	6.00	3.20	34
	2	23.0%	6.90	3.18	59
	≥3	23.0%	6.89	2.68	27
Educational status of father	No formal education	10.0%	3.00	1.00	3
	Primary education	22.4%	6.72	3.37	18
	Secondary education	21.4%	6.43	2.77	76
	Graduation or above	25.8%	7.74	3.62	23
Educational status of mother	No formal education	10.0%	3.00	0.00	3
	Primary education	20.2%	6.05	2.56	20
	Secondary education	22.2%	6.66	2.84	74
	Graduation or above	25.2%	7.57	3.99	23
Residence	Urban	22.1%	6.62	3.12	84
	Rural	22.4%	6.71	3.07	35
	Slum	20.0%	6.00	-	1
Source of information	Books	22.4%	6.72	3.31	72
	Journals	19.1%	5.73	2.55	15
	Internet	22.9%	6.88	2.84	32
	Newspaper or magazine	23.3%	7.00	-	1

Age: There is variation in panic scores across different age groups, with the highest mean panic score observed in the 14-15 years age group (6.96) and the lowest in the 12-13 years age group (6.00). However, the standard deviations indicate variability within each age group.

Gender: There is a slight difference in panic scores between genders, with females having a slightly higher mean panic score (6.86) compared to males (6.30). The standard deviations suggest variability within each gender group.

Monthly Income: There is variation in panic scores based on monthly income levels. Individuals with monthly incomes above Rs. 30,001 have the highest mean panic score (7.37), while those in the Rs. 10,001- Rs.20,000 income bracket have the lowest mean panic score (3.00).

Type of Family: There is a slight difference in panic scores between joint families (6.42) and nuclear families (6.98). Both groups have relatively similar mean panic scores.

Number of Siblings: Panic scores do not show significant variation based on the number of siblings. The mean panic scores are relatively close for individuals with 1, 2, or ≥3 siblings.

Educational Status of Parents: There is a trend of higher panic scores associated with higher educational levels of both fathers and mothers. Individuals with parents having a graduation degree or above tend to have higher mean panic scores compared to those with lower educational levels.

Residence: There is little difference in panic scores between urban, rural, and slum residences. The mean panic scores are quite similar across these categories.

Source of Information: There is variation in panic scores based on the source of information. Individuals who rely on newspapers or magazines for information have the highest mean panic score (7.00), while those who use journals have the lowest (5.73).

Discussion

The discussion deals with the result of the study. The study was conducted to assess the prevalence of panic attack related to anxiety among students of 8th - 12th class studying at selected schools i.e. Rayat Bahra International School, Rayat Bahra+2 School Wings, of district Mohali (Punjab) with a view to develop information booklet regarding coping strategies. The data was collected from 120 student of schools by using rating scale. The finding of study was based on objectives. The purpose of this study to assess the prevalence of panic attack related to anxiety in the schools students' the finding shows that the schools students faces mild panic attack. Before collected the data the investigators gave a brief introduction of self, purpose and background of the study to gain confidence.

Conclusion

The conclusions were drawn on the basis of findings of the study. The findings showed that the panic attack among the Selected Schools Students of 8th to 12th class was mild.

Recommendations

On the basis of the findings of the study it is offered that

1. The study can be replicated with large sample to generalize the findings.
2. The study can be done in different settings.
3. Studies can be conducted by using different health educational methods such as lectures.
4. The same study can be done with an experiment research approach having a control group.
5. The same study can be done on different sample.

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References

1. UNICEF what is panic attack
[https://www.unicef.org/parenting/mental-health/what-](https://www.unicef.org/parenting/mental-health/what-is-anxiety)

- are-panic-attacks.
2. UNICEF what is anxiety
<https://www.unicef.org/parenting/mental-health/what-is-anxiety>.
3. DelBello MP, Soutullo CA, Starkoswi SM. Racial differences in treatment of adolescents with panic attack. *Am J Psychiatric*. 2000;157(5):837-838.
4. MedlinePlus. What is anxiety?
<https://medlineplus.gov/anxiety.html>. Published 2022. Accessed June 24, 2024.
5. American Psychological Association. What is anxiety?
<https://www.apa.org/topics/anxiety>. Published 2008. Accessed June 24, 2024.
6. Centers for Disease Control and Prevention. What is anxiety?
<https://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html#:~:text=9.4%25%20of%20children%20aged%203,diagnose>. Published 2023. Accessed June 24, 2024.
7. UNICEF. What are the causes of panic attack?
<https://www.unicef.org/parenting/mental-health/what-are-panic-attacks>. Accessed June 24, 2024.
8. Mind. What are the causes of anxiety?
<https://www.mind.org.uk/information-support/types-of-mental-health-problems/anxiety-and-panic-attacks/causes/>. Published 2021. Accessed June 24, 2024.
9. National Library of Medicine. Sign and symptom.
<https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t10/>. Accessed June 24, 2024.
10. McGill University. Coping strategies.
https://www.mcgill.ca/counselling/files/counselling/panic_attack_helpful_hints_1.pdf. Accessed June 24, 2024.
11. Taylor & Francis Online. Definition of panic attack.
<https://www.tandfonline.com/doi/full/10.1080/13632752.2021.1948742>. Published 2021. Accessed June 24, 2024.
12. Centers for Disease Control and Prevention. Prevalence of anxiety among children.
<https://www.cdc.gov/childrensmentalhealth/features/anxiety-depression-children.html#:~:text=9.4%25%20of%20children%20aged%203,diagnose>. Published 2023. Accessed June 24, 2024.
13. Lifestyle Desk. Prevalence of anxiety in Indians.
<https://indianexpress.com/article/lifestyle/health/indians-stress-anxiety-mental-health-study-7101237/>. Published 2020. Accessed June 24, 2024.
14. Khanagar BS, Sanjeev A, Rajesh G, *et al*. Prevalence, symptoms, and triggering factors of panic attacks among dental students in Riyadh, Saudi Arabia-A cross sectional survey. *Healthcare*. 2023;11(12):2971.
<https://doi.org/10.3390/healthcare11222971>.
15. Savitsky B, Radomislensky I, Hendel T, *et al*. Anxiety and coping strategies among nursing students of Ashkelon Academic College, Southern District, Israel during the COVID-19 pandemic: A cross-sectional study. *Nurs Educ Perspect*; c2020. DOI: 10.1097/NNE.0000000000000955.
16. Karande S, Kumbhar V, Kulkarni M, *et al*. Anxiety symptoms in regular school students in Mumbai City, India. *J Postgrad Med*. 2018;64(2):92-97.
https://doi.org/10.4103/jpgm.jpgm_445_17.

17. Kumar Raman S, Sandal RK, Kumari R, *et al.* Prevalence of depression, anxiety and stress among school going adolescents in Chandigarh. *J Fam Med Prim Care.* 2017;6(2):405-410.
DOI: 10.4103/2249-4863.219988.
18. Killen DJ, Taylor CB, Hayward C, *et al.* Predictors of panic attacks in adolescents. *J Adolesc Health.* 2000;26(3):207-214.
DOI: 10.1016/S1054-139X(99)00120-8.
19. Mohapatra S, Rath N, Pati T. A clinical study of anxiety disorders in children and adolescents from North Indian children and adolescents clinic. *Asian J Psychiatr.* 2014;8:84-88.
<https://doi.org/10.1016/j.ajp.2013.12.005>.

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