

Panic Disorder and Night Terror in Children: An Editorial

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EDITORIAL

In treatment-resistant patients with panic disorder, a combination of antidepressants and cognitive-behavioral therapy was found to be successful. The goal of this prospective study was to see how childhood unpleasant experiences, self-stigma, dissociation, and the severity of psychopathology affect the efficacy of combined cognitive-behavioral therapy and medication in individuals with treatment-resistant panic disorder. Panic Disorder (PD) is now recognised as a prevalent and serious disease in children, especially adolescents, with consequences for daily well-being and academic achievement. The researchers wanted to see if there was a link between Heart Rate Variability (HRV) and the intensity of symptoms before and after psychotherapy and fluoxetine treatment.

Night terrors are a common sleep disturbance among pre-schoolers in which a youngster wakes up startled from a deep slumber. The bulk of these experiences will leave the child with no remembrance of the event ever occurring. Around 1% of teenagers suffer from panic disorder, which has a severe impact on social and academic functioning. Preliminary data suggests that panic disorder-specific treatment is helpful in adolescents with panic disorder; nevertheless, because of overlapping symptoms with other anxiety disorders and other challenges that are more obvious to others, panic disorder may be neglected in teenagers. Because of its categorization of unique physical and verbal activities, a night terror is termed a parasomnia.

Night terrors are most commonly connected with Non-Rapid Eye Movement (REM) sleep stages, in which the person or kid is in a transitional state between sleep and alertness. The process of sleeping can be classified into numerous stages and states. There

are three different types of sleep: (1) wake, (2) Non-REM sleep and (3) REM sleep. They are further subdivided into stages within each of these states. Non-REM sleep is defined as stages 1, 2, 3, and 4, whereas REM sleep is defined as stage 5. The different sleep stages represent different electrical patterns and frequencies in the brain that an Electroencephalogram (EEG) can detect and analyse.

Parasomnias can arise when these phases and stages overlap, and it is during these transition states that parasomnias can occur. Night terrors can produce a great deal of anguish, as well as dread and a sense of helplessness. To date, no researches have looked at the factors that influence treatment satisfaction in teenagers who have undergone intense cognitive-behavioral therapy. Given the difficulties that adolescents have adhering to treatment and the potential that intense therapies have for providing immediate symptom alleviation and expanding access to care, evidence on adolescents' satisfaction with intensive programmes is needed. The majority of episodes last 45-90 minutes and occur most frequently as a person progresses through stages 3 and 4 of non-rapid eye movement sleep.

Between the ages of four and adolescence, night terrors are the most common. Patients with panic disorder who stop taking their medication are unlikely to recover. It has never been investigated how patient-level moderators impact dropout from one panic-focused treatment over another, nor in Non-CBT treatments. Explanatory factors for depression and posttraumatic stress disorder have been explored, including mental defeat and cognitive flexibility. This study compared the mental defeat and cognitive flexibility scores of Panic Disorder (PD) patients before and after Cognitive Behavioural Therapy (CBT) to those of a gender- and age-matched healthy control group.

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