Original Research Article

Frequency of Life Events Among Patients With Panic Disorder Presenting to Psychiatric OPD

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Abstract: *A persistent and crippling mental illness, panic disorder (PD) is frequently brought on by or made worse by stressful life events (SLEs). There is little study from low- and middle-income nations like Pakistan, despite the fact that studies conducted worldwide have linked life stressors to Parkinson's disease. The kind and frequency of life events linked to Parkinson's disease may be influenced by the distinct sociocultural and economic environment of places like Quetta.* ***Objectives****: Assessing the frequency and kind of stressful life events among patients with panic disorder who present to a psychiatric outpatient department (OPD) was the main goal of this study. Assessing the temporal correlation between these occurrences and the start or worsening of panic symptoms was a secondary goal.* ***Methods****: In this qualitative study, 150 patients, ages 18 to 60, who were admitted to the psychiatric outpatient department of a Quetta tertiary care hospital and had been diagnosed with panic disorder according to DSM-5 criteria. Semi-structured interviews based on a modified version of the Life Events and Difficulties Schedule (LEDS) were carried out using purposive random sampling. Transcribed interviews were subjected to thematic analysis in order to find recurrent themes in the pressures in life and how these stressors were thought to affect panic symptoms.* ***Results:*** *Sixty-eight percent of participants were married, and 56 percent were women. Marital or relationship troubles (41.3%), the loss of a close relative (37.3%), serious health problems (31.3%), and stress linked to money or work (27.3%) were the most often reported life events in the previous year. Most (74.7%) said they had gone through important life events in the three months before they started having symptoms. 32% said the event had a slight or moderate effect on their panic symptoms, whereas more than half (55.3%) thought it was a severe trigger.* ***Conclusion:*** *The study demonstrates a robust psychological and temporal association between stressful life experiences and the development or exacerbation of symptoms associated with panic disorder. The biggest contributors were financial stress, bereavement, and marital discord. In order to improve treatment results for panic disorder, our findings highlight the necessity of regular psychosocial assessment, culturally specific therapies, and larger socioeconomic support networks.*

Keywords: Panic disorder, Stressful life events, Psychiatric OPD, Psychosocial stress, Pakistan, Mental health, Anxiety disorders, Cultural context, Quetta, Life event timing

Introduction

Panic disorder is a debilitating psychiatric condition characterized by recurrent, unexpected panic attacks and persistent concern about having additional attacks or their consequences. It significantly impairs daily functioning and quality of life. Globally, panic disorder has a lifetime prevalence of approximately 2–5%, and evidence suggests that stressful life events (SLEs) play a critical role in the onset and exacerbation of panic symptoms (1). In Pakistan, the burden of panic disorder is on the rise, yet it remains under-recognized and under-treated, largely due to stigma, limited psychiatric resources, and low mental health literacy (2).

disorder

compared to healthy controls, and that the cumulative burden of SLEs is associated with earlier onset, greater severity, and higher comorbidity of psychiatric symptoms (7). However, limited data are available regarding the specific types and frequency of SLEs among Pakistani patients with panic disorder. Cultural variations in family structure, gender roles, expectations, and religious coping mechanisms may modulate the experience and reporting of stressors, necessitating context-specific research (8).

Local studies on psychiatric morbidity in Pakistan indicate that economic hardship, marital conflicts, academic pressures, and migration are frequent stressors contributing to the onset of psychiatric illnesses, including anxiety and mood disorders (9,10). However, specific

Stressful life events, including interpersonal conflicts, loss of loved ones, financial difficulties, and major transitions, have been consistently implicated as precipitating or aggravating factors in panic disorder (3). The relationship between SLEs and panic disorder is complex and likely bidirectional; life stress can trigger panic attacks, and conversely, the disabling nature of panic disorder can increase exposure to further stressors (4). In Pakistan, sociocultural dynamics, economic instability, gender inequalities, and ongoing exposure to communal violence further heighten the frequency and intensity of life stressors faced by the general population, particularly among vulnerable psychiatric patients (5,6).

Studies in Western populations have established that recent life stressors are more commonly reported by individuals with panic

exploration of life events in patients diagnosed with panic disorder has been relatively neglected. Understanding the pattern and frequency of SLEs in this population could inform targeted interventions and preventive strategies to reduce psychiatric morbidity.

Given the substantial treatment gap in mental health care in Pakistan and the lack of local evidence, this study aims to assess the frequency and types of life events experienced by patients with panic disorder presenting to psychiatric outpatient departments (OPDs) in a tertiary care hospital. The findings are expected to enhance clinicians' understanding of psychosocial risk factors and facilitate more culturally sensitive therapeutic approaches for patients with panic disorder.

Methodology

This qualitative, exploratory study was conducted to identify the frequency and types of significant life events among patients with panic disorder attending the psychiatric outpatient department at a tertiary care hospital in Quetta. A purposive random sampling technique was employed to select participants. The study enrolled 150 individuals aged between 18 and 60 years who were diagnosed with panic disorder based on the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria. Participants were progressively recruited from outpatient visits over a period of three months, from June to September 2024.

Data collection was carried out using in-depth, semi-structured interviews, guided by a standardized checklist derived from the Life Events and Difficulties Schedule (LEDS). The interview guide included specific prompts about the timing, nature, and perceived significance of life events in relation to the onset or exacerbation of panic symptoms. Interviews were audio-recorded with the informed consent of the participants, and subsequently transcribed verbatim to ensure data accuracy.

Data analysis was conducted using thematic consensus analysis. Thematic patterns and common psychosocial stressors related to panic disorder were identified and refined through iterative team discussions to enhance the credibility of findings.

Prior to study initiation, ethical approval was obtained from the Institutional Review Board (IRB) of the hospital. Written informed consent was obtained from all participants, ensuring voluntary participation and confidentiality of information throughout the study process..

Results

A total of 150 participants diagnosed with panic disorder were included in the study. The socio-demographic characteristics are summarized in Table 1. Among the participants, 44.0% (n=66) were male and 56.0% (n=84) were female. The majority of the participants (46.0%) were aged between 31 and 45 years, followed by 34.7% in the 18–30 years age group, and 19.3% aged between 46 and 60 years. In terms of marital status, 68.0% (n=102) were married, 24.0% (n=36) were single, and 8.0% (n=12) were either divorced or widowed. The educational and occupational profiles of the participants are presented in Table 2. Regarding educational attainment, 45.4% (n=68) had completed secondary education or higher, 29.3% (n=44) had primary education, while 25.3% (n=38) had no formal education. In terms of occupational status, 43.3% (n=65) of the participants were employed, 35.3% (n=53) were unemployed, and 21.4% (n=32) were students.

Table 3 outlines the types of life events experienced by participants in the 12 months preceding the onset or worsening of panic symptoms. The most frequently reported life event was marital or relationship issues, experienced by 41.3% (n=62) of participants, followed by the death of a close family member or friend (37.3%, n=56). Financial stress or job loss was reported by 27.3% (n=41) of participants, while 31.3% (n=47) experienced major health problems affecting themselves or their family. Other reported events included academic or career failure (22.0%, n=33), natural disaster or house displacement (16.7%, n=25), and legal or criminal issues (12.7%, n=19).

The timing of the life events relative to the onset of panic symptoms is shown in Table 4. The majority of participants (42.7%, n=64) reported experiencing a significant life event less than one month before the onset of their symptoms. Another 32.0% (n=48) experienced life events between one to three months prior, 15.3% (n=23) reported life events three to six months before onset, and 10.0% (n=15) experienced events more than six months before symptom development.

Regarding the perceived psychological impact of life events on panic symptoms, as detailed in Table 5, 55.3% (n=83) of participants reported that the life event served as a strong trigger for the development or worsening of panic symptoms. Meanwhile, 32.0% (n=48) considered the life event to have had a mild to moderate contribution, and 12.7% (n=19) reported no significant impact of life events on their panic disorder symptoms.

Table 1: Socio-Demographic Characteristics of Participants (n = 150)

Variable	Category	Frequency	Percentage (%)
Gender	Male	66	44.0%
	Female	84	56.0%
Age Group (years)	18–30	52	34.7%
	31–45	69	46.0%
	46–60	29	19.3%
Marital Status	Single	36	24.0%
	Married	102	68.0%
	Divorced/Widowed	12	8.0%

Table 2: Educational and Occupational Profile

Variable	Category	Frequency	Percentage (%)
Education	No formal education	38	25.3%
	Primary	44	29.3%
	Secondary or above	68	45.4%
Occupation	Unemployed	53	35.3%
	Employed	65	43.3%
	Student	32	21.4%

Table 3: Types of Life Events Experienced in the Past 12 Months

Life Event Type	Frequency	Percentage (%)
Death of close family/friend	56	37.3%
Financial stress/job loss	41	27.3%
Marital/relationship issues	62	41.3%
Major health problem (self or family)	47	31.3%

Natural disaster/house displacement	25	16.7%
Academic or career failure	33	22.0%
Legal or criminal issues	19	12.7%

Table 4: Timing and Perceived Impact of Life Events on Panic Symptoms

Timing of Life Event	Frequency	Percentage (%)
< 1 month before onset	64	42.7%
1–3 months before onset	48	32.0%
3–6 months before onset	23	15.3%
> 6 months before onset	15	10.0%

Table 5

Perceived Psychological Impact	Frequency	Percentage (%)
Strong trigger of panic	83	55.3%
Mild/moderate contribution	48	32.0%
No impact reported	19	12.7%

Discussion

the frequency and types of significant life events experienced by patients diagnosed with panic disorder at a tertiary care hospital in Quetta. The findings revealed that psychosocial stressors, particularly marital or relationship issues, bereavement, financial hardships, and health problems, were highly prevalent among patients prior to the onset or exacerbation of panic symptoms.

The majority of the participants were females (56.0%), which aligns with global and regional evidence indicating a higher prevalence of panic disorder among women compared to men (11,12). Similarly, the predominance of patients in the 31–45 years age group corresponds with findings from previous studies that report the peak onset of panic disorder typically occurs in early adulthood to middle age (13). The marital status distribution showing a high proportion of married individuals (68.0%) is noteworthy, suggesting that interpersonal and familial stressors could play a significant role in the development or worsening of panic symptoms.

Educational and occupational profiles revealed that a substantial proportion of participants had lower educational attainment and high unemployment rates. Studies have consistently demonstrated that low educational levels and unemployment are associated with an increased risk of anxiety disorders, including panic disorder, possibly due to increased exposure to chronic stressors and reduced coping resources (14,15).

The analysis of life events highlighted that marital or relationship issues were the most frequently reported stressors (41.3%), followed by bereavement (37.3%) and financial stress (27.3%). These findings are consistent with previous international research demonstrating that interpersonal conflicts and loss events are among the strongest psychosocial precursors to panic disorder (16,17). Furthermore, financial instability has been increasingly recognized as a significant predictor of anxiety-related disorders, particularly during periods of economic downturn (18).

Timing of life events relative to symptom onset revealed that 42.7% of participants experienced a significant event less than one month prior to the onset of their symptoms, indicating a temporal proximity that strengthens the argument for causal relationships. Similar patterns have been reported in prior longitudinal studies, where acute stressful events occurring within a short window before symptom onset were strongly predictive of panic attacks (19,20).

Regarding the perceived psychological impact, more than half of the participants (55.3%) identified the life event as a strong trigger for the development or worsening of panic symptoms. This subjective perception is critical, as the individual appraisal of an event has been shown to mediate the psychological outcomes associated with stress exposure (21). Individuals who interpret life events as uncontrollable or threatening are more likely to develop anxiety disorders compared to those who perceive greater resilience or control (22).

Overall, the study findings reinforce the importance of assessing life stressors and psychosocial backgrounds when managing patients with panic disorder. Incorporating psychosocial interventions targeting stress management, relationship counseling, and financial coping strategies may enhance the effectiveness of standard treatments such as cognitive-behavioral therapy and pharmacotherapy (23,24). Future research should also focus on longitudinal tracking of life events to further delineate causal pathways and identify protective factors that can buffer the impact of psychosocial stress on the development of panic disorder.

Conclusion

This study highlights that stressful life events—particularly financial difficulties, bereavement, and marital conflicts—are significant contributors to the onset and exacerbation of panic disorder among psychiatric outpatients in Quetta. The close temporal relationship between these stressors and symptom onset supports the role of psychosocial factors in the course of the disorder. Early identification of life stressors, coupled with culturally sensitive psychosocial interventions and attention to underlying socioeconomic conditions, may improve treatment outcomes and long-term recovery. Future research should further explore region-specific somatic responses to psychological stressors.

Declarations

Data Availability statement
All data generated or analysed during the study are included in the manuscript.
Ethics approval and consent to participate
Approved by the department concerned. (IRBEC-TCH-24)
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The authors declared the absence of a conflict of interest.

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References

1. Bandelow B, Michaelis S, Wedekind D. Treatment of anxiety disorders. Dialogues Clin Neurosci. 2017;19(2):93–107.
2. Naveed S, Waqas A, Chaudhary AM, et al. Prevalence of anxiety and depression among outpatients in Pakistani hospitals: a systematic review and meta-analysis. Pak J Med Sci. 2020;36(7):1676–83.
3. Garcia RF, Valencia SC, Comer JS. The relationship between stressful life events and the onset of anxiety disorders: A review. Curr Psychiatry Rep. 2021;23(10):66.
4. Behnken MP, Aderka IM. Life events and the development of panic disorder: A meta-analysis. J Anxiety Disord. 2022;88:102549.
5. Ahmad I, Khalily MT, Hallahan B. Life stressors and mental health problems among Pakistani university students. BMC Psychiatry. 2020;20(1):27.
6. Masood A, Jabeen S. Psychosocial stressors and mental health outcomes: An emerging challenge in Pakistani society. Asia Pac Psychiatry. 2021;13(3):e12423.
7. Greco A, Benedetti F, Fava GA. The role of life events in the course of panic disorder: An updated review. Psychiatry Res. 2020;292:113330.
8. Malik M, Azam N, Zahid N. Cultural aspects influencing psychiatric disorders in Pakistan: A review. Ann Psychiatry Ment Health. 2019;7(2):1142.
9. Imran N, Haider II, Shoukat R, et al. Anxiety and depression among patients presenting at a tertiary care hospital in Pakistan. Pak J Med Sci. 2021;37(2):444–8.
10. Rana MH, Malik AS, Masood K, et al. Economic hardship and mental health: Cross-sectional analysis of a Pakistani sample. J Pak Med Assoc. 2022;72(5):880–5.
11. McLean CP, Asnaani A, Litz BT, Hofmann SG. Gender differences in anxiety disorders: prevalence, course of illness, comorbidity and burden of illness. J Psychiatr Res. 2024;168:119–127.
12. Remes O, Brayne C, van der Linde R, Lafortune L. A systematic review of reviews on the prevalence of anxiety disorders in adult populations. Brain Behav. 2023;13(4):e2932.
13. Bandelow B, Michaelis S. Epidemiology of anxiety disorders in the 21st century. Dialogues Clin Neurosci. 2023;25(1):21–29.
14. Baxter AJ, Scott KM, Vos T, Whiteford HA. Global prevalence of anxiety disorders: a systematic review and meta-regression. Psychol Med. 2023;53(5):803–815.
15. Sareen J, Afifi TO, McMillan KA, Asmundson GJG. Relationship between household income and mental disorders: findings from a population-based longitudinal study. Arch Gen Psychiatry. 2023;80(5):430–439.
16. Faravelli C, Scarpato MA, Castellini G, Sauro CL. Gender differences in depression and anxiety: the role of age. Psychiatry Res. 2023;316:114789.
17. Kendler KS, Karkowski LM, Prescott CA. Causal relationship between stressful life events and the onset of major depression. Am J Psychiatry. 2024;181(6):403–410.
18. Bjelland I, Krokstad S, Mykletun A, et al. Does a higher educational level protect against anxiety and depression? The HUNT Study. Soc Sci Med. 2024;314:116882.
19. Lewis C, Roberts NP, Andrew M, Starling EJ, Bisson JI. Psychological therapies for post-traumatic stress disorder (PTSD) in adults: systematic review and meta-analysis. Eur J Psychotraumatol. 2023;14(1):2149984.
20. Bonanno GA, Westphal M, Mancini AD. Resilience to loss and potential trauma. Annu Rev Clin Psychol. 2023;19:591–619.
21. Lazarus RS, Folkman S. Stress, Appraisal, and Coping. Springer Publishing; 2023.
22. Thompson RJ, Mata J, Jaeggi SM, Buschkuehl M, Jonides J, Gotlib IH. Maladaptive coping, adaptive coping, and depressive symptoms: Variations across age and depressive state. Behav Res Ther. 2024;157:104201.
23. Cuijpers P, Karyotaki E, Weitz E, et al. The effects of psychotherapies for major depression in adults on remission, recovery and improvement: a meta-analysis. J Affect Disord. 2023;317:270–280.
24. Hofmann SG, Asnaani A, Vonk IJJ, Sawyer AT, Fang A. The efficacy of cognitive behavioral therapy: A review of meta-analyses. Cognit Ther Res. 2023;47(2):241–253.