Note from the editors: We asked the experts about the diagnosis and treatment of a number of other conditions in elderly patients: panic disorder, generalized anxiety disorder, hypochondriasis, neuropathic pain, severe nausea and vomiting due to chemotherapy, motion sickness, irritability and hostility in the absence of a major psychiatric syndrome, and insomnia/sleep disturbance in the absence of a major psychiatric syndrome or discrete medical cause. Although the experts did not recommend the use of antipsychotics for any of these conditions, we present their recommendations concerning the diagnosis and treatment of these conditions in Guidelines 9–12 in an effort to make these guidelines as clinically useful as possible for all clinicians who treat elderly patients, including primary care physicians and internists.

Guideline 9: Panic Disorder

9A. Diagnosis of Panic Disorder[Question 7]

The features that the experts considered most important in diagnosing panic disorder in an older patient agree closely with the DSM-IV criteria. The experts considered recurrent unexpected panic attacks the most important discriminating feature.

(***bold italics*** = features rated "extremely important" by at least 50% of the experts)

Most important discriminating features	**Also consider**
Recurrent unexpected panic attacks (attacks that occur spontaneously "out of the blue")	*(None)*
Persistent concern about having another panic attack or about the implications of the attack	
Significant change in daily behavior as a result of the panic attack	
No evidence that the patient has recently used drugs (e.g., psychostimulants) that can cause panic attacks or autonomic arousal	
Workup rules out a medical illness (e.g., hyperthyroidism) that could be causing the panic attack symptoms	

9B. Selecting Treatments for Panic Disorder[Question 21]

The experts' first-line recommendation for treating panic disorder in an older patient was an antidepressant. High second-line options were CBT or the combination of an antidepressant plus a benzodiazepine. The experts did not recommend the use of an antipsychotic to treat panic disorder.

Preferred	**Also consider**
An antidepressant	Cognitive-behavioral therapy (CBT) An antidepressant plus a benzodiazepine