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has presented poster

P1023 Panic disorder: case report resolved by generative reprocessing therapy

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1. Introduction

The essential characteristic of panic disorder is the repeated occurrence of severe anxiety attacks that are not limited to a specific situation but happen unpredictably. Like other anxiety disorders, essential symptoms include sudden palpitations, chest pains, sensations of suffocation, dizziness, and feelings of unreality, and it is classified as an anxiety disorder by the DSM-V. However, conventional therapies often fail to fully restore the quality of life for those suffering from this disorder. The aim of this case report was to evaluate a patient presenting panic syndrome after undergoing Generative Reprocessing Therapy (TRG).

2. Description of the clinical case

A 57-year-old woman diagnosed with panic disorder underwent TRG treatment after unsuccessful conventional therapies for over 5 years. She reported experiencing unexpected panic attacks at least twice a month, predominantly at night, with symptoms including tachycardia, shortness of breath, sweating, nausea, and fear of dying, which began after her son's death. She underwent weekly psychotherapy and used risperidone (1mg/day) and sertraline hydrochloride (50mg/day) without significant improvement even after 2 years of medication. Upon starting TRG, she had already discontinued conventional psychotherapy voluntarily.

TRG employs five protocols (chronological, somatic, thematic, future, and potentiation) aimed at reprocessing traumatic memories, removing the individual from the state of anxiety. These protocols are conducted in this order until negative emotions and somatizations from traumatic events are gradually removed. Questionnaires on the patient's quality of life were administered before and after TRG treatment (emotional aspects, somatic comfort, interpersonal relationships, future outlook, among other psychological parameters) to understand how the patient felt in her daily life and relationships in the face of a sudden crisis threat.

3. Results and discussion

After 23 TRG sessions over 6 months, the patient reported only one panic disorder episode in the first two months and definitive absence of these episodes thereafter. With medical supervision, she tapered off medication due to symptom resolution. Three years after the end of TRG treatment, the patient remains symptom-free and no longer experiences the characteristic symptoms of panic disorder or any other emotional discomfort arising from it. These results were corroborated by the outcome of the quality of life questionnaires before and after TRG treatment. However, the main indication of treatment success with TRG was the absence of panic syndrome episodes. This therapy has shown promise as an alternative to conventional therapies also in conditions like depression, anxiety, suicidal ideation, and fibromyalgia. In these studies, patients undergoing TRG no longer exhibited symptoms of their emotional conditions even after 2 years of follow-up. This suggests the successful use of TRG in other types of emotional problems if conventional therapies do not provide sufficient comfort to patients.

Conclusion

In conclusion, TRG yielded satisfactory results in the evaluated patient and may be explored as an alternative therapy for those unresponsive to conventional treatment. Further studies are being conducted for a better long-term understanding of how it operates in the human mind.



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