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**Comparable Study Between Panic Disorder patients**

(with or without

Mitral valve prolapse)

***By***

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**Comparable Study Between Panic Disorder**

**Patients {With or Without Mitral valve Prolapse in Nassiria City/ Iraq.**

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**Abstract:-**

**Background:** There are considerable hypothesis about possible relationship between panic disorder (pd) and mitral valveprolapse (MVP), panic disorder usually consider as impact factor on patient with (MVP) either in exaggeration of symptoms or complications of (MVP) like angina, chest pain, chronicity of course of (pd). (MVP) is myxotamous disconfiguration of valvedue thickening and dislocation of valveleaflet into left atrium through systole.

**Aims of study:-**

1. To find out the relation between (pd) patients with or without (MVP) concerning socio- demographic variables like age, address, occupation, social class.
2. To find out such relationship of (pd) and (MVP) state in many physical and mental disorders like heart diseases, co-morbid physical diseases, psychiatric diseases, duration of course pf (pd).

**Patients and Methods:-**

Cross sectional study of (52) patients with panic disorder with MVP (31) or without (21) through the period (March- October 2018) in private clinics of (physician, psychiatrist, Echocardiographic specialist), all study sample were submitted to (DSMIV) criteria to document panic disorder diagnosis by psychiatrist and physical assessment, the (52) panicky patients were finally send for modern echocardiographic under professional specialist, no, significant finding of (x2, p- valve, chi- square, Fisher exact tests) were revealed in all variables.

**Results:-** All study sample (52) patients were documented as (pd), (31) patients (59.6%) were with negative (MVP), 21 patients (40.4%) were with positive, < 20 year age group were the major with positive MVP, >60 year were the major negative (MVP) their percentage were (66.7%,100.%) successively, most common count of positive (MVP) who were unemployed were (44.4%) in comparism with (55. 6%) with negative (MVP), (41. 2%) of MVP were from rural area, (60. 0%) were with negative MVP,(50. 0%) of positive Mitral valve were from moderate social class, which is equal to negative (MVP) (46. 2%), Regarding heart diseases distribution in study sample (35. 9%), (53. 8%) of study sample were with (positive, negative MVP) Successively, (52. 9%),( 47. 1%) were with comorbid diseases with positive, negative disease successively in positive count. Concerning the durations of the course of disease with positive (MVP) were relatively equal (63%) in the periods (1 month,1 year, 6- 10 years), 1 month duration was the most common (66. 7%) with MVP, (83. 3%), (71. 4%) were the most prevalent negative (MVP) in durations (2 months, > 10 y) successively.

**Ethics:-**

All patients and their relative were giving oral and written consent to carry out all investigations and interviews.

**Conclusions:-**

There is obvious relationship of patients with (pd) and (MVP) in a lot of socio- demographic, medical variable, however controversial results were highly not universal.

**Keywords:-**

Panic disorder, Mitral valve Prolapse, comparable study, DSMIV Criteria, Nassiriya, Iraq.

**Introduction:-**

Panic disorder (pd) is repetitive and sever psychiatric disorder characterized by frequent panic attack (PA) which is the main syndrome of panic disorder, it is expressed as sever fear or unpleasant feeling comorbid physical and mental symptoms in presence or absence of phobic stimulus (ICD 10, W H O) {1}. Panic attack usually sudden onset often takes (5- 15 minute), or rarely extend for hours with anxiety, tremor, palpitation {2},panicky patients preoccupied with integrity of their main vital organs like their heart, respiratory system these symptoms are suggested to be psychological in nature and still masked those organs diseases like; chest pain, dysphagia, and certainly mitral valve disease (MVP). All theories suggest a basic of disturbance of autonomic system and easily diagnosed with irregular heart pulse and chest pain might developed clear cut panic attack, which concerned with group of motions disturbance which perceived as phobia {3}.

Mitral valve Prolapse (MVP) or (floppy mitral valve syndrome), which shows thickening of mitral valve leaflet into left atrium at systolic phase {4}, Leaflet has three layers of tissues: the atrialis, fibrosa and spongiosa, huge connection tissue lead to thickening of spongiosa layer which isolate collagen bundle in the fibrosa, which lead to prolongation of chorda tindinea that may result in damage of posterior leaflet in inversion and dislocation of Left atrium {5}.

No, obvious clinical evidence for relation between excessive co-existence of panic disorder and mitral valve prolapse {6}.

**Patients and Methods:-**

* Setting and sample- DSM-IV Symptoms of panic attack in Arabic& English version (Appendix 1) was applied to diagnose the panic disorder. Through the period (March- October, 2018). Patients should have at least {4} attacks per month followed by other one in same or other month and meeting full criteria in (Appendix 1), which mean positive symptoms of panic disorder and exclusive criteria involve (substance abuse, thyrotoxicosis or Lung disease) other exclusive criteria involve (anxiety, specific phobia, OCD, PTSD, dissociative disorder) (Appendix)(1). Such diagnosis of criteria should be submitted for expert psychiatrist and physician, other visit to document the diagnosis.
* Fifty two patient were giving oral consent, examined by cross-sectional study in private clinic of (physician, psychiatrist) and Modern clinic of echo cardio graphic machine to elicit even the complicated case of MVP which are interviewed by physician through auscultation, physician also diagnosed comorbid medical disorder( x2, P value, Fisher exact test, Pearson Chi-Square)were not find significant result between study sample (pd) with or without MVP.

**Statistical Analysis:-**

Date were analyzed with use of commercially available software (SPSS) to reveal x2, P value, Fisher exact test, Pearson chi-square, that are used to compare corresponds or non-correspondent. Panic disorder with or without (MVP), by age, marital state, address, comorbid medical, mental disease and duration of disease.

Less than 0. 5 indicate non-significant, all variables do not show significant results, the case most probably related to small size sample, other on descriptive analysis a lot of newly admitted and advantageous results.

**Results:-**

**Table (1) distribution of age in study\* sample (panic disorder patients (pd) with or without mitral valve prolapse)**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | \*\*(pd) with  \*\*\*MVP | | Total | Fisher's Exact Test\*\*\*\* |
| Negative | Positive | P value\*\*\*\*\* |
| age | <20 y | Count | 1 | 2 | 3 | 3.858 |
| % within age | 33.3% | 66.7% | 100.0% | 0.263 |
| 20y- | Count | 19 | 9 | 28 |  |
| % within age | 67.9% | 32.1% | 100.0% |  |
| 40y- | Count | 9 | 10 | 19 |  |
| % within age | 47.4% | 52.6% | 100.0% |  |
| >60 yr | Count | 2 | 0 | 2 |  |
| % within age | 100.0% | 0.0% | 100.0% |  |
| Total | | Count | 31 | 21 | 52 |  |
| % within age | 59.6% | 40.4% | 100.0% |  |

Study sample means panic disorder patient with or without milral valve disease. \*

\*\* (pd) means panic disorder.

\*\*\* (MVP) means mitral valve prolapse.

\*\*\*\* Fisher exact test is not significant (NS)

\*\*\*\*\* P value is not significant (NS)

Table (1) revealed (31.1%) of patients with (pd) with (MVP) at age (20 year), (52.6%) were at 40 year age.

The majority of positive Mitral valve prolapse were (66. 7%) in <20 year age, while 33. 3% was negative at same age. (0.0%) of sample with positive MVP at same age with negative MVP were (100.0%).

Total count of (pd) with positive (MVP) were (40. 4%), (59.6%) of total count were with negative (MVP).

**Table (2) Shows Distribution of occupation in study sample.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | (pd) with  (MVP) | | Total | Pearson Chi-Square\* | |
| Negative | Positive | Value | |
| occupation | unemployed | Count | 16 | 9 | 25 | .384a | |
| % within occupation | 64.0% | 36.0% | 100.0% | 0.535 | |
| employed | Count | 15 | 12 | 27 |  | |
| % within occupation | 55.6% | 44.4% | 100.0% |  | |
| Total | | Count | 31 | 21 | 52 |  | |
| % within occupation | 59.6% | 40.4% | 100.0% |  | |

\*Pearson Chi-Square is (NS)

Table (2) shows (44.4%) of study sample with positive MVP, (55%) of negative (MVP) were employed.

Unemployed with positive (MVP), negative (MVP) were (36.6%,40.6%) successively.

**Table (3) Distribution of address in study sample**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | (pd) with  (MVP) | | Total | X2 \* |
| Negative | Positive | P value \*\* |
| adress | Urban | Count | 21 | 14 | 35 | .007,  0.935 |
| % within adress | 60.0% | 40.0% | 100.0% |  |
| Rural | Count | 10 | 7 | 17 |  |
| % within adress | 58.8% | 41.2% | 100.0% |  |
| Total | | Count | 31 | 21 | 52 |  |
| % within adress | 59.6% | 40.4% | 100.0% |  |

X2 is (NS) \*

\*\* P value is (NS)

Table (3) show (40. 4%), (60.0%) of study sample with positive, negative MVP,(successively) were from urban area,

(41. 2%), (58. 8%) of study sample with positive MVP, negative (MVP) were successively from rural area.

Total count of sample with or without MVP were (40.4%, 59. 6%) successively regarding their occupation.

**Table (4) Distribution of social class in study sample.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | (pd) with  (MVP) | | Total | X2 \* |
| Negative | Positive | P \*\* |
| \*\*\*SC | Low | Count | 12 | 5 | 17 | 1.846a |
| % within SC | 70.6% | 29.4% | 100.0% | 0.397 |
| Moderate | Count | 12 | 12 | 24 |  |
| % within SC | 50.0% | 50.0% | 100.0% |  |
| High | Count | 7 | 4 | 11 |  |
| % within SC | 63.6% | 36.4% | 100.0% |  |
| Total | | Count | 31 | 21 | 52 |  |
| % within SC | 59.6% | 40.4% | 100.0% |  |

XX2 is (NS) \*

\*\* P value is (NS)

\*\*\*S.C Mean social class

Table (4) shows (pd) with positive (MVP) patients according to social class low, moderate, high were (24. 4%, 50. 0%, 36. 4%) successively. Total number were (40. 4%).

(pd) with negative (MVP) in low, moderate, high social classes were (70. 6%, 50. 0%, 63. 6%) successively. Total count were (59. 6%).

**Table (5) Distribution of heart disease in study sample**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | (pd) with  (MVP) | | Total | Pearson Chi-Square\* |
| Negative | Positive |  |
| \*\*H.D | Negative | Count | 25 | 14 | 39 | 1.305a |
| % within HxofH.D | 64.1% | 35.9% | 100.0% |  |
| Positive | Count | 6 | 7 | 13 | .135 |
| % within HxofH.D | 46.2% | 53.8% | 100.0% |  |
| Total | | Count | 31 | 21 | 52 |  |
| % within HxofH.D | 59.6% | 40.4% | 100.0% |  |

\*Pea­­rson Chi-Square is (NS)

\*\*H.D Mean: heart diseases

Table (5) shows (pd) with positive (MVP) with history of heart diseases were (53. 9%) on positive count total count was (40. 4%).

(pd) with negative (MVP) was (46%) in positive count, total count was (59. 6%).

**Table (6) Distribution of comorbid disease in study sample.**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | (pd) with  (MVP) | | Total | X2 \* |
| Negative | Positive | P \*\* |
| Comorbid disease | Negative | Count | 23 | 12 | 35 | 1.654a  0.198 |
| % within comorbid disease | 65.7% | 34.3% | 100.0% |  |
| Positive | Count | 8 | 9 | 17 |  |
| % within comorbid disease | 47.1% | 52.9% | 100.0% |  |
| Total | | Count | 31 | 21 | 52 |  |
| % within comorbid disease | 59.6% | 40.4% | 100.0% |  |

X2 is (NS) \*

\*\* P value is (NS)

Table (6) shows (pd) with positive (MVP) with comorbid diseases was (52. 9%) in positive count, total count was (40. 4%).

(pd) with negative (MVP) with comorbid diseases was (47. 1%) as positive count, total count was (59. 6%).

**Table (7) Distribution of comorbid psychiatric diseases in study sample.**

|  |
| --- |
| **Crosstab** |
|  | | | | (pd) with  (MVP) | | Total | X2 \* |
| Negative | Positive | P \*\* |
| comorbid psychiatric diseases | | Negative | Count | 23 | 17 | 40 | .322a |
| \*\*\*% within com-psy-dis | 57.5% | 42.5% | 100.0% | 0.741 |
| Positive | Count | 8 | 4 | 12 |  |
| % within com-psy-dis | 66.7% | 33.3% | 100.0% |  |
| Total | | | Count | 31 | 21 | 52 |  |
| % within Post psychiatric dis | 59.6% | 40.4% | 100.0% |  |

X2 is (NS) \*

\*\* P value is (NS)

\*\*\* % within comorbid psychiatric diseases

Table (7) shows (pd) with positive (MVP) with comorbid psychiatric diseases were (33. 3%) as positive count, total count was (40. 4%).

(pd) with negative (MVP) with comorbid psychiatric diseases were (66.7%) as positive count. Total count was (59. 6%).

**Table (8) distribution of duration in study sample**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Crosstab** | | | | | |  |
|  | | | (pd) with  (MVP) | | Total | Fissure exact test \* |
| Normal | MVP | P value \*\* |
| Duration of dis | 1 M - | Count | 1 | 2 | 3 | 7.775 |
| % within duration of dis | 33.3% | 66.7% | 100.0% | 0.157 |
| 2M- | Count | 10 | 2 | 12 |  |
| % within duration of dis | 83.3% | 16.7% | 100.0% |  |
| 6M- | Count | 4 | 3 | 7 |  |
| % within duration of dis | 57.1% | 42.9% | 100.0% |  |
| 1 Y- | Count | 4 | 7 | 11 |  |
| % within duration of dis | 36.4% | 63.6% | 100.0% |  |
| 6 y-10y | Count | 2 | 3 | 5 |  |
| % within duration of dis | 40.0% | 60.0% | 100.0% |  |
| >10 year | Count | 10 | 4 | 14 |  |
| % within duration of dis | 71.4% | 28.6% | 100.0% |  |
| Total | | Count | 31 | 21 | 52 |  |
| % within duration of dis | 59.6% | 40.4% | 100.0% |  |

\* Fisher exact test (NS)

\*\* P value (NS)

Table (8) shows (pd) with positive (MVP) in various durations as

a course of disease (66. 7%, 16. 7%, 42. 9%, 63. 6%, 60,0%, 28. 6%) were (1 month, 2 months, 6 months, 1 year, 6- 10 years) successively, total count was (40. 4%).

(pd) with normal mitral value were (33. 3%, 83. 3%, 57. 01%, 36. 4%, 40.0%, 71. 4%) through various durations were (1 month, 2 months, 6 months, 1 year, 6- 10 years) successively, total count was (59. 6%).

**Discussion:-**

Study exposed for (52) patients with panic disorder, (31) of them were with normal mitral valve, (21) were presented with valve prolapse, study was achieved in private clinics of psychiatrist, physician as outpatient in Nassiriya city.

Majority of patients (66. 7%) with (MVP) were< 20 year. Because of development of diagnostic tools and alertness of patients and physicians about the risk of disorder last twenty years, one study revealed (38%) of health teenager age have the same disorder {7}, which means increase (MVP) in panic disorder in comparism with healthy teenager, other study goes with this study that use the diagnosis before age of (40) years {8}.

Least incidence was (0. 00%) at age of (60) years, which is due to exclusive criteria of other valve involvement and probably the age of patients with complicated (MVP) does not prolong survive of patients above (60) year for self-ignorance of general health to such group, or due to their tolerance for panic attack symptoms, which reduce older age consultation of physician.

(MVP) mainly range between (20- 40) years, it is related for proper use of antibiotics to prevent rheumatic fever which cause valvular heart diseases, similar study mention that majority of (MVP) under 30 years age {9}.

Most employed patients with negative (MVP) (55. 6%) was higher than those with positive (MVP) (44. 4%), this is mostly revealed to crippling effect of (MVP) like fatigability or heart failure, intolerance with physical activity, in addition to factors that panic

symptoms severely affect socio- occupational life, same conclusion was settled that symptoms of (pd) with (MVP) like (tacky cardia) and palpitation, syncope, fatigue, excessive intolerance, chest pain dyspnea{10}.

(40%), (41%,) of study sample have equal count of urban and rural area with (MVP), this is probably related to presence of panic disorder fearful symptoms that enhance early consultation of physicians or psychiatrists.

(60%), (58%) of study sample with negative (MVP) are equal in both urban and residence count, also it is related to co-existence with a good leading symptoms of (pd) in spite of different address.

A availability of diagnostic tools of diagnosis of (MVP) like modern echo graphic machine and well trained resident doctors in rural area, the ratio of negative: positive mitral value state was equal to 3:2, results goes with normal distribution of study sample of patient with or without (MVP).

Comprehensive training in all place, systemic investigation, appropriate medical centers, feedback physicians information will be more in industrialized area that met suitable personal skills with strong communication abilities, all these facilities will result in more accurate diagnosis {11}.

Regarding social class in study sample among patients with moderate class count as the highest percentage (50%), high social class with positive (MVP) was (36. 4%), low social class was (29.4%),high count among high social class are goes with economic normal distribution of Iraqi population, due to improvement of income that facilitate early consultation of professional physicians, low social class with (MVP) has least count for financial obstacles to afford the payments of medical care in city center, marked fatigue, hyperventilation, chest pain are more prevalent in civilian life as well, (MVP) and other medical illness that comorbid (pd), these conclusions are contradictory with our study of highest count of (pd) with (MVP) in high social class {12}, study sample with (pd) with (MVP) with low social class are the highest (76. 6%) in comparism with high social class, this result might be accidental, which goes with other study which mentioned (pd) and its comorbidities are more prevalent in low social class due to poor somatic status {13}.

Distribution of heart diseases in this study sample in patients with (MVP) was (53. 8%), which is higher than study sample with negative (MVP) (46. 2%), most common complications of (MVP) are mitral valve regurgitation, endocarditis and destruction of choradal, some patients experience chest pain, dyspnea {14}. So we can conclude that Patients with panic disorder express more cardiovascular diseases and(MVP).

Positive count percentage within study sample with (MVP) was (52. 9%) in comparism with study sample without MVP (47. 1%), the case related to synergistic effect of (pd) with (MVP), longitudinal evaluation of (pd) referred to increased distribution of physical diseases likes hypertension, migraine, peptic ulceration, endocrine disturbance as comorbid physical disease (15), approximately half (52%) of all patients present with at least one physical health condition, the relation of medical comorbidity in (pd) highly concerned to bad health perceived compare to those without, (p- valve is< 0. 5) {16}, significant value cannot be found out in our study due to small size study sample.

Non psychiatric medical comorbidity, health perception and treatment out common in patients with panic disorder suggested correlation of (pd) and (MVP), with low in frequency (0- 8%) other higher {17}, which goes with this study finding of comorbid diseases.

Comorbid psychiatric diseases in study sample with positive (MVP) was (33%), (pd) with negative (MVP) was (66%) higher percentage among negative (MVP) than positive refers to negative correlation with other mental effect, the case that concerned with denial approach of patients for their mental symptoms is due to social stigma or it is type of chance effect. Some studies mentioned that (MVP) is disorder which occurs more probably with emotional disorder and fear of serious heart diseases likes palpitation and chest pain which suggest angina pectoris, cardiac arrhythmia, phobia are usually comorbid panic disorder and anxiety disorder {18}, patients with MVP and (pd) are frequently have major depressive disorder {19} the case which was not observable during mental state examination in this study; which is probably due to time restriction or Long term use of chronic (pd) patient of selective serotonin Reuptake inhibitors (SSRI) which control both panic and depressive disorder in (60%) of cases. (36) out of (100) patients with (MVP) are presented with uncontrolled anger- rage symptoms {20}

Concerning distribution of duration of (pd) with positive (MVP) in study sample were relatively equal in the following periods (1 month, 1 year, 6- 10 years) were the duration relatively in (63%), these results referred to the chronicity of (pd) with MVP, however (1 month) duration was the most common (66. 7%), but this is mainly related to younger age<20years old.

High percentage of long duration among study sample with (MVP) (1year), (6- 10 years) probably referred to ignorance the symptoms of panic disorders, because of short time of episode of (pd) (few minutes- hour), or poor medical training for diagnosis and differentiating (pd) among many practitioners, other causes related to similarity of (pd) to generalized anxiety, exertional arrhythmia, mid (MVP) usually a symptomatic although its prevalence is (24- 35%) definite (MVP) with (pd) {21}.

Duration of (pd) with negative (MVP) were lower than positive (MVP) in most durations course of (pd) mostly in (1 month,6 month,1 year,6-10 year), this is related to impact effect of panic disorder on study sample of comorbid diseases, mitral valve regurge, ischemic heart disease.

(MVP) patients with (pd) who did not seek professional care would be low and similar to patients with negative (MVP) {22}, these controversial results of duration of disorder related to the following factors, unavailability of control group, minor Longitudinal studies to reveal the real durations of disease, delayed involvement of panic disorder in (DSM) (Diagnostic) and statistical manual until 1980, all these factors release crisis to interpret these controversial results, however our study is well planned with expert physician, psychiatrist, statistician, and modern use of echo cardio graphic machine, and clear criteria of (DSM IV) criteria in Arabic version {23}, however, that panic disorder symptom may be caused by (MVP) or vice versa still unresolvable task (24).

**Conclusion:**-

There was obvious different in percentage of various socio- demographic or medical variables of study sample with MVP or without, despite presence of controversial some results that was interpreted through this study.

**Limitations:-**

Small size sample confined significant results of comparism like x2, chi- square, Fisher test, cross sectional study restricts the behavior of both disorders (pd) and Mitral valve disease.

**Recommendations:-**

Big sample for longer period with well-trained Multi-functional team of cardiologist, psychologist concerning more than one diagnostic tools are hopeful in further studies.

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***Appendix (1)***

***DSMIV Symptoms of panic attack in Arabic and English version.***

|  |  |  |  |
| --- | --- | --- | --- |
| **لا** | **نعم** | **اعراض نوبة الهلع (مستوحاة من المصنف الامريكي الرابع)** | **Symptom of panic attack (from DSMIV)** |
|  |  | ضيق في التنفس مع شعور بالاختناق. | Shortness of breath and smothering sensation. |
|  |  | مخنوق. مكبوت. | Chocking. |
|  |  | خفقان وتسارع في معدل ضربات القلب. | Palpitation and accelerated heart rate. |
|  |  | عدم الارتياح أو ألم في الصدر. | Chest discomfort or pain. |
|  |  | عرقان، مبلل بالعرق. | Sweating. |
|  |  | دوار وشعور بعدم الثبات والاغماء. | Dizziness, unsteady feelings or faintness. |
|  |  | غثيان وشعور بألم في البطن. | Nausea or abdominal distress. |
|  |  | فقدان الشعور بالهوية الشخصية أو اضطراب أدراك الواقع. | Depersonalization or derealization |
|  |  | خدر أو الشعور بوخز في الجسم. | Numbness or tingling sensations. |
|  |  | احمرار وقشعريرة الجسم. | Flushes or chills. |
|  |  | ارتعاش واهتزاز الجسم. | Trembling or shaking. |
|  |  | الخوف من الموت. | Fear of dying. |
|  |  | الخوف من الاصابة بالجنون. | Fear of going crazy or doing something uncontrolled. |

المفتاح :- نوبات الهلع عادة ما تكون متباعدة الحدوث لتتلاءم مع اضطرابات الهلع.

- لا يوجد خط قطعي فاصل بين تطابق نوبات الهلع فيما بينها أو مع المقياس. بل بالعكس هناك اختلاف مستمر

- معدل نوبات الهلع (اضطراب الهلع 13 في كل 1000 رجل) (32 في كل 1000 امرأة).

- معدل الانتشار لستة أشهر هو (30 كل 1000).

- لتشخيص اضطرابات الهلع ((Panic disorder يجب ان تظهر على المريض (4 نوبات هلع خلال الشهر) (4panic attacks )

**دراسة مقارنة بين مرضى اضطراب الهلع [المصابين وغير المصابين بتهدل الصمام الاكليلي] في الناصرية / العراق**

**د. حسين هليل وداعة الصياد – د. كاظم موحان منهل**

**جامعة ذي قار – كلية الطب / العراق**

**الملخص :**

الخلفية:- هناك نظريات معتبرة حول أمكانية الربط بين أضطراب الهلع وتهدل الصمام الأكليلي, أضطرابات الهلع عادة تعتبر عامل مفاقم لدى مرضى تهدل الصمام سواء بتفاقم اعراض او مضاعفات تهدل الصمام الاكليلي مثل الذبحة الصدرية, الم الصدر, وطول فترة نوبة الهلع. تهدل الصمام الاكليلي هو تشوه غروي للصمام بسبب تسميك و انخلاع اوراق الصمام الى البطين الايسر خلال انقباض القلب.

**اهداف البحث:-**

1. ايجاد العلاقة بين اضطراب الهلع الملازم وغير الملازم الى تهدل الصمام الاكليلي خلال العلاقة مع المتغيرات الاجتماعية – الديموغرافية مثل العمر, العنوان, المهنة, الطبقة الاجتماعية.
2. ايجاد العلاقة بين اضطرابات الهلع وحالة تهدل الصمام الأكليلي في بعض الامراض البدنية,, العقلية, امراض القلب, الامراض البدنية الملازمة, الاضطرابات النفسية, فترة مرض اضطراب الهلع.

**المرضى وطرق الدراسة:-**

دراسة مقطعية الى (52) مريض بأضطراب الهلع مع (31) مريض لديهم تهدل الصمام الأكليلي للفترة من (اذار- تشرين الاول لعام 2018م) في العيادات الخاصة لطبيب الباطنية المختص, أخصائي الطب النفسي, أخصائي جهاز الفحص (بالأيكو), جميع مرضى العينة خضعوا الى معايير المصنف الأمريكي الرابع لتوثيق اضطراب الهلع تحت اشراف أخصائي طب نفسي وأجري التقييم البدني بواسطة أخصائي الطب الباطني, جميع المرضى المصابين بالهلع-يرسلون أخيراً الى الفحص بجهاز (الايكوكارديوكراف) الحديث بأشراف متخصص, لم نحصل على نتائج دالة بأستخدام فحوص (Fisher exact+est, Chi-squar, P-Value, X2) في جميع المتغيرات المفحوصة لصغر حجم عينة الدراسة.

**النتائج:-**

جميع عينة الدراسة البالغه (52) مريض تم توثيق (31) بعدم وجود تهدل الصمام الأكليلي, (21) كان لديهم تهدل الصمام, اقل من (20) سنة كانت الاكثر أصابة بتهدل الصمام الأكليلي اكثر من (60) سنة كانوا الاكثر سلامة للصمام الأكليلي. العدد الاكثر شيوعاً لدى متهدلي الصمام كانوا غير موظفين وعددهم بلغ (44%) بالمقارنة مع (55.6%) مع سلامة الصمام الأكليلي, (41.2%) من مرضى تهدل الصمام الأكليلي كانوا من سكنة المناطق الريفية, (60%) كانوا ذوي الصمام السليم. (50%) من مرضى تهدل الصمام كانوا من الطبقة المتوسطة اجتماعياً والتي تساوي مرضى الصمام السليم. (46.2%),(53.8%) من عينة الدراسة كانوا (متهدلي الصمام, سالمين) على التوالي, (52.9%), (47.1%), (52.9%) كانوا مصابين, سليمين الصمام على التوالي حسب العد الموجب, بالنظر الى فترة طور المرضى مع مرضى تهدل الصمام كان نسبياً مساوي (63%) خلال الفترات (اشهر, 1سنة, 6-10سنة), (1) شهر كانت الاكثر (66.7%) لدى متهدلي الصمام الاكليلي, (83.3% , 71.4%) كانوا الاكثر شيوعاً بسلامة الصمام للفترة (2 شهر, اقل من 10 سنة)

**أخلاقيات الدراسة:-**

تم الحصول على موافقة شفويه وخطية من جميع المرضى لأجراء كافة الفحوصات.

**الاستنتاج:-**

هناك علاقة واضحة بين مرضى اضطراب الهلع ومرضى تهدل الصمام الأكليلي في كثير من المتغيرات الأجتماعية- الديموغرافية, الطبية, بالرغم من ذلك كانت النتائج المتناقضة عالية وغير موحدة.