Fall 10-20-2023

Ataque de nervios: A Culturally-Bound Syndrome Unique From Panic Disorder

Faiza Ahmad
The University of Texas Rio Grande Valley, faiza.ahmad01@utrgv.edu

Alcides Amador
The University of Texas Rio Grande Valley

Ataque de nervios: A Culturally-Bound Syndrome Unique From Panic Disorder

Abstract
We present the case of Ms. MR, a 71 year old female who arrived at the outpatient clinic for evaluation of a long-standing history of depressive symptoms and dissociative emotional spells. She describes a history of sudden-onset "emotional episodes" in which she experiences uncontrollable sobbing, loses control of her arms and legs, and becomes unresponsive for 5-7 minutes. We believe this patient may be experiencing *ataques de nervios* ("attack of nerves"), a culturally-bound syndrome most commonly affecting Hispanic populations.

Case Introduction
Our case is that of Ms. MR, a 71 year old female who presented to the outpatient clinic for evaluation of a long-standing history of depressive symptoms and dissociative emotional spells. Her history of depressive symptoms dates back to her divorce nearly 40 years ago. Her only diagnosis to date has been depression, and she has taken antidepressants on and off for many years. She endorses a long standing history of anxiety and history of sudden-onset "emotional spells" in which she experiences uncontrollable sobbing, loses control of her arms and legs, and experiences tingling of the fingers and lips. These episodes initially occurred 1-2 times a year, but have been becoming increasingly frequent, occurring 2-3 times monthly.

During our interview, Ms. MR was asked about recent stressors contributing to her depression and anxiety symptoms. She began detailing familial conflicts including times her mother had hit her as a child as well as hurtful words her children have said to her. She describes feeling profoundly lonely and reliving the painful memories that she has been through on a daily basis.

At this time, she began stating that she has prayed to God many times asking not to wake up from her sleep. She expressed that she did not know whether life was worth living, and that she thought about how she would hurt herself. At this point, she begins crying profusely. During repeated questioning to determine her safety, her phone falls to the ground, she leans to her right side, her right arm hangs over the right arm of her chair, and she has fasciculation-like twitching movements in the left side of her neck. Breathing sounds are heard at this time, however she does not respond to her name or to voice. After approximately 7 minutes, she opens her eyes and mentions that she does have a mild headache. She is then able to sit up straight after a few moments, and is able to respond again. After another 2-3 minutes, she is able to be interviewed normally again.

Discussion

Culturally bound syndrome is a term used to describe a set of behaviors and symptoms that often occur as an illness or disorder within a specific cultural, ethnic or social group, but may not fit the diagnostic criteria to be classified as a standard psychiatric or medical diagnosis. *"Ataque de nervios*" ("attack of nerves") is a culturally bound syndrome that has been researched for more than 50 years among Hispanic patients - particularly in Puerto Rican, Dominican and Cuban populations.

Classically, an episode of *ataque de nervios* includes a constellation of physical and emotional symptoms, including: uncontrollable and intense fits of crying, trembling or shaking, and a sensation of intense heat rising from their chest to their head. The individual experiencing the episode may become physically or verbally aggressive, or even become unresponsive - causing significant distress to those witnessing the attack. Additionally, some individuals undergoing an attack may also report auditory hallucinations, an urge to exhibit suicidal gestures, or even experience psychogenic seizures or fainting episodes.

Though its presentation may initially seem similar to panic attacks, *ataque de nervios* is quite distinct from panic disorder. The DSM V criteria describes panic disorder as a "An abrupt surge of intense fear or intense discomfort that reaches a peak within minutes and during which time four or more of the following symptoms occur:

Palpitations, pounding heart, or accelerated heart rate
Sweating
Trembling or shaking
Sensations of shortness of breath or smothering
Feeling of choking
Chest pain or discomfort
Nausea or abdominal distress
Feeling dizzy, unsteady, lightheaded, or faint
Derealization (feelings of unreality) or depersonalization (being detached from oneself)
Fear of losing control or 'going crazy'
Fear of dying
Paresthesias (numbness or tingling sensation)
Chills or heat sensations"

Though many of the above listed symptoms occur in *ataque de nervios* - particularly palpitation, trembling/shaking, loss of control - the primary feature that distinguishes panic attacks from *ataques* is the onset of terror or fear. *Ataques* are not associated with fear, but are instead often triggered by intense emotions. Most commonly, triggers may include familial issues such as

difficult interpersonal relations, loss of a loved one and divorce. In particular, it may be important to think about values that hold special importance culturally - such as connections with children, parents, religion, etc - to understand the root of the triggers.

Though not meeting criteria for listed DSM V conditions, *ataque de nervios* is a serious syndrome that warrants treatment. As in the case of our patient, there is often an association between *ataque de nervios* and suicidal ideation and self-harm. Research indicates that 7% to 14% of *ataques* result in suicide attempts. Furthermore, there is evidence suggesting that some individuals who experience *ataques de nervios* may not have any recollection of the episode afterwards, further adding to the complexity of this syndrome. Importantly, antidepressant therapy and cognitive behavioral therapy to address the triggers of attacks has shown to be effective in treating the syndrome.

Conclusion

Ataque de nervios, or attack of nerves, is a culturally bound syndrome that is most prevalent within Latinx and Hispanic communities. This syndrome highlights the complex relationship between culture, psychological distress, and symptom expression. Its presentation is quite unique and distinct from other psychiatric conditions, despite sharing some similarities with panic disorder.

References

Anu Asnaani, Ifrah Majeed, Kiran Kaur, Manuel Gutierrez Chavez, 1.11 - Diversity and Cultural Perspectives, Editor(s): Gordon J.G. Asmundson, Comprehensive Clinical Psychology (Second Edition), Elsevier, 2022, Pages 202-224,vhttps://doi.org/10.1016/B978-0-12-818697-8.00081-9.

Balhara YP. Culture-bound Syndrome: Has it Found its Right Niche? Indian J Psychol Med. 2011 Jul;33(2):210-5. doi: 10.4103/0253-7176.92055. PMID: 22345855; PMCID: PMC3271505.

Durà-Vilà G, Hodes M. Cross-cultural study of idioms of distress among Spanish nationals and Hispanic American migrants: susto, nervios and ataque de nervios. Soc Psychiatry Psychiatr Epidemiol. 2012 Oct;47(10):1627-37. doi: 10.1007/s00127-011-0468-3. Epub 2012 Jan 24. PMID: 22270268.

Interian A, Guarnaccia PJ, Vega WA, Gara MA, Like RC, Escobar JI, Díaz-Martínez AM. The relationship between ataque de nervios and unexplained neurological symptoms: a preliminary analysis. J Nerv Ment Dis. 2005 Jan;193(1):32-9. doi: 10.1097/01.nmd.0000149216.29035.31. PMID: 15674132.

Lewis-Fernández, Roberto, and Irene López, 'Ataques de Nervios', in Brian A. Sharpless (ed.), Unusual and Rare Psychological Disorders: A Handbook for Clinical Practice and Research (New York, 2016; online edn, Oxford Academic, 1 Mar. 2017), https://doi.org/10.1093/med:psych/9780190245863.003.0017, accessed 20 Oct. 2023.

Substance Abuse and Mental Health Services Administration. Impact of the DSM-IV to DSM-5 Changes on the National Survey on Drug Use and Health [Internet]. Rockville (MD): Substance Abuse and Mental Health Services Administration (US); 2016 Jun. Table 3.10, Panic Disorder and Agoraphobia Criteria Changes from DSM-IV to DSM-5. Available from: https://www.ncbi.nlm.nih.gov/books/NBK519704/table/ch3.t10/