Anxiety Disorders: Phobias

Background
1. Definition
   - Phobia - an excessive fear of a specific object, circumstance, or situation
     - Characterized by intense acute anxiety associated w/ the stimulus
       which the person usually recognizes as excessive
2. 3 basic types
   - Agoraphobia
     - Fear and avoidance of places from which escape may be difficult
       - Such as a large open space
   - Social phobia
     - Also known as social anxiety disorder
     - Characterized by overwhelming anxiety and undue self-consciousness or
       - Embarrassment in any social setting
       - Such as eating in front of others or
       - Severe form - feeling intense anxiety in any social interaction or environment
   - Specific phobia
     - Is a fixed, persistent fear of an object or situation
     - Types: animal, natural environment (i.e. thunder), blood-injection injury & others

Pathophysiology
1. Pathology of disease
   - Not completely known
   - Amygdala - believed to be involved
     - Brain structure that controls fear responses in humans
2. Incidence, prevalence
   - Epidemiological studies show
     - Phobias are single most common mental disorder in US
   - Large proportion of people with phobias do not seek help or
     - Are misdiagnosed when seeking medical attention
   - Lifetime prevalence rate in US population
     - Specific phobia - 11.3%³
     - Agoraphobia - 5.3%³
     - Social phobia - 13.3%³
   - Race
     - Equally likely to develop in all races
   - Sex
     - Agoraphobia - more common in females
       - F:M ratio 2:1
     - Specific phobias - more likely to develop in females
       - F:M ratio 2:1
     - Social phobia - more common in females
   - Age
     - Agoraphobia - develop in late adolescence / early adulthood
- Specific phobias - develop in early childhood
  - Mean age varies depending on the phobia
  - Social phobia - most likely to begin before age 20

**Diagnostics**

1. **General**
   - Concentrate on any known medical condition
     - Consider symptoms, complications and treatments
   - Evaluate chief complaint
   - Assess mental status
   - Prudent H&P
     - Agoraphobia
       - Ask about fear of places where escape is difficult
       - i.e. In a large crowd of people, tunnels, moving vehicles
       - Rule out specific phobias (see below)
     - Specific phobias
       - Ask specific questions as to patients reaction to certain objects/situations
     - Social Phobia
       - Ask about situations where the patient feels embarrassment/self-consciousness
       - Ask the patient to describe feelings at these moments

2. **Physical examination**
   - Phobic disorders - anxiety most common presentation:
     - Tachycardia
     - Palpitations
     - Dyspnea
     - Elevated blood pressure
     - Sweating
     - Tremor
     - Impending sense of doom
   - If patient presented with phobia object, mental status exam should be significant for anxious affect

3. **Diagnostic testing**
   - Full work-up:
     - Thyroid function test, urine toxicology screen, CBC, chemistry panel

4. **Diagnostic criteria (American Psychiatric Association)**
   - Agoraphobia
     - Extreme anxiety or distress when the person in places/situations where escape is difficult
     - Place/situation is rigidly avoided or endured with great distress
     - Another mental disorder does not better account for phobic avoidance of the place of situation
   - Social Phobia
     - Fixed, persistent fear of social/performance situations
     - Where person feels intense anxiety or embarrassment
• Anxiety response produced when exposed to feared social interaction
• Person understands/recognizes that fear/embarrassment produced is excessive and unreasonable
• Social situation is averted at all costs and
  • Endured with extreme anxiety and distress
• Avoidance/anxious anticipation, significantly interferes with patients daily life
• Duration must be at least 6 months if patient < 18 yo
• Fear/avoidance is not directly due to effects of a substance or medical condition
• If another medical condition/mental disorder is present
  • The fear/anxiety is not related to that condition
  • i.e. Trembling in Parkinson's disease

Specific Phobia
• Fixed, persistent fear of an object/situation
  • Patient realizes as unreasonable, initiated by presence/anticipation of object or situation
• Anxiety response is created when exposed to object/situation
• Object or situation is averted at all costs and
  • If need be tolerated with extreme anxiety and distress
• Cost of avoiding stimulus significantly interfering with person's daily life
• Duration must be at least 6 months if patient < 18 yo
• Another mental disorder does not better account for the phobic avoidance of object/situation
  • e.g., Separation anxiety disorder - avoidance of school

Differential diagnosis
1. Panic disorder
2. Anxiety disorders
3. Personality disorder
4. Posttraumatic Stress disorder
5. Schizophrenia
6. Stimulants
7. Alcoholism
8. Depression
9. Hypoglycemia
10. Mitral valve prolapse
11. Hyperthyroidism
12. Hypothyroidism
13. Pheochromocytoma
14. Angina pectoris

Therapeutics
1. Usually combination of pharmacotherapy / psychotherapy
2. Both behavioral therapy and cognitive behavioral therapy (CBT) demonstrated efficacy

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3. Determining which treatment depends on the patient's goals and level of pathology
4. Agoraphobia
   o Symptoms
     ▪ Commonly respond to SSRI's
5. Social phobia
   o Psychotherapy and pharmacotherapy
     ▪ Both show efficacy in treating social phobia
   o Normally responds to SSRI or MAO-I
   o Beta blockers
     ▪ For performance or situational anxiety
6. Specific phobia
   o Respond best to CBT and exposure therapy
   o Other treatments
     ▪ Relaxation and breathing techniques
7. Long-term care
   o Agoraphobia
     ▪ Patients with good response to treatment, should continue treatment x 9-12 months
       ▪ After med should be slowly tapered off
     ▪ If symptoms reappear after med tapered off
       ▪ Resume treatment with SSRI's and continue indefinitely
   o Social phobia
     ▪ Tapered off meds after 6-12 months
     ▪ If symptoms reappear after med tapered off
       ▪ Med should be prescribed again and continued indefinitely

Follow up
1. Return to office
   o Time based upon clinician's judgment
2. Refer to specialist
   o Psychiatrist/psychologist referral based on severity of symptoms/response to treatment
3. Admit to hospital
   o Indicated only for patients with secondary alcohol or substance abuse/dependence

Prognosis
1. Most patients respond well to treatment
   o Often with completely resolved symptoms
2. Specific phobia patients have the best result (highest level functioning) with treatment
3. Agoraphobics & social phobic's more likely to continue residual symptoms even after treatment
   o More likely to relapse after successful treatment
4. Social phobic's highly impaired social skills may not respond to treatment
References

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