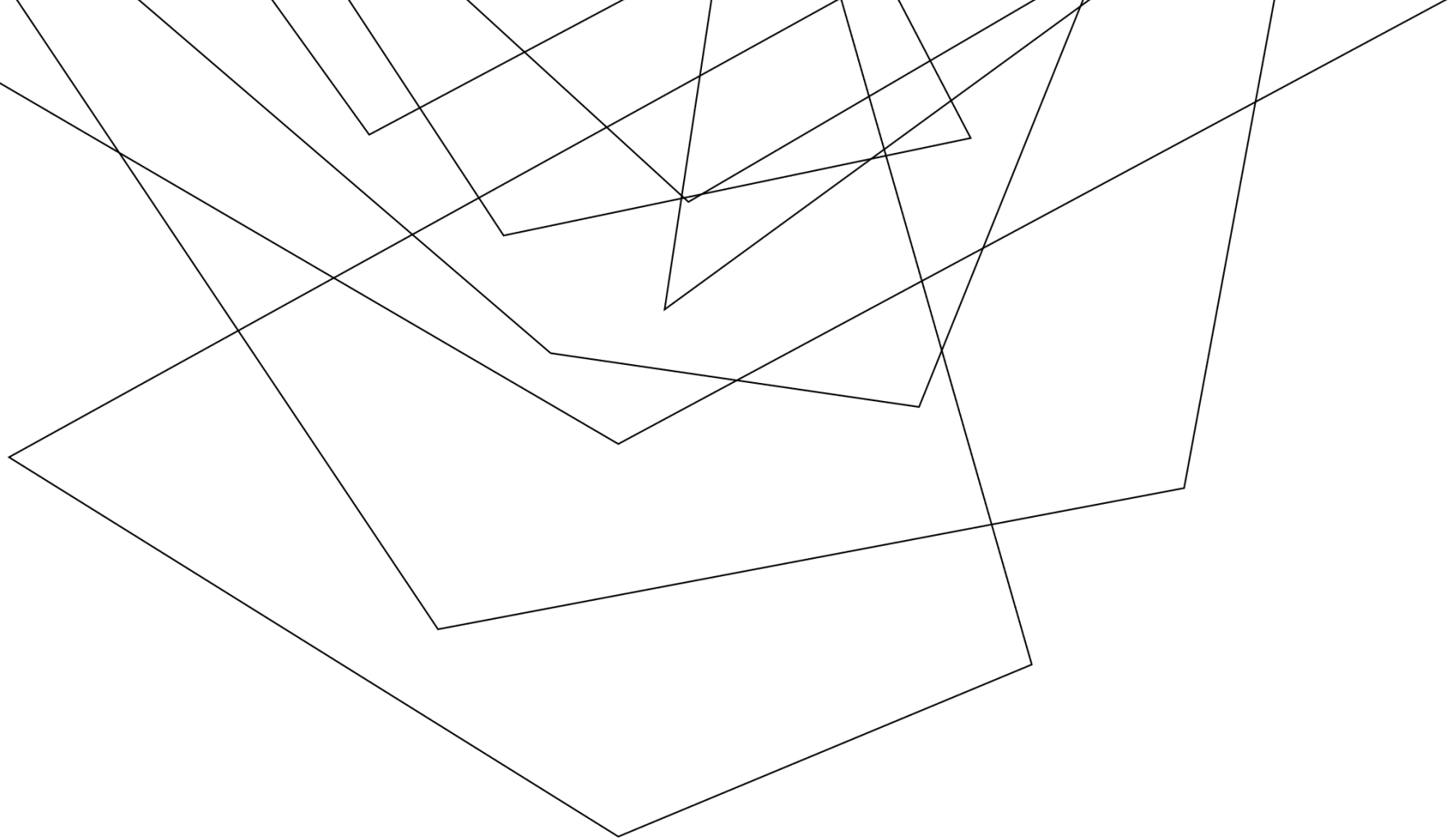


PHOBIA’S

Bayan Masoud

Hala aljariri

Definitions:

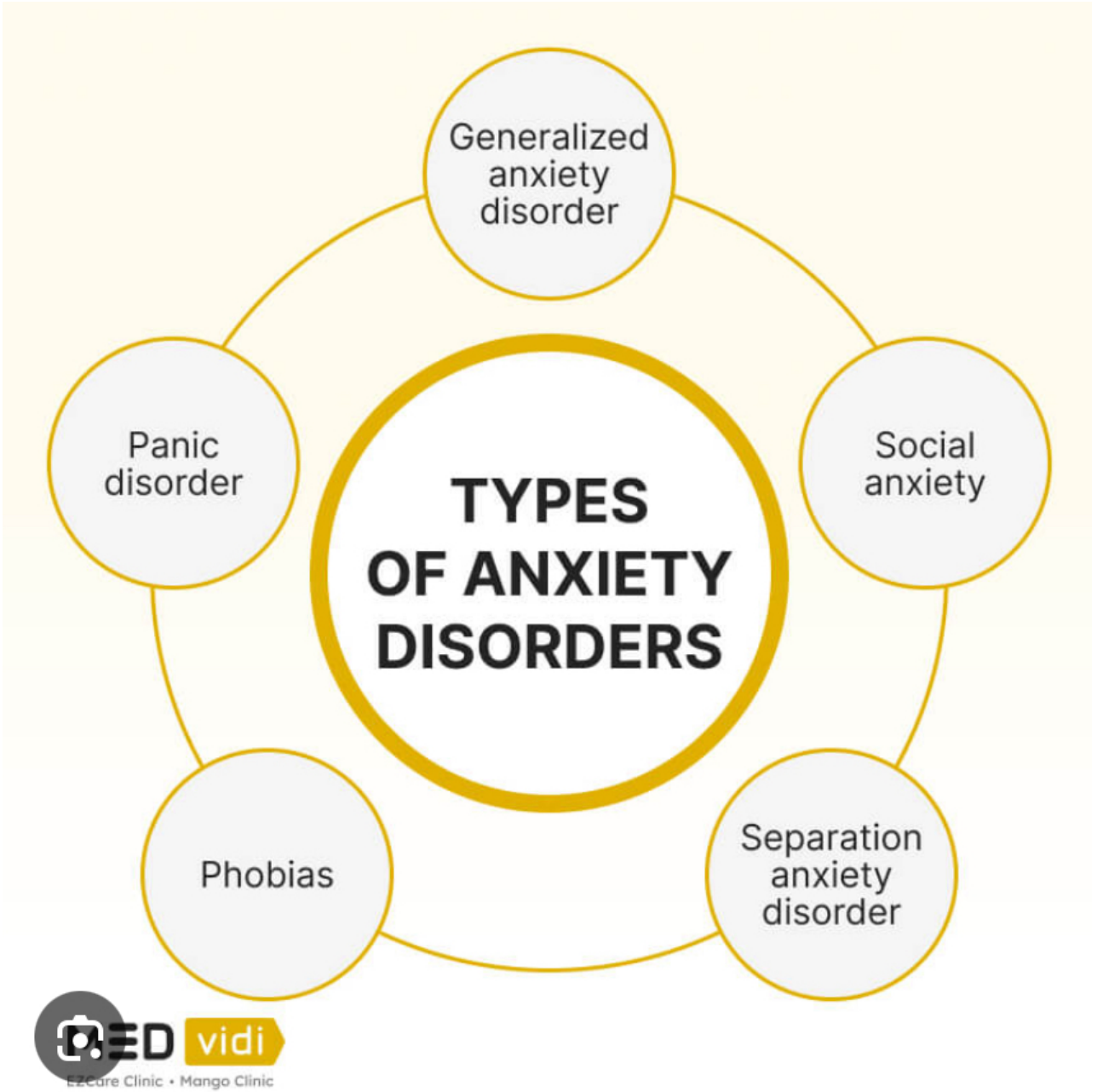
Anxiety : Apprehension about a future threat

Fear: Response to an immediate threat

Both involve physiological arousal → Sympathetic nervous system

Both can be adaptive:

Fear triggers "fight or flight" → May save a life
Anxiety increases preparedness
Absence of anxiety interferes with performance
Moderate levels of anxiety improve performance
High levels of anxiety are detrimental to performance



PHOBIA

- An illness
- Unnecessary condition
- Long term illness
- Excessive fear to a specific object/event
- Perceived threats
- Needs treatment

FEAR

- An emotion
- Necessary for humans
- Temporary
- Natural Response to an event/object
- Danger is real
- Goes with time

A **phobia** is a persistent, excessive, unrealistic fear of an object, person, animal, activity or situation. It is a type of anxiety disorder. A person with a phobia either tries to avoid the thing that triggers the fear, or endures it with great anxiety and distress.

EPIDEMIOLOGY

Phobias are the most common of all anxiety disorders.

Specific phobia is the most common mental disorder among women.

Specific phobia is the second most common among men secondary to substance related disorders.

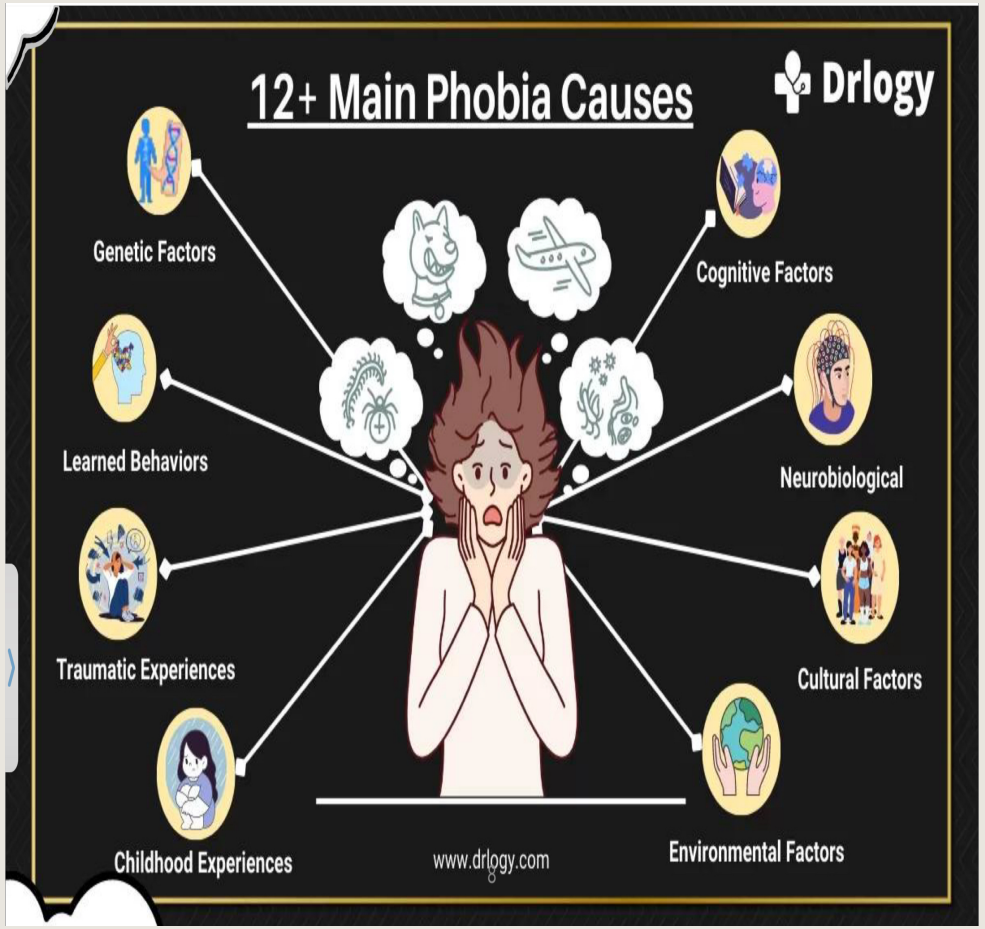
The rates of specific phobias in women were double those of men, although the ratio is closer to 1 to 1 for the fear of blood, injection.

CAUSES OF PHOBIAS

Genetic: Researches has shown they some phobias my run-in families

Cultural factors: some phobias occur in certain cultural groups

Life experiences/Traumatic events; some phobias are based off real life events that may or may not be consciously remembered

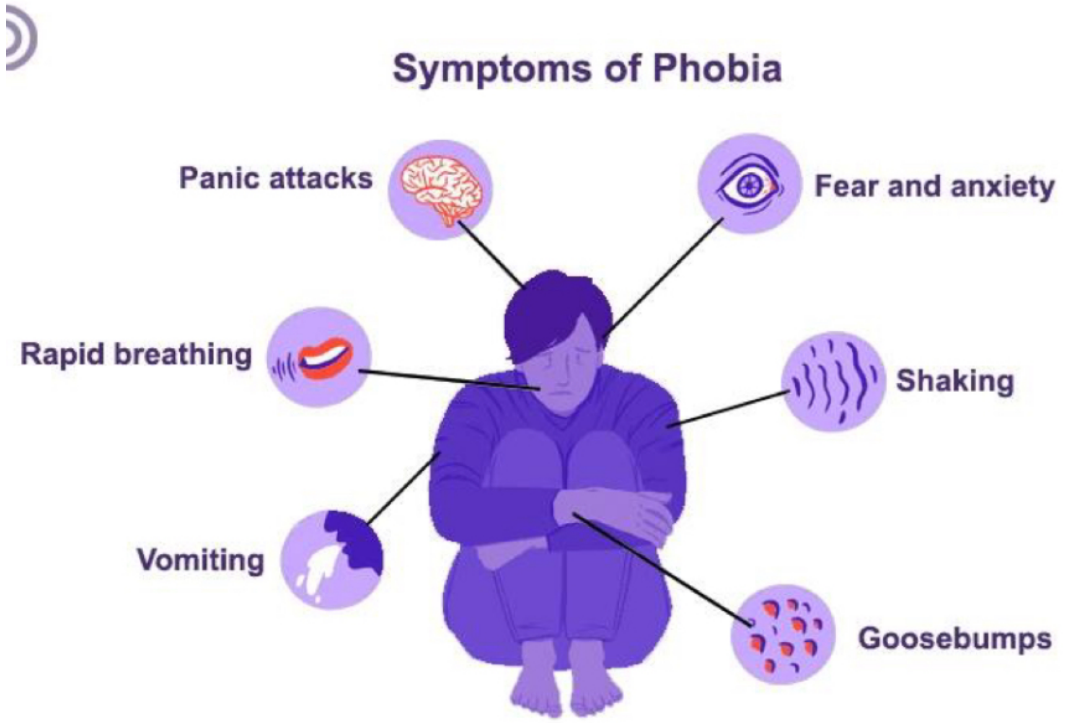


SYMPTOMS OF PHOBIA

Excessive, unreasonable, persistent feelings of fear or anxiety that are triggered by a particular object, activity or situation.

Avoidance of the object, activity or situation that triggers the phobia. Because people who have phobias recognize that their fears are exaggerated, they are often ashamed or embarrassed about their symptoms. To prevent anxiety symptoms or embarrassment, they avoid the triggers for the phobia.

Feelings are either irrational or out of proportion to any actual threat. For example, while anyone may be afraid of an unrestrained, menacing dog, most people do not run away from a calm, quiet animal on a leash.



THERE ARE THREE MAIN GROUPS OF PHOBIAS WHICH INCLUDE:

- **Specific (simple) phobias**, which are the most common and focus on specific objects
- **Social phobia**, which causes extreme anxiety in social or public situations, and
- **Agoraphobia**, which is the fear of being alone in public places from which there is no easy escape.

DIAGNOSTIC CRITERIA

The DSM-5 outlines certain criteria that must be met for a diagnosis of a specific phobia. This includes

1-Excessive fear or anxiety consistently triggered by a specific object or situation
2-Immediate anxiety response
3-Avoidance of the fear trigger
4-Such symptoms must limit a person's ability to function
5-Last at least six months
6-Not be due to another mental disorder.

Type of phobia	Example	Associated characteristics
Animal type	Snakes, Spiders	begins during childhood
Enviromental	Storms, heights, water	begins during childhood
Blood, injection, injury	Blood, injection, injury or other invasive medical procedures	Run in familes possible bradycardia and fainting
Situational	public transport, tunnels, elevators, flying, driving, closed spaces	begins during childhood Early adulthood peak
other (anything that dosnt fit the other four)	choking, Ilness, clowns, fear of getting a phobia (phobophbia), number 13	Early adulthood peak

DIFFERENT PHOBIAS:

Acrophobia Fear of heights

treskidecophobia Fear of number 13

Agoraphobia Fear of open places

arachnophobia Fear of Spiders

Ailurophobia Fear of cats

Hydrophobia Fear of water

Claustrophobia Fear of closed spaces

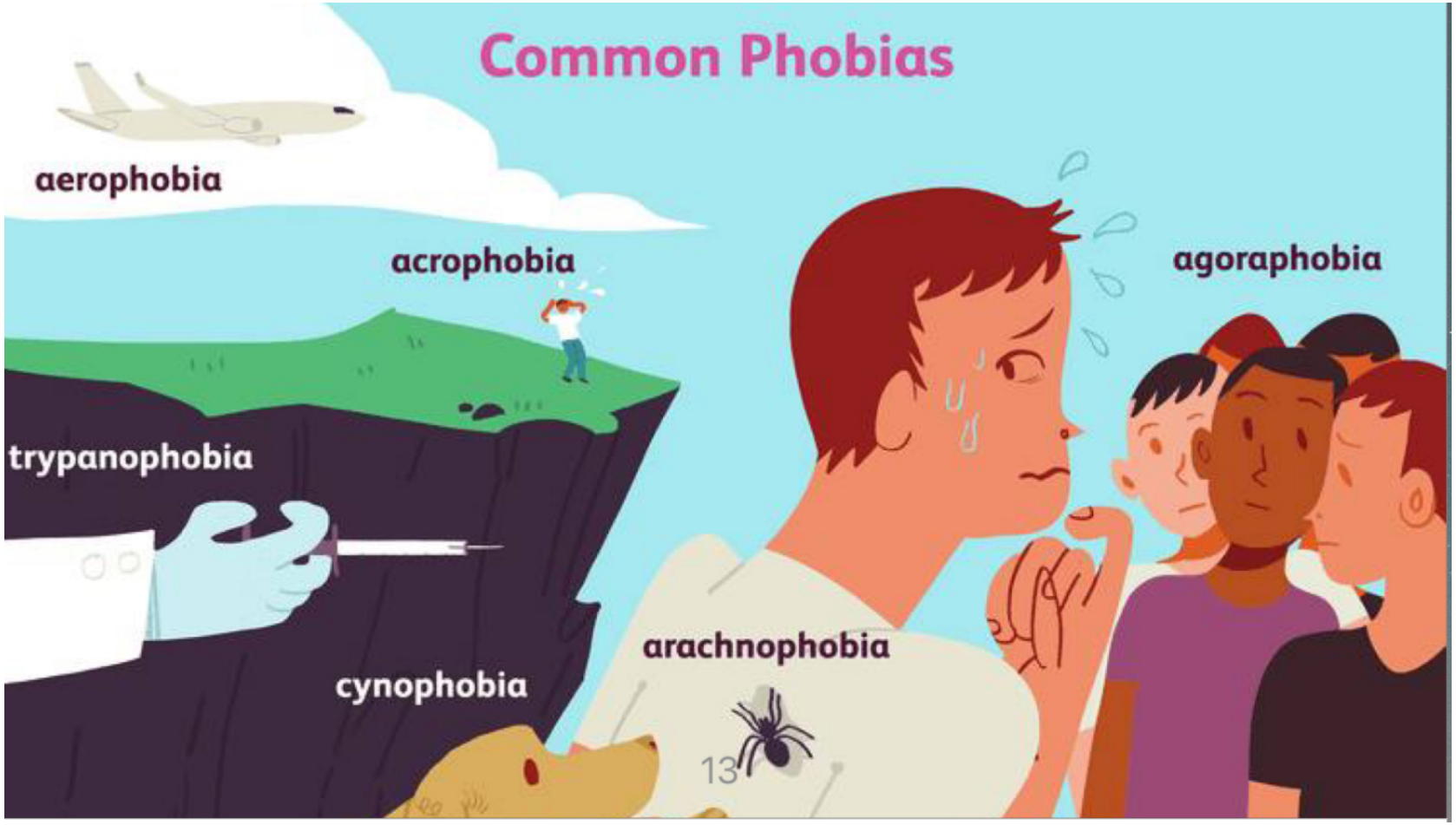
Cynophobia Fear of dogs

Mysophobia Fear of dirt and germs

Pyrophobia Fear of fire

Xenophobia Fear of strangers

Zoophobia Fear of animals



DIFFERENTIAL DIAGNOSIS:

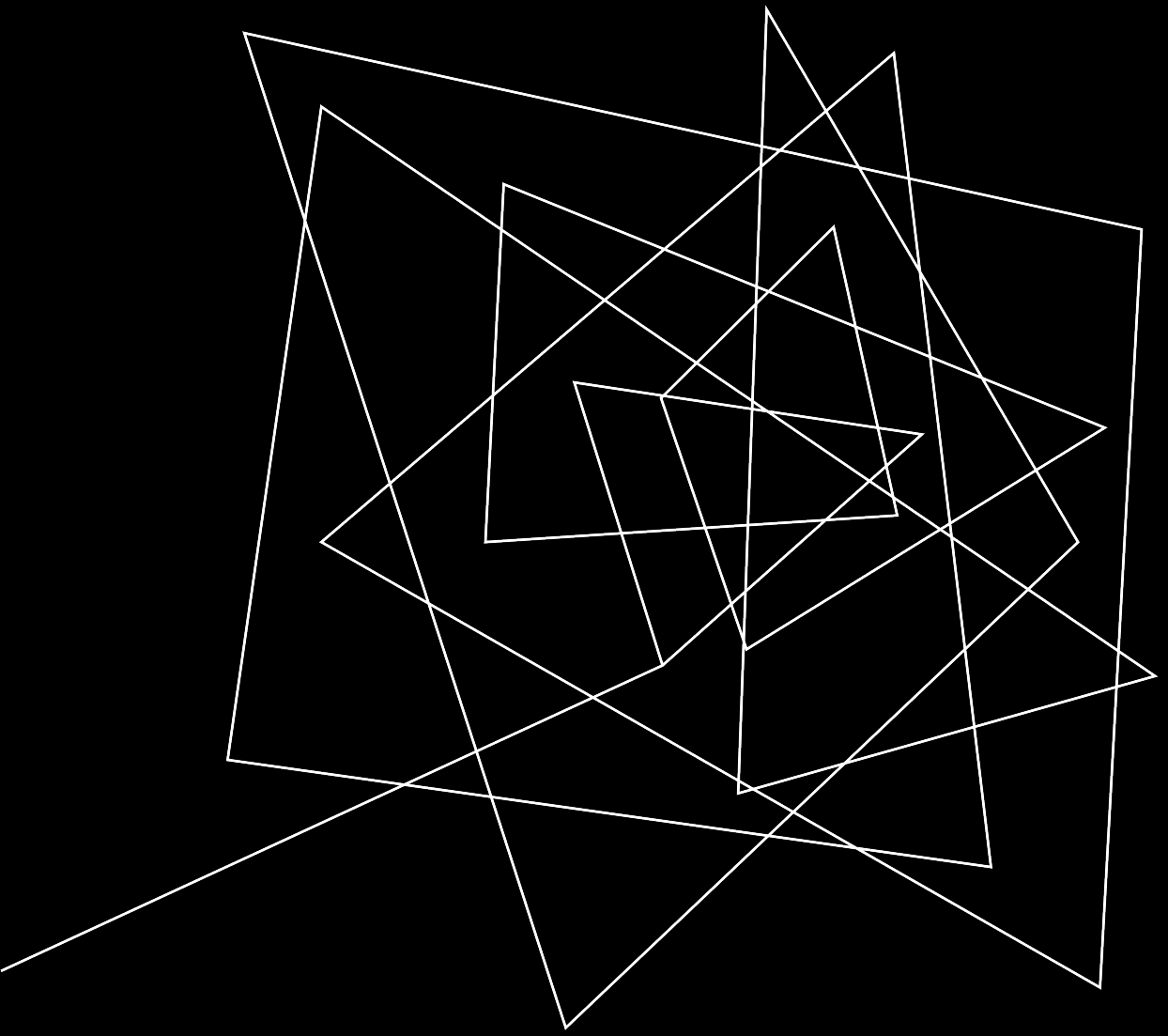
1-Substance abuse

2-neurological diseases (tumor, cerebrovascular)

3-other anxiety disorders

• Differentiation among panic disorder, agoraphobia, social phobia, and specific phobia can be difficult in individual cases. In general, patients with specific phobia tend to experience anxiety immediately when presented with the phobic stimulus and limited to the identified situation

patients are not abnormally anxious when they are neither confronted with the phobic stimulus nor caused to anticipate the stimulus.



TREATMENT

- COGNITIVE-BEHAVIORAL THERAPY (CBT) WITH EXPOSURE AS FIRST LINE FOR MOST FOR MOST PATIENTS WITH SPECIFIC PHOBIA, OUR PREFERENCE IS FIRST-LINE TREATMENT WITH CBT WITH EXPOSURE.

- Treatment with CBT with exposure – Exposure-based strategies involve repeated, systematic confrontation of the feared stimulus. This facilitates fear reduction through extinction learning and inhibitory learning.

- Reluctance to treatment with exposure – Treatment with CBT with exposure may be emotionally taxing. To help overcome reluctance to treatment, we make sure the patient has a good understanding of the rationale for the chosen intervention, underscore the control that the patient has in the exposure process, and discuss the efficacy of exposure treatment for specific phobia.

- Graded exposure – Graded exposure is a process of repetitive exposure to progressively more feared stimuli. The individual is exposed to the feared stimulus until the fear rating is reduced before moving up to the next step of the hierarchy .

- Types of exposure – We use in vivo exposure most frequently. Imaginal and virtual reality exposure (VRE; also termed “in virtuo exposure”) have a role when the stimulus is infrequent, difficult to recreate, or as part of a hierarchy of exposure leading to in vivo exposure. The availability and cost of VRE limits it use.
- In vivo exposure – Using in vivo, or live exposure therapy, we assist the individual to confront the feared stimulus in real world situations. This exposure requires the individual to tolerate increased levels of anxiety in the actual feared situation and is the **most taxing emotionally.**

- Imaginal exposure – Imaginal exposure involves mentally confronting the feared stimulus using imagination. It is typically guided by a script or description of the feared scenario that is repeatedly reviewed by the patient in their imagination.
- Virtual Reality Exposure (VRE) – When available, we use VRE on its own or as a treatment component prior to conduction in vivo exposure. Through **computer simulation**, VRE enables individuals to experience situations that may be difficult or expensive to produce in a live situation.

PHARMACOLOGICAL TREATMENT

- Antihypertensive agents- The beta-blockers, propranolol and atenolol, have been tried with success in clients experiencing anticipatory performance anxiety or "stage fright“

- Antidepressants - SSRIs have become the first-line treatment of choice for social phobia, tricyclic **imipramine** and the monoamine oxidase (MAO) inhibitor **phenelzine** have been effective in diminishing symptoms of agoraphobia and social phobia.
- Anxiolytics -benzodiazepines

AGORAPHOBIA

- Agoraphobia is an intense fear of being in public places where escape or obtaining help may be difficult. It often develops with panic disorder. The course of the disorder is usually chronic. Avoidance behaviors may become as extreme as complete confinement to the home.

- **Diagnosis and DSM-5 Criteria**
- Intense fear/anxiety about more than two situations due to concerns of difficulty escaping or obtaining help in case of panic or other humiliating symptoms:

  Outside of the home alone.

  Open spaces (e.g., bridges).

  Enclosed places (e.g., stores).

  Public transportation (e.g., trains).

  Crowds/lines.
- The triggering situations cause fear/anxiety out of proportion to the potential danger posed, leading to endurance of intense anxiety, avoidance, or requiring a companion. This holds true even if the patient suffers from another medical condition such as inflammatory bowel syndrome (IBS) which may lead to embarrassing public scenarios.
- Symptoms cause significant social or occupational dysfunction.
- Symptoms last ≥6 months.
- Symptoms not better explained by another mental disorder.

- **Course/Prognosis:**
- More than 50% of patients experience a panic attack prior to developing agoraphobia.
- Onset is usually before age 35.
- Course is persistent and chronic, with rare full remission.
- Comorbid diagnoses include other anxiety disorders, depressive disorders, and substance use disorders.

- **Treatment** :CBT and SSRIs (for panic symptoms).

SOCIAL PHOBIA

- In this disorder, inappropriate anxiety is experienced in social situations, in which the person feels observed by others and could be criticized by them. Socially phobic people attempt to avoid such situations. If they cannot avoid them, they try not to engage in them fully.

ETIOLOGY

- Genetic factors: Genetic factors are suggested by the finding that social phobia is more common among the relatives of people with social phobia than in the general population

- Conditioning: Most social phobias begin with a sudden episode of anxiety in circumstances similar to those which become the stimulus for the phobia.

- Cognitive factors: The principal cognitive factor in the etiology of social phobia is an undue concern that other people will be critical of the person in social situations.

SOCIAL PHOBIA

DSM-5
Marked fear or avoidance of situations in which the person is exposed to unfamiliar people or to scrutiny, with fear of behaving in an embarrassing or humiliating way
Social situations almost always provoke anxiety or are avoided
The fear is out of proportion to any actual threat posed by the social circumstances Interferes with functioning, or causes marked distress
—
Not secondary to another disorder Duration at least 6 months

CLINICAL PICTURE

People with social phobia may experience any of the anxiety symptoms listed above, but complaints of blushing and trembling are particularly frequent. Socially phobic people are often preoccupied with the idea of being observed critically, although they are aware that this idea is groundless.

ONSET AND DEVELOPMENT

- The condition usually begins in the early teenage years. The first episode occurs in a public place, usually without an apparent reason. Subsequently, anxiety is felt in similar places, and the episodes become progressively more severe with increasing avoidance.

Treatment

1. CBT: In most anxiety disorders, this method is considered the first line of treatment.

2. Pharmacotherapy, including:

- SSRIs

- SNRIs (e.g., Venlafaxine)

- Benzodiazepines

- Buspirone

- Beta blockers (e.g., propranolol for performance anxiety).