

Phobias

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Difference between fear and phobia

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



Important 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

Anxiety disorder includes :



ANXIETY DISORDER



1. GENERALIZED ANXIETY DISORDER
2. SPECIFIC PHOBIAS
3. PANIC DISORDER
4. AGORAPHOBIA
5. SOCIAL ANXIETY DISORDER
6. PTSD
7. SEPARATION ANXIETY
8. OCD
9. SELECTIVE MUTISM

*** 1/3 ADULTS SUFFER ONE AT *
SOME POINT**

Definition of phobia:

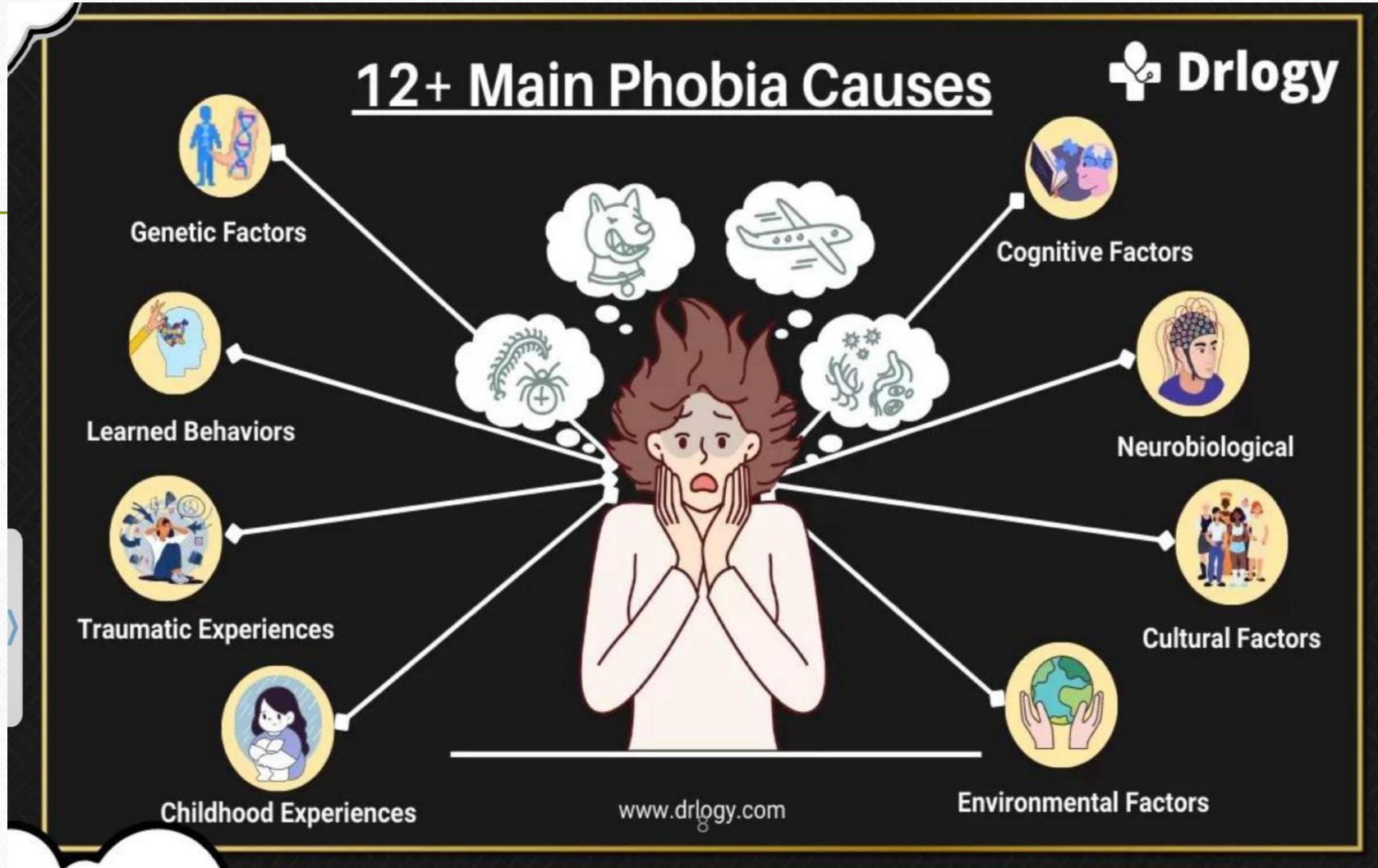
- Phobia is an excessive fear of a specific object, circumstance, or situation. A specific phobia is a strong, persisting fear of an object or situation.

The diagnosis of specific phobia requires the development of intense anxiety, even to the point of panic, when exposed to the feared object.

Epidemiology:

- Approximately 5 to 10 percent of the US population is estimated to have Phobia
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- Specific phobia is the most common mental disorder among women
 - Specific phobia is the second most common among men, second only 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, or injury type.

Causes of phobia:



Clinical features



Symptoms of Phobia



Specific phobia

- The development of specific phobia may result from the pairing of a specific object or situation with the emotions of fear and panic , ether by having a strong emotional experience, by observation of the reaction of an other (a parent) or information transfer (being taught about the dangers)
- Specific phobia tends to run in families.The blood-injection-injury type has a particularly high familial tendency

DSM-5 criteria for specific phobia

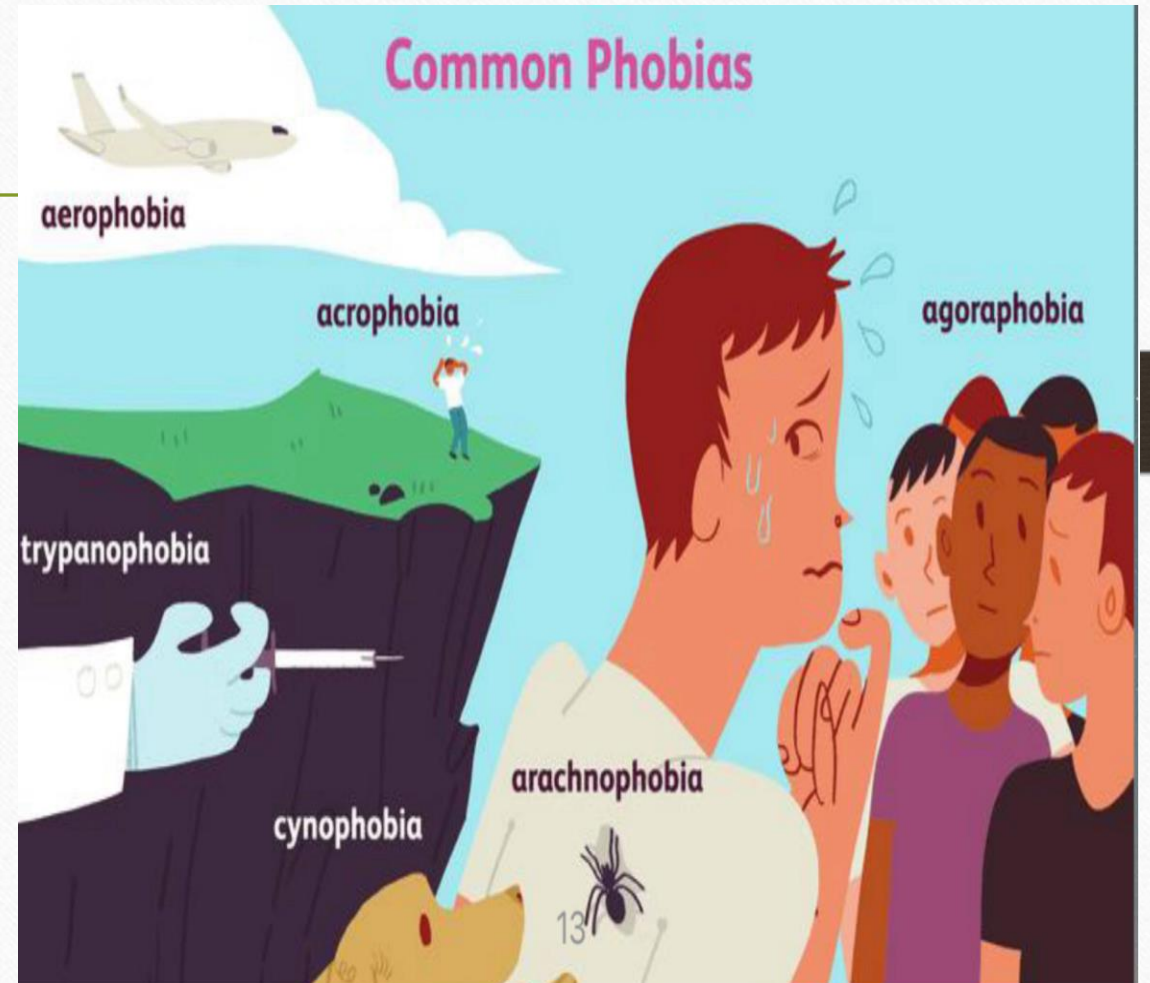
- **Marked fear or anxiety about a specific object or situation (next slide)**
- **Marked and disproportionate fear consistently triggered by specific objects or situations.**
- **The phobic object or situation almost always provokes immediate fear or anxiety.**
- **The object or situation is avoided or else endured with intense anxiety**
- **Symptoms persist for at least 6 months**
- **The disturbance is not better explained by the symptoms of another mental disorder**

Type of specific phobia depending on DSM5

Type of phobia	Example	Associated characteristics
Animal type	Snakes, Spiders	begins during childhood
Environmental	Storms, heights, water	begins during childhood
Blood, injection, injury	Blood, injection, injury or other invasive medical procedures	Run in families possible bradycardia and fainting
Situational	public transport, tunnels, elevators, flying, driving, closed spaces	begins during childhood Early adulthood peak
other (anything that doesn't fit the other four)	choking, illness, clowns, fear of getting a phobia (phobophobia), number 13	Early adulthood peak

Different Type of phobia

- 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



Ddx

- Substance abuse
- neurological diseases (tumor, cerebrovascular)

- 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

- The mainstay of therapy in specific phobias is cognitive behavioral therapy, it has been proven to be the most effective in specific phobias.
- A variety of behavioral treatment techniques have been used, including:

- 1. Training the patient to control thought and behavior through meditation, relaxation and substituting negative, fearful thoughts with rational, positive thoughts and pleasant images.
- 2. Exposure therapy, including:
 - - Systematic desensitization (Most commonly used) gradually exposing a person to their phobia in a controlled, safe environment. The goal is to help the person feel less anxious and more comfortable around their fear.
 - - Flooding (Implosion)
 - - Virtual reality exposure

Treatment also

- **3. Hypnosis**

- **4. Insight-Oriented Psychotherapy**
- **5. Supportive and family therapy (used in adjunct to other methods of treatment).**

Agoraphobia



Definition of agoraphobia

- Agoraphobia is an intense fear of being in public places where escape or obtaining help may be difficult . It often develops with a panic disorder but can occur without one.
- Not all agoraphobes are house-bound. Many have “safe zones”, places they’re comfortable going to, or a person they feel safe leaving the house with. Avoidance behaviors may become as extreme as complete confinement to one’s home.
- It can be the most disabling of the phobias because it can significantly interfere with a person’s ability to function in work and social situations outside their home.

Etiology

- 1-Strong genetic factor: Heritability about 60%
- 2- Psychosocial factors: Onset frequently follows a traumatic event.
- DSM5 criteria for diagnosis include

- 1-Intense fear/anxiety about two or more 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 spaces (e.g., stores)
 - Public transportation
 - Crowds/lines

Continue DSM5

- 2-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.
- 3- Symptoms cause significant social or occupational dysfunction
- 4- Symptoms last > 6 months
- 5-Symptoms not explained by another mental disorder

Prognosis and treatment

- Agoraphobia is usually first identified in young adults, with the mean age of diagnosis beginning in the mid to late twenties.

- Course is persistent and chronic with complete remission being relatively rare.
- Comorbid diagnoses include other anxiety disorders, depressive disorders and substance use disorders [1].
- **Treatment:**
- 1- SSRIs (Antidepressants have been demonstrated to be effective in preventing panic attacks, and in improving anticipatory anxiety and avoidance behavior).
- 2-CBT
- 3- Benzodiazepines (Not a first line for long term treatment).

Social anxiety disorder



Definition of SAD

- Social anxiety disorder (SAD) is a highly distressing chronic disorder characterized by persistent fear of social situations in anticipation of being judged negatively by others . It can have a devastating impact on all areas of life including academic performance, social growth, relationship status, and work performance.
- They may have specific fears about performing specific activities such as eating or speaking in front of others, In either case, the fear in SAD is of the embarrassment, not of the situation itself.
- SAD exhibits confounding factors of comorbidity with panic disorders, agoraphobia, atypical depression, and body dysmorphic disorder
- SAD must be differentiated from shyness because the latter does not cause serious mental disability or interfere with majority of life events.

SAD clinical findings

Social Anxiety Looks Like...



Rapid heart rate



Unable to talk to strangers



Avoiding eye contact



Fear of a social situations weeks in advance



Fear of being judged



Avoiding social situations

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Etiology of SAD

- 1. Childhood and developmental theories
- 2. The success of pharmacotherapies in treating social anxiety disorder
- disorder has generated two specific neurochemical hypotheses:
 - - The use of Beta blockers for performance phobias has led to the development of an adrenergic theory, patients may release more norepinephrine or epinephrine.
 - - The observation that MAO Is may be more effective than tricyclic drugs in combination with preclinical data, has led some investigators to hypothesize that dopaminergic activity is related to the pathogenesis of the disorder.

Specific phobia, SAD and panic disorders: How to know the difference

- It's difficult to distinguish between panic disorder and specific or social phobias.
- A patient who experienced a single panic attack in a specific setting (e.g., an elevator) may go on to have long-lasting avoidance of the specific setting, regardless of whether they ever have another panic attack. These patients meet the diagnostic criteria for a specific phobia,
- In another example, a person who experiences one or more panic attacks may then fear speaking in public . Although the clinical picture is almost identical to the clinical picture in social phobia, a diagnosis of social phobia is excluded because the avoidance of the public situation is based on fear of having a panic attack rather than on fear of the public speaking itself so its most likely panic disorder

Treatment of SAD

- 1. CBT: In most anxiety disorders, this method is considered the first line of treatment.
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- 2. Pharmacotherapy, including:
 - - SSRIs (fluoxetine or Sertraline)
 - - SNRIs (e.g., Venlafaxine or Duloxetine)
 - - Benzodiazepines (diazepam and lorazepam) not recommended for long term therapy
 - - Buspirone (serotonin receptor agonist)
 - - Beta blockers (e.g., propranolol for performance anxiety).

Danke euch allen !!

