pHOBia

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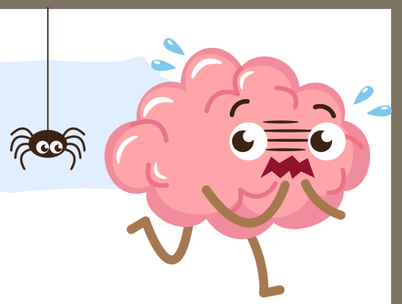
FEAR AND ANXIETY

- Anxiety: Apprehension about a future threat.
- Fear: Response to an immediate threat.
- Both involve physiological arousal → Sympathetic nervous system.

- Both can be adaptive:
  - Anxiety increases preparedness.
  - High levels of anxiety are detrimental to performance.
  - Moderate levels of anxiety improve performance.
  - Absence of anxiety interferes with performance.
  - Fear triggers "fight or flight" → May save a life.

FEAR	PHOBIA
An emotion	An illness
Necessary for human	Un necessary condition
Temporary	Long term illness
Natural response to an event/ object	Excessive fear to a specific object / event
Danger is real	Perceived threats
Goes with time	Needs treatment



ANXIETY DISORDERS

1. SOCIAL ANXIETY DISORDER
2. PANIC ATTACKS
3. SPECIFIC PHOBIAS
4. AGORAPHOBIA
5. GENERALIZED ANXIETY DISORDER

DEFINITION

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.

TYPES OF PHOBIA

1

SPECIFIC PHOBIA

2

AGORAPHOBIA

3

SOCIAL PHOBIA

1 Specific phobia

- A specific phobia is an intense, persisting fear of an object or situation, considered dangerous.

- In each case , the anxiety usually occurs immediately after exposure to the object or situation, The result is either avoidance or painful endurance, It should last for at least 6 months.

- Most of the patients fear three objects or situations, and 75% of them fear more than one situation

EPIDEMIOLOGY

Phobias are the most common psychiatric disorder in women
&
second most common in men
(substance-related is first).

Lifetime prevalence of specific phobia: >10%.

Mean age of onset for specific phobia is 10 years.

Specific phobia rates are higher in women compared to men (2:1) but vary depending on the type of stimulus

ETIOLOGY

Genetic Factors : 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

1. TREMBLING

2. FEAR & ANXIETY

3. SHORTNESS OF BREATH

4. FAINTING

5. CHOCKING SENSATION

6. NAUSEA

PALPITATION

DIZZNESS

Types

Hemophobia fear of blood

Claustrophobia Fear of closed spaces

Acrophobia Fear of heights

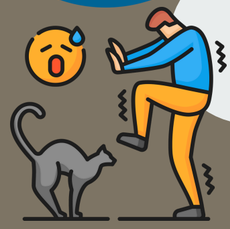
Cynophobia Fear of dogs

Treskidecophobia Fear of the number 13

Mysophobia Fear of dirt and germs

arachnophobia Fear of Spiders

Pyrophobia Fear of fire



Ailurophobia Fear of cats

Xenophobia Fear of strangers

Hydrophobia Fear of water

Zoophobia Fear of animals

DSM 5 CRITERIA

- EXCESSIVE FEAR OR ANXIETY CONSISTENTLY TRIGGERED BY A SPECIFIC OBJECT OR SITUATION.

IMMEDIATE ANXIETY RESPONSE.

AVOIDANCE OF THE FEAR TRIGGER.

SUCH SYMPTOMS MUST LIMIT A PERSON'S ABILITY TO FUNCTION.

LAST AT LEAST **SIX MONTHS.**

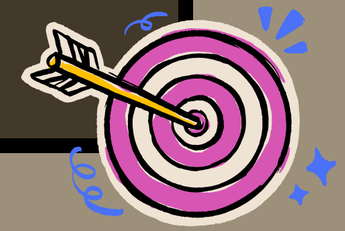
NOT BE DUE TO ANOTHER MENTAL DISORDER..

TREATMENT

Behavioural Approach to Treating specific Phobias

The behavioural approach assumes that phobias are learned through classical conditioning and maintained through operant conditioning, so they can be treated by re-learning new adaptive responses.

There are two main behavioural therapies for phobias:



1

Systematic Desensitisation (SD)

Based on the principles of classical conditioning – it aims to replace the fear response with a relaxation response, a process called counterconditioning.

The patient and therapist first create an anxiety hierarchy, ranking the feared situations from least to most frightening.

The patient is then taught relaxation techniques, such as deep breathing or progressive muscle relaxation.

The patient works gradually up the hierarchy, starting with mild fear situations while practicing relaxation.

When relaxation is achieved at each stage, the patient moves to the next level.

This leads to extinction – the association between the phobic stimulus and fear is broken.

✅ Effective and long-lasting for specific phobias.
✅ Suitable for people with learning difficulties who may not understand cognitive therapies.
❌ Can take time and multiple sessions.
❌ May be less effective for more complex phobias (like social phobia).

2

Flooding

Involves immediate and intense exposure to the phobic stimulus without any gradual build-up

Based on the principle of extinction – when the conditioned stimulus (e.g. spider) is presented without the unconditioned stimulus (e.g. bite or fear reinforcement), the conditioned fear response is eliminated.

The patient experiences the fear at full intensity until the anxiety response naturally decreases.

Flooding sessions are usually longer than SD sessions but may require fewer total sessions.

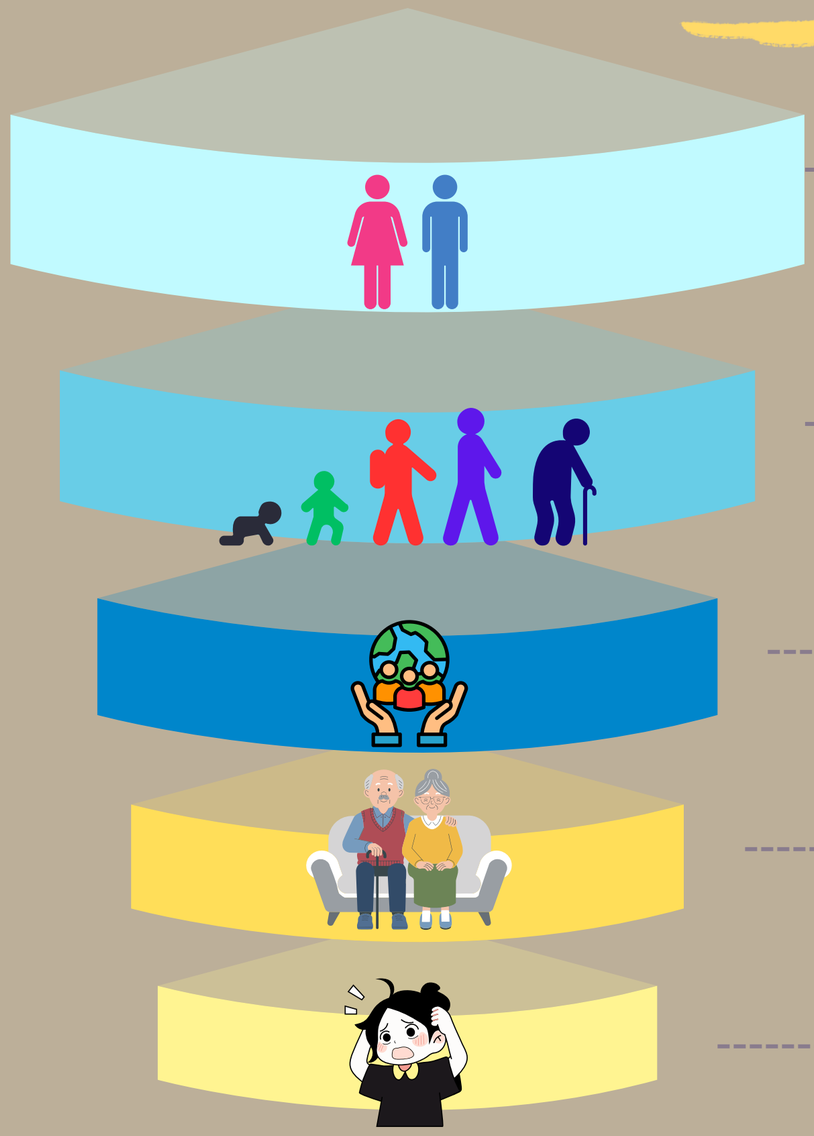
✅ Can produce quick results (sometimes in one session).
✅ Cost-effective compared to SD.
❌ Can be traumatic – some patients refuse to start or drop out.
❌ Not suitable for everyone, especially those with heart conditions or severe anxiety.

AGORAPHOBIA

Defined as intense fear of being in public spaces where escape or obtaining help are limited, this fear triggered by exposure to wide range of situations

The fear may progress to full or limited panic attack, more severe disease make patients home-bounded and unable to leave home and depend on others for basic needs.

EPIDEMIOLOGY



Female : male ratio is 2:1
1.7% of population have it

May occur in childhood (main age is 17)
, but peak at early and late adolescents(30-35 years).

No variations depending on culture or race

Only 0.4% prevalence in 65 years patients

Panic attacks happen in 30-50% of cases

ETIOLOGY

Genetic Factors : account for 60% of all cases,between all phobias this type has the highest genetic association.

Negative events in childhood : like separations or parent death and other stressful events (mugged or being attacked)

Behavioral inhibition : common in all anxiety disorders

SYMPTOMS

1. TREMBLING

2. FEAR & ANXIETY

3. SHORTNESS OF BREATH

4. FAINTING

5. CHEST PAIN

6. NAUSEA

7. PALPITATION

8. AVOID LEAVING HOME

9. FEAR OF BEING LEFT ALONE

DSM 5 CRITERIA

A

Marked fear or anxiety about two (or more) of the following five situations:

01 Using public transportation (e.g., automobiles, buses, trains, ships, planes).

02 Being in open spaces (e.g., parking lots, marketplaces, bridges).

03 Being in enclosed places (e.g., shops, theaters, cinemas)

04 Standing in line or being in a crowd.

05 Being outside of the home alone.

DSM 5 Criteria

B The agoraphobic situations almost always provoke **immediate** fear or anxiety.

C The agoraphobic situations are actively avoided, require a companion, or are endured with intense fear or anxiety

D The fear or anxiety is **out of proportion** to the actual danger

E The fear, anxiety, or avoidance is persistent — typically **lasting 6 months or more.**

F Causes clinically significant distress or impairment

G Not better explained by another mental disorder

TREATMENT

1) COGNITIVE BEHAVIORAL THERAPY

- **CBT is the most effective psychological treatment for agoraphobia.**
- **It combines cognitive restructuring and exposure therapy.**
- **Patients learn to identify and challenge their irrational beliefs (e.g., "I will lose control if I go outside") and replace them with more realistic thoughts.**
- **They gradually face avoided situations through graded exposure, reducing fear and avoidance.**
- **CBT helps the patient regain control and confidence in feared environments.**

2) BEHAVIOURAL THERAPY (EXPOSURE-BASED TECHNIQUES)

- Systematic Desensitisation (SD)
- Flooding

3) PHARMACOLOGICAL TREATMENT

1.SSRIs (Selective Serotonin Reuptake Inhibitors)

- First-line pharmacological treatment for agoraphobia and panic disorder.
- Examples: Sertraline, Paroxetine, Escitalopram.
- Increase serotonin levels in the brain, improving mood and reducing anxiety.

2. Benzodiazepines

3. Beta -Bockers

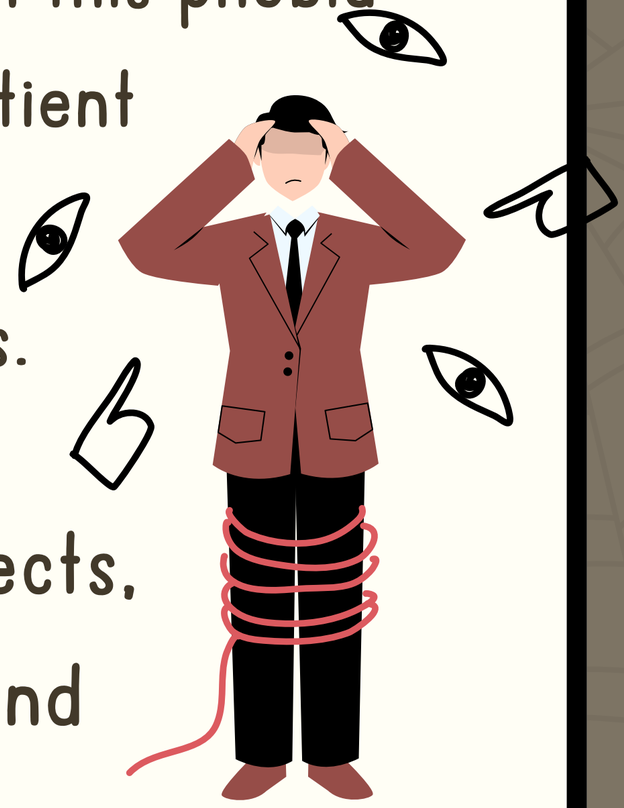
عن أبي سعيد الخدري، رضي اللَّه عنه، قال:
قال رسول اللَّه ﷺ:

"لا يحقر أحدكم نفسه". قالوا: يا رسول اللَّه، كيف يحقِّر أحدنا نفسه؟ قال: "يرى أمر اللَّه عليه فيه مقال، ثم لا يقول فيه، فيقول اللَّه عز وجل له يوم القيامة: ما منعك أن تقول في كذا، وكذا؟ فيقول: خشية الناس، فيقول: فإياي كنت أحق أن تخشى

سنن ابن ماجه

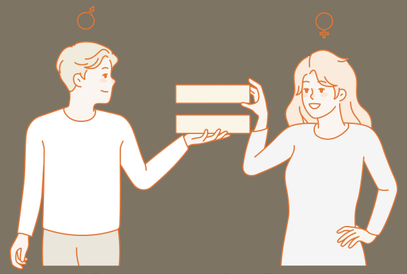
SOCIAL PHOBIA

Also known as" social anxiety disorder",patients with this phobia experience fear in social situations when patient could be observed by others,or even social interaction like conversations.

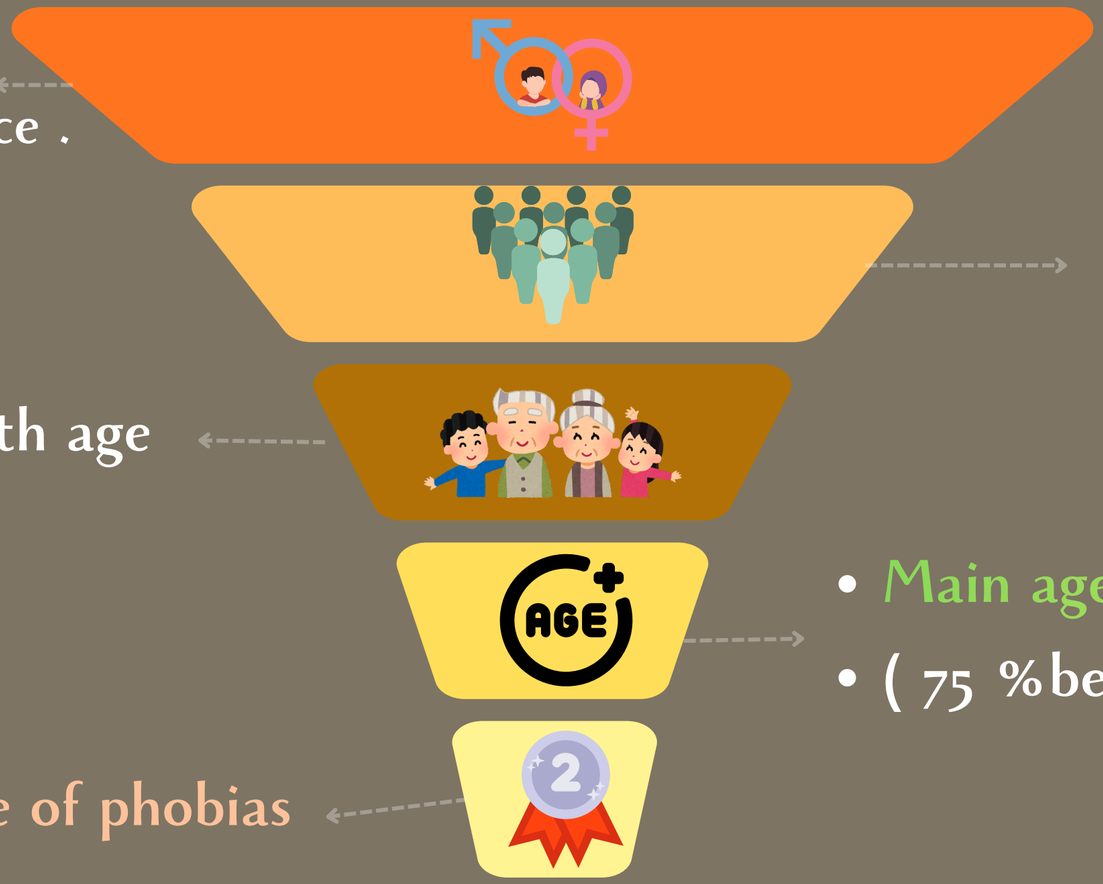


The fear impair patient life in many aspects, because fear happen in school , work and public places.

EPIDEMIOLOGY



- Equal in male and female
- with slight male predominance .



- 7% of population

- Incidence decrease with age

- Main age of onset is 13 years
- (75 %between 8-15 years)

- 2nd Most common type of phobias

ETIOLOGY

Genetic Factors : first degree relative has 2-6 times more risk

Negative events in childhood : Onset of social anxiety disorder may follow a stressful or humiliating experience (e.g.,being bullied, vomiting during a public speech)

Behavioral inhibition : common in all anxiety disorders

SYMPTOMS

TREMBLING

FEAR & ANXIETY

SHORTNESS OF BREATH

FAINTING

CHEST PAIN

NAUSEA

PALPITATION

DSM 5 Criteria

A Marked fear or anxiety about **one or more social situations** in which the individual is exposed to possible scrutiny by others.

B The individual fears that he or she will act in a way or show anxiety symptoms that will be negatively evaluated.

C The social situations almost always provoke fear or anxiety.

D The social situations are avoided or endured with intense fear or anxiety

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E The fear or anxiety is **out of proportion** to the actual threat

DSM 5 Criteria

F The fear, anxiety, or avoidance is persistent, typically **lasting for 6 months or more**

G The fear, anxiety, or avoidance causes clinically significant distress or impairment.

H The fear, anxiety, or avoidance is not attributable to the physiological effects of a substance.

I The fear, anxiety, or avoidance is not better explained by another mental disorder.

J If another medical condition (e.g., Parkinson’s disease, obesity, disfigurement) is present, the fear or anxiety is clearly unrelated or is excessive.

TREATMENT

Cognitive Behavioural Therapy – CBT

The main and most effective treatment for Social Phobia is CBT.
It directly targets the thoughts, emotions, and behaviours that keep anxiety going.

Duration: Usually 8–20 weekly sessions.
Can be individual or group CBT.
Group CBT adds real-time social exposure.

1) Assessment and Case Formulation

Before starting therapy, the therapist and patient explore:

When and how the anxiety started?

What situations trigger it?

What thoughts come up (e.g., "They'll laugh at me")?

What behaviours keep it going (like avoiding people or looking down)?

Goal:

Build a personalized map of the problem (called a "formulation") to guide treatment.

2)Cognitive Restructuring

People with social anxiety often have distorted thoughts — they overestimate how negatively others judge them.

Example:
They think, “Everyone noticed I blushed, they think I’m stupid.”
→ In therapy, they learn to challenge these thoughts:
“What evidence supports that? Did anyone actually react negatively?”

Goal:
Replace automatic negative thoughts with realistic, balanced ones.
This gradually reduces the fear response.

3)Behavioural Experiments

This is one of the most powerful CBT tools.

Instead of just talking about fears, the patient tests them in real life.

4)Exposure Therapy (Graded Exposure)

5) Reduction of Safety Behaviours

6) Shifting Attention Externally

7) Video or Imagery Feedback

8)Post-Event Processing

PHARMACOLOGICAL TREATMENT

When symptoms are moderate to severe or if CBT isn't available

medication helps regulate serotonin and reduce anxiety.

First-line:

SSRIs
(Selective Serotonin Reuptake Inhibitors)

Most used and best-studied drugs

Examples:

Paroxetine

Sertraline

Escitalopram

Fluoxetine

continue for 6–12 months after improvement to prevent relapse.

Second-line: SNRIs

If SSRIs are not tolerated or not effective.

Example: Venlafaxine

Increases both serotonin and norepinephrine

Third-line: MAOIs

Example: Phenelzine

Effective but rarely used because of dietary restrictions and drug interactions (cheese effect).

Adjunctive / Symptomatic Treatment

1) Beta-Blocker

2) Benzodizapin

THANK YOU

FOR LISTENING!

"الخوف لا يختفي عندما نختبئ منه، بل عندما نواجهه خطوة بخطوة حتى يفقد قوته."