

SPECIFIC PHOBIA & AGORAPHOBIA

	AGORAPHOBIA	SPECIFIC PHOBIA
WHAT IS IT?	<ul style="list-style-type: none"> 'Fear and avoidance of being in places or situations from which escape might be difficult or embarrassing' (e.g. <i>theatre, train, queues</i>) It is common for agoraphobia to develop in response to panic attacks and therefore can be related to panic disorder or other anxiety disorders. 	<ul style="list-style-type: none"> Fear or anxiety in presence of a specific object/situation Divided into 4 subgroups <ul style="list-style-type: none"> Animal type (e.g. <i>dogs, moths, birds</i>) Natural environment type (e.g. <i>heights, storms, water, lightning</i>) Blood-injection-injury type Situational type (e.g. <i>aeroplanes, lifts and enclosed spaces</i>) Common to have multiple phobias
DSM-V CRITERIA: THE KEY POINTS	<ul style="list-style-type: none"> Fear or anxiety about at least 2 of the following 5 situations: <ul style="list-style-type: none"> Public transport Open spaces - eg malls, bridges, car park Enclosed space - eg theatre, shop Crowds or standing in line Being outside of home alone Fears or avoids situation because of thoughts that either: <ul style="list-style-type: none"> Escape might be difficult Help might not be available in case of developing panic like sx or incapacitating or embarrassing sx (eg falling, incontinence) Provokes fear or anxiety Situations are <u>actively avoided or require the presence of a companion or are endured with intense fear or anxiety</u> Fear or anxiety is <u>out of proportion</u> Persistent - typically lasting for <u>6 months or more</u> Causes <u>significant distress or impairment</u> in social occupational or other important areas of functioning 	<ul style="list-style-type: none"> Marked fear or anxiety about a specific object or situation Phobic object or situation almost always provokes immediate fear or anxiety Phobic object or situation is <u>actively avoided or endured with intense fear or anxiety</u> Fear or anxiety is <u>out of proportion</u> Persistent, typically lasting for <u>6 months or more</u> Causes <u>significant distress or impairment</u> in social occupational or other important areas of functioning
MANAGEMENT	<ul style="list-style-type: none"> Acute management of panic attacks <ul style="list-style-type: none"> e.g. Breathing slowly and deeply Psychoeducation Psychotherapy <ul style="list-style-type: none"> e.g. CBT, graded exposure therapy, support groups Pharmacotherapy <ul style="list-style-type: none"> anti-anxiety/anti-depressants can be considered 	<ul style="list-style-type: none"> Psychoeducation Psychotherapy <ul style="list-style-type: none"> e.g. CBT (individual or group), desensitisation therapy, graded exposure therapy Pharmacotherapy <ul style="list-style-type: none"> If very severe, can consider a benzodiazepine to calm the patient in a particular situation (short-term management) Generally no need to use pharmacotherapy

References:

(1) DSM V; (2) <https://www.betterhealth.vic.gov.au/health/conditionsandtreatments/agoraphobia#treatment-for-agoraphobia>; (3) <http://www.australasianpsychologyservices.co/Articles/BBSpecificPhobia.pdf>

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