

# Phobic disorders

**Phobic disorder - F40** Includes: agoraphobia, social phobia and specific phobia. (Clinical code: Phobic anxiety disorders Eu40)

## Presenting complaints

Patients may fear and/or avoid activities such as going outside their home, shopping, visiting friends, or other situations that trigger panic.

While in or thinking about the feared situation, patients may complain of palpitations, dizziness, inability to breathe properly, or other physical symptoms of anxiety.

Ask: 'Is there anything you tend to avoid or fear more than most people do?'

## Diagnostic features

Unreasonably strong fear and/or avoidance of people, places, or events.

Commonly feared/avoided situations include:

- leaving home, or being alone at home
- crowds or public places
- travelling by bus, train, plane or car
- open spaces
- performing in public
- social events
- other, such as animals, darkness, heights, blood, etc.

## Differential diagnosis

- Panic disorder - F41.0 (if panics are prominent and not brought on by anything in particular).
- Depression - F32# (if low or sad mood is prominent).

## Essential information for patient and family

- Patients can treat their phobia successfully.
- Avoiding feared situations feeds the fear.
- By facing the fear systematically, one overcomes it.

## General management and advice to patient and family

(ref 129)

(See Anxiety, Dealing with anxious thinking, Overcoming particular fears (phobias), Helping someone else overcome a phobia)

- Does the patient understand the problem and want to deal with it?
- Encourage the patient and his/her relatives to read and follow self-exposure instructions from an appropriate manual or website.
- Suggest that the patient list all situations that he/she fears and avoids although other people do not.
- Help the patient to plan progressively more challenging exposure steps so he/she can gradually get used to each feared situation in turn (see Overcoming particular fears [phobias])
  - Find a first small step towards whatever frightens him/her (eg if afraid of leaving home, take a short walk away from home with a relative).
  - Practice this small step of facing a feared situation for an hour each day until it becomes boring rather than frightening.
  - Say that success involves learning to experience and stay with panic. While performing the step say to yourself: 'If I face my panic (in whatever place frightens me) by remaining there rather than running away, and practice slow, deep breathing, then the fear will start to die down within 30-60 minutes'. See advice on Panic disorders - F41.0.
  - The patient should not leave the feared situation until the fear starts to subside.
  - Once doing that step feels fairly comfortable, go on to a slightly more difficult step and repeat the procedure (eg spend a longer time away from home; then do this alone).
  - If exposure to real feared situation(s) is hard to arrange, the patient should instead write and read, or tape record and listen to, long scenarios of exposure to that situation(s).
  - The patient should take no alcohol, anti-anxiety medication or street drugs for at least four hours before practicing these steps.
- The patient should ask a friend or relative to help plan his/her exercises to face and overcome the fear (see Helping someone else overcome a phobia). Self-help groups can assist in this.
- The patient should keep a diary of the 'face-the-fear' exercises described above, to fine-tune step-by-step management.

### References

**129** Marson AG, Williamson PR, Hutton JL et al.; on behalf of the epilepsy monotherapy trialists. Carbamazepine versus valproate monotherapy for epilepsy (Cochrane Review). In: The Cochrane Library, Issue 2, 2003. Oxford: Update Software. (AI) Eight studies were analysed. There was some evidence to support the policy of using carbamazepine as the first treatment of choice in partial epilepsies, but no evidence to support the choice of valproate in generalized epilepsies. Confidence intervals were too wide to confirm equivalence, however.

### Medication

By facing their fear systematically, many patients will need no medication (ref 129)

- Where patients only meet their real phobic situation rarely (eg flying or speaking in public), occasional short-term anti-anxiety or beta-blocker drugs can help (ref

137,161). Regular use is undesirable and fear is likely to return when the drug is stopped.

- If exposure is refused or fails after a daily hourly trial for four weeks, or depression is also present, tricyclic or SSRI medication may be indicated.

## References

**129** Marson AG, Williamson PR, Hutton JL et al.; on behalf of the epilepsy monotherapy trialists. Carbamazepine versus valproate monotherapy for epilepsy (Cochrane Review). In: The Cochrane Library, Issue 2, 2003. Oxford: Update Software. (A1) Eight studies were analysed. There was some evidence to support the policy of using carbamazepine as the first treatment of choice in partial epilepsies, but no evidence to support the choice of valproate in generalized epilepsies. Confidence intervals were too wide to confirm equivalence, however.

**137** Tyrer P. Use of beta-blocking drugs in psychiatry and neurology. *Drugs* 1980, 20: 300-308.

**196** Benzodiazepines are effective in many cases in suppressing panic in the short term. They are not effective for chronic panics or phobias - there is no evidence that any gains continue when drugs are withdrawn, and there is some evidence that they do not. Where patients are doing exposure therapy by gradually facing the fear, there is some evidence that benzodiazepines actually interfere with maintenance of longer-term gains. Selected references (BII):

**196a** See references [185a](#) and [188](#).

**196b** A Cochrane review will be available soon. van der Linden GJH, van Balkom JLM, Zung-dirwayi N, Stein DJ. Pharmacotherapy for social phobia (Protocol for a Cochrane Review). In: The Cochrane Library, Issue 4, 2003. Oxford: Update Software.

## Referral

See [general referral criteria](#).

## Resources for patients and families



[Anxiety](#)



[Dealing with anxious thinking](#)



[Overcoming particular fears \(phobias\)](#)



[Helping someone else overcome a phobia](#)

**Triumph Over Phobia** (TOP UK) 01225 330 353

Email: [triumphoverphobia@compuserve.com](mailto:triumphoverphobia@compuserve.com).

Structured self-help groups for sufferers from phobias or Obsessive-compulsive disorder. It produces self-help materials.

**Stresswatch Scotland** 01563 528 910 (helpline 10am–1pm, Monday–Friday, excluding Wednesday)

Advice, information, materials on panic, anxiety, stress and phobias.

**Fear Fighter** <http://www.fearfighter.com>.

Self-help guidance plus option of live helpline advice if you get stuck.

Leaflets are available from the Royal College of Psychiatrists (<http://www.rcpsych.ac.uk>): Anxiety and Phobias, and Social Phobias.

**Living With Fear, 2nd edition**, by Isaac Marks. McGraw Hill, 2001, tel: 01628 252700, Email: [orders@mcgraw-hill.co.uk](mailto:orders@mcgraw-hill.co.uk).

Self-help manual.

**Painfully Shy: How to Overcome Social Anxiety** by B Markway. Griffin, 2001

**Triumph Over Shyness: Conquering Shyness & Social Anxiety** by M Stein. McGraw–Hill, 2003

Available as an e book, which can be download from Amazon.