

PHOBIA

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PHOBIC ANXIETY DISORDER

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CONT...

- ⦿ Anxiety disorders are abnormal states in which the most striking features are mental and physical symptoms of anxiety, which are not caused by organic brain disease or any other psychiatric disorder.

PHOBIA

- ◉ A phobia is an unreasonable fear of a specific object, activity or situation.



This irrational fear is characterized by the following features:

- ⦿ It is disproportionate to the circumstances that precipitate it.
- ⦿ It cannot be dealt with by reasoning or controlled through will power.
- ⦿ The individual avoids the feared object or situation. In phobic anxiety disorders, the individual experiences intermittent anxiety which arises in particular circumstances, i.e. in response to the phobic object or situation.

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TYPES OF PHOBIA

- ◉ Simple phobia
- ◉ Social Phobia
- ◉ Agoraphobia



SIMPLE PHOBIA(SPECIFIC PHOBIA)

- Simple phobia is an irrational fear of a specific object or stimulus. Simple phobias are common in childhood. By early teenage most of these fears are lost, but a few persist till adult life. Sometimes they may reappear after a symptom-free period. Exposure to the phobic object often results in panic attacks.



EXAMPLES OF SPECIFIC PHOBIA

- ⦿ Acrophobia-fear of heights
- ⦿ Hematophobia-fear of the sight of blood
- ⦿ Claustrophobia-fear of closed spaces
- ⦿ Gamophobia-fear of marriage
- ⦿ Insectophobia-fear of insects
- ⦿ AIDS phobia-fear of AIDS

SOCIAL PHOBIA

- Social phobia is an irrational fear of performing activities in the presence of other people or interacting with others. The patient is afraid of his own actions being viewed by others critically, resulting in embarrassment or humiliation.



AGORAPHOBIA

- ◉ It is characterized by an irrational fear of being in places away from the familiar setting of home, in crowds, or in situations that the patient cannot leave easily.



LEARNING THEORY

- ⊙ According to classical conditioning a stressful stimulus produces an unconditioned response -fear. When the stressful stimulus is repeatedly paired with a harmless object, eventually the harmless object alone produces the fear, which is now a conditioned response. If the person avoids the harmless object to avoid fear, the fear becomes a phobia.

COGNITIVE THEORY

- ⦿ Anxiety is the product of faulty cognitions or anxiety-inducing self-instructions. Cognitive theorists believe that some individuals engage in negative and irrational thinking that produce anxiety reactions. The individual begins to seek out avoidance behaviors to prevent the anxiety reactions and phobias result.

COURSE

- ⊙ The phobias are more common in women with an onset in late second decade or early third decade. Onset is sudden without any cause. The course is usually chronic. Sometimes phobias are spontaneous remitting.



TREATMENT

Pharmacotherapy

- Benzodiazepines (e.g. alprazolam, clonazepam, lorazepam, diazepam)
- Antidepressants (e.g. imipramine, sertraline, phenelzine)



OTHER MANAGEMENT

◎ Behavior therapy



FLOODING



SYSTEMATIC DESENSITIZATION



EXPOSURE AND RESPONSE PREVENTION



RELAXATION TECHNIQUES



COGNITIVE THERAPY

- ◎ This therapy is used to break the anxiety patterns in phobic disorders.
- Psychotherapy Supportive
psychotherapy is a helpful adjunct to
behavior therapy and drug treatment.

NURSING MANAGEMENT

- ◉ **Nursing Assessment**
- ◉ Assessment parameters focus on physical symptoms, precipitating factors, avoidance behavior associated with phobia, impact of anxiety on physical functioning, normal coping ability, thought content and social support systems.



NURSING DIAGNOSIS I

- ⊙ *Fear related to a specific stimulus (simple phobia), or causing embarrassment to self in front of others, evidenced by behavior directed towards avoidance of the feared object/ situation. Objective: Patient will be able to function in the presence of a phobic object or situation without experiencing panic anxiety.*

NURSING DIAGNOSIS II

- ⦿ *Social isolation related to fear of being in a place from which one is unable to escape, evidenced by staying alone, refusing to leave the room/home. Objective: Patient will voluntarily participate in group activities with peers.*

EVALUATION

- Reassessment is conducted to determine if the nursing interventions have been successful in achieving the objectives of care.



Following questions are helpful in evaluation:

- ⦿ Does the patient face phobic object/ situation without anxiety?
- ⦿ Does the patient voluntarily participate in group activities?
- ⦿ Is the patient able to demonstrate techniques that he may use to prevent anxiety from escalating to the panic level?



VECTOR EPS