

Phobias

Phobias are persistent, excessive fears of specific objects or situations, under circumstances that most people wouldn't consider at all threatening. Many people have fears, of course, but in most cases, their fears don't get in the way of their daily lives. People with phobias do everything possible to avoid them, even if it disrupts the course of their daily lives.

Phobias, among the most common anxiety disorders, occur in eight percent to 15 percent of the U.S. population, typically affecting twice as many women as men.

Phobias typically begin in adolescence or early adulthood. When phobias occur in childhood, they often disappear on their own. Those that begin later or persist into adulthood often require treatment to overcome them.

Traumatic events, such as being attacked by an animal, may predispose a person to that particular phobia; so may panic attacks experienced in a feared situation. But phobias can also result from witnessing another person in a fearful situation, such as falling from a building or ladder. While adults and adolescents recognize their fears as unreasonable, children usually don't.

Specific or simple phobias can be identified in four subtypes:

- **Animal**—when a person's fear is cued by specific animals or insects
- **Natural environment**—when a person fears things such as heights, water or storms
- **Blood-injection-injury**—the most narrowly focused subtype, this phobia relates to fear of seeing blood or injury from injections or other medical procedures
- **Situational**—public transportation, tunnels, bridges or flying can cause phobic reactions.

People with a **social phobia** are excessively afraid of situations in which they may be humiliated or embarrassed. Such situations might include dating, speaking in public, attending meetings or going to parties. People with social phobia experience dread and anxiety just by anticipating upcoming situations.

Agoraphobia makes people afraid of situations in which they may panic and be unable to get help, or make an escape. These situations include boarding an airplane, crossing a bridge or being in a crowd. The fear can become so intense that a person feels incapable of leaving the house alone.



All of these phobias can usually be effectively treated using a combination of cognitive behavior therapy and medications.

Symptoms

Symptoms of a specific phobia include:

- Sudden and excessive feelings of panic, terror or doom in circumstances that others would consider harmless
- Recognition that the fear is excessive, persistent or unreasonable
- Rapid heartbeat, trembling and an intense desire to get away
- Believing that one's reactions cannot be controlled
- Avoiding the situation whenever possible
- Avoiding the situation even if doing so causes problems.

These same symptoms appear in people with social phobia, but are brought on by fears of humiliation, embarrassment or rejection in social or public situations.

Treatment

Treatment of most phobias is very effective, although social phobia is somewhat more difficult to treat. After people with phobias learn coping skills, they'll be better equipped to handle the objects or situations. Symptoms will subside and have much less of an effect on their lives. Specific or simple phobias are usually less severe and incapacitating than agoraphobia, so treatment is briefer.

- **Therapy**—Most experts agree that cognitive behavior therapy is quite effective in treating phobias. The treatment usually involves controlled exposure to the feared object or situation along with instruction in coping skills. The individual with the phobia learns:
 - Techniques that reduce the symptoms of fear associated with the object or situation, usually by breathing training or relaxation methods
 - Ways to re-evaluate thoughts and beliefs about the feared object or situation, and to replace negative, false thoughts that cause anxiety with healthier ones
 - How to tolerate the feared object through gradual but prolonged exposure.

In cases of social phobia, people may be taught social skills through role-playing hypothetical social situations. As homework, people may be asked to practice certain social interactions.

- **Medication**—When people experience severe anxiety, medications are often prescribed with therapy. This is especially true in the treatment of agoraphobia. Common medications are antidepressants that have anti-anxiety agents such as Prozac (fluoxetine), Tofranil (imipramine), Paxil (paroxetine) and Zoloft (sertraline). Other medications that might be prescribed include Xanax (alprazolam), Klonopin (clonazepam) and Ativan (lorazepam).

However, medications have limitations and should be used as a short-term solution. They can ease the physical symptoms of anxiety, but they can't teach people effective ways to cope.



Medicated people may feel better, but may not become more confident. Additionally, some medications (especially benzodiazepines, such as Xanax, Ativan and others) can be addictive if used over long periods of time and in higher dosages.

Learn more about phobias

- **Anxiety and Depression Association of America**
www.adaa.org
- **Freedom From Fear**
www.freedomfromfear.org

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