

Stonebriar Psychiatric Services News & Views

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such as sexual addiction
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Relational issues
Adjustment to life changes

Ages Served

Adult
Adolescent
Children ages 10 & up

"I'd Really Like to Go... But"

"I'd really like to go to the party, but I'm not sure whether it's worth it or not. I might know a few people there, but I know there will be a lot of them that I don't... and I hate going into a room full of strangers that I don't know. They will all be looking at me. What if I trip and someone sees me, or what if I say something stupid and someone laughs at me? I don't know... it probably wouldn't be that much fun anyway. I think I'll just stay home and rent a movie."

Have you ever engaged in that internal conversation with yourself? If you have, you are in good company. This is a common monologue for those who suffer from social phobia, also known by some as social anxiety. Although in many ways it may resemble the physiologic arousal patterns of specific phobias, social phobia tends to have some specific characteristics.

Studies have indicated a lifetime prevalence of social phobia ranging from 3-13%. Women tend to be more affected than men, although more men may show up for treatment in contrast to many other psychiatric disorders. The onset of social phobia frequently begins to during the teenage years, although it may be found in various forms in children as young as age 5 or first be recognized in one's 30s or 40s. Frequently, there is an associated history of various other anxiety and mood disorders, alcohol and substance use disorders, along with bulimia nervosa. Avoidant personality features are also frequently seen. These co-morbid psychiatric problems are present in 50-80% of those diagnosed with social phobia.

Social phobia is characterized by a persistent fear of one or more social or performance situations in which the individual is exposed to unfamiliar people or to the potential scrutiny of others, whether real or imagined. The individual fears that he will act in such a way as to cause himself embarrassment or that he will be judged negatively. Exposure to the situation causes extreme anxiety or it may actually trigger panic attacks which the individual then tends to associate with the situation. In either case, the situation is then avoided if at all possible. The individual recognizes that this fear is excessive and unrealistic, but she will tend to avoid these types of situations nonetheless or else be so anxious that it is not enjoyable. By definition, the anxiety caused by the situation or by the anticipation of the situation must also interfere with the individual's normal daily routine or ability to function. If under 18, the condition must have existed for at least six months to warrant the diagnosis.

The anxiety associated with social phobia is often experienced as blushing, anxiety and fear about making a mistake or of being judged, or at times muscle twitching or tics. Generally, it is experienced differently from the panic attack, which is often characterized by feelings of dizziness, a sense of suffocation or breathlessness, or the extreme fear that one is either dying or going crazy. I often describe a panic attack as what one might feel if he were walking in the woods and came face-to-face with a grizzly bear, only there are no bears around.

Cause and Etiology

It has been shown in a number of studies that some children may display certain patterns of behavior, known as behavioral inhibition, which may be associated with the later development of social phobia. This behavioral pattern seems particularly common in children whose parents struggle with panic disorder, and frequently it is associated with extreme shyness as these children grow older. Even though the specific cause in etiology of social phobia is not clear, it is known that first-degree relatives of persons with social phobia are



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approximately 3 times more likely to have social phobia than are first-degree relatives of those without any diagnosed psychiatric problems. Although twin studies would tend to support some genetic basis for this, many studies have also noted that it is important to study twins reared apart to control for potential environmental factors. One of these factors may be related to studies which have indicated that the parents of individuals with social phobia tended to be less caring, more rejecting, and overprotective of their children. Whether this might relate to the parents' own anxiety is unclear. Several hypotheses have been proposed regarding the possible neurochemical basis for social phobia. At the moment, it seems most likely that norepinephrine and/or epinephrine along with possibly dopamine are involved. The exact mechanism is still unclear.

If the diagnosis of social phobia is being considered, specific phobias, along with certain forms of panic disorder, need to be ruled out. One also has to rule out the possibility that substance abuse is involved, as many of the stimulants and hallucinogens can cause similar symptoms. Certain psychotic illnesses, such as schizophrenia, can also present with similar fears, although phobia patients generally have insight into the irrationality of their fears and do not have the psychotic quality of those frequently held by the schizophrenic individual. There are also certain medical conditions that can mimic these symptoms, although generally these do not occur specific to social situations.

Treatment

Psychotherapy along with pharmacotherapy is generally helpful in dealing with social phobias. There are specific approaches which may be helpful with a generalized type of social phobia, whereas others may be more useful with the more specific performance anxiety form of social phobia, such as public speaking. A number of studies have indicated that the combination of psychotherapy and pharmacotherapy produces better results than either one alone, although certainly this would tend to vary with the individual patient. Some of the medications that have been most useful have included the SSRIs (selective serotonin reuptake inhibitors) that we have discussed in previous newsletters, such as sertraline (Zoloft), escitalopram (Lexapro), paroxetine (Paxil), and others. Venlafaxine (Effexor) along with buspirone (Buspar) are also effective in many cases. Benzodiazepines, such as lorazepam, clonazepam, or alprazolam, are also quite effective and generally pose little risk of abuse when patients are screened for certain risk factors. It has also been shown that frequently buspirone may be useful when augmenting one of the SSRIs. In more refractory cases, a group of medicines known as the monoamine oxidase inhibitors (MAOI's) such as phenelzine (Nardil) may be helpful. In treating social phobia associated more specifically with performance anxiety, such as public speaking, the use of beta adrenergic receptor antagonists, also known as beta-blockers, is frequently helpful. These would include medications such as atenolol (Tenormin) or propranolol (Inderal), both of which are frequently used for hypertension. These may be given approximately an hour before one is to perform, and these specifically help to inhibit the physiologic symptoms of anxiety. Cognitive, behavioral, and exposure techniques are also frequently helpful with performance anxiety.

Psychotherapy for generalized social phobias frequently involves a combination of both cognitive and behavioral methods of treatment, which are aimed at changing one's thoughts about the situation along with one's behavioral reactions based upon those thoughts.

Although social phobias do not tend to be life-threatening, they certainly can interfere with one's ability to function and enjoy many situations in one's daily life. The good news is that it generally is quite amenable to treatment, but the bad news is that it frequently is never recognized or else may simply be attributed to "just being shy." In either case, the ability to attend and participate in various social situations is frequently necessary, and one does not have to stay home and miss those social gatherings that, if it weren't for the fear, one would like to attend.



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