



Agoraphobia

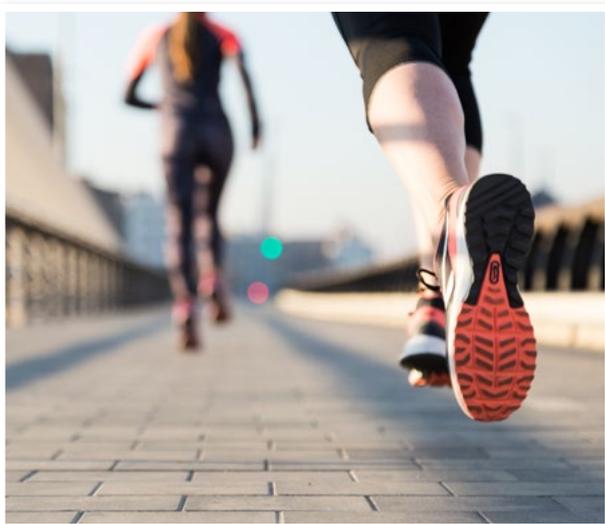
Agoraphobia is an anxiety related disorder that revolves around a disproportionate fear of situations in which a person may struggle to escape. Whilst it is often referred to as simply a fear of open spaces, it is in fact much more complex than this and can apply to situations such as leaving the house, standing in line or using public transport. Individuals with agoraphobia tend to associate fear with certain places, often evaluating them to be much more dangerous than they are. Entering these places, or even the anticipation of entering them, can cause a great deal of fear or anxiety to the sufferer. This then results in some of the symptoms we will discuss below.

Interestingly, the thoughts and fears that an agoraphobic person experiences are likely to adapt with age. For example, a child with the disorder may fear being lost in a certain place, whilst an adult may fear falling over in the same situation. Most sufferers will be able to realise that their fear is irrational, but they are unable to change their behaviours. As with many disorders, agoraphobia can become very debilitating, with severe cases often leaving people housebound and unable to work. In other cases, people may be able to function and conceal the fact they are suffering.

It is important to note that, until very recently, the manuals that psychologists used to diagnose a patient did not treat agoraphobia as an individual illness, and instead it was classified as a type of panic disorder. Whilst there are still a great number of links between these disorders, the new Diagnostic Manual, the DSM-V, has classified agoraphobia as its own condition. While this is good news as it means agoraphobia will receive more funding and research, it also does limit the current information available that looks at agoraphobia as its own condition. This brief information sheet may therefore also include information drawn from the previous diagnosis where relevant.

Symptoms

Agoraphobia symptoms can be put into two categories: physical and lifestyle. It is important to note that the following is not an all-encompassing list and as such you may experience some that are not on this list. You may also experience some of these symptoms whilst suffering from another mental health condition. It is therefore important to use this section as a reference guide and not for diagnosis. If you feel you may be suffering from a mental health condition we would always advise that you seek a professional medical opinion for a formal diagnosis.



Lifestyle symptoms

Lifestyle symptoms are changes or adaptations a person may need to make in order to compensate or accommodate for their agoraphobia. They can also be emotions or feelings brought on by the illness. Some of these include:

- **Becoming housebound** – for some people, anxiety about leaving the house or going to public places can result in their refusal to leave the home.
- **Becoming overly reliant on others** – this may be due to limitations resulting from being housebound, such as needing others to run errands for you. It may also be due to a fear of being alone and needing assistance to face anxiety-provoking situations. In some cases a person may only leave the house when accompanied.

- **Avoiding places that may be difficult to leave** – examples include having their supermarket deliver their groceries in order to avoid the busy supermarket.
- **Avoiding activities altogether if they make the sufferer feel anxious**
- **Becoming isolated or detached** – being unable to enjoy public places can become very isolating as a person is unable to socialise with friends. This can result in feelings of depression.
- **Developing a fear of losing control in public and/or avoiding public places** – people might be scared because they've had panic attack-related symptoms in the past, or the fear may develop completely independently.

Physical symptoms

The physical symptoms of agoraphobia are not permanent features of a sufferer's life, like those in the lifestyle category. Instead, physical symptoms tend to flare up when an anxiety-provoking event occurs. For many people they are often similar to those experienced during a panic attack, and for some people symptoms will develop into a panic attack. Some physical symptoms include:

- Chest pains and shortness of breath
- Dizziness or feeling faint
- Feeling nauseous
- Stomach pains or diarrhoea
- Trembling
- Excessive sweating or feeling clammy

Causes

As with many mental health conditions, researchers have not been able to highlight a single cause of agoraphobia. Instead it is thought that it is likely a combination of factors that bring on agoraphobia, and this best explains why two people can have the same experiences, but only one person develops a condition. As with the previous section it is important to keep in mind that the following is not an exhaustive list of causes and that your symptoms might be caused by a different condition. You should first go to your GP to establish that there are no other causes of your symptoms before the GP diagnoses agoraphobia. tgl have similar symptoms to agoraphobia.

It's also important to note that if you have experienced any of the issues below, it does not mean that you will definitely develop agoraphobia.



Firstly, we must consider the potential biological and genetic causes of agoraphobia. It has been theorised that a chemical or hormonal imbalance in a person's brain may be a contributing factor. Whilst we cannot say for certain what areas of the brain are responsible, it would be logical to presume that those responsible for threat evaluation and the fear response are likely to play a role, as indeed are stress hormones. We call this the 'fight or flight' response.

There is a potential for genetics to be a cause of agoraphobia, due to the tendency for anxiety related disorders to be more likely to occur in those who have a relative with an anxiety disorder. It's also worth noting that environment can be a factor as families, more often than not, share their environment.

Environmental causes such as being the victim of a violent crime, childhood trauma, or becoming seriously ill after being in a crowded area may increase your risk of developing agoraphobia. Traumatic events such as bereavements have also been known to trigger agoraphobia. In others, a fear of humiliating themselves in public can be enough to bring on the condition and this may be more of a problem in those people who have personality traits that involve craving approval.

Previous experience with anxiety disorders is thought to be a big factor in the development of agoraphobia. The anxiety disorder most related to agoraphobia is panic disorder, which is unsurprising given the previous diagnostic relationship between the two conditions. In fact, it is thought that one third of panic disorder sufferers will go on to develop agoraphobia, many of whom develop this within the first year. A person may experience a panic attack in a certain location and, as a result, develop agoraphobia regarding the place where the panic attack occurred, as well as similar locations.

Again, it's worth noting that not everyone with panic disorder will go on to develop agoraphobia. Not everyone with agoraphobia has had panic disorder. Instead the cause of agoraphobia is likely to be a complex relationship between all the causes mentioned here, as well as other possible factors.



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Statistics

As with many mental health statistics it is important to keep in mind that the ones we have for agoraphobia are thought to be greatly under representative of the real-world problem. This can be for a number of reasons including people concealing their disorders and not seeking treatment. It is thought that many agoraphobia sufferers do not seek treatment. Agoraphobia and panic disorder are also often poorly recognised in treatment settings and so a correct diagnosis is not always made. It is hoped that with the new diagnostic classifications, more accurate diagnoses may be made in order to help those in need, which is especially important as it is estimated that 20% of people with agoraphobia will attempt suicide at some point in their lives. Due to the limited nature of research on agoraphobia, many of the findings mentioned here will be taken from research that looked at the older definitions of the disorder.

Research in the USA has shown that approximately 1.8 million Americans are suffering from agoraphobia, which equates to approximately 0.8% of the entire population. 40%

of these cases are classified as severe. Other research has suggested that this figure may only apply to those who have never had a history of panic disorder, which implies that the number of agoraphobia sufferers may be greater overall. Other research estimates the agoraphobia rate to be around 1.7% of the population. This means that there are an estimated 3.2 million sufferers between the ages of 18 and 54 in America.

Whilst agoraphobia can affect anybody, USA based research also highlights that onset tends to occur in late adolescence or early adulthood (although it can occur in childhood), and it is at least twice as likely to affect women as men.

In the UK, studies suggest that agoraphobia affects between 1.5% and 3.5% of the UK population. This is similar to Canada, whose prevalence rates are estimated at around 1.5% as well. Other UK studies have looked at panic disorder and suggested that 2 in 100 people are affected, a third of whom then go on to develop agoraphobia.

Whilst UK studies broadly matched the USA's figures on gender disparity, a large EU-based study from 2005 found that the ratio was nearer to 3 in 1. This statistic is a bit limited because, as the research was conducted in 2005, the numbers refer to older disorder definitions. The study does, however, highlight the fact that in 2005, 1.3% of the population was suffering from agoraphobia with no history of panic disorder, an estimate of approximately 4 million people. The EU has grown exponentially since 2005, so today's figures are likely to be much higher.

Some studies in the USA state that agoraphobia is one of the least prevalent anxiety disorders. But research in Australia actually suggests that it is one of the biggest limiters on a person's daily life. One survey found that agoraphobia cost sufferers an average of 6.9 days over a 30 day period, highlighting just how debilitating the condition can be.





Treatments

Agoraphobia is a very persistent disorder if left untreated. It has been suggested that once a person has been affected for a year, the condition will likely continue for decades unless treated. Fortunately, treatments are available. It has been estimated that a third of people who are treated go on to be cured and remain free of symptoms, with countless others seeing improvements in their condition. We therefore strongly encourage anybody who feels like they may be suffering to seek professional assistance as soon as possible, in order to begin a suitable treatment program. Whilst the approaches to treatment may change depending on your location, the medication and psychotherapy that is offered should remain the same.

It is thought that a stepped care approach, one which is used in many conditions, is the best for agoraphobia. Stepped care means that one approach will be trialled and then if this is unsuccessful a person will be elevated to the next level of care. With agoraphobia the first step is often self-help techniques and psycho-education to learn more about the disorder, as well as some lifestyle changes. The second step is a guided self-help programme. The third involves psychotherapy and medication. Some sufferers' symptoms may be so severe that the first step is bypassed, so that they can receive more intensive treatment in a timely fashion. A trained clinician will assess the stepped care approach's suitability for each individual patient.

Agoraphobia sufferers are encouraged to make similar lifestyle changes to those advised for combatting other types of disorders. These include taking regular exercise, improving your diet, avoiding drugs and alcohol, and avoiding excessive caffeine intake. All of these improvements are thought to reduce stress and anxiety.

When we talk about self-help techniques, these are tools a person can use in the event of a panic attack or agoraphobic episode. These include:

- **Staying where you are** – When a person suffers a panic attack there is the urge to run to a place they deem safe. However, it is encouraged that a person stay where they are until they are able to calm down.

- **Re-focusing on a neutral stimulus** – Focusing on something non-threatening has been shown to improve panic symptoms. They may choose to focus on their watch, or on any item in their local vicinity. Alternatively, they can visualise something positive in their mind and focus on that.
- **Controlled breathing** – Often people start to hyperventilate which in turn perpetuates the panic. Self-help techniques help a person to control this breathing, making it slower and controlled.
- **Resist the urge to fight the attack** – It is often a sufferer's first instinct to fight against their panic symptoms. Unfortunately, this often makes things worse. Instead, self-help techniques encourage a person to accept that what is happening is a panic attack and that it isn't life-threatening. This will help keep the attack shorter and less distressing.

If self-help techniques and lifestyle changes are not successful in improving symptoms then the next treatment may be a guided self-help programme, although this will depend on the availability of services in your local area. These courses tend to involve manuals that cover many of the issues a person with agoraphobia may face, as well as advice on how to deal with them. Again this is unlikely to be available in all areas but we include this information here so that you can enquire with your local health care provider if this service is not initially suggested.

If all of the previously mentioned approaches are unsuccessful, or if a person presents with a severe case, then the appropriate treatment options are psychotherapy and medication. Whilst these may be administered individually, they are often provided in tandem, especially in severe cases.

The drug groups that tend to be successful are those that are developed to treat depression and have subsequently found success with anxiety disorders. This group is known as Selective Serotonin Reuptake Inhibitors (SSRIs). The drug usually recommended for agoraphobia is Sertraline, which may be given under this name or a brand name. If this is unsuccessful or has unpleasant side effects then other SSRIs, or a similar type of medication known as Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs), may be prescribed instead. In most cases the patient will need to work with their medical provider to find a drug that is suitable for them, with side effects that they can tolerate. It is important that a patient does not stop taking their medication without consulting a doctor first, as this can cause nasty side effects and a relapse of symptoms if not done in a controlled way.

In terms of psychotherapy, Cognitive Behavioural Therapy (CBT) is the most often prescribed therapy. CBT looks to break down a patient's cycle of negative thinking and aims to challenge negatively held beliefs, replacing them with more realistic and positive thoughts. Their behaviour should then start to reflect these positive thoughts. CBT often encompasses exposure therapy within its behavioural approach. This involves gradual exposure to a situation that a person may perceive as harmful. Through gradual exposure the sufferer learns that their anxiety is not reflective of the true situation, and as such their agoraphobia symptoms begin to reduce.

For somebody who is experiencing severe agoraphobia, the idea of leaving the house to attend therapy is likely going to cause great anxiety and a person may be unable to leave the house for this purpose. Those who regularly treat agoraphobia are aware of this and may offer sessions at a person's house or over the phone. In time, attending sessions at the therapist's office may itself be used as an exposure task during the course of a person's recovery.

For more information on living with a mental health problem please visit our website: www.shawmind.org



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