



PHOBIAS-REVIEW

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Abstract: Fear is one of the most primal and powerful human emotions. A phobia is an anxiety disorder. Phobias are more than simple fears. They develop when a person begins to organize their life around avoiding the things they are afraid off. If phobia have an overwhelming need to avoid all contact with the source of anxiety. There are few different groups of phobias such as specific and social phobias. It is described as excessive fear of a particular object or situation.

Key words – Phobia, Specific phobia. Social phobia, Agora phobia, Amygdala protein.

I. INTRODUCTION

A phobia (from the Greek word: phobos, meaning “fear or morbid fear”) is an irrational, intense and persistent fear of certain situations, activities, things, animals or people. Fear becomes excessive and interferes with daily life. As phobia interferes with daily life, individual’s quality of life may be affected. By understanding the basics of phobia and where it might have originated, we can begin to understand different phobias such as social phobia. Three studies supported the theory by which a majority of participants rated clinical phobia of a five point scale. All phobias that people display and experience are excessive and affect their daily life. Excessive fear of a particular object or situation impairs a person’s state of mind and life. An American study by the National Institute of Mental Health(NIMH) found that between 8.7% and 18.1% of people suffer from phobias.

II. ANATOMY OF PHOBIA

Phobias are more often linked to the amygdala (are almond shaped groups of nuclei located deep within the medial temporal lobes of the brain in complex vertebrates including humans. The amygdala secretes hormones that control fear and aggression. When the fear or aggression response is initiated, the amygdala releases hormones into the body to put the human body into an “alert” state, in which they are ready to move, run, fight etc. This defensive alert state response is generally referred to Psychology as the fight or flight response.

III. TYPES OF PHOBIA

There are many different phobias, which can be divided into three main categories:

1. Specific phobia
2. Social phobia
3. Agora phobia

3.1 SPECIFIC PHOBIA:

Specific phobia is a type of disorder in which the affected individual displays a marked and enduring fear of specific situations or objects. Individuals with specific phobias experience extreme fear as soon as they encounter a defined situation or object, a phobic stimulus. Ex: An individual with a specific phobia of dogs will become anxious when coerced to confront a dog.

Mental health professionals use the Diagnostic and Statistical Manual of Mental Disorders to diagnose mental disorders. The 2000 edition of this manual classifies specific phobia as a type of anxiety disorder. Formerly specific phobia was known as simple phobia. Girls and women are slightly more prone to specific phobias than boys.

Examples:

3.1.1 Specific things of phobia:

- Flying (fearing of the plane will crash)
- Dogs (fearing the dog will bite or attack)
- Closed in places (fear of being trapped)
- Tunnels (fearing of collapse)

3.1.2 Animal phobias:

- Arachnophobia (fear of spiders)
- Herpetophobia (fear of reptiles)
- Ophidiophobia (fear of snakes)
- Ornithophobia (fear of birds)

3.1.3 Food phobias:

- Cibophobia (fear of food)
- Emetophobia (fear of vomiting)
- Mageiophobia (fear of cooking)

3.1.4 Medical phobias:

- Dentophobia (fear of Dentists)
- Hypochondria (fear of illness)
- Iatrophobia (fear of Doctors)
- Mysophobia (fear of germs)
- Trypanophobia (fear of needles)

3.1.5 Phobias with religious component:

- Doomsday phobias
- Hexakosioihexekontahexaphobia (fear of 666)
- Mythophobia (fear of Folklore legends)
- Phasmaphobia (fear of ghosts)
- Placophobia (fear of Cemetery Tombstones)
- Thanatophobia (fear of Death)
- Triskaidekaphobia (fear of number 13)

3.1.6 Demographics:

General United States population

Specific phobias are common. The prevalence rates of specific phobia in community samples range from 4-8%. Over the course of a lifetime, the prevalence estimates in community samples range from 7.2-11.3%.

High risk populations

Individuals whose family members have specific phobia are at a higher risk for developing this disorder.

Cross cultural issues

Prior to assigning a diagnosis of specific phobia, clinicians need to consider whether a patient's fear is extreme in the context of a particular culture and whether the phobia causes difficulties in daily functioning or triggers a lot of distress.

Gender issues

There are twice as many women with specific phobia than there are men with this disorder. The gender ratio variable varies depending upon the type of specific phobia. Approximately 75-90% of people with the animal, situational and natural environment types of female.

3.2 SOCIAL PHOBIA

Social phobia may be further subdivided into

- Generalized social phobia (also known as social anxiety disorder or simply social anxiety)
- Specific social phobia (in which anxiety is triggered only in specific situations).

Social phobia frequently occurs with the following:

- Public speaking
- Meeting people
- Dealing with authority figures
- Eating in public
- Using public restroom

3.3 AGORA PHOBIA

Agoraphobia is often defined as the fear of leaving home, but this definition is somewhat inaccurate. Instead, Agoraphobia is properly defined as the fear of being in a situation where escape would be difficult or impossible or help would be unavailable, if a panic attack occurs. Untreated agoraphobia can lead to ever-increasing restriction of freedom, eventually causing the sufferer to become housebound.

3.3.1 Living with Agoraphobia

Agoraphobia can be devastating to all aspects of your life, including work, school and personal relationships. Untreated it may become chronic and even progress to new clusters. Over time you might find yourself restricting your movements further and further until you eventually become housebound.

Fortunately, treatment is readily available and generally successful. Seeking out a qualified mental health professional is an important first step. Meanwhile joining a support group can teach you tips and tricks for managing your daily life and fighting this insidious, often debilitating condition.

IV. CAUSES FOR PHOBIA

The development of a specific phobia may be determined by a variety of factors. Behavioral, cognitive and social theories of learning and conditioning, psychodynamic models such as psychoanalytic theory of Freud, physiological studies of the brain, family background and genetic predisposition, variations in sociocultural themes and theories on trauma can influence the development of specific phobia disorder.

4.1 Traumatic causes:

A determinant of specific phobias includes traumas. For example, individuals who have been attacked by a Dog may develop a specific phobia disorder and become conditioned to fear dogs. Phobias with a traumatic origin may develop acutely or in other words have a more sudden onset than other phobias that develop more gradually.

4.2 Psychodynamic causes:

Psychodynamic theorists explain that phobias emerge because individuals have impulses that are acceptable and they repress these impulses. According to Freud's theory, an oedipal conflict is a developmental conflict that emerges during the third stage of Freud's psychosexual development stages. During this stage a conflict emerges with regard to the triad of father, mother and child. During this stage the developmental conflict concerns a resolution of oedipal issues.

4.3 Physiological causes:

Some research has suggested that the high activation of brain pathways that correspond to the cognitive and emotional constituents of anxiety biologically predispose individuals to specific phobias.

4.4 Genetic and family causes:

Although specific phobia is frequently attributed to environmental issues such as modeling, learning by association and negative reinforcement, genetic predisposition can influence this disorder. For example, a first degree biological relative of individuals with a situational type is likely to have phobias of situations.

4.5 Sociocultural causes:

There is a paucity of information about cultural differences in specific phobias. Phobia content may vary by culture. Some studies show that specific phobias are less common among whites born in the U.S. or immigrant Mexican-Americans than among Mexican-Americans born in the U.S.

4.6 Personal variables:

Studies suggest a relationship between age and specific phobia. Research indicates some connections between the age of individuals with specific phobias and insight into the extreme quality of their fears. Insight increases with age. The animal and natural environment types of specific phobia are common and generally transitory in children.

4.7 Hereditary causes:

Feelings of anxiety and fear are present in the human being so as to allow him to recognize and react against the dangers in life and are of great significance when building a position in a group. The problem comes when these fears are unreasonable, excessive and instead of helping an individual they incapacitate him.

4.8 Environmental causes:

Environmental causes specially during childhood, can be very important in the development of social phobias. For example parents who are too protective, parents who worry too much about their children or shy themselves and try to avoid certain social situations could transmit to their children certain feelings and convictions that could make the children social phobias.

4.9 Neurological causes:

Recent research has shown that social phobia can also be the result of chemical unbalance in the brain. This imbalance is due to the deficient distribution of a substance called "serotonin" through the neurons or the brain cells.

Some major causes for all phobias can give rise to intense troublesome conditions in a wide range of situations or places. Ex: If you fear heights then you are definitely a victim of acrophobia. However conditions of agoraphobia can be triggered if you look out from an open window of a skyscraper or go for a drive over a high bridge.

Their daily activities include home to office and office to home. This is a kind of fear which prevents you to go into areas from where it will be difficult for you to seek help or escape if necessary.

Specific phobias are fears of specific situations or things. For example, you may have seen in movies or in real life someone being bitten by a snake and the person dying in the process. It is the point from where you start fearing snakes and feels panic stricken and nervous just at the mere sight of this creature.

V. DIAGNOSIS OF PHOBIA:

There is no diagnostic laboratory test for phobias. Diagnosis is based on the patient's account of their experiences. Diagnosing phobias can only be done by a trained mental health professional. The diagnosis of specific phobia is complicated by factors such as degree of impairment and differential diagnosis.

5.1 Diagnostic criteria for Agoraphobia:

- The person experiences anxiety about being trapped in places or situations that might be difficult or embarrassing or that might trigger a panic attack.
- Situations are avoided or endured with great distress or anxiety about having a panic attack.
- Avoidance is not caused by another disorder such as social phobia, specific phobia, obsessive-compulsive disorder, posttraumatic stress disorder.

5.2 Diagnostic criteria for Social phobia:

- The person fears or is anxious about experiencing public embarrassment or humiliation in social or performance situations.
- The person knows that the fear is excessive and irrational.
- Social or performance situations are avoided or endured with great distress.
- The condition persists for at least 6 months in people over the age of 18.
- Fear and avoidance are not caused by other mental disorders, a medical condition or the effects of a drug.

5.3 Diagnostic criteria for Specific phobia:

- The person experiences excessive or irrational fear of a specific object or situation.
- Exposure to the object or situation causes an immediate anxiety response or a panic attack.
- The person knows that the fear is excessive and irrational.
- The object or situation is endured with distress or avoided.

VI. TREATMENT OF PHOBIA:

Treatment of phobias involves

- a. Medication
- b. Therapy

6.1 Medication:

Medications used to treat phobia include,

- Beta blockers

These medications work by blocking the stimulating effects of adrenaline, such as increased heart rate, elevated blood pressure, pounding heart and shaking voice and limbs.

- Anti-Depressants

The most commonly used anti-depressants are selective serotonin reuptake inhibitors (SSRI), these medications act on the chemical serotonin, a neurotransmitter in your brain that is believed to influence mood. It includes citalopram, escitalopram, fluoxetine, paroxetine and sertraline.

- Sedatives

Medications called benzodiazepines helps relax by reducing the amount of anxiety, they include lorazepam, diazepam, alprazolam, Chlordiazepoxide.

6.2 Therapy:

- Cognitive behavioral therapy

It has been effective in treating specific phobias. Cognitive therapists challenge fearful thoughts and replace them with more positive thoughts. It show benefits in that cognitive therapy may assist patients to decrease anxiety related to their exposure exercise, research indicates that cognitive therapy alone is probably not an effective treatment for specific phobia. The primary reasons for poor compliance with cognitive behavioral treatment include lack of time, anxiety and low motivation.

- Psychodynamic therapy

It assists patients to become more aware of the symbolic nature of their anxiety and to explore traumatic past events. In psychodynamic therapy, for example patients may discover that their anxiety may be connected to aggressive or sexual feelings and thoughts.

- Group therapy

There is a little research on group therapy for specific phobia disorder. Some studies suggest that group treatment has been effective for dental and spider phobias. Cognitive behavioral therapy is possibly the most common type of group therapy for phobias although any form of therapy may be performed in a group setting.

- Individual therapy

Any type of therapy can be performed in an individual one on one setting. Individual therapy allows the therapist and client to focus on each other building a rapport and working together to solve the client's issue. Some types of therapy focus on deconstructing the personality in order to trace the roots of the phobia.

- Family therapy

If the therapist feels that the client's family situation may have contributed to the development or progression of the phobia then family therapy may be used as part of treatment. Family therapy is commonly used in treating children with phobias but may be used in treating adults as well.

- Hypnotherapy

It is considered controversial in the medical community. Many therapists use this treatment as part of a larger program of therapy. It is based in the belief that phobias reside in the subconscious mind. The client into a hypnotic state, the therapist can access the subconscious directly without the interference of the conscious mind. Clients are more open to suggestions made by the therapist.

- Homeopathy

It is a system of holistic medicine that was widely practiced in the 18th and 19th centuries. The substance used are extremely toxic and can cause illness or death. Homeopathic medicine is not widely accepted in medical community today.

VII. RECENT DEVELOPMENT IN TREATMENT:

- A Tuberculosis medication is currently in phase II clinical trials for phobia treatment. Years of preliminary research have demonstrated that the medication D-Cycloserine marketed as a Tuberculosis medication can boost the effectiveness of therapy in treating a variety of simple phobias.
- The medication appears to work by affecting the NMDA receptors in the amygdala protein of the brain. It is not directly treat the phobias. Instead the drug appears to stimulate the area of the brain that is responsible for unlearning fear responses.
- Repeated clinical trials have demonstrated that patients with acrophobia respond much more quickly to traditional therapy than patients who take a placebo. Clinical trials are now ongoing to explore the medications effects on other phobias as well as other anxiety disorders.

VIII. CONCLUSION:

Phobias is just a condition of mind and is an intense major cause which makes the individual feel utterly restless and uncomfortable, informational and instructional factors can result in the formation of fears. People are born prepared to learn certain fears.

In children's extreme quality of fears, insight increases with the age. Parents should try to avoid those situations. Patients who are too protective, too much worried about the children are made sure to avoid such conditions. Behavioral therapy only may help to prevent the development of phobia effectively.

IX. ACKNOWLEDGMENT

I acknowledge my sincere thanks to Adhiparasakthi College of pharmacy, Melmaruvathur, Tamilnadu and our beloved Principal for his support in carrying out my review work in a well-disciplined manner.

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