

•> CASE 8

A 35-year-old man visits a psychiatrist because he is overwhelmingly anxious about a speech he has to make. The man states that he was recently promoted to a position within his company that requires him to speak in front of an audience of approximately 100 people. He says that the first such speech is coming up in 2 weeks and that worrying about it keeps him from sleeping. He knows that his fear is out of proportion, but he is unable to control it. He explains that he has always had trouble with public speaking because he fears that he might "do something stupid" or otherwise embarrass himself. He has avoided public speaking in the past as much as possible or has spoken in public only before an audience of fewer than 10. Because he knows that he must make the presentation coming up in 2 weeks or he will not be able to keep his new job, he has visited the psychiatrist hoping to find a solution to the problem.

- **What is the most likely diagnosis?**
- **What are the treatment options open to this patient?**

ANSWERS TO CASE 8: Social Phobia

Summary: A 35-year-old man has a long history of being afraid to speak in public. He normally handles his fear by avoiding this activity or by keeping the size of the audience to a minimum. He is required to give a presentation in front of a large audience in 2 weeks and has been extremely anxious about it to the point where he cannot sleep. He is afraid he will somehow embarrass himself in front of the audience. Not being able to speak in front of this audience will negatively impact his job.

^ **Most likely diagnosis:** Social phobia.

- **Treatment options:** Behavioral or cognitive-behavioral therapy is the treatment of choice. A typical treatment regimen involves relaxation training followed by progressive desensitization. Pharmacologic interventions include benzodiazepines or beta-blockers over the short term or an antidepressant such as imipramine.

Analysis

Objectives

1. Recognize social phobia in a patient.
2. Prescribe appropriate treatments for this disorder.

Considerations

This patient has had a long-standing **difficulty speaking in public**. He believes he will look stupid or otherwise embarrass himself. He usually handles this fear by avoiding speaking if possible or by speaking only before a small audience. Since his job promotion, he has been terrified by the thought of speaking to an audience of 100, although it is a necessary requirement of the new position. He has been unable to sleep because of his anxiety. He knows that this level of anxiety about public speaking is abnormal but is unable to quell his fears. His fear of speaking in public is consistent with social phobia (Table 8-1).

APPROACH TO SOCIAL PHOBIA

Definitions

Phobia: Persistent, irrational, exaggerated, and pathologic fear of a specific situation or stimulus that results in conscious avoidance of the dreaded circumstance.

Table 8-1
DIAGNOSTIC CRITERIA FOR SOCIAL PHOBIA

- A. A marked, persistent fear of at least one social or performance situation in which exposure to unfamiliar people or possible scrutiny of others occurs. The person fears that he or she will act in a way or show anxiety symptoms that will be humiliating or embarrassing.
- B. Exposure to the feared situation(s) invariably provokes anxiety that can take the form of a panic attack.
- C. The person recognizes that the fear is unreasonable.
- D. The avoidance of, anxious anticipation of, or distress in the feared situation(s) interferes with the person's normal routine, or there is marked anxiety about having the phobia.
- E. The fear or avoidance is not related to a substance or a general medical condition.
- F. If a general medical condition is present, the fear in criterion A is not related to it (e.g., the fear of stuttering, or trembling in a patient with Parkinson disease).

Relaxation training: Exercises to reduce arousal levels and increase one's sense of control; includes progressive muscle relaxation and imaging techniques to obtain this reduction in arousal.

Social phobia: Dread of being embarrassed in public, fear of speaking in public, or fear of eating in public.

Specific phobia: Dread of a particular object or situation, such as acrophobia (heights), agoraphobia (open places), algophobia (pain), claustrophobia (closed places), xenophobia (strangers), and zoophobia (animals).

Clinical Approach

Phobias are the single most common mental disorder in the United States, affecting 5% to 10% of the population. Specific phobias are more common than social phobias, and women are more often affected in both categories. Genetics can have a role in predisposing individuals to these disorders. Specific phobias are often treated by exposure therapy, a type of behavioral therapy in which the individual is slowly desensitized with controlled "doses" of the feared stimulus.

Differential Diagnosis

Individuals with social phobias are distressed about their fear, experience anxiety, and recognize that their fright is unreasonable. The most prominent disorders to rule out are also in the anxiety disorder group. Panic disorder with agoraphobia and agoraphobia without panic attacks are **more generalized** and are not focused just on situations where public scrutiny is possible. Generalized anxiety disorder is more global, and the focus of fear is not just about public

performance. If the full criteria for a specific anxiety disorder are not met, anxiety disorder not otherwise specified can be used. Finally, anxiety associated with another major mental illness, performance anxiety, stage fright, or shyness must be considered prior to making a diagnosis.

Treatment

Psychotherapy is helpful in treating social phobia and usually involves a combination of behavioral and cognitive therapy using **desensitization** to the feared situation, **rehearsal** during sessions, and homework assignments in which patients are asked to place themselves in public situations in a graded fashion. In some cases, **psychopharmacotherapy** for severe social phobia has succeeded with the use of **selective serotonin uptake inhibitors (SSRIs)**, **benzodiazepines**, **venlafaxine**, and **bupirone**. Bupirone has been shown to augment the treatment of this disorder when used adjunctively with SSRIs. Treating the **anxiety associated with performance situations** involves the use of **beta-adrenergic receptor antagonists just before the feared situation**. **Atenolol** and **propranolol** have been shown to be helpful in these instances and are the most commonly used.

Comprehension Questions

- [8.1] Which of the following is a person with social phobia likely to experience?
- A. Fear of heights
 - B. Fear of speaking in public
 - C. Fear of going to school
 - D. Fear of leaving his or her parents
 - E. Fear of leaving the house
- (8.2) Which of the following is the treatment of choice for social phobia?
- A. Behavior therapy
 - B. SSRIs
 - C. Electroconvulsive therapy
 - D. Psychoanalysis
 - E. Divalproex sodium (Depakote)

- [8.3] A 24-year-old woman comes to a psychiatrist with the chief complaint, "I am afraid to go out of my house." She says that for the past 3 months she has become overwhelmingly anxious during discrete periods of time. The first such episode occurred when she was driving across a bridge, although she denies that anything stressful happened at that time. Since then, she has experienced similar episodes daily, up to three times a day. She says she is afraid to go out of the house and in public because she might have another episode. Prior to 3 months ago, the patient was functioning normally and had no complaints. Which of the following psychiatric disorders does this woman most likely have?
- A. Social phobia
 - B. Panic disorder with agoraphobia
 - C. Generalized anxiety disorder
 - D. Avoidant personality disorder
 - E. Major depression

Answers

- B. Each of the other descriptions is more common in other anxiety disorders. Fear of heights is a specific phobia. Fear of going to school or leaving one's parents might be a symptom of separation anxiety disorder. Fear of leaving the house is agoraphobia, which can occur in panic disorder.
- [8.2] A. Behavior therapy is the treatment of choice for social phobia. Benzodiazepines can be used to reduce the associated anxiety. A beta-blocker such as propranolol can also help reduce the autonomic hyperarousal that occurs in social settings.
- [8.3] B. This patient has discrete panic attacks, which has resulted in a fear of going out in public because she may have another attack. This is a classic example of panic disorder with agoraphobia.

CLINICAL PEARLS

Social phobia is one of the most common anxiety disorders, affecting approximately 3% of the general population. Onset usually occurs in late childhood or early adulthood, and the course is often chronic.

Anxiety disorders have a high degree of comorbidity.

Behavior therapy, a form of psychotherapy, is the treatment of choice for social phobia.

Beta-blockers such as propranolol and atenolol are the agents of choice for treatment of the anxiety provoked by performance situations.

REFERENCES

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