

Social Anxiety Disorder Treatment And Referral Guide

- How to recognise Social Anxiety Disorder
- The nature and causes of Social Anxiety Disorder
- Treatment of Social Anxiety Disorder

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Social Phobia is not shyness

Social Phobia is defined as an intense fear of becoming humiliated in social situations. Social phobias may present as a fear of being around other people, public speaking, talking to an authoritarian figure, dating, or signing a cheque in public. The most common fear is that of speaking in public. People suffering from Social Phobia tend to think while they are not competent in social situations, every other person is. Small mistakes most people generally ignore become anxiety-inducing events that create great embarrassment. Blushing, the body's natural response to embarrassment, can make the person acutely self-conscious.

Although Social Phobia is often thought of as shyness, the two are fundamentally different. While shy people may feel very uneasy in the presence of others, they do not experience the extreme anxiety in anticipating a social situation, nor do they necessarily avoid circumstances that may make them feel self-conscious. In contrast, people with Social Phobia aren't necessarily shy, being at ease with people familiar to them.

Sufferers of Social Phobia are aware that their feelings and thoughts are irrational, but are still prone to anxiety induced by the anticipation and dread of a social event in the future. The fear of having to attend a social event can begin weeks ahead, with the result that the sufferer may actively avoid the event at all costs.

If left untreated Social Phobia may continue to hinder the sufferer's life functioning throughout the rest of his or her life, and can lead to a high risk of substance abuse, depression and suicide. These severe consequences exert a severe burden on not only the individual sufferers, but also on family, friends and society at large.

Prevalence and causes

Social Phobia affects between two and three people per hundred, of all races and social groups. The average age of onset is between 15 and 20 years, but the disease can often begin during childhood. Approximately 40% of social phobias occur prior to the age of ten years. The early age of the disease has several repercussions: Most Social Phobia sufferers do not acquire important life and social skills and often develop other anxiety disorders as a result of their social isolation.

Traumatic events often trigger the development of specific phobias (phobias of specific locations, objects or situations). Research shows that social phobia may have a hereditary component and that it occurs in twice as many women as men. Although the exact cause of Social Phobia remains unknown, there are specific chemical systems within the brain that may be responsible for the development of the disease. People with Social Phobia aren't necessarily shy at all. They can be completely at ease with people some of the time, but in particular situations, they feel intense anxiety.

Presentation, Symptoms and Diagnosis

People suffering from Social Phobia display three essential features: a fear of scrutiny by other people in social situations, a marked and persistent fear of performance situations in which embarrassment may occur, as well as an active avoidance of the feared situations. Social Phobia may present as a generalized condition, where fears involve almost all social contacts, or non-generalised, where fears relate to specific social activities or performance situations.

The most obvious symptoms of Social Phobia are those brought on by the fear of becoming embarrassed in front of other people. People may have difficulty speaking, eating or writing in front of others. When exposed to the feared situation or location, sufferers will frequently experience somatic symptoms of anxiety, such as palpitations, trembling, sweating, tense muscles and headaches. Additional symptoms include a sinking feeling in the stomach, hot and cold flushes, as well as a dry throat and mouth.

Physical symptoms of anxiety brought on by the event manifest themselves before, during and after the actual event. The sufferer may be convinced that the secondary (somatic) symptoms of anxiety are in fact the primary problem, and experience great self-consciousness, fear and apprehension.

Co morbid Conditions

It is common for Panic Disorder to occur with other psychiatric conditions. Research has shown that over two thirds of Social Phobia sufferers experience an additional psychiatric disorder at some time in their lifetime. Symptoms of Social Phobia generally present prior to other disorders, suggesting that Social Phobia itself precipitates the onset of other psychiatric disorders.

The disorders which most commonly occur with Social Phobia are agoraphobia, alcohol abuse, major depression and drug abuse. A link between Social Phobia and the onset of eating disorders has also been demonstrated in recent research studies. Those suffering from Social Phobia appear to suffer a greater degree of distress and are more likely to suffer from the more serious consequences of the disease. Co morbid Social Phobia is more likely to lead to suicide than uncomplicated Social Phobia.

SOCIAL PHOBIA IN CHILDREN

Intense fears appear in most children as a normal part of growing up. Early in life, infants become attached to those who care for them and if separated, toddlers naturally become anxious and upset. Childhood fears of the dark and monsters are common. It is normal and natural for children to be nervous and experience some anxiety about starting school, but fear and anxiety should not continue for extended periods of time.

Adolescents are often moody and preoccupied with their social image. These concerns usually dissipate with time and should not cause any undue distress. However, the persistence of avoidant behaviour should be taken seriously. Anxiety may also manifest itself indirectly through changes in behaviour, physical symptoms, and a decline in the level of school work.

It is advisable to contact a doctor or psychiatrist as soon as possible when it is suspected that a child or adolescent may be suffering from Social Phobia. Prolonged anxiety decreases a child's quality of life and may cause irreparable damage.

TREATMENT

Fewer than 25% of Social Phobia sufferers receive treatment for their conditions. Despite this, those diagnosed with social phobia have a good prognosis. Several factors hinder the successful treatment of Social Phobia:

- The perception that Social Phobia is an exaggerated form of shyness or social unease. As a result of this, many sufferers do not consider their condition to be a disorder for which consultation with a doctor is necessary.

- The nature of Social Phobia is such that sufferers are often reluctant to seek treatment. This is due in part to a fear of public scrutiny and the belief that nothing can be done to help.
- There is a low level of awareness among many doctors of the diagnosis and treatment of Social Phobia.

However, the severe impairment and the onset of co morbid conditions can be prevented or alleviated by seeking treatment at the first sign of dysfunction. Once social phobia is diagnosed, it is imperative that treatment is introduced without delay. Extensive research has shown that in all anxiety disorders, a combination of drug and psychological therapies yield the best treatment outcomes, and the most rapid recovery, with the least relapses.

MEDICATION

Social Phobia responds well to drug therapy, but it is important to realise that social phobia is a chronic condition that requires long-term management. Drug therapy should be maintained for a minimum of six months. Upon completion of the treatment, medication should be withdrawn gradually.

Drugs found to be most effective in treating Social Phobia are the Selective Serotonin Reuptake Inhibitors (SSRIs) Anti-depressants, Tricyclic Anti-depressants, and Benzodiazepines.

DIFFERENT TYPES OF MEDICATIONS

- The SSRIs are among the newer anti-depressants and have been available since 1988. SSRIs include Aropax (Paroxetine), Cipramil (Citalopram), Luvox (Fluvoxamine), Prozac/Lorien (Fluoxetine) and Zoloft (Sertraline). They are now the most widely used antidepressants because they tend to have fewer side effects than the older drugs. Although called anti-depressants, the SSRIs are also used to treat Social Phobia, Panic Disorder and Obsessive-Compulsive Disorder.
- The Tricyclic antidepressants have proven to be effective in the treatment of panic disorder. The patient usually starts with small daily doses that are increased every few days until an effective dosage is reached. The slow introduction of Tricyclic antidepressants helps minimize side effects such as dry mouth, constipation, and blurred vision. People with Panic Disorder, who are inclined to be hyper vigilant about physical sensations, often find these side effects disturbing at the outset. Other examples of Tricyclics include Tofranil, Prothiaden and Imipramine.

Side effects usually fade after the patient has been on the medication for a few weeks. It usually takes several weeks for these drugs to have a beneficial effect on Panic Disorder. Treatment generally lasts from 6 to 12 months. When the treatment period is complete, the dosage of the drug is tapered over a period of several weeks.

- The high-potency benzodiazepines are a class of medications that effectively reduce anxiety. Alprazolam, Clonazepam, and Lorazepam are medications that belong to this class. They take effect rapidly, have few bothersome side-effects, and are well tolerated by the majority of patients. However, some patients, especially those who have had problems with alcohol or drug dependency, may become dependent on benzodiazepines.
If a doctor prescribes one of these drugs as a single therapy, the patient starts on a low dose and gradually raises it until panic attacks cease. Treatment with high-potency benzodiazepines is sometimes continued for 6 months to a year. One drawback of this

medication is that patients may experience withdrawal symptoms when the treatment is discontinued.

ARE ANTIDEPRESSANTS SAFE?

Anti-depressants are safe in the doses prescribed by the physician. There are however some conditions where extra care should be taken. If any of the following apply to you, you should carefully consider all treatment options with your doctor:

- If you are taking other prescribed and over-the-counter medication, including antihistamines, stomach acid neutralisers, cough and cold treatments and the like.
- If you have any pre-existing illnesses, including diabetes, epilepsy, heart problems, kidney or liver problems, hyperthyroidism etc.
- If you are pregnant, breast feeding or hoping to fall pregnant.

Initial side effects of the anti-depressant medication, may include nausea, a dry mouth and headaches, but dissipate within a week or two. It is important not to stop your medication during at this time, but to persist with treatment in order for full recovery to take place. You should voice all of your concerns about medication with your doctor, so that he or she can find the most suitable treatment for you.

OTHER MEDICATIONS

Benzodiazepines (anxiety reducing) are useful in the treatment of Social Phobia, but are highly addictive and therefore not advised for long term treatment. Beta-blockers, traditionally used for high blood pressure, are useful in treating performance anxiety because this class of drugs is known to reduce the noradrenergic responses to fear (heart palpitation, excessive sweating). Neither of these treatment produce the long term changes in the brain chemistry require for complete recovery.

"I first noticed the treatment was working when I could sign a cheque at the bank without my hand shaking."

PSYCHOLOGICAL TREATMENT

Psychological treatment is essential for the treatment of Social Phobia since it encourages the patient to confront the negative beliefs and feelings which might be causing their fearful response to social situations. The most important negative belief which needs to be challenged, is that of failure being inevitable in social situations.

There are three basic forms of Psychological treatment available for Social Phobia sufferers:

- ***Social Skills Training***
This form of therapy helps people feel more relaxed and confident in the company of others by teaching many of the social skills taken for granted in society, such as initiating a conversation with a stranger. The emphasis is on practice and feedback, a process that allows the sufferer to monitor his or her social interactions.
- ***Exposure Therapy***
Exposure therapy essentially involves helping the Social Phobia sufferer to relax when in a situation they perceive to be frightening. It is usually conducted in stages according to a hierarchy, bringing about gradual desensitization to the feared situation or location.
- ***Cognitive Behavioural Therapy***
CBT helps Social Phobia sufferers change the way they think about themselves, their surroundings and other people. Therapy brings about a more realistic and factually accurate way of thinking about fearful situations, while challenging anxiety-provoking thought and feelings.

Since one of the main goals of cognitive therapy is to encourage patients to confront their anxieties, group therapy sessions are particularly appropriate for Social Phobia. The panic sufferer may initially be hesitant to participate in group therapy due to the nature of their illness. This usually dissipates once they realise all members of the group have the same fears they do.

Almost 80% of people suffering from Social Phobia find relief from their symptoms when treated with a *combination* of medication and psychotherapy. It is advantageous to make use of both forms of treatment, since they complement each other and bring about more rapid, long-term recovery. A combination of the two treatments results in a reduced risk of relapse upon discontinuing medication.

REAL-- LIFE DESENSITISATION

Real -life desensitization is one of the most effective psychological treatments available for social phobias. Also called exposure or *in vivo desensitization*, real - life desensitization involves over- coming fears and phobias through direct exposure. Improvement following real - life exposure last long after this treatment is complete. Real - life desensitization does however involve the unpleasantness of facing phobic situations, and having to repeatedly encounter desensitization of a regular basis.

The basic procedure of real - life desensitization involves the use of a basic hierarchy of phobic scenes that have been constructed to bring about desensitization. Goals must be clearly defined, with careful consideration given to what constitutes full recovery, and a time frame should be decided on. Broad goals, such as shopping in a mall are divided into smaller interim goals, such as traveling to the mall, walking around outside the mall and then eventually shopping in the mall.

The hierarchies presented below can be used as a guideline for attaining desensitization for the most common Social Phobia:

Fear of speaking in public

- In any group situation, while sitting down, make a one - sentence comment.
- Make a three to five minute comment while sitting with a group.
- Standing up in a small group, make a thirty second comment.
- Announce to a group that you will be giving a short comment at every break.
- Join Toastmasters.
- In a familiar group, stand up and make a comment.
- In a familiar group, stand up and make a short statement.
- Present a short talk on any subject.

RECOVERY

"It took a lot of hard work and patience to get through my Social Phobia. At times I thought I'd never make it. It's not that I never feel any anxiety anymore...I just feel it less and less. I know how to control the anxiety when it does emerge...and how to stop it preventing me from doing the things I want to do."

If you suspect you may be suffering from Social Phobia, reading through this guide and learning about the disease is the first step to recovery. You should seek help from a doctor if you have not yet been examined or diagnosed. If you are already on treatment, continue with the prescribed treatment, taking one day at a time.

Remember not to let others discourage you. Don't feel ashamed about Social Phobia, it is a serious disease just like any other illness. To learn more about the disorder ask your doctor, pharmacist or the Depression and Anxiety Group should you have any queries or concerns. Seek support from others, and take an active role in your recovery.

Most importantly, keep in mind that you can overcome Social Phobia - recovery will take work, but it will

be well worth the effort.

HOW TO HELP SOMEONE SUFFERING FROM SOCIAL PHOBIA

The support, encouragement and understanding of family and friends help the recovery of a Social Phobia immeasurably. Following are guidelines in which you may wish to follow if you would like to help a friend or relative who may be suffering from Social Phobia:

- Learn more about the disorder.
- Acknowledge that there is a real problem. Social Phobia is not merely a severe form of shyness but a medical condition that should be taken seriously.
- Be understanding. Recognise that allowing a sufferer to explain their problems will help him or her to feel less isolated and ashamed of their condition.
- Do not regard Social Phobia as the fault of any particular person. Neither you nor the sufferer is to blame for the condition.
- Gently encourage the sufferer to seek professional help. Acknowledge that this may be a difficult decision, keeping in mind that the very nature of social phobia often means that sufferers are afraid to seek help from strangers.
- Once treatment is initiated, encourage the sufferer to persist and continue with treatment. Recognise any improvement, no matter how small.
- As treatment begins to take effect, the sufferer will be encouraged to begin facing up to fearful situations and locations. Your support and understanding in this regard is vital.
- While at home, sufferers should be encouraged to maintain as normal a lifestyle as possible. Do not adapt your lifestyle to fit in with their fears and anxieties.

How to build your Self Esteem

The basis of Social Anxiety Disorder is often a low self-esteem or lack of self-worth. This disorder involves a fear of negative evaluation in a social setting. If you have low self esteem this will be perpetuated. Here follow ways to enhance your self-esteem:

- Be willing to create a lifestyle that generates, nourishes and maintains sound self esteem
- Participate in life at the highest level you can
- Watch what you say, avoid "self put downs", stop being critical of yourself and others
- Keep your awareness focused in the present time instead of living in the past
- See yourself as being self-sufficient, do not depend on others for your happiness
- Stop feeling guilty-see mistakes as invaluable lessons learned. See the cause and effect of your behaviour instead of moral judgment of right or wrong
- Treat yourself lovingly every chance you get.
- Give yourself the simple pleasures in life
- Invest money and time in yourself and believe that you are worth it
- Give yourself permission to do nothing periodically. Schedule time by yourself
- Frequently take deep breathes, discover the benefits of slow conscious breathing
- Be willing to laugh at yourself. Stop taking yourself so seriously
- Make a list of all things you like about yourself and add to it daily
- Be assertive, speak up for yourself, ask for what you want, express your feelings and opinions openly and without fear