

# Agoraphobia

Agoraphobia is a difficult phobia to live with. Often times people with agoraphobia avoid social encounters and tend to keep to themselves. They may avoid leaving their home, in fear that they may have a panic attack.

Agoraphobia is someone who suffers from intense fear of everyday circumstances such as being on a bus, standing on a bridge or being part of a crowd. It can also cause people to feel so trapped by their own fears they're sometimes unable to leave their homes for years.

Typically, agoraphobia develops because a person experiences panic attacks in one or more of these public places. Sudden, terrifying symptoms include difficulty breathing, chest pain, pounding heart, dizziness or the feeling of choking, accompanied by fears of approaching death or madness. During such frightening conditions, a person feels an intense need to flee.

Once panic attacks begin, they become associated with where they happened, and a strong aversion develops for any location where an attack occurred.

As the number of attacks and associated locations increases, it becomes more difficult to leave home. A person with agoraphobia becomes highly dependent on others and eventually may not even travel without a trusted companion.

## Prevalence of agoraphobia

Most people with agoraphobia don't seek treatment until about 10 years after the onset of the disorder. Effective treatment for agoraphobia is available and works best when a person begins treatment early.

## Symptoms

Common symptoms of agoraphobia include:

- Catastrophic misinterpretations of bodily and mental symptoms, such as when a person's heart races from anxiety and he fears dying on the spot, or a person has a sense of being detached from others and fears he's going crazy. These fears are wholly unfounded, but can bring on more panic attacks as well as avoidance.
- Overreliance on a "safe" place or person.
- Fear of particular places, such as bridges, elevators, shopping malls or crowded highways.
- Increased avoidance of such places.
- Fear of what might happen in a situation that's difficult or embarrassing to leave, such as airplanes, buses, lines or movie theaters.



One or two people out of a hundred have agoraphobia, which tends to begin in early adulthood, but can appear later in life.

- Worrying about physical symptoms — dizziness, fainting, vomiting, difficulty breathing—at one of these places.
- Anxiety if exposed to one of these situations.
- Complications.

Agoraphobia can severely restrict people's lives, so depression often occurs among people with agoraphobia. Alcohol and prescription drug dependencies can develop, and compulsive behaviors also may appear.

People with agoraphobia may avoid a place where they once had a panic attack, as if the place itself is responsible and will cause another attack. They may demonstrate an unrealistic need for guarantees (such as a promise that they won't feel uncomfortable in a situation or that they won't have a heart attack), otherwise they fear the situation will turn out horribly. They do not look at probabilities or laws of averages – just absolutes.

People with agoraphobia may find it difficult to keep a job, or may struggle with marital and sexual problems. Family members can feel tremendous strain because the person with agoraphobia may pressure them to restrict their activities, fearing something will happen to them if they go out.

### Diagnosis

A behavioral health professional or physician must conduct a diagnostic evaluation to document the person's symptoms, behavioral history, physical status, and potential coexisting conditions such as depression or substance abuse.

### Treatment

Agoraphobia can be treated successfully, often by combining cognitive behavior therapy and medication under the care of mental health professionals. It rarely disappears without treatment.

- **Therapy**—When seeking therapists, individuals potentially suffering with agoraphobia should select a counselor who specializes in treating panic attacks. Cognitive behavioral therapy is 90 percent effective in reducing the panic attacks associated with agoraphobia. The success rate for reducing avoidance behavior is lower, but still impressive. Often this therapy involves homework, as the therapist and the sufferer work on practicing techniques that reduce anxiety both in sessions and in everyday life.



A spouse's or partner's involvement can be helpful in treating agoraphobia, research indicates. Participation can include being actively involved in the treatment, demonstrating support for the treatment and giving encouragement.

- **Medications**—Some prescription drugs help reduce the symptoms of anxiety from agoraphobia. Anti-depressants such as Prozac (fluoxetine hydrochloride) and Tofranil (imipramine) are prescribed often. Anti-anxiety medications such as Xanax (alprazolam), Valium (diazepam), Ativan (lorazepam) and Klonopin (clonazepam) may

also be used, but they only provide temporary relief and can be addictive. They're meant to be used in the short term, not as a way of life.

With medication, a person will learn less about how to cope with the anxiety. By changing behavior and thinking patterns, through cognitive behavioral therapy, a person with agoraphobia may find lasting solutions.

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