

## Social Phobia: Review Questions

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### QUESTIONS

Choose the single best answer for each question.

- 1. A 21-year-old man reports that he has always been “somewhat shy.” He states that he becomes nervous when meeting members of the opposite sex for the first time. After a few minutes with someone new, he usually feels calm. He is single and dates regularly. He has a few very close friends but enjoys more time alone than many of his peers. What is this patient’s most likely diagnosis?**

  - Agoraphobia without history of panic disorder
  - Anxiety disorder not otherwise specified
  - Generalized anxiety disorder
  - No psychiatric diagnosis
  - Social phobia
- 2. A 30-year-old man with a history of alcohol dependence presents to his primary care physician for routine medical care. He states that he has not used alcohol for 3 months. He also states that he wants to find work now that he is not drinking, but he has an intense fear of job interviews. He is terrified that he will do something to embarrass himself at an interview and cannot summon the courage to apply for a job. What is the most appropriate next step in the management of this patient?**

  - Encourage the patient to attend more Alcoholics Anonymous groups
  - Evaluate for avoidant personality disorder
  - Evaluate for social phobia
  - No action required
  - Referral to a psychiatrist
- 3. A 15-year-old girl with social phobia presents to her primary care physician with her parents. The parents request treatment, but the patient is unwilling to take psychiatric medication. What is the most appropriate next step in this patient’s management?**

  - Psychologic testing
  - Referral to a psychiatrist
  - Referral to a psychotherapist experienced in social phobia
  - Suggest exercise and good nutrition
  - Tell the patient that medication is the only treatment available
- 4. A 45-year-old woman presents to her primary care physician. She is a professional musician and reports severe performance anxiety at large concerts. Symptoms include intense anxiety, sweating, and tremor. A diagnosis of social phobia is made. Which of the following is the most appropriate first-line treatment?**

  - Atenolol 50 to 100 mg 1 hour before each performance
  - Imipramine 25 mg daily
  - Maintenance treatment with clonazepam 0.5 mg 3 times/day
  - Phenelzine 45 mg daily
  - Quetiapine 100 mg daily at bedtime
- 5. Which of the following would be the most appropriate first-line treatment for the generalized type of social phobia in a patient with no history of substance abuse and no comorbid psychiatric or medical illness?**

  - $\beta$ -Adrenergic receptor antagonist
  - Low-dose lithium
  - Mirtazapine 15 mg daily at bedtime
  - Selective serotonin reuptake inhibitor (SSRI)
  - Trazodone 50 mg 3 times/day

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## ANSWERS AND EXPLANATIONS

1. **(D) No psychiatric diagnosis.** Shyness, stage fright, and performance anxiety are common, especially when an individual is interacting with unfamiliar people.<sup>1</sup> A psychiatric diagnosis would not be made unless the symptoms lead to significant impairment or distress.<sup>1</sup>
2. **(C) Evaluate for social phobia.** By asking a few brief questions, the physician can determine whether a patient meets the DSM-IV criteria for social phobia. These criteria are: (1) persistent fear of social situations in which the person is exposed to unfamiliar people which includes a specific fear of humiliation or embarrassment; (2) exposure to the situation almost invariably provokes anxiety; (3) the fear is recognized as unreasonable; (4) the feared situations are avoided or endured with intense distress; and (5) the symptoms result in impairment and/or marked distress.<sup>1</sup> Social phobia is common among those with substance abuse disorders. A recent study of patients receiving substance abuse treatment found that social phobia was the second most common comorbid psychiatric diagnosis, occurring in 31% of subjects.<sup>2</sup> A psychiatric referral is not necessary to evaluate social phobia, and the remaining answers are not appropriate in this clinical scenario.
3. **(C) Referral to a psychotherapist experienced in social phobia.** Evidence-based psychotherapy treatments are effective for social phobia. A recent study found that adolescents treated for social phobia with psychotherapy were able to maintain improvements for 5 years posttreatment.<sup>3</sup> Referral to a psychiatrist is a consideration but would not be the first choice because the patient is adverse to pharmacologic interventions. Exercise may be beneficial, but additional treatment is indicated. Psychologic testing would not be helpful.

4. **(A) Atenolol 50 to 100 mg 1 hour before each performance.** Atenolol and other  $\beta$ -adrenergic receptor antagonists are frequently effective when used before exposure to the phobic stimulus.<sup>4</sup> Phenzelzine and other monoamine oxidase inhibitors are effective for social phobia, but because of the dietary restrictions and risk of serious side effects, these agents are only used for refractory cases. Clonazepam and other benzodiazepines are also effective, but maintenance treatment is unlikely to be needed for nongeneralized social phobia. Also, because benzodiazepines have some abuse potential, most clinicians would recommend trying a  $\beta$ -adrenergic receptor antagonist first. Imipramine and quetiapine are not used in the treatment of social phobia.
5. **(D) SSRI.** SSRIs are effective for the generalized type of social phobia.<sup>4</sup>  $\beta$ -Adrenergic receptor antagonists are effective for social phobia limited to specific situations, such as performance anxiety. The other agents listed are not used to treat social phobia.

## REFERENCES

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3. Garcia-Lopez LJ, Olivares J, Beidel D, et al. Efficacy of three treatment protocols for adolescents with social anxiety disorder: a 5-year follow-up assessment. *J Anxiety Disord* 2006;20:175–91.
4. Sadock BJ, Sadock VA. Anxiety disorders. In: *Synopsis of psychiatry*. Philadelphia: Lippincott Williams & Wilkins; 2003:591–642.

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