

HOSPITAL PHYSICIAN®

PSYCHIATRY BOARD REVIEW MANUAL

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The *Hospital Physician Psychiatry Board Review Manual* is a study guide for residents and practicing physicians preparing for board examinations in psychiatry. Each quarterly manual reviews a topic essential to the current practice of psychiatry.

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Specific Phobias

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Specific Phobias

Ann Kerr Morrison, MD

INTRODUCTION

The description and treatment of specific phobias, or fear of specific objects or situations, are embedded in the history of psychiatry and psychology. Indeed, Freud's classic analytic case of "Little Hans" illustrated a common form of specific phobia (animal type).¹ As opposed to psychodynamic theories or techniques, however, the behavioral concepts of conditioned response, operant learning, and exposure principles developed by early pioneers in psychology such as Skinner, Watson, and Wolpe more closely approximate our current understanding of the origin of phobias and pointed to some of the first effective treatments. More recently, work by Donald Klein,² Isaac Marks,³ and others helped to define specific phobias and to distinguish them from each other and from other anxiety disorders. In general, the feared object or situation rather than anxiety symptoms themselves is the focus; however, especially for blood-injury-injection phobias and situational phobias, many patients report fear or sensitivity to anxiety symptoms or the consequence of these symptoms.

DSM-IV-TR⁴ criteria for specific phobia are listed in **Table 1**. The DSM-IV-TR also defines 5 subtypes that are based on type of feared object/situation: animal, natural environment, blood-injection-injury, situational, and other. Some have argued that the factors that distinguish a situational from a natural environment stimulus are unclear and that these 2 subtypes may be more similar than different, with only 3 main subtypes being needed.⁵ Indeed, some hold that simply naming the phobia is more helpful than sorting them into subtypes.⁵

BACKGROUND AND FEATURES

DIFFERENTIAL DIAGNOSIS

Specific phobias are distinguished from other anxiety disorders primarily by the circumscribed nature of the feared object or situation and by the focus of the fear. In agoraphobia, the fear is generated by concern that one will experience a panic attack and be unable to escape

or be embarrassed by this. One then avoids situations in which panic attacks have occurred. Since panic disorder attacks occur spontaneously, eventually the person may have few places in which they are comfortable. In social phobia, the focus is on being evaluated by others and leads to avoidance of social situations in which they feel scrutinized and fear embarrassment. In obsessive-compulsive disorder, common fears include contamination or disease, harming others, inappropriate behavior, and safety. People with obsessive-compulsive disorder may avoid situations or stimuli that seem to provoke these obsessions and/or in which they will be compelled to perform rituals. In generalized anxiety disorder, the fears are exaggerated and pervasive worry about real life circumstance is present. In posttraumatic stress disorder, the person by definition has experienced a traumatic event and avoidance is to thoughts or situations that are associated with this experience.

EPIDEMIOLOGY

Specific phobias represent an oddity among psychiatric illnesses, for although they are very common they are seen relatively infrequently in the clinical setting. The National Comorbidity Survey (NCS)⁶ found an overall lifetime prevalence of 11.3% (**Table 2**). Analysis by Curtis' group⁷ revealed the most common phobias to be animals, heights, closed spaces, and blood-injury, affecting from 4.5% to 5.7% of people (**Table 3**). Despite being common, well understood, and very treatable, only 12.5% of people with specific phobia in the NCS sought treatment during the previous year.⁸

The age of onset of specific phobias varies with the type of phobia. Antony and McCabe,⁹ summarizing prior studies, reported that children develop animal, blood-injury, storm, and water phobias; acrophobia appears in teenagers; and other situational phobias typically occur in young adults (**Table 4**). In the development of specific phobia, there is an average lag time of 9 years between the individual's first fear of the stimulus and the development of distress and impairment sufficient to warrant a diagnosis of phobia.¹⁰ As with many other anxiety disorders, women are more often affected than men, with NCS rates of 15.7% versus 6.7% respectively;⁶ however, for some types of phobias, such as mutilation, heights,