

Agoraphobia

Introduction

Agoraphobia is a fear of being in situations where escape might be difficult, or help wouldn't be available if things go wrong.

Many people assume that agoraphobia is simply a fear of open spaces but it is more complex than that. A person with agoraphobia may be scared of:

travelling on public transport

visiting a shopping centre

leaving home

If people with agoraphobia find themselves in a stressful situation they usually experience symptoms of a panic attack, such as:

rapid heartbeat

rapid breathing (hyperventilating)

feeling hot and sweaty

feeling sick

They avoid situations that cause anxiety and may only leave the house with a friend or partner, or order groceries online rather than go to the supermarket. This change in behaviour is known as avoidance.

Treating agoraphobia

Initial treatments can include a self-help programme guided by your DOCTOR, which is designed to help overcome phobias.

The next step is more complex treatments, including:

counselling, such as the talking therapy cognitive behavioural therapy

relaxation training

medication, such as the selective serotonin reuptake inhibitor (SSRI) type of antidepressant

What causes agoraphobia?

Agoraphobia usually develops as a complication of panic disorder (an anxiety disorder in which you have panic attacks and moments of intense fear). It may arise as a result of associating panic attacks with places or situations where the attacks occurred, and then avoiding them.

A minority of people with agoraphobia have no history of panic attacks. In these cases, their fear may be related to issues such as a fear of crime, terrorism, illness or being in an accident.

Traumatic events such as bereavement may contribute towards agoraphobia, as well as certain genes a person inherits from their parents.

Who is affected

Up to two people in 100 have a panic disorder and it is thought around a third of those will go on to develop agoraphobia as a result.

Agoraphobia is twice as common in women as men, and the condition usually starts between the ages of 18 and 35.

Outlook

Around a third of people eventually achieve a complete cure and remain free from symptoms.

Around half experience an improvement in symptoms but they may have periods when symptoms become more troublesome; for example if they feel stressed.

And one-in-five people will continue to have troublesome symptoms, despite treatment.

Symptoms of agoraphobia

The severity of agoraphobia can vary significantly between different people with the condition.

For example, someone with severe agoraphobia may be unable to leave the house, whereas someone who has mild agoraphobia may be able to travel short distances without problems.

The symptoms of agoraphobia can be broadly classified into three types:

physical

cognitive (symptoms associated with thinking)

behavioural

These are explained in more detail below.

Physical symptoms

The physical symptoms of agoraphobia usually only occur when you find yourself in a situation or environment that causes anxiety. However, many people with agoraphobia rarely experience physical symptoms because they deliberately avoid situations that make them anxious.

The physical symptoms of agoraphobia can be similar to those of a panic attack and may include:

rapid heartbeat

rapid breathing (hyperventilating)

feeling hot and sweaty

feeling sick

upset stomach

chest pain

difficulty swallowing (dysphagia)

diarrhoea

trembling

dizziness

ringing in the ears (tinnitus)

feeling faint

Cognitive symptoms

The cognitive symptoms of agoraphobia are feelings or thoughts that can be, but not always, related to the physical symptoms.

Cognitive symptoms may include fear that:

A panic attack will make you look stupid or embarrassed in front of other people.

A panic attack will be life-threatening. For example, you may be worried that your heart will stop or you will be unable to breathe.

You would be unable to escape from a place or situation if you were to have a panic attack.

You are losing your sanity.

You may lose control in public.

You may tremble and blush in front of people.

You may be stared at.

There are also psychological symptoms not related to panic attacks, including:
feeling that you would be unable to function, or survive, without the help of others

a fear of being left alone in your house (monophobia)

a general feeling of anxiety or dread

[Behavioural symptoms](#)

Symptoms of agoraphobia relating to behaviour include:

avoiding situations that could lead to panic attacks, such as crowded places, public transport and queues

not being able to leave the house for long periods of time (housebound)

needing to be with someone you trust when going anywhere

avoiding being far away from home

Some people are able to force themselves to confront uncomfortable situations but they feel considerable fear and anxiety while doing so.

[When to seek medical advice](#)

If you think you have the symptoms of agoraphobia, speak to your DOCTOR.

Also seek medical advice if you have any of the following:

chest pain

shortness of breath

headaches

dizziness

fainting spells

unexplained weakness

sensation that your heart is beating irregularly (palpitations)

depression

thoughts of suicide or self-harm

Causes of agoraphobia

Most cases of agoraphobia develop as a complication of panic disorders.

A person previously experiences a panic attack in a specific situation or environment and this triggers a vicious circle.

They begin to worry so much about having a panic attack again that they feel the symptoms of panic attack returning when they are in a similar situation or environment.

This then causes the person to avoid that particular situation or environment.

Panic disorders

The causes of panic disorders and related panic attacks are still unclear. Most experts think a combination of both biological and psychological factors may be involved.

Biological factors

A number of theories about what type of biological factors may be involved with panic disorders are outlined below:

'Fight or flight' reflex

One theory is that panic disorder is closely associated with your body's natural "fight or flight" reflex – its way of protecting you from stressful and dangerous situations.

Anxiety and fear cause your body to release hormones, such as adrenalin, and your breathing and heart rate are increased. This is your body's natural way of preparing itself for a dangerous or stressful situation.

In people with panic disorder, it is thought that the fight or flight reflex may be triggered abnormally, resulting in a panic attack.

Neurotransmitters

Another theory is that there is an imbalance in levels of neurotransmitters in the brain which can affect mood and behaviour. This can lead to a heightened stress response in certain situations, triggering the feelings of panic.

The fear network

The "fear network" theory is that the brains of people with panic disorders may be wired differently from most people.

There may be a malfunction in parts of the brain known to generate both the emotion of fear and the corresponding physical effect fear can bring. They may be generating strong emotions of fear that trigger a panic attack.

Spatial awareness

Links have been found between panic disorders and spatial awareness. Spatial awareness is the ability to judge where you are in relation to other objects and people.

Some people with panic disorders have a weakened system of balance and space that can result in someone with panic disorders feeling overwhelmed and disorientated in crowded places, triggering a panic attack.

Psychological factors

Psychological factors that increase your risk of developing agoraphobia include:
a traumatic childhood experience, such as the death of a parent or being sexually abused

experiencing a stressful event, such as bereavement or job loss

a previous history of mental illnesses, such as depression, anorexia nervosa or bulimia

having alcohol or drug misuse problems

being in an unhappy relationship, or in a relationship where the partner is very controlling

Diagnosing agoraphobia

If you think you may be affected by agoraphobia, talk to your DOCTOR. If you don't feel ready to visit your DOCTOR in person you should be able to arrange a telephone consultation.

Your DOCTOR will ask you to describe your symptoms, how often your symptoms appear and in what situations they occur. It is very important you tell your DOCTOR about how you have been feeling and how your symptoms have affected you.

They will also want to know how your symptoms are affecting your daily behaviour. For example:

Do you find it stressful leaving the house?

Are there certain places or situations you have to avoid?

Have you adopted any avoidance strategies to help cope with your symptoms, such as relying on others to shop for you?

It can sometimes be difficult to talk to someone else about your feelings, emotions and personal life.

However, you should try not to feel anxious or embarrassed. Your DOCTOR needs a good understanding of your symptoms so they can make the correct diagnosis and recommend the most appropriate treatment for your condition.

Physical examination

Your DOCTOR may want to carry out a physical examination, and in some cases they may wish to do blood tests, to look for signs of any physical conditions that could be causing your symptoms. For example, an overactive thyroid gland can sometimes cause similar symptoms to a panic attack.

By ruling out any underlying medical conditions, your DOCTOR will be able to make the correct diagnosis.

Confirming the diagnosis

A diagnosis of agoraphobia can usually be made with confidence if the following points are met:

You are anxious about being in a place or situation, such as in a crowd or riding on a bus, where escape or help may be difficult in the event of a panic attack or panic-like symptoms.

You avoid situations described above, or endure them with extreme anxiety, or with the help of a companion.

There is no other underlying condition that may explain their symptoms.

If there is any doubt about the diagnosis, you may be referred to a psychiatrist for a more detailed assessment.

Treating agoraphobia

A stepwise approach is usually recommended for agoraphobia (and any underlying panic disorder).

The recommended steps are usually:

Step one: educate yourself about your condition, possible lifestyle changes you can make, and self-help techniques to help relieve symptoms.

Step two: enrol yourself on what is known as a guided self-help programme.

Step three: refer yourself or be referred to a more intensive type of therapy such as cognitive behavioural therapy or see if your symptoms can be controlled using medication.

Lifestyle changes and self-help techniques

Often, learning more about agoraphobia and its association with panic disorders and panic attacks can help you better control your symptoms.

For example, there are techniques you can use during a panic attack to bring your emotions better under control. Having more confidence in controlling your emotions may then make you more confident in coping with previously uncomfortable situations and environments.

These self-help techniques are described below.

Stay where you are, and try to resist the urge to run to a place of safety during a panic attack. If driving, pull over and park where it is safe to do so.

Focus. It's important for you to focus on something non-threatening and visible, such as the time passing on your watch, or items in a supermarket. Remind yourself that the frightening thoughts and sensations are a sign of panic and will eventually pass.

Try slow, deep breathing. Feelings of panic and anxiety can get worse if you breathe too quickly. Try to focus on slow, deep breathing while counting slowly to three on each breath in and out.

Challenge your fear. Try to work out what it is you fear and challenge it. You can achieve this by constantly reminding yourself that what you fear is not real and will pass.

Creative visualisation. During a panic attack, try to resist the urge to think negative thoughts such as "disaster". Instead, think of a place or situation that makes you feel peaceful, relaxed or at ease. Once you have this image in your mind, try to focus your attention on it.

Don't fight an attack. Trying to fight symptoms of a panic attack can often make it worse. Instead, reassure yourself by accepting that although it may seem embarrassing, and your symptoms may be difficult to deal with, your attack is not life-threatening.

Some lifestyle changes can also help, such as:

taking regular exercise: exercise can relieve tension and stress while improving mood

eating a healthy diet: a poor diet can make symptoms of panic and anxiety worse

avoiding using drugs and alcohol: while they may provide short-term relief, in the long term they can make symptoms worse

avoiding drinks that contain caffeine, such as tea, coffee or cola: caffeine has a stimulant effect and can make your symptoms worse

[Guided self-help](#)

If your symptoms fail to respond to the above advice, your DOCTOR may recommend you enrol on a guided-self help programme. This involves working through self-help manuals detailing the types of issues you might be facing along with practical advice on how to deal with them.

There are also internet-based programmes you can access via a computer.

Guided self-help for agoraphobia is based on cognitive behavioural therapy (CBT), which aims to change unhelpful and unrealistic patterns of thinking to bring positive changes in behaviour (see below for more information on CBT).

In turn, CBT uses a type of therapy known as exposure therapy, which involves being gradually exposed to the feared object or situation and using relaxation techniques to help reduce anxiety.

As part of the programme you may have brief sessions with a CBT therapist (around 20 to 30 minutes) over the telephone or face-to-face.

You may also be invited to take part in group work with other people with a history of agoraphobia and panic disorders.

Most self-help programmes contain a series of goals to work towards over the course of five-to-six weeks.

[More intensive therapies](#)

If the self-help programme hasn't worked, you may be referred for more intensive therapies.

There are three main options:

cognitive behavioural therapy

applied relaxation

medication

Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) is based on the idea that unhelpful and unrealistic thinking leads to negative behaviour.

CBT aims to break this cycle and find new ways of thinking that can help you behave in a more positive way.

For example, many people with agoraphobia have the unrealistic thought that if they have a panic attack it will kill them. So the therapist will try to shift to the more positive thought that having a panic attack may be unpleasant, but it is not fatal and it will pass. This shift in thinking can then lead to more positive behaviour in terms of a person being more willing to confront situations that previously scared them.

CBT is usually combined with exposure therapy. So your therapist will set relatively modest goals at the beginning of treatment such as going to your local corner shop. As you become more confident, more challenging goals can be set, such as going to a larger supermarket or having a meal in a busy restaurant.

A course of CBT usually consists of 12 to 15 weekly sessions; with each session lasting a hour.

Applied relaxation

Applied relaxation is based on the premise that people with agoraphobia and related panic disorder have lost their ability to relax. So the purpose of applied relaxation is to re-teach you how to relax.

This is done using a series of exercises designed to teach you how:

to spot the signs and feelings of tension

to relax your muscles to relieve that tension

to use these techniques in stressful or everyday situations to prevent you from feeling tense and panicky

As with CBT, a course of applied relaxation therapy consists of 12 to 15 weekly sessions lasting a hour.

Medication

In some cases, medication can be used as a sole treatment for agoraphobia. In more severe cases medication can also be used in combination with CBT or applied relaxation therapy.

Selective serotonin reuptake inhibitors

If medication is thought to be appropriate you will usually be given a course of selective serotonin reuptake inhibitors (SSRIs).

SSRIs were originally designed to treat depression but have subsequently proved to help treat other mood disorders such as anxiety, feelings of panic and obsessional thoughts.

An SSRI called sertraline is usually recommended for most people with agoraphobia.

There are several side effects of sertraline, including:

feeling sick

low sex drive

blurred vision

diarrhoea or constipation

feeling agitated or shaky

excessive sweating

Side effects should improve over time, although some can occasionally persist.

If sertraline fails to improve your symptoms then you may be prescribed an alternative SSRI or similar type of medication known as serotonin-norepinephrine reuptake inhibitors (SNRIs).

The length of time you will have to take a SSRI (or SNRI) for will vary depending on your response to treatment. Some people may have to take SSRIs for longer than 6 to 12 months.

When you and your DOCTOR decide it is appropriate for you to stop taking SSRIs, you will be weaned off them by slowly reducing your dosage. You should never stop taking your medication unless your DOCTOR specifically advises you to.

Pregabalin

If you are unable to take SSRIs or SNRIs for medical reasons, or you experience troublesome side effects, another medication called pregabalin may be recommended.

Common side effects of pregabalin include:

dizziness

drowsiness

Benzodiazepines

If you experience a particularly severe flare-up of feelings of panic, you may be prescribed a short course of a type of medication known as benzodiazepines.

Benzodiazepines are tranquillisers designed to reduce anxiety and promote calmness and relaxation.

However, it is not usually recommended that you take benzodiazepines for more than two weeks in a row as the medication does have the potential to become addictive if taken for longer.