



# Mental Health Association of Northern Kentucky

A LEADER IN PROVIDING ADVOCACY, EDUCATION, AND SERVICES THAT PROMOTE MENTAL WELLNESS

EDUCATION AND SCREENING OUTREACH PARTNER FOR THE NATIONAL INSTITUTE OF MENTAL HEALTH AND NATIONAL MENTAL HEALTH ASSOCIATION

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## AGORAPHOBIA

### Diagnostic Criteria

A. Anxiety about being in places or situations from which escape might be difficult (or embarrassing) or in which help may not be available in the event of having an unexpected or situation ally predisposed panic attack or panic-like symptoms. Agoraphobic fears typically involve characteristic clusters of situations that include being outside the home alone ; being in a crowd or standing in a line ; being on a bridge ; and traveling in a bus, train or automobile.

*Note* : if the avoidance is limited to one or only a few specific situations, a specific type of phobia, or social phobia if the avoidance is limited to social situations.

B. The situations are avoided (for example, travel is restricted) or else are endured with marked distress or with anxiety about having a panic attack or panic-like symptoms, or require the presence of a companion.

C. The anxiety or phobic avoidance is not better accounted for by another mental health disorder, such as social phobia (avoidance of limited social situations because of the fear of embarrassment), specific phobia (avoidance of a single situation like elevators), obsessive - compulsive disorder (avoidance of dirt in someone with an obsession about contamination), post traumatic stress disorder (avoidance of stimuli associated with a severe stressor) or separation anxiety disorder (avoidance of leaving home or relatives).

Agoraphobia is the most severe of phobias and accounts for 60 % of phobic disorders for which people seek treatment. The public places or open spaces typically feared include driving in a car, riding a bus, crossing bridges, standing in lines, passing through tunnels, walking through crowds, or shopping. Exposure to the phobic situation often triggers intense anxiety. Some fear losing control in public and such fears typically mushroom : fears of taking a bus may escalate to fears of going anywhere by any means of transportation. Because people with agoraphobia often become terrified of leaving safe places (particularly their homes), of being without a familiar object, or of traveling alone, they can become highly dependent on others. Unless treated early, patients may increasingly restrict their activities and venture outside only with a trusted companion.

Agoraphobia typically arises during the early twenties, though it may begin at any age. Many people delay-getting treatment because of their overwhelming fears. Over time symptoms may fluctuate from mild to severe. Without early treatment, people tend to get worse and complications are common. If a patient is homebound, depression is the most common complication. Alcohol and drug abuse may result from people self medicating. Many people with agoraphobia develop compulsions ; they cannot leave their home, for example without repeatedly checking if the oven is turned off or the back door is locked. Marital and family problems are another complication of agoraphobia.

As with treatment for all phobias, the treatment of agoraphobia must involve exposing the person to the feared situation along with individual or group therapy. In some severe cases, medication may also be prescribed to help reduce anxiety.