



PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group

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Fast facts about social phobia

- Social Phobia affects an estimated one in ten people. It affects people of all races and social classes.
- It is estimated that fewer than 25% of people with Social Phobia receive adequate treatment.
- The onset of Social Phobia is typically during adolescence, but it may occur in childhood, prior to the age of ten. Approximately 40% of social phobias appear before the age of ten, and 95% before the age of twenty.
- Social Phobia is characterised by an underlying fear of scrutiny by people in social situations. It is also associated with fear of performance situations in which embarrassment may occur.
- Social Phobia is not shyness. A person with social phobia who finds it unbearable to sign a cheque in public, might be quite extroverted in other contexts.
- People with social phobia will avoid social or occupational situations where their particular anxiety might be provoked for eg urinating in a public restroom, or giving a speech.
- Common fears include: being introduced to others, meeting people in authority, using the telephone, eating in restaurants or writing in front of others.
- When faced with a feared situation, people may have symptoms of panic, e.g. heart palpitations, trembling, sweating, hot and cold flushes and blushing.
- 45% of people with social phobia will develop agoraphobia, where their fear of having a panic attack in a social setting will lead them to avoiding social settings altogether. 17% of social phobics also suffer from depression.
- Social Phobia frequently interferes with people's occupational functioning, as they will refuse promotions which involve greater social contact (e.g. lunches, meetings & presentations).
- Drug and alcohol abuse can be complications of untreated social phobia, as these are used to help cope with the feelings of anxiety. 19% of social phobics will end up abusing alcohol and 17% abusing drugs.
- Effective treatment of social phobia includes medication and Cognitive Behavioural Therapy.
- Antidepressants are considered to be the most effective medication used to treat social phobia.
- The good news: Social phobia is highly responsive to treatment. 80% of people who suffer from social phobia find relief from their symptoms when treated with Cognitive Behavioural Therapy and/or medication. 50% of people relapse, however, if treatment is discontinued.

What to do if a family member has anxiety disorder

1. Don't make assumptions about what the affected person needs; ask them.
2. Be predictable; don't surprise them.
3. Let the person with disorder set the pace for recovery.
4. Find something positive in every experience. If the affected person is only able to go partway to a particular goal, such as a movie theatre or party, consider that an achievement rather than a failure.
5. Don't enable avoidance: negotiate with the person with panic disorder to take one step forward when he or she wants to avoid something.
6. Don't sacrifice your own life and build resentments.
7. Don't panic when the person with the disorder panics.
8. Remember that it's all right to be anxious yourself; it's natural for you to be concerned and even worried about the person with panic disorder.
9. Be patient and accepting, but don't settle for the affected person being permanently disabled.
10. Say: "You can do it no matter how you feel. I am proud of you. Tell me what you need now. Breathe slow and low. Stay in the present. It's not the place that's bothering you, it's the thought. I know that what you are feeling is painful, but it's not dangerous. You are courageous."
11. Don't say: "Relax. Calm down. Don't be anxious. Let's see if you can do this (i.e. setting up a test for the affected person). You can fight this. What should we do next? Don't be ridiculous. You have to stay. Don't be a coward."