Phobias - Agoraphobia
Agoraphobia is an intense fear about being in public places where you feel escape might be difficult. So you tend to avoid public places, and may not even venture out from home. It can greatly affect your life. Treatment can work well in many cases.

Treatment options include cognitive behaviour therapy and medication, usually with an SSRI antidepressant.
What is agoraphobia?
Many people think that agoraphobia means a fear of public places and open spaces. But this is just part of it. If you have agoraphobia you tend to have a number of fears of various places and situations.

So, for example, you may have a fear of:
- entering shops, crowds, and public places.
- travelling in trains, buses, or planes.
- being on a bridge.
- being in a lift.
- being in a cinema, restaurant, etc where there is no easy exit.
- being anywhere far from your home.

But they all stem from one underlying fear.

That is, a fear of being in a place where help will not be available, or where you feel it may be difficult to escape to a safe place (usually to your home).

When you are in a feared place you become very anxious and distressed, and have an intense desire to get out. The anxiety usually causes physical symptoms such as: a fast heart rate, palpitations, shaking (tremor), sweating, dry mouth, feeling sick, chest pain, headaches, stomach pains, a ‘knot in the stomach’, fast breathing. You may even have a panic attack (see separate leaflet called ‘Panic Attacks’).

Even thinking about going to such places can make you anxious. To avoid this anxiety, you tend to avoid feared places.

The severity of agoraphobia can vary greatly. Some people with agoraphobia can cope quite well outside their home by sticking to familiar areas and routines. Some people with agoraphobia can go out from their home and travel on buses, trains, etc, without getting anxious if they go with a friend or family member. There may be times when you have good spells where you ‘cope’ better than at other times.

However, to prevent anxiety many people with agoraphobia stay inside their home for most or all of the time. But, by avoiding the feared situations this can often cause the fear to grow stronger and the problem may get worse.

So, agoraphobia can be disabling and greatly affect your life.
Who has agoraphobia?
Agoraphobia usually develops between the ages of 15 and 35 and is usually a lifelong problem unless treated. Twice as many women are affected than men.

Agoraphobia and panic disorder
Many, but not all, people with agoraphobia also have a condition called panic disorder.

This is discussed in another leaflet called ‘Panic Disorder’. Briefly, people with panic disorders have panic attacks that occur suddenly, often without warning. A panic attack is like a sudden and severe attack of anxiety and fear.

If you have panic disorder you may worry about having a panic attack in a public place which is embarrassing, difficult to get out of, or where help may not be available.

Therefore, you may develop agoraphobia - a fear of being in such places - because you have panic disorder.

What are the treatment options for agoraphobia?

Cognitive-behaviour therapy (CBT)
CBT helps you to change certain ways that you think, feel and behave. It is a useful treatment for various mental health problems, including phobias.

- Cognitive therapy is based on the idea that certain ways of thinking can trigger, or ‘fuel’, certain mental health problems such as anxiety, depression and phobias.

The therapist helps you to understand your current thought patterns. In particular, to identify any harmful, unhelpful, and ‘false’ ideas or attitudes which you have that can make you anxious.

The aim is then to change your ways of thinking to avoid these ideas. Also, to help your thought patterns to be more realistic and helpful.
• Behaviour therapy aims to change any behaviours which are harmful or not helpful.

For example, with phobias your ‘behaviour’ or response to the feared object is harmful, and the therapist aims to help you to change this. Various techniques are used, depending on the condition and circumstances.

For example, for agoraphobia the therapist will usually help you to face up to feared situations, a little bit at a time. A first step may be to go for a very short walk from your home with the therapist who gives support and advice.

Over time, a longer walk may be possible, and then a walk to the shops, then a trip on a bus, etc. The therapist teaches you how to control anxiety when you face up to the feared situations and places.

For example, by using deep breathing techniques. This technique of behaviour therapy is called ‘exposure therapy’ where you are exposed more and more to feared situations, and learn how to cope.

• Cognitive-behaviour therapy (CBT) is a mixture of the two where you may benefit from changing both thoughts and behaviours.

CBT is usually done in weekly sessions of about 50 minutes each, for several weeks.

You have to take an active part, and are given ‘homework’ between sessions. For example, you may be asked to keep a diary of your thoughts which occur when you become anxious.

Note: unlike other forms of ‘psychotherapy’,

CBT does not ‘look into the events of the past’. CBT aims to deal with, and to change where appropriate, your current thought processes and/or behaviours.

CBT usually works well to treat most phobias, but does not suit everyone.

However, it may not be available on the NHS in all areas.
Antidepressant medicines
These are commonly used to treat depression, but also help to reduce the symptoms of phobias, even if you are not depressed. They work by interfering with brain chemicals (neurotransmitters) such as serotonin which may be involved in causing anxiety symptoms.

- Antidepressants do not work straight away. It takes 2-4 weeks before their effect builds up. A common problem is that some people stop the medicine after a week or so as they feel that it is doing no good.

You need to give it time. It is best to persevere if you are prescribed an antidepressant medicine.

- Antidepressants are not tranquillisers, and are not usually addictive.

- There are several types of antidepressants, each with various ‘pros and cons’. For example, they differ in their possible side-effects.

However, SSRI antidepressants (selective serotonin reuptake inhibitors)

- Note: after first starting an antidepressant, in some people anxiety symptoms become worse for a few days before they start to improve.

A combination of cognitive-behaviour therapy and an SSRI antidepressant may work better in some cases than either treatment alone.

Benzodiazepines such as diazepam
These medicines are sometimes called ‘minor tranquillisers’. They work well to ease symptoms of anxiety.

The problem is, they are addictive and can lose their effect if you take them for more than a few weeks. They may also make you drowsy.

Therefore, they are not a usual long-term treatment. However, a short course may be prescribed from time to time for a particularly bad spell of anxiety.
Further help and advice

**National Phobics Society**
Zion Community Resource Centre
339 Stretford Road, Hulme
Manchester M15 4ZY

Telephone 0870 122 2325
www.phobics-society.org.uk

**NO PANIC (National Organisation For Phobias, Anxiety, Neuroses, Information & Care)**
93 Brands Farm Way, Randlay
Telford, Shropshire TF3 2JQ

Helpline 0808 808 0545
www.nopanic.org.uk

**Triumph Over Phobia (TOP UK)**
PO Box 3760, Bath BA2 3WY

Tel: 0845 600 9601
www.triumphoverphobia.com

Runs a national network of structured, self-help groups for adults (16+) suffering from phobias.

**First Steps to Freedom**
1 Taylor Close, Kenilworth
Warwickshire CV8 2LW

Helpline 0845 120 2916
www.first-steps.org

For people with general anxiety, phobias, obsessional compulsive disorder, panic attacks, anorexia and bulimia, and those who wish to come off tranquillisers. Services include, telephone self-help groups, leaflets, booklets, videos, audio tapes including relaxation audio tapes.
Inspire Mental Health works with and for people with mental illness to ensure they live healthy, productive lives and are supported to achieve their full potential within all aspects of their lives. We provide a range of supported accommodation including floating support that supports over 400 people per year. Day opportunities and recovery focused services are provided to over 1000 people per year and our advocacy services touch the lives of thousands every year.

We also provide a range of community support services for people over 60 leaving hospital or who have become socially isolated to help them reintegrate into society.

We provide support to people with Personality Disorders, who self-harm and who are in prison. We also provide support to young mothers struggling with parenting and their mental wellbeing.

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