PATIENTS AS PARTNERS

Brought to you by The South African Depression and Anxiety Group



Tel: +27 11 783 1474 Fax: +27 11 884 7074 E-mail: anxiety@iafrica.com website: www.anxiety.org.za

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 egurinating 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."