

Mental Disorders and Psychopathology
BMHP6006
Assessment 1

Supporting paper

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Introduction

Agoraphobia

Classification within the ICD – 10 is F40.0

According to NHS definition of Agoraphobia is anxiety of being in situations from which escape may be difficult or from which assistance may not be available if something goes awry. Many people believe that agoraphobia is merely a dread of open spaces, but the condition is more complex. A person with agoraphobia may fear taking public transportation, visiting a shopping centre, or abandoning their residence. Quick heartbeat accelerated respiration (hyperventilation) feeling heated and perspiring feeling unwell are some of the symptoms. (NHS, 2021)

Data

The Guardian show the number of admissions with a primary or secondary diagnosis of agoraphobia increased from 5,445 in 2017-18 to 6,445 in 2020-21, according to data from NHS Digital. The overwhelming majority of cases (4,593) were female, and those aged 60 to 69 were the most afflicted. (Marsh, 2021) According to another data from (Michelle, 2014) It is estimated that between 0.5 and 1% of the population in the United Kingdom suffers from full-blown agoraphobia, which translates to roughly 1.2 million individuals. However, up to 1 in 8 people, or about 7 million, may be plagued by at least some agoraphobic symptoms.

Causes

Agoraphobia has unknown origins, at least in most cases. However, there are a few things that might make you more vulnerable to agoraphobia. Depression, anxiety disorders, and phobias (including claustrophobia and social phobia) are all examples. Another form of anxiety condition, like schizophrenia or OCD a personal or familial history of agoraphobia, alcoholism, or drug dependency; a history of physical or sexual abuse; a history of abuse. Women also dominate males when it comes to experiencing agoraphobia. The average onset age is 20 years old, therefore it often manifests in young adulthood. The illness, however, can manifest at any age. (Kivi, 2012)

Symptoms

Everyone gets worried from time to time. But an anxiety problem causes too much worry that gets in the way of everyday life. Agoraphobia can make you feel very scared and stressed, which may make you avoid situations. Some of the signs of agoraphobia are the same as those of a panic attack. When you're in situations or places that make you afraid, you may feel the following: Pain in the chest or a fast heartbeat. A feeling of fear or unease. The inability to breathe or over breathing. Feeling lightheaded or dizzy. Getting cold or red and hot suddenly. Hyperhidrosis means sweating too much. Stomach upset. (Cleveland Clinic, 2013)

Diagnosis

A medical expert will talk to the person and ask about their symptoms to figure out if they have agoraphobia. They might also ask how the person feels about leaving the house and being in certain settings. Using criteria from the DSM-5, doctors can say that a person has agoraphobia if they feel anxiety or great fear in at least two of the following situations: public transportation, open spaces, enclosed spaces, crowds or lines, leaving the house alone, or being in an enclosed place with other people. (www.medicalnewstoday.com, 2020)

Historical overview and treatments

Agoraphobia, which directly means "fear of the agora," was named as a disorder in 1871 Berlin psychiatrist Carl Otto Westphal . From the beginning, doctors who tried to figure out what caused it were stumped. They didn't know how to explain why otherwise "sane" people could feel so much worry in certain situations. In this paper, I suggest that the descriptions of how people see and understand space in the clinical literature from the late 19th century cannot explain or capture the emotional side of agoraphobic fear. Those accounts were based on a "specular" model in which the person could represent to himself or herself what he or she saw. In contrast, the patients' experiences of overwhelming anxiety were marked by a temporary loss of the symbolization of spatial relations and could not be understood within a "specular" economy. (Callard, 2006)

Current treatments of Agoraphobia

Anxiety problems these days can be helped in many ways, from psychotherapy to easy exposure work. Most of the time, the NHS will offer behavioural treatment, rational-emotive therapy, or cognitive-behavioural therapy. Behaviourists usually think that our actions are learned and that we are shaped by our surroundings. Most of the time, the behavioural method involves practising more acceptable behaviour and reinforcing it by doing it over and over and maybe even copying it. A good behaviour therapist will work with the client to come up with a treatment plan and goals. Some therapists might suggest a course of medicine if the client thinks the symptoms are too hard to deal with. (Anxiety Care UK, n.d.)

Positive treatment is best known Cognitive behavioural therapy is the best talk treatment for anxiety, especially agoraphobia. Cognitive behavioural therapy teaches you how to manage anxiety, directly address your fears, and eventually return to your anxiety-free hobbies. Short-term cognitive behavioural therapy is typical. Your symptoms improve as you build on your early accomplishment.

Negative treatment -Anti-anxiety drug. Your doctor may prescribe benzodiazepines, sedatives, to treat anxiety in some cases. Acute anxiety is treated with benzodiazepines only temporarily. These drugs can be habit-forming, so if you have long-term anxiety or alcohol or drug abuse, avoid them. (www.mayoclinic.org, n.d.)

Equality act 2010

Direct discrimination is being treated differently because of a handicap. Showing that your impairment affects how you've been treated is challenging. If it's evident from the circumstances that your impairment caused your treatment, you don't necessarily have to give an example of a non-disabled person who was treated better.

Conclusion and Recommendation

Life with agoraphobia is hard and limited. Professional treatment can help people conquer or control this problem, so they don't become prisoners to their worries. Keep your treatment plan. Keeping therapy appointments. Meeting with their therapist regularly. Practising treatment techniques. As recommended, taking medications. Not avoiding frightening circumstances. It might be difficult to go to places or circumstances that make individuals uncomfortable or anxious. However, practising going to more locations helps reduce your worry and fear. Family, friends, and a therapist can assist. Learn to relax. Therapists can help people relax. (www.mayoclinic.org, n.d.) Simple relaxation practises like meditation, yoga, massage, and visualisation may assist. Practise these strategies while you're calm, then use them in stressful situations. Do not drink or use drugs. Limit or avoid caffeine. These drugs can exacerbate anxiety and panic.

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