WHILE 20% to 30% of adults say they are shy, 5% to 10% have excessive and pathological concerns about scrutiny by others that may interfere seriously with work or school, daily life, and interpersonal relationships, according to speakers on social phobia at the annual meeting of the American Psychiatric Association (APA) in Toronto, Ontario, in June. Although easy to diagnose, speakers said, social phobia often goes unrecognized and untreated.

People with social phobia, also called social anxiety disorder, are 4 times more likely than the general population, speakers said, to develop other anxiety disorders and mood disorders. They also are more likely to abuse alcohol and other substances, perhaps in attempts to self-medicate. Prevalence and morbidity data come from large national surveys in the United States and Canada (Arch Gen Psychiatry. 1996;53:159-168; Am J Psychiatry. 1994;151:408-412). Social phobia is the most prevalent anxiety disorder and third most common psychiatric disorder in the United States (Arch Gen Psychiatry. 1994;51:8-19).

Avoidance and Dread

The world is a frightening place for those with social phobia. Such people may go to great lengths to avoid situations that demand performance or interaction with others, or they may endure these moments with dread. Public speaking, writing, or eating in front of others and using a public toilet are common anxiety-producing predicaments. Socializing at parties, speaking to a boss or teacher, and asking for help from a salesclerk or for directions also may prompt terror. Associated symptoms include rapid heartbeat, trembling, sweating, and upset stomach—and in severe cases, a full-blown panic attack.

“I can’t go to lunch with my colleagues. They think I’m a snob, but I wouldn’t know what to say,” one patient told Murray Stein, MD, associate professor of psychiatry at the University of California, San Diego, School of Medicine, and director of the anxiety and traumatic stress disorders clinics at the San Diego Veterans Affairs Healthcare System. Another patient reported he had never been able to attend a parent-teacher meeting at his son’s school, and that it took 1 to 2 weeks to work up the courage to go for a haircut.

Social phobia is characterized by early onset, Stein said, and generally appears by the age of 20 years. The reactive infant may become the inhibited toddler. The child who hangs back while others play and fears school may become the adolescent who avoids sports and parties and never speaks up in class. Fears often thwart educational and vocational progress.

Sex Differences, Therapy

Epidemiologic studies suggest social phobia is more common in women than men, said Lisa Weinstock, MD, instructor in psychiatry at Cornell University Medical School, Westchester Division, White Plains, NY. But men are more likely to seek treatment, she said, possibly because of different societal gender role expectations. Shyness in boys, she noted, draws more negative feedback from parents and peers than shyness in girls. Shyness in women is more acceptable than shyness in men. Men are more likely than women, she said, to have a phobia about eating in a restaurant or writing in public, while women are more likely than men to have a phobia about public speaking or, to researchers’ surprise, about using a public restroom.

The shifting balance of estrogen and progesterone across the female menstrual cycle may alter symptom severity, Weinstock said, with some women reporting worsening of their anxiety in the luteal, that is, the premenstrual, phase.

Both cognitive-behavior therapy and pharmacologic treatment consistently benefit those with social phobia, speakers said, although currently only 25% of persons with the disorder receive therapy for it.

Physicians can teach patients better ways to handle anxiety-inducing situations by providing information and models, said Michael Otto, PhD, associate professor of psychology at Harvard Medical School and director of the cognitive-behavior therapy program at the Massachusetts General Hospital. About 15% of 229 speakers reported that they had taken β-blockers or other agents specifically to relieve anxiety before their presentations (Am J Cardiol. 1984;54:240-241). β-Blockers such as propanolol or atenolol decrease physiologic symptoms of arousal, Pollack said, and thus interrupt the feedback loop that tells people they are anxious. They reduce discrete performance anxiety, such as that experienced by speakers and musicians, Pollack said, but not generalized social phobia.

Monoamine oxidase inhibitors (MAOIs), such as phenelzine and tranylcypromine, Pollack said, have been the gold standard for social phobia—but only 25% of patients benefit. Physicians are recommended to trial three antidepressants before considering a fourth.

The APA Web site, http://www.psych.org, offers information and advice on its social anxiety disorder awareness pages. The site includes answers to frequently asked questions and facts about signs, symptoms, causes, and treatments. It also provides a list of further readings and sources of help. Physicians also may order materials for patients at the site, including brochures and a videotape.—L. L.
of pharmacologic therapy for social phobia. The newer selective serotonin reuptake inhibitors (SSRIs), such as fluoxetine, sertraline, paroxetine, fluvoxamine, and citalopram, he said, also are of demonstrated efficacy. Use of the SSRIs is increasing, he said, because they are safer and better tolerated than MAOIs. Studies suggest, he said, that the SSRIs not only reduce anxiety, but also improve social and family functioning. High-potency benzodiazepines, such as clonazepam and alprazolam, are another treatment option. These medications work fast and generally are well tolerated, he said, but pose risks of dependence, particularly in persons with a history of substance abuse.

Issues such as comorbidity, previous treatment, patient preference, and adverse effect profiles, Pollack said, influence the choice of initial treatment. Therapeutic effects of medications may appear within 2 to 4 weeks, he said, but full benefits may take weeks to months as patients test anxiolytic effects with exposure to feared situations. Since relapse is common in patients who discontinue medications, Pollack said, long-term maintenance therapy may be necessary. Pharmacologic interventions, in combination with cognitive-behavioral therapy to teach patients better ways to cope with stressful situations, he said, may optimize outcomes.

—by Lynne Lamber, JAMA contributor

Miscellanea Medica

Ronald A. Esper, DO, chair of the Department of Surgery at Millcreek Community Hospital, Erie, Pa, has been named president of the American Osteopathic Association.

Hal Siegel, PhD, has been named director of the new Phoenix, Ariz, office of Advanced Bioresearch Associates, a regulatory consulting and contract research organization.

Eugene Somer Flamm, MD, has become cochair of the Department of Neurosurgery and director of Adult Neurosurgery at Beth Israel Medical center, New York, NY.

Frederick P. Li, MD, Dana-Farber Cancer Institute and Harvard Medical School, Boston, Mass, has been named the Harry and Elsa Jiler–American Cancer Society Clinical Research Professor. The clinical research professorship is the society’s highest award.

Michael A. Thomas, MD, has been named director of the in-vitro fertilization program and codirector of the University of Cincinnati Medical Center for Reproductive Health in Cincinnati, Ohio.

Leonard R. Prosnitz, MD, former chair of the Department of Radiation Oncology at Duke University Medical Center, Durham, NC, will be honored with the creation of an endowed professorship in radiation oncology in his name.

Lee E. Smith, MD, Washington Hospital and George Washington University School of Medicine, Washington, DC, has become president of the American Society of Colon and Rectal Surgeons, succeeding Ira J. Kodner, MD. President-elect is H. Randolph Bailey, MD, University of Texas Medical Houston.

Paul R. Lichter, MD, Kellogg Eye Center, University of Michigan, Ann Arbor, has been elected to the International Council of Ophthalmology of the International Federation of Ophthalmological Societies.

Margaret (Peggy) Johnston, PhD, has been named assistant director for HIV/AIDS Vaccines at the National Institute of Allergy and Infectious Diseases, Bethesda, Md. She will also become associate director of the Vaccine and Prevention Research Program in the institute’s Division of AIDS.

Thomas C. Origitano, MD, PhD, Elmhurst, Ill, has been appointed professor and chair of the Department of Neurological Surgery at Loyola University Medical Center, Maywood, Ill.

Michael S. Parmacek, MD, has been appointed Herbert C. Rorer Associate Professor of Medical Sciences and chief of the Department of Medicine’s Cardiovascular Division at the University of Pennsylvania Medical Center in Philadelphia.

Ronald DeConti, MD, has been appointed medical director of the H. Lee Moffitt Cancer Center and Research Institute at the University of South Florida in Tampa.

Paul Peter Rosen, MD, Croton-on-Hudson, NY, a pathologist specializing in the diagnosis and treatment of breast cancer, has joined the Dickstein Cancer Treatment Center at White Plains Hospital, White Plains, NY.

R. Lawrence Reed II, MD, has been appointed professor of surgery and chief of the Division of Trauma/Surgical Critical Care/Burns for the Department of Surgery at Loyola University Chicago Stritch School of Medicine, Maywood, Ill.

Cyril H. Wecht, MD, JD, coroner of Allegheny County, Pa, and chief of Forensic Pathology at St Francis Central Hospital in Pittsburgh, Pa, has received the B’nai B’rith Life Achievement Award.

Meryl H. Haber, MD, has been elected president of the Society for Academic Continuing Medical Education. He is currently associate dean for graduate medical education and continuing medical education and Borland Professor and chair of the Department of Pathology at Rush Medical College, Chicago, Ill.

Shukri F. Khuri, MD, a cardiothoracic surgeon who is chief of surgical services at the Brockton–West Roxbury, Mass, Veterans Affairs Medical Center, has received the 1998 Frank Brown Berry Prize in Federal Medicine, which is cosponsored by U. S. Medicine and Science Applications International Corporation. Khuri is also vice chair of surgery at Brigham and Women’s Hospital and a professor of surgery at Harvard Medical School.

Editor’s Note: Miscellanea Medica normally appears in the Medical News & Perspectives section several times each month. Items submitted for consideration should be sent to Marsha F. Goldsmith, editor, Medical News & Perspectives.