

Social Anxiety Disorder

Disclosures

- I have no relationship with industry
- I will be discussing off label use of medications

Objectives

- 1) Recognize social anxiety disorder and differentiate it from normal shyness and other mental disorders
- 2) Know how to evaluate for symptoms and disability associated with social anxiety disorder
- 3) Understand evidence-based treatments including pharmacotherapy and CBT

Outline

- Definition of SAD + related disorders
- Clinical features
- Assessment
- Treatment



DSM-5 criteria

- Social anxiety disorder (social phobia)
 - Marked fear or anxiety about 1 or more social situations in which possible scrutiny by others. (for children, not just adults)
 - Fears of being negatively evaluated
 - Almost always provoke fear or anxiety
 - Avoided or endured with fear or anxiety
 - Out of proportion to actual threat

 - > 6 months
 - Causes impairment

 - Not due to drugs or another medical condition
 - Not explained by another mental disorder
 - If other medical condition present, fear is unrelated or excessive
 - Specify if **performance only**



Related disorders

- Avoidant personality disorder
 - Pervasive pattern of social inhibition, inadequacy, extreme sensitivity to –ve evaluation, avoidance
 - Controversial if it is actually different from SAD or just a more severe form with more impairment
- Selective mutism
 - Children refusing to speak in certain situations
 - e.g. Raj from Big Bang Theory

Avoidant Personality Disorder

- General criteria for PD must be met
- ≥ 4 of the following:
 - Av occupational activities involving interpersonal contact because of fears of criticism
 - Unwilling to get involved with people unless certain of being liked
 - Restraint in intimate relationships for fear of being shamed
 - Preoccupied with being criticized in social situations
 - Inhibited in new interpersonal situations w/ fear of inadequacy
 - Views self as socially inept or inferior
 - Reluctant to take risks b/c and engage in new activities may be embarrassing

Epidemiology

- 3-7% 1 year prevalence
- 5-12% lifetime prevalence
- Onset usually in childhood or adolescence
- AvPD 2.4%
 - 22-89% comorbidity with SAD

Etiology

- Beh Genetics
 - heritability - 0.13 to 0.60
 - non-shared environment - 0.31 to 0.78
 - shared environment - minimal contribution
 - No clear gene identified
- Genetics may be involved in:
 - Determining temperament
 - Tendency to focus attention on threat

- *"**Social anxiety** is a fundamental, personality-like construct whereas the **diagnosis of SAD** reflects an interaction between social anxiety and life impairment. The life impact of social anxiety is likely to be heavily environmentally determined and hence the clinical diagnosis would be expected to be less influenced by heritability than the underlying construct of social anxiety"*

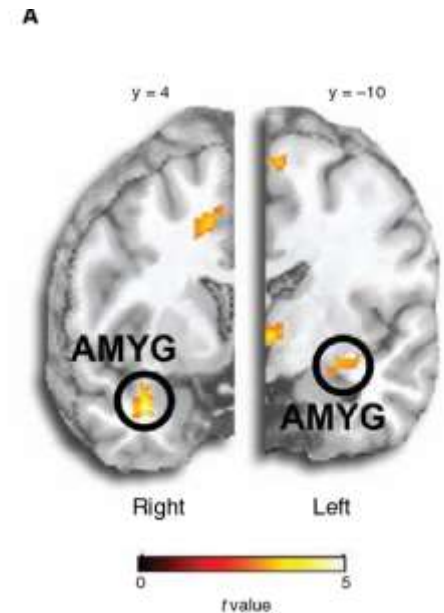
Temperament

- Behavioral inhibition
 - tendency respond heightened sensitivity to novel stimuli, avoid unfamiliar situations and people
 - identified by 2 years
 - limited eye contact, maintained proximity to attachment figures, lack of verbal utterances, avoidance of threat
 - Increases risk of SAD 7x
 - *“early behavioral and emotional manifestations of construct when more severe and associated with impairment later labeled a disorder”*



Neurobiology

- Increased amygdala activity in response to threatening faces or critical comments
 - May be non-specifically associated with anxiety and anxiety disorders
- Dysfunctional connectivity between other brain areas (e.g. PFC and amygdala)
- Greater sensitivity of reward pathways to cues involving performance evaluation



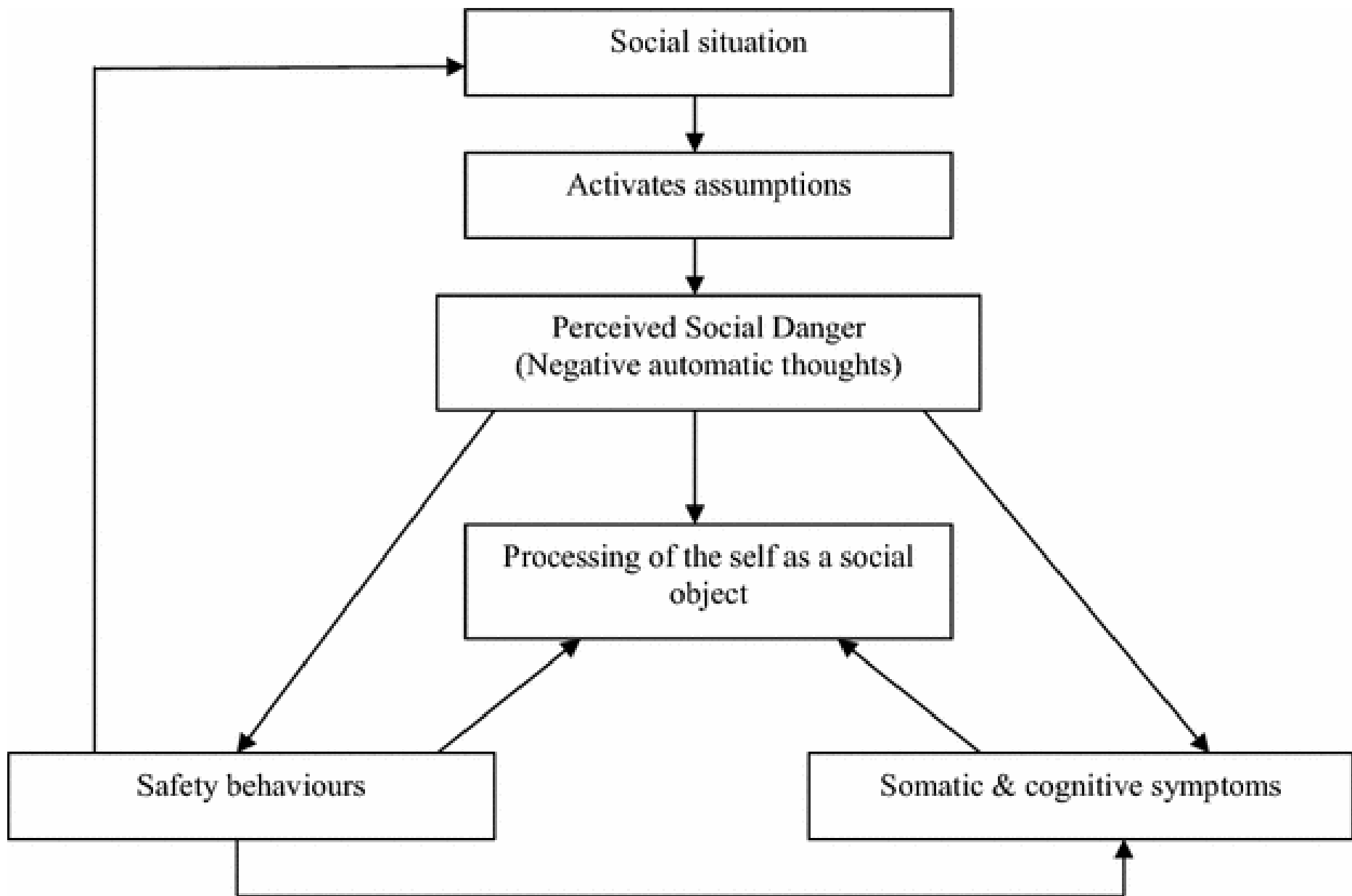
Shah. 2009. *J Psychiatry Neurosci.*

Social Dominance

- 5-HT
 - Levels respond to monkey`s perception of position in dominance hierarchy
 - SSRIs increase their dominance behaviors
- D2R
 - D2R in striatum responds to place of monkey in dominance hierarchy

Cognitive Processes

- Fight/flight response: shift attention to surroundings, search for potential threat.
- Thoughts associated with social anxiety
 - Over-estimating the **chance** that negative things will happen in social situations (eg “I’ll make a mistake when I’m talking to people”)
 - Over-estimating the **cost** of negative events in social situations (eg “If I make a mistake, everyone will think I’m useless”)



Clark, D. M., & Wells, A. (1995)

Situation: Going into school, a group of girls are standing by the lockers chatting and I join them

Negative thoughts: “I look like an idiot in my uniform”; “They don’t like me”; “I am boring”; “I am stupid”; “I will say the wrong thing and they will tease me and not be friends with me”

Things from the past: I lost control of my bowels in class at primary school

Self-focus image of myself:
looking blank, not knowing what to do, like an outcast

Things I did to try to “keep safe”:
Try really hard to “act normal”;
Keep checking how I am coming across; Give lots of compliments;
Don’t disagree with anyone; Fiddle with my clothes; Don’t talk about myself; Picture how I come across
Plan what to say; Leave mum to speak for me

Anxious feelings:
Shaky; hurt in my belly, like someone is grabbing it; feel like I’m in a dream



ASSESSMENT

Assessment

- Screening question:
 - *Are you very uncomfortable in social situations? E.g. public speaking, asking questions in front of a class, or being at a party or in a meeting.*
- If “yes”:
 - *How uncomfortable do you get?*
 - *Do you get to the point of having a panic attack?*
 - *Is this anxiety so intolerable that you would go out of your way to avoid any social situations?*

The SPIN

Social Anxiety Disorder Test – SPIN Screen

	Not At All (0)	A Little Bit (1)	Somewhat (2)	Very Much (3)	Extremely (4)
1. People in authority scare me.					
2. I am bothered by blushing when I'm in front of people.					
3. Parties and social events scare me.					
4. I avoid talking to strangers.					
5. Being criticized is one of my fears.					
6. I try hard to avoid being embarrassed.					
7. Sweating in front of people causes me distress.					
8. I avoid going to parties.					
9. I avoid being the center of attention.					
10. Talking to strangers scares me.					
11. I avoid giving speeches.					
12. I try to avoid being criticized.					
13. I am bothered by heart palpitations when I'm around people.					
14. I am afraid of doing things when people might be watching.					
15. Being embarrassed or looking stupid is one of my fears.					
16. I avoid speaking to anyone in authority.					
17. I am bothered by trembling or shaking when I'm in front of others					

Your Score:

If your total score is 20 or more, you may meet the criteria for social anxiety disorder. No single test is completely accurate. You should always consult your physician when making decisions about your health.

Reference

Comor, K. M., Davidson, J. R., Churchill, L. E., Sherwood, A., et al., Psychometric properties of the Social Phobia Inventory (SPIN). New self-rating scale. Br J Psychiatry, 2000. 176: p. 379-86.

Liebowitz Social Anxiety Scale (LSAS-SR)

Name _____ Date _____

Fill out the following questionnaire with the most suitable answer listed below. Base your answers on your experience in the past week and, if you have completed the scale previously, be as consistent as possible in your perception of the situation described. Be sure to answer all items.

Fear or Anxiety	Avoidance
▶ 0 = None	▶ 0 = Never (0%)
▶ 1 = Mild	▶ 1 = Occasionally (1%-33% of the time)
▶ 2 = Moderate	▶ 2 = Often (33%-67% of the time)
▶ 3 = Severe	▶ 3 = Usually (67%-100% of the time)

Understanding the situations:	FEAR OR ANXIETY	AVOIDANCE
1. Telephoning in public - speaking on the telephone in a public place		
2. Participating in small groups - having a discussion with a few others		
3. Eating in public places - do you tremble or feel awkward handling food		
4. Drinking with others in public places - refers to any beverage including alcohol		
5. Talking to people in authority - for example, a boss or teacher		
6. Acting, performing or giving a talk in front of an audience - refers to a large audience		
7. Going to a party - an average party to which you may be invited; assume you know some but not all people at the party		
8. Working while being observed - any type of work you might do including school work or housework		
9. Writing while being observed - for example, signing a check in a bank		
10. Calling someone you don't know very well		
11. Talking with people you don't know very well		
12. Meeting strangers - assume others are of average importance to you		
13. Urinating in a public bathroom - assume that others are sometimes present, as might normally be expected		
14. Entering a room when others are already seated - refers to a small group, and nobody has to move seats for you		
15. Being the center of attention - telling a story to a group of people		
16. Speaking up at a meeting - speaking from your seat in a small meeting or standing up in place in a large meeting		
17. Taking a written test		
18. Expressing appropriate disagreement or disapproval to people you don't know very well		
19. Looking at people you don't know very well in the eyes - refers to appropriate eye contact		
20. Giving a report to a group - refers to an oral report to a small group		
21. Trying to pick up someone - refers to a single person attempting to initiate a relationship with a stranger		
22. Returning goods to a store where returns are normally accepted		
23. Giving an average party		
24. Resisting a high pressure salesperson - avoidance refers to listening to the salesperson for too long		

Common avoided situations

- Being the centre of attention
- Meeting/talking to new people (parties, dating)
- Interact w/ authority (boss, teacher)
- Answering the phone
- Asking for help

Common safety behaviors

- Avoiding eye contact
- ETOH, drugs
- Bringing and clinging to a friend

Differential Diagnosis

- Normal
 - Shyness
 - Feelings of apprehension or awkwardness, and inhibited behavior when in proximity to other people
 - Introversion
 - A personality style characterized by a preference for subdued and solitary experience
 - Performance Anxiety
 - Anxiety related to performing an activity in the presence of one or more other persons. E.g. Public speaking, stage performance, taking a test, having sex

DDx

- MDD / Bipolar depression
 - Often anxious around people
 - Usually, worries that people will place demands on them, or have expectations they can't fill
 - Anxiety not present outside of depressive episodes
- Other anxiety disorders
 - Agoraphobia –trapped, physical or mental harm

DDx

- Autistic spectrum disorder
 - Difficulty maintaining relationships
 - Difficulty understanding TOM, nonverbal communication
 - Restricted interests, imaginative play

DDx

- Schizotypal PD
 - “Excessive social anxiety that does not diminish with familiarity and associated with paranoid fears”
- Negative symptoms of Schizophrenia
- Schizophrenia prodrome

DDx

- Body Dysmorphic Disorder
 - May present as socially anxious, but fear is focused on being judged due to a perceived flaw

Case 1

- 34M welfare, homeless, living with friend, has gf, worked as dishwasher
- Psych Hx
 - SI 5 yrs ago, tried ADM but stopped it, OD on ADM + cocaine
- : Cocaine, ETOH in binges
- HPI: Anx & Depress most of his life. Severe anx in past year, left his job b/c unfulfilling, ran out of money became homeless.

Case 1 - history cont'd

- HPI, cont'd:
 - Shy and difficulty socializing
 - fears embarrassment and judgment,
 - Drinks and uses cocaine to socialize
 - Always chose solitary jobs
- Social:
 - Born by IVF, doesn't know bioF
 - Lonely child, tense at home, felt judged
 - F was transgender, made suicide attempts, parents div'd age 14
 - Didn't complete HS, not interested.
 - Many short term jobs

Case 1 - Treatment course

- Sertraline and pregabalin in current episode, not tolerated and stopped by patient
- Had about 20 sessions of CBT
 - >50% missed apts
- Treated with vortioxetine up to 20 mg and clonazepam 0.25 mg bid
- Reported improvement in depression and SAD
- Dropped out of care after 8 months

The image features a large, dark, textured, irregular shape that resembles a splash of ink or a blot of paint on a white background. The shape is roughly circular but has jagged, uneven edges. The color is a deep, dark blue or black. In the center of this dark shape, the word "Treatment" is written in a clean, white, sans-serif font. The background is white, with some faint, scattered dark specks and a light greyish wash around the edges of the main dark shape, suggesting a splatter effect.

Treatment

Choosing initial treatment

- CBT and SSRIs are similarly effective
- SSRIs may work more rapidly
- CBT has more durable benefits
- Most studies show no benefit to starting with combined treatment

Psychotherapy

- Most studies suggest that CBT is more effective than other therapies
- Usually delivered in group
- Individual CBT, and VR CBT are other options
- Guided digital CBT may be as effective as in person for some patients

CBT Assessment Phase

- Creating an inventory of avoided situations
- Identifying safety behaviors
- Explaining the model

CBT Cognitive Strategies

- Cognitive restructuring:
 - e.g. The Downward Arrow
 - "Let`s say that you started flushing and stuttering, what would be so bad about that?" -> "Other people will think I look like a fool"
 - "And let's say you looked like a fool, what would be so bad about that?"
 - >> Other people think about you a lot less than you worry that they think about you
- Refocusing of attention during social situations

CBT Behavioral Strategies

- Exposure
 - challenge expectations
 - Drop safety behaviors

- Social skills training
 - For subset of SAD patients

VR CBT

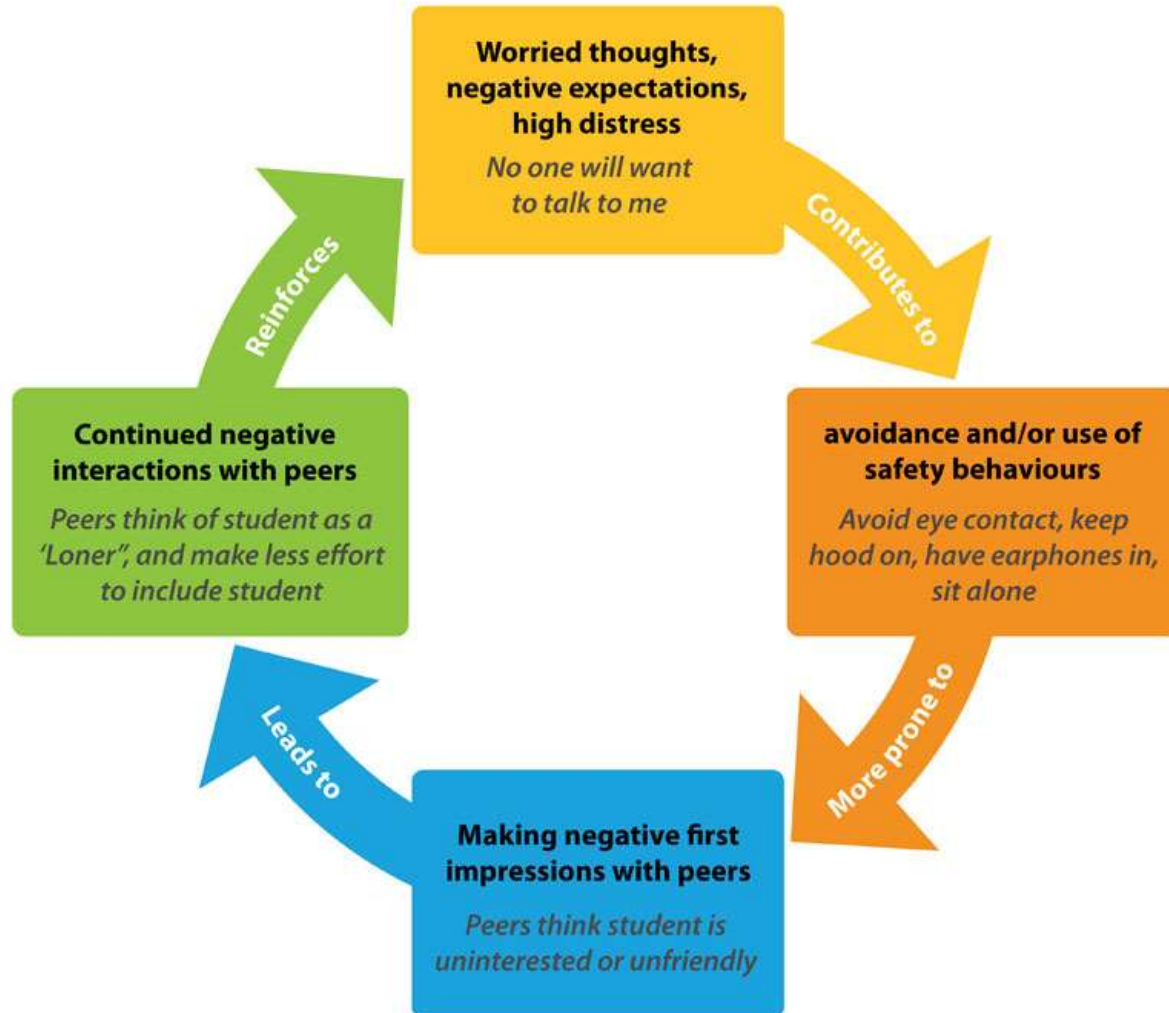
- Equally effective compared to individual CBT
- More convenient for therapist



5-minute CBT strategies

- Explaining the model of social anxiety
- Education about refocusing attention
- Education about unhelpful importance of beliefs

Explaining the Model



Education about attention

- SAD individuals SAD focus on their physical responses, judgment by others
- Encourage to identify this in social situations and refocus attention on conversation / task

Education about beliefs

- People with SAD worry others will think they are stupid/awkward etc...
- Ask them what they would think if someone was blushing, anxious etc.
 - (they might be judgmental themselves)
- Reflect that other people spend a lot less time thinking about you than you think

Pharmacotherapy

- SSRI/SNRIs
 - Fluox, parox, fluvox, escitalopram, venlafaxine
 - Trials should last 3 months
- SSRI non-responders, adding clonazepam (up to 1 mg tid) more effective than switch

- Other options

- Pregabalin 300-600 mg divided bid

- Phenezine

- Quetiapine XR 300 mg

For performance only

- Propranolol 20-60 mg – if tremors, palpitations are disturbing
- Benzodiazepines – e.g. lorazepam 0.5-2 mg
- Toastmasters

Summary

- Social anxiety disorder is a chronic and disabling disorder that usually starts in youth
- It involves dysfunctional beliefs about negative evaluation and avoidance
- CBT is usually the best initial treatment
- SSRIs/SNRIs and benzodiazepines are the meds with the most evidence for effectiveness