**Phobic disorders**

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**Fear is normal prudent situational anxiety, a phobia is an inappropriate situational anxiety with avoidance.**

**Phobias: Prevalence**

1. Fears are very prevalent
2. Phobias occur in about 11% of the population
3. More common among women
4. Tends to be chronic

**Etiology of Phobias: Genetics**

1. 31% of first degree relatives of phobics also had a phobia (compared to 11% in the general population)
2. Relatives tended to have the same type of phobia
3. Not clear if transmission is environmental or genetic

**Developmentally Normal Fears**

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| **Age** | **Normal Fear** |
| Birth- 6 Months | Loud noises, loss of physical support, rapid position changes, rapidly approaching other objects |
| 7-12 Months | Strangers, looming objects, unexpected objects or unfamiliar people |
| 1-5 Year | Strangers, storms, animals, dark, separation from parents, objects, machines loud noises, the toilet |
| 6-12 Year | Supernatural, bodily injury, disease, burglars, failure, criticism, punishment |
| 12-18 | Performance in school, peer scrutiny, appearance, performance |

**There are three main groups of phobic disorder:**1. specific (isolated) phobia.  
2. agoraphobia.  
3. social phobia.

**Spesfic phobia:**

* more common , focused on one situation or objective as darkness, heights or animals
* many spesfic phobias begin in childhood and subsequently disappear.

**female more than male. Subtype of specific phobia:**1. animal type: from animals, birds, or insects.  
2. natural environmental type:  
water, or weather.  
3. blood injection injury type: blood or injury vasovagal response

4.Situational type: enclosed places, bridges, and public transportation.

**Phobia: Diagnostic Criteria**

1. Marked & persistent unreasonable fear of object or situation
2. Anxiety response
3. Unreasonable
4. Object or situation avoided or endured with distress

**Agoraphobia: wide open spaces, crowds (social anxiety), or traveling .  
symptoms may include:**

1.Accelerated heart beat.   
2.Rapid and shallow breathing (hyperventilating).   
3.Feeling hot, flushing.

4.[Diarrhea](http://www.medicalnewstoday.com/articles/158634.php). [Stomach upset](http://www.medicalnewstoday.com/articles/163484.php).   
5.Trouble swallowing.   
6.Breaking out in a sweat.   
7.Nausea. Dizziness.   
8.Feeling light headed, as if one were about to faint.   
9.Ringing in the ears

**Social phobia:**

fears other people or social situations such as performance anxiety or fears of embarrassment by scrutiny of others, such as eating in public.

**Several factors contribute to a child developing fears by age 2.**\* Children between the ages of 2 and 6 have experienced real fear or pain from being lost, injured, or bitten.  
\* They also have vivid imaginations and struggle with the idea of cause and effect

\* A toddler knows something about size and shape, but not enough to be sure that won’t be sucked down into the bathtub drain or into a flushing toilet.

\* Older children also are aware of dangers that they hear about or see on TV. It’s hard to know what is real and what is not.

\* Toddlers’ anxiety about separation is an indication of growth. Before your toddler turned 2, he forgot you after you left, and settled down quickly

\* Preschoolers are more self assured than toddlers, but occasionally experience fears about being  
separated from a parent when starting a new school or child care arrangement, staying overnight with a relative, or moving to a new home.

**Fear of baths**- Many young children worry about going down the drain with the water  
- play first with a pan of water, then in the sink, and finally over the edge of the tub  
(don’t leave a child alone in the bathroom)

**Dogs are often loud, fast moving,and unpredictable.**

Many children fear them. Respect your child’s fear of strange dogs;. If you wish to introduce your child to a friendly dog, first try sharing pictures of the dog with your child. Next watch the dog from a distance, and fi nally approach the dog together

**School-age children have fears too**\* During the school-age years, imaginary monsters disappear, but other fears begin to surface. School age children often have to deal with bullies, the fear of rejection or embarrassment, and sometimes the reality of being home alone after school.

\* About one-third of school-age children experience fears that re-occur. Often these children  
develop strategies that help them cope. One common strategy children use is to turn the TV on  
when they arrive home so they don’t hear scary noises.

\* Other strategies include hiding under beds or in closets, turning all the lights on in the house, and using the phone for comfort and companionship.

**How parents can help? مهم جدا جدا**Your child’s fears depend on his or her level of anxiety, past experience, and imagination.

1. If any fears persist, give your child more time and try to avoid events and situations that can trigger them. Your child may be better equipped emotionally to deal with his or her fears in a few months.
2. Avoid lectures. It is not helpful to ridicule, coerce, ignore, or use logic.
3. Accept your child’s fears as valid.
4. Support your child any time he or she is frightened.
5. Use a matter-of-fact attitude and some reassuring words.
6. Remember that some fear is good.
7. Children should have ahealthy sense of caution.
8. Strange dogs and strange people can be dangerous
9. As children grow older, they begin to have a better understanding of cause and effect, and reality versus fantasy.
10. Show your child how to cope.
11. Young children can learn some coping skills that will help them feel like they have more control of their fear.
12. Learning how to take deep breaths, using their imagination to turn a scary monster into a funny monster, or keeping a fl ashlight by the bed after lights are turned off are all good examples of coping skills.

**Night terrors generally occur within an hour of falling asleep.**The child awakens suddenly from a state of deep sleep in a state of panic. He or she may scream, sit up in bed, breathe quickly, and stare “glassy eyed**.”**

**The child confused, disoriented, and incoherent.**

Each episode can last from 5 to 30 minutes. In the morning, the child usually doesn’t remember waking at all.

**Night terrors may occur for several years.**

Generally they go away with time and are not an indication of any underlying emotional problems.

Nightmares generally occur in the early morning hours.

**\* Children who experience nightmares can often recall the vivid details of their scary dream and may have difficulty going back to sleep.  
\*Nightmares will often center on a specific problem or life event that is troubling the child.**

**- Hold your child close and talk in a soft, soothing voice.  
- Comfort and reassure your child.  
- If possible, stay close by until he or she falls asleep.**

**Calm, consistent handling of nightmares or terrors will help your child feel safe and secure.**