



DR. JONES'

MENTAL FITNESS UPDATE[©]

Vol. 7 2008

WAYNE C. JONES, M.D.

Dr. Jones is a board certified Psychiatrist with 30+ years of clinical, research, and teaching experience. He is among the first Psychiatrists in the U.S. to be certified as a Psychopharmacologist. His specialties include anxiety and mood disorders, stress management, ADHD, and innovative medication management.

Social anxiety disorder is characterized by excessive fear and or avoidance of situations in which an individual believes he or she may be the subject of evaluation or scrutiny while interacting with other people or performing a specific task. The central theme of the disorder is the fear of negative evaluation by others. As a result, social situations are avoided or endured with great discomfort, leading to significant functional impairment.

Social anxiety disorder is the most common anxiety disorder, affecting 8% of the general population. The main cause is genetic. It usually starts in early life-average age 14. Social anxiety may be limited to specific situations, such as public speaking, or it may effect multiple situations and be generalized social anxiety.

There are several reasons that recognition and treatment are important: SAD has a significant impact on quality of life, both personal and occupational. Not only is there painful self-consciousness and

SOCIAL ANXIETY DISORDER

embarrassment, but anticipatory anxiety that sometimes lasts for weeks while awaiting a presentation or event. Social situations or events are often endured with great discomfort or avoided altogether.

Estimates are as high as 60% of alcohol problems are associated with self treatment of social anxiety. Persons with SAD are more likely to be single and more likely to have lower levels of income and education.

Treatment involves medication, support, and desensitization. To get over social anxiety you have to confront the various situations and have them be OK. Forcing yourself to do it and suffering major embarrass-

The central theme is fear of negative evaluation by others.

ment just reinforces a negative experience.

Medication can be used situationally for specific anxiety like public speaking, or on a regular basis for generalized social anxiety.

DSM IV CRITERIA FOR SAD

- A. A marked and persistent fear of one or more social or performance situations in which the person is exposed to unfamiliar people or to possible scrutiny by others. The individual fears that he or she will act in a way (or show anxiety symptoms) that will be humiliating or embarrassing.
- B. Exposure to the feared social situation almost invariably provokes anxiety, which may take the form of situationally bound or situationally predisposed panic attack.
- C. The person recognizes that the fear is excessive or unreasonable.
- D. The feared social or performance situations are avoided or else are endured with intense anxiety or distress.
- E. The avoidance, anxious anticipation, or distress in the feared social or performance situation(s) interferes significantly with the persons normal routine, occupational (academic) functioning, or social activities or relationships, or there is marked distress about having the phobia.

MEDICAL TREATMENT OPTIONS



*FDA approved indication

COMMON COGNITIVE STYLES OF SAD

- Overestimates scrutiny by others
- Embarrassment, humiliation, and rejection over sensitivity
- Preoccupation with other's perceptions and/or responses
- Certainty of negative evaluations
- Discounts personal achievements and over-emphasizes failures
- Plagued with negative thoughts and doubts about self

ABOUT OUR STAFF

Paige Embrey, M.B.S., L.P.C. Clinical assistant to Dr. Jones, she is certified as a licensed professional therapist. She is available for personal counseling, including children, teens, social anxiety, and ADHD coaching.

Penny Chaney, B.B.A., -does writing/editing, and research. She develops patient education materials, management of presentations, and web site production.

Melissa King, B.F.A. -Coordinator of our program for total fitness. She will serve as "coach" for patients that wish to initiate positive lifestyle changes.

Chelsea Giddings-A seasoned member of our administrative staff. She has advanced training in stress disorders.

COMMON PHYSICAL COMPLAINTS OF SAD

- Stuttering
- Butterflies
- Sweating
- Palpitations
- Trembling/shaking
- Blushing
- GI distress

COMMON FEARS OF SAD

- Small group participation
- Eating, drinking, writing in public
- Talking to authority figures
- Public speaking, performing
- Attending formal family events
- Being observed working
- Meeting strangers
- Using public restrooms
- Being center of attention
- Dating/socializing
- Male sexual dysfunction
 - Premature ejaculation
 - Erectile dysfunction

JEROME KAGAN STUDY OF SHYNESS

When a stranger walks into a nursery full of toddlers, most of them stop playing, look at the stranger for a few seconds, and then resume playing. About 10% of the toddlers are overly shy or inhibited and will not resume play until the stranger leaves. Another 10-15% are outgoing. These "bold" children will walk up to the stranger and start asking questions.

Jerome Kagan, a psychologist at Harvard University has studied social behavior for over 20 years. He has found that shy toddlers frequently grow up to be adults with significant social anxiety. Shy children are different even in utero in that they will have a much greater increase in fetal heart rate in response to a loud noise. Bold toddlers grow up to be extroverts and in some cases may even grow up to be criminals. The bold toddler's fetal heart rate doesn't change in response to loud noises. These as well as other studies strongly support genetics as the primary underlying cause of social anxiety disorder.

MEDICATIONS THAT HELP SYMPTOMS

Paxil was the first SSRI approved for generalized social anxiety. It may be more effective than the other SSRI's, (Prozac, Celexa, Lexapro, Zoloft). The CR formula of Paxil is better tolerated than regular Paxil. Effexor XR and Zoloft were recently approved by the FDA for SAD also. The SSRI's and Effexor XR probably work mostly by down regulating the brain transmitter Serotonin.

Clonazepam is the most beneficial of the benzodiazepines, probably because it has some effect on Serotonin.

Neurontin has shown beneficial effects for SAD also.

Inderal (Propranolol) is effective for heart racing and tremor in situational SAD.

Cardura has shown to be effective for excessive sweating.

The most potent medications for SAD are the MAO inhibitors (Nardil, Parnate). Unfortunately, they require diet restrictions and have significant side effects.

MEDICAL TREATMENT OF SYMPTOMS



COGNITIVE BEHAVIORAL TREATMENT FOR SOCIAL ANXIETY DISORDER

Cognitive behavioral therapy has proven to be very effective in treating social anxiety disorder. Behavioral therapy focuses on specific steps to lessen anxiety and reduce the likelihood of recurrence. The patient is asked to face the thing they fear (exposure), and not avoid to cope with the situation.

Patients must be willing to endure temporary increases in anxiety and other symptoms in order to attain long term reduction of symptoms. The therapy is time consuming. Hard work is required by the patient to insure symptomatic relief.

The cognitive part of therapy involves replacing negative thoughts (self-talk) with positive. e.g., Instead of, "they will think I'm stupid", replace it with "I know I'm smart." Optimists see things better than they are. Pessimists see things worse than they are. Realists see things as they are.

Optimists have the highest quality of life and live longer.

Exposure therapy:

- Real life (in vivo)-involves having the patient place themselves in actual anxiety provoking situations until they experience at least a 50% reduction of anxiety. Every treatment outcome study utilizing exposure has produced significant reductions in social anxiety symptoms. The therapy requires repetitive patient exposure to all anxiety triggers for best results. This will include reduction of anticipatory anxiety and increased comfort levels in social situations.

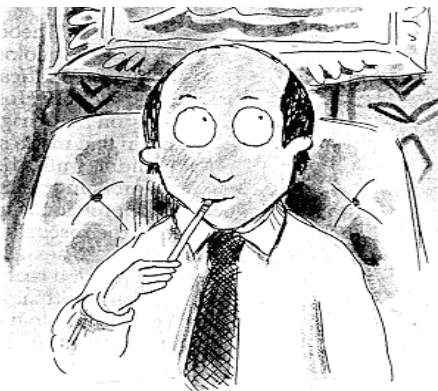
Social Skills Training-some people benefit from learning techniques to become more assertive, make small talk more effectively, improve eye contact, etc.

"The mind is a wonderful thing. It starts working the minute you are born and never stops until you get up to speak in public!"

Toastmasters

DID YOU KNOW.....?

- ⇒40-50% of people with SAD also have depression
- ⇒SAD is the most common anxiety disorder
- ⇒13% of the population will have SAD in their lifetime
- ⇒50% of those with SAD do not finish high school
- ⇒22.3% of those with SAD are on welfare
- ⇒50% of those with SAD are single, divorced, or separated
- ⇒Onset of SAD is usually age 14-16
- ⇒50% of those with SAD also have another psychiatric disorder, especially alcohol abuse
- ⇒35% of SAD occurs before age 10
- ⇒Behavior treatment with medication is the most effective treatment for SAD
- ⇒25% of patients with SAD decline when offered behavioral treatment
- ⇒Only 5% with SAD get treatment



Now they have located the gene for shyness... they would have found it years ago, but it was hiding behind a couple of other genes.

RESOURCE CORNER

Anxiety Disorders Association of America (ADAA)
11900 Parklawn Dr., Ste. 100
Rockville, MD 20852
www.adaa.org

Triumph over Shyness: Conquering Shyness and Social Anxiety, by Murray B. Stein, M.D.

Painfully Shy, by Gregory Markway, PhD

Authentic Happiness, by Martin Seligman, M.D.

EDITOR'S NOTES

Penny Chaney, Editor
375 Municipal Suite 224
Richardson, TX 75080
972-234-0489 FAX 972-235-1558
E-mail penco17@aol.com

Shortness of breath, tightness or pain in the chest, racing heart, tingling or numbness, nausea, diarrhea, dizziness, shaking, sweating, blushing...these are the symptoms endured by those suffering from social anxiety disorder.

Are these unpleasant symptoms a result of our heredity or are they something we learn through our environment? The answer is probably *both!* There is evidence that excessive social anxiety is based on biology, but learning and experience can also contribute to the problem.

In *Painfully Shy*, a book by Barbara Markway, she states that life experience plays a large role in several ways:

- (1)**Humiliating experiences**-some traumatic or humiliating event takes place, causing SAD to develop
- (2)**Parenting style**-limiting opportunities to develop relationships outside the family/over protectiveness
- (3)**Observational learning**-seeing someone else in a humiliating situation, or modeling anxious parents

There is also evidence that our genetics play a key role. Social anxiety appears to run in families. One study by Murry Stein, M.D., found that having a first degree relative with generalized social anxiety made an individual ten times as likely to have social anxiety.

Evidence is clear that genes influence a person's tendency to be socially anxious. However, the impact of life experiences also plays an extremely important role.

The good news is that cognitive behavioral therapy and medication have both proven to make great strides in helping those that suffer with the symptoms of SAD.

"Avoiding danger is no safer in the long run than outright exposure. Life is either a daring adventure, or nothing."

Helen Keller

Our main goal in writing this newsletter is to provide education that helps people have better quality lives and relationships! We would like to remind you however, our intention is not to personally advise anyone on treatment or medications. Please consult your physician before making any decisions concerning your own diagnosis and treatment plan. We would be delighted to get comments/suggestions from you! Fax or E-Mail anyone on our staff at the numbers listed above. . .

I HOPE SOMETHING IS OF VALUE TO YOU!

07/03