

What is Panic SAD?

In social situations that are unfamiliar or when having to perform in front of others, many people tend to feel concerned or apprehensive. Concerns usually involve fears of saying or do something that will result in embarrassment or humiliation. However, for some the concern and apprehension, are often very intense and severe and have a marked influence on most aspects of their daily functioning. These individuals may suffer from social anxiety disorder, also known as social phobia. SAD is by far the most common of all anxiety disorders and its onset is usually during adolescence or early adulthood.

Characteristic symptoms

SAD is characterized by a marked and constant fear of social or performance situations such as:

- eating or drinking in front of others
- writing, signing, or working in front of others
- being the centre of attention
- going to parties or dating
- using a public restroom
- speaking in public

In the face of such social situations, a person with SAD may experience intense anxiety that may include a full-blown panic attack. They may also experience marked anticipatory anxiety prior to the social situation. Common symptoms that people with SAD experience include:

Cognitive symptoms

- dysfunctional thought patterns (e.g. self-doubt, negative thoughts)





- discounting of positive encounters and magnifying the social abilities of others and
- believing strongly that they are inadequate in social situations

Physical symptoms

- blushing
- sweating
- trembling voice
- dry mouth
- racing heart
- shortness of breath

Behavioural symptoms

- avoidance of situations that bring about anxiety
- abusing drugs, alcohol or medication to reduce the anxiety

SAD and Shyness

When shyness becomes so severe that it has a detrimental effect on functioning, it is no longer seen as normal and warrants a diagnosis of SAD. Individuals with SAD are typically shy and tend to be withdrawn in unfamiliar situations. Unlike persons who are shy and have mild anxiety, persons with SAD:

- experience excessive doubt, worry and fear when anticipating a social or performance event;
- usually do not experience a reduction of anxiety during the event;
- experience anxiety that is disabling to such an extent that it limits their interactions and can result in a negative outcome in the social or performance situation they are facing.



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Causes of SAD

This condition may be attributed to genetic, neurobiological, and environmental factors.

Genetic factors

First degree relatives of someone with SAD are 2 to 3 times more likely to develop the disorder. Heritability of the disorder has been estimated at around 30 to 40%.

Neurobiological factors

Functional neuroimaging studies point to an increased activity in the amygdala and insula in patients with SAD. The amygdala is thought to play a very important role in the fear response and its activation during response to emotional human faces seems to correlate with the severity of SAD symptoms.

Environmental factors

Several environmental factors may influence the risk of developing SAD. These include but are not limited to:

- having an overly critical or controlling or protective parent;
- being bullied or teased as a child;
- family conflict;
- sexual abuse; or
- a shy, timid or withdrawn temperament as a child.

What to do and where to go for help?

Optimal treatment for SAD requires individualization of interventions. The most important step is to consult a professional person for an accurate diagnosis. The combination of medication and psychotherapy has been shown to be a particularly powerful approach in managing SAD.



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Cognitive behavioural therapy (CBT), whether it be in a group or an individual setting, is usually the first line of therapeutic treatment. Certain medications are effective such as selective serotonin reuptake inhibitors (SSRI's), monoamine oxidase inhibitors (MAOI's) and serotonin-noradrenaline reuptake inhibitors (SNRI's). Consult your doctor about these.

MRC Unit on Anxiety and Stress Disorders

The Research Unit on Anxiety and Stress Disorders, to which the MHIC is affiliated, was established by the Medical Research Council (MRC) in 1997. The Unit is located at the Department of Psychiatry at the University of Stellenbosch and investigates the psychobiology and treatment of anxiety disorders, including obsessive-compulsive disorder (and related conditions), panic disorder, posttraumatic stress disorder, and social anxiety disorder. For more information about research trials, please visit the website below or contact the MHIC.

www.mrc.ac.za/anxiety/anxiety.htm

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