Social Anxiety Disorder: Assessment and Treatment

Manuel E. Tancer, MD
Wayne State University
School of Medicine
Learning Objective
Identify 2 initial management options for a patient with social anxiety disorder
Disclosure

- **Research/Grants**: None
- **Speakers Bureau**: None
- **Consultant**: None
- **Stockholder**: None
- **Other Financial Interest**: None
- **Advisory Board**: None
SAD = social anxiety disorder

Common Fears

- Participating in small groups
- Eating, drinking, writing in public
- Talking to authority figures
- Performing or giving a talk
- Attending social events
- Working while being observed
- Meeting strangers or dating
- Using public bathroom
- Being center of attention

SAD = social anxiety disorder
“The situation was a group interview for graduate school during which each participant spent time introducing himself. Naturally, I became a little uncomfortable, but soon that turned into genuine panic, with the characteristic pounding heart, chills, and irregular breathing, etc. Since that time, I get the same symptoms—not only when I have to introduce myself to others, but merely thinking about doing it.”
SAD Prevalence and Comorbidity
Data from NCS-R

- Prevalence:
  - Lifetime: 12.1%
  - 12-month: 7.1%

- Dose-response relationship between number of social fears and comorbidity rate

NCS-R = National Comorbidity Survey Replication
Screening for SAD
MINI-SPIN

- 3-item screening tool
- 5-point Likert scale
  (0 = not at all to 4 = extremely)
  - Being embarrassed or looking stupid are among my worst fears
  - Fear of embarrassment causes me to avoid doing things or speaking to people
  - I avoid activities in which I am the center of attention

SPIN = Social Phobia Inventory
Using cutoff score of ≥ 6, MINI-SPIN demonstrates:

- 89% sensitivity
- 90% specificity
- 53% positive predictive value
- 98% negative predictive value

• The nature of SAD means patient will delay seeking help

• When a patient does consult a doctor, it is often to seek treatment for physical symptoms
How Does SAD Develop?

- Learned anxiety
- Genetic predisposition
- Parental over-protection
- Parental rejection or criticism
- Specific embarrassing or humiliating experience

Result: Child fails to learn coping skills → Anticipatory anxiety → AVOIDANCE

The Vicious Circle of SAD

- Anticipatory anxiety
- Anxiety symptoms impair performance or result in a perception of impaired performance
- Avoidance

Negative experiences or lack of positive experiences
BOLD Response to Harsh vs. Happy Faces in Patients with SAD

Increased activation in GSP for harsh versus happy faces

BOLD = blood oxygen level–dependent
Amygdala Response to Harsh Faces
fMRI Study in SAD

fMRI = functional magnetic resonance imaging
Behavioral: No differences in accuracy or response time

A) fMRI: Amygdala Hyperactivity ([22, -8, -29], $t_{18} = 3.0$, Cohen’s $d = 1.09$, $p < 0.05$);
B) PSC: (GSAD: $0.20 \pm 0.26\%$ vs. HC: $-0.09 \pm 0.27\%$, $t_{18} = 2.45$, $p =.03$)

Amygdala activity correlated with intensity of social anxiety (Pearson’s $r = 0.40$, $p < .05$)

**GSAD = generalized SAD; PSC = percent signal change**

Treatment Goals

- Control anxiety and phobic avoidance
- Reduce associated disability
- Treat depression/other comorbid disorders
- Tolerability over long-term
Social Anxiety

Treatment Options

- paroxetine
- venlafaxine
- sertraline
- CBT
- combination (CBT + pharmacotherapy)

CBT = cognitive-behavioral therapy

Paroxetine vs. Placebo in SAD
Liebowitz Social Anxiety Scale

* $p < .05$ vs. placebo
LSAS = Liebowitz Social Anxiety Scale
What Is Cognitive-Behavioral Therapy?

- Treatment based on model that anxiety is consequence of distorted thoughts/beliefs/expectations
- Goal is to cope with symptoms, not eliminate anxiety
- Exposure is essential feature
Cognitive Styles in SAD

- Overestimating scrutiny by others
- Overestimating the possibility of rejection, embarrassment, or humiliation
- Misrepresenting the perception and responses of others
- Over-responding to rejection
- Discounting achievements and overemphasizing failures
Cognitive-Behavioral Treatment Elements

- Rationale
- Self-monitoring
- Identify maladaptive coping styles
- Identify distorted cognitions
- Hierarchy of fears and exposures
CBT in SAD

Treatment Approach

- Response often requires ≥ 3 months
- Consolidation of gains continues for months to years
- Long-term benefits maintained after discontinuation
- Chronic treatment may be necessary

CBT in SAD
Treatment Approach (cont.)

- Gradual taper of medication after $\geq 1$ year of optimal improvement
- CBT may enhance chances of sustained remission
- Further treatment as required
- CBT alone or in combination with medication

Conclusions

SAD

- Frequently undiagnosed and untreated
- Comorbidity (depression and alcohol problems) common
- Treatment options: CBT and pharmacologic
This CME/CE activity is co-sponsored by

neuroscience CME

an educational series offered by CME Outfitters, LLC

UT Southwestern Medical Center

CME Outfitters
Social Anxiety Disorder: Assessment and Treatment
Manuel E. Tancer, MD


Stein MB, Goldin PR, Sareen J, Zorrilla LT, Brown GG. Increased amygdala activation to angry and contemptuous faces in generalized social phobia. *Arch Gen Psychiatry* 2002;59:1027-1034.
