

VALUE ADDED COURSE

COURSE NAME	CLAUSTROPHOBIA
COURSE CODE	VAAC
DURATION	35HR

OBJECTIVE

- Physical Symptoms: - Increased heart rate, sweating, trembling, shortness of breath, and dizziness when in a confined space.
- Behavioral Symptoms: -Avoidance of situations involving small or enclosed spaces, such as elevators, tunnels, or crowded rooms.
- Cognitive Symptoms: -Intense fear of being trapped, helpless, or unable to escape from the confined space.
- Physiological Measures: -Increased levels of stress hormones (like cortisol) and changes in brain activity patterns can be observed through medical imaging or stress tests.
- Diagnostic Tools: - Questionnaires and assessments, such as the Claustrophobia Questionnaire (CLQ), can help in evaluating the severity of the condition.
- Treatment typically involves cognitive-behavioral therapy (CBT), exposure therapy, and sometimes medication to manage anxiety symptoms.

UNIT-I MEANING, DEFINE, CAUSES

- Claustrophobia (from Latin lustrum "a shut-in place" and Greek phobos, "fear") is the fear of having no escape and being closed in small spaces or rooms.

CAUSES

- It is typically classified as an anxiety disorder and often results in panic attack, and can be the result of many situations or stimuli, including elevators crowded to capacity, windowless rooms, and even tight-necked clothing.




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Aarihant Institute of Nursing
Bhoyan Rathod, Gandhinagar.

UNIT-II WHOIS AFFECTED AND SYMPTOMS

- One study indicates that anywhere from 5-7% of the world population is affected by severe claustrophobia, but only a small percentage of these people receive some kind of treatment for the disorder.

SYMPTOMS

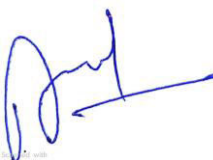
- Claustrophobia is typically thought to have two key symptoms:
- Fear of restriction
- Fear of suffocation

UNIT-III EPIDEMIOLOGY

Claustrophobia has a lifetime and 12-month prevalence of 7.7% to 12.5%. There is a higher prevalence of specific phobias in women. Studies conclude that there is a 1 in 10 prevalence of anxiety disorder among people before age 16. A 2007 European study reviewed various studies from different institutions and observed reported rates of claustrophobia among people undergoing MRI ranging between 1% and 15%, with an average of 2.3% of patients needing sedation or being unable to be imaged because of claustrophobia.

UNIT-IV TREATMENT AND MANAGEMENT

- The mainstay of management for claustrophobia is cognitive behavioral therapy, in which the patient can discuss negative and distorted beliefs.
- Interoceptive exposure is a form of treatment where the patient gets exposed to the physical sensation of anxiety in a controlled environment. A study reported that interoceptive exposure delivered alone was more helpful to people whose feared outcomes about physical arousal were completely intrinsic and less useful for those whose feared outcomes involved extrinsic components.
- Utilizing virtual reality (VR) technology in a stimulating computer-generated atmosphere is one option for treating claustrophobia. Studies have indicated the efficacy of VR tools (apps) in educating patients about MRI and simulating the experience of actually being scanned.
- The claustrophobia game is an example of both an elevator and magnetic resonance imaging device scenario for closed spaces.
- The many treatment options for pathological fear have only resulted in about 40% of patients having long-term benefits; most will fail to have complete remission.



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UNIT-V DIFFERENTIAL DIAGNOSIS

A community survey of 9282 adults residing in the United States showed that the presence of one specific phobia is associated with the prevalence of post-traumatic stress disorder, social phobia, bipolar disorder, generalized anxiety disorder, alcohol dependence, separation anxiety disorder, and major depressive disorder.

Post-traumatic stress disorder (PTSD) is a common disorder that merits consideration in the differential. The main distinguishing reason is the presence of a traumatic event causing PTSD. A specific phobia is not always preceded by a traumatic event (experiential-specific phobia vs. non experiential-specific phobia).

UNIT-VI COMPLICATIONS

There is an 83% likelihood of uncovering multiple specific phobias once diagnosed with a particular phobia during a patient's life. Claustrophobia alone generally does not lead to thoughts of self-harm, culminating in suicide. In rare cases, claustrophobia, in combination with depression, anxiety, or any other form of mental health problem, can cause suicidal ideation. In patients needing MRI scans for diagnosis or management, claustrophobia can portend a significant risk as some patients might not be able to go through the procedure despite extra help. In some cases, claustrophobia can restrict the patient's social life, as using elevators, changing rooms, subways, etc., might bring on an episode of panic, leading to a sudden decline.

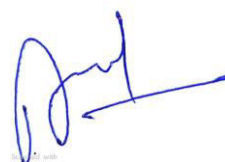
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