Information Handout

Professional Version | US English

Recognizing Agoraphobia



Description

Psychiatric diagnostic frameworks serve multiple purposes. Classification of mental disorders enables clinicians and researchers to speak a common language when describing patterns of experience and behavior, guides appropriate treatment interventions, and acts as a coding system for insurance purposes. The success of these classification frameworks has varied across diagnoses but in the best cases has led to improved understanding and treatment of conditions, and has helped many service users who find such classification helpful (Perkins et al, 2018).

Diagnostic frameworks are not without controversy. They have been criticized on grounds of reliability, validity, and distortions due to commercial interests (Zigler & Phillips, 1961; Frances & Widiger, 2012; Bell, 2017). Perhaps most importantly there are instances where they have had, and continue to have, extremely negative effects upon service users (Perkins et al, 2018). Diagnosis is not the only way of understanding people and their experiences. Many clinicians and their clients find that attending to our personal stories and narratives is a helpful approach, and psychological formulation is one technique for bringing together information about what has happened to an individual and the sense that they have made of it (British Psychological Society, 2018).

Notwithstanding the above caveats, the '*Recognizing*...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems. Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes.

Agoraphobia is characterized by a marked fear of situations such as open spaces or public places. *Recognizing Agoraphobia* compares the DSM-5 and ICD-10 criteria for agoraphobia and the *Agoraphobia Checklist* is an assessment tool for clinicians. Both classification systems converge regarding fear and avoidance of phobic situations and diverge regarding the importance of physiological arousal.

Instructions

The '*Recognizing*...' series from Psychology Tools is designed to aid clinicians' understanding of the similarities and differences in the way that the two primary psychiatric diagnostic systems classify mental health problems.

Their formatting for aid of comparison means that some detail has been purposefully excluded, and clinicians are encouraged to refer to the original source material for formal diagnostic purposes. In particular it has been assumed that symptoms cause clinically significant distress or impairment unless otherwise stated. Information for the '*Recognizing*' series was drawn from:

- The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5).
- The International Statistical Classification of Diseases and Related Health Problems, Tenth Revision (ICD-10). The ICD-10 is available in two versions: (1) The Clinical Descriptions and Diagnostic Guidelines (CDDG) or 'blue book' is intended for general clinical, educational and service use; (2) The Diagnostic Criteria for Research (DCR) or 'green book' was designed to facilitate research.

References

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Frances, A. J., & Widiger, T. (2012). Psychiatric diagnosis: lessons from the DSM-IV past and cautions for the DSM-5 future. *Annual Review of Clinical Psychology*, 8, 109-130.

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Recognizing Agoraphobia

The DSM-5 and ICD-10 criteria for agoraphobia converge regarding fear and avoidance of phobic situations and diverge regarding the importance of physiological arousal.

	DSM-5	ICD-10
Marked fear of	2 of:	2 of:
1. Open spaces	~	~
2. Public places / transport	~	~
3. Crowds / standing in line	~	~
4. Travelling alone	~	~
5. Enclosed spaces	~	
6. Travelling away from home		~

Avoidance	2 of:	1 of:
Of agoraphobic situations (identified above).	~	~
because help might be unavailable / escape might be difficult.	~	

Phobic situations	3 of:	
Consistently provoke anxiety.	~	
Are actively avoided, require a trusted companion, or are endured with great difficulty.	~	
Provoke fear that is disproportionate to the actual dangers involved.	~	

Additional symptoms of anxiety	2 of:*
1. Palpitations / accelerated heart rate	~
2. Sweating	~
3. Trembling / shaking	~
4. Dry mouth (not as a consequence of medications or dehydration)	~
5. Difficulty breathing	~
6 Choking feeling	~
7. Chest discomfort	~
8. Nausea / abdominal discomfort	~
9. Dizziness	~
10. Derealization / depersonalization	~
11. Fear of losing control / passing out	~
12. Fear of dying	~
13. Hot flushes / cold chills	~
14. Numbness / tingling	~

*At least one symptom from 1-4 and at least two simultaneously experienced symptoms.

Agoraphobia Checklist

	DSM-5	ICD-10
Marked fear of	2 of:	2 of:
1. Open spaces		
2. Public places / transport		
3. Crowds / standing in line		
4. Travelling alone		
5. Enclosed spaces		
6. Travelling away from home		

Avoidance	2 of:	1 of:
Of agoraphobic situations (identified above).		
because help might be unavailable / escape might be difficult.		

Phobic situations	3 of:	
Consistently provoke anxiety.		
Are actively avoided, require a trusted companion, or are endured with great difficulty.		
Provoke fear that is disproportionate to the actual dangers involved.		

Additional symptoms of anxiety	2 of:*
1. Palpitations / accelerated heart rate	
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7. Chest discomfort	
8. Nausea / abdominal discomfort	
9. Dizziness	
10. Derealization / depersonalization	
11. Fear of losing control / passing out	
12. Fear of dying	
13. Hot flushes / cold chills	
14. Numbness / tingling	

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