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AGORAPHOBIA AND NURSING CARE

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Abstract

Introduction: Agoraphobia is a form of anxiety that some people experience in places or situations in which they feel they cannot leave or that they cannot get help. Many people develop Agoraphobia after experiencing one or more panic attacks. They fear that the panic attack will happen again, so avoidance occurs. The most common symptoms of Agoraphobia are; fear of standing in crowds or queues, fear of closed spaces (elevators, theatres), fear of open spaces (parking lots or shopping centres) and fear of using public transport.

Objectives: Since there are many patients suffering from Agoraphobia, the role of the nurse in their treatment is a key role, so follow-up and health education are the main focus of the treatment. The objectives of this paper are mainly to improve and increase the quality of nursing interventions associated with psychotherapeutic treatment.

Methodology: This paper has been developed from various didactic materials as well as the experiences of health professionals in the follow-up of these patients. It also aims to provide an important overview of nursing interventions with the findings and researches carried out to reach a higher quality level of nursing service in the country and mainly for patients with an unstable health condition.

Results: Nursing interventions in patients with Agoraphobia are in a different picture and these are associated with high performance teams and improved patient care. Also, further researches are warranted to strengthen the empirical references, this can be done by improving the operational definition and exploring the specific mechanisms through which health education and nursing interventions affect health care outcomes in these patients.

Conclusions: The nursing role in the treatment of these patients is very important in the step-by-step follow-up of the progress and the unstable condition they may have. Undoubtedly, the creation of a treatment plan and nursing intervention has high efficiency in the continuous improvement of these patients. Family members also have a key role; through which they manage to receive effective health education in the follow-up of patients in home conditions.

Key words: *Agoraphobia, Psychotherapy, Panic attack.*

Introduction

Agoraphobia is a form of anxiety that some people experience in places or situations in which they feel that they cannot leave or that they cannot get help. Many people develop Agoraphobia after experiencing one or more panic attacks. They fear that the panic attack will happen again, so avoidance occurs. The most common symptoms of Agoraphobia are; fear of standing in crowds or queues, fear of closed spaces (elevators, theatres), fear of open spaces (parking lots or shopping centres) and fear of using public transport.

Most people who have agoraphobia develop it after having one or more panic attacks, causing them to worry about having another attack. Then they avoid places where it could happen again.

Agoraphobia often leads to difficulty feeling safe in any public place, especially in crowded and unfamiliar places. A family member or friend is needed to accompany the individual in public places. The fear can be so overwhelming that the patient may feel unable to leave the house. Since there are many patients



who suffer from Agoraphobia, the role of the nurse in their treatment is a key role, so follow-up and health education are the main focus of the treatment. The objectives of this paper are mainly to improve and increase the quality of nursing interventions associated with psychotherapeutic treatment.

PANIC DISORDER

Panic disorder is a type of anxiety disorder characterized by severe, repeated, and sudden panic attacks.

Fear and anxiety can be normal reactions to specific situations and stressful events. Panic disorder differs from this normal fear and anxiety because it is often extreme.



Panic disorder can lead to serious disruptions in daily functioning and make it difficult to cope with normal situations that can cause feelings of panic and intense anxiety.

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ETIOLOGY

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Hyperventilation Theory:

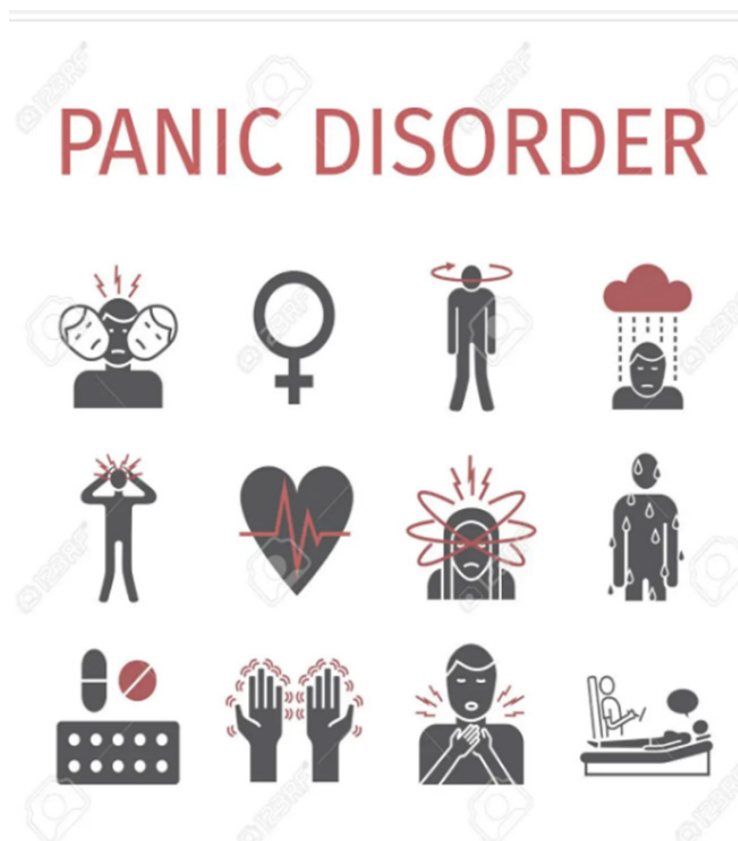
Panic attacks are said to be caused by frequent breathing. Although some patients with panic attacks hyperventilate, measuring the pressure of carbon dioxide (PCO₂) during the attacks shows that hyperventilation does not occur in every patient.

Cognitive theory:

It begins with observing patients as their fears are greater than their physical symptoms. These fears are thought to trigger panic attacks, initiating the spiral where anxiety causes physical symptoms that activate the fear of physical illness.

Approximately six million American adults experience the symptoms of panic disorder in a given year, while panic disorder can strike at any point in life.

Symptoms most often begin during late adolescence or early adulthood and affect twice as many women as men. Many people living with panic disorder describe feeling like they are having a heart attack or feeling like they are about to die.



Symptoms

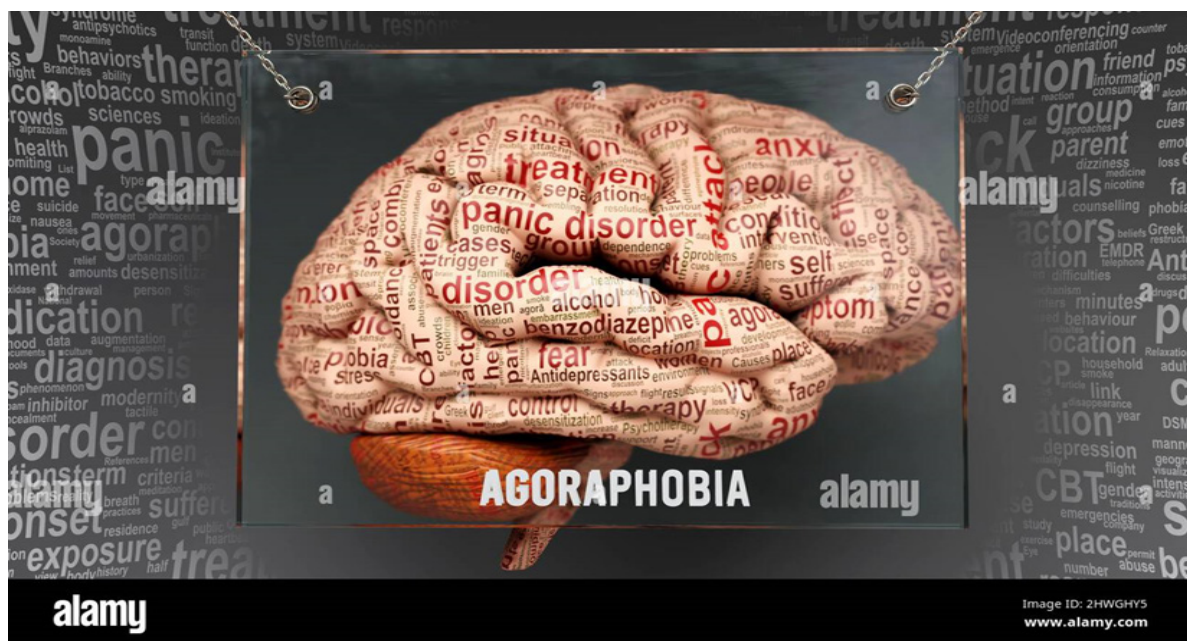
- Chest pain,
- Tightness in the throat,
- Vertigo,
- Nausea,
- Tachycardia,
- Feeling of unreality (derealization) or detachment (depersonalization),
- Tacipne,
- Sensation of heat,
- Sweat,
- Fear of losing control,
- Vibration,
- Fear of death,

Although the exact causes of panic disorder are not clearly understood, many mental health experts believe that a combination of environmental, biological, and psychological factors play an important role:

- Age: Panic disorder usually develops between the ages of 18 and 35.
- Gender: According to the National Institute of Mental Health, women have more than twice the risk of panic disorder than men.
- Genetics: If you have a close biological family member with panic disorder, you are much more likely to develop the condition. Although nearly half or more people with panic disorder do not have a close relative with this condition.
- Trauma: Experiencing a traumatic event, such as being the victim of physical or sexual abuse, can also increase the risk of panic disorder.
- Life transition: Risk can also increase when you experience a difficult life event, including the death of a loved one, divorce, marriage, having a child, or losing a job.

There are two main types of panic attacks unexpected and expected. People with panic disorder most often experience sudden panic attacks, but some experience both types.

- Sudden panic attacks occur without any external or internal traces. In other words, they seem to occur when patients feel relaxed.
- Anticipatory panic attacks occur when someone is exposed to a situation they fear. For example, having a panic attack while flying on an airplane.



NURSING CARE

Providing safety and comfort:

A quiet place reduces anxiety and provides comfort to the patient.



The nurse stays with the patient helping them to calm down and assessing their behavior and concerns. After gaining the patient's attention, the nurse uses a soft, calm voice to reassure him that he is in a safe environment.

Use of therapeutic communication:

Patients with anxiety disorders can collaborate with the nurse in assessing and planning their care by emphasizing the nurse-patient relationship. Communication should be simple and calm as the patient cannot maintain attention to long sentences. The nurse must assess whether or not to use touch, as the patient may interpret it as a threat and may react aggressively.

When the anxiety is reduced, the nurse uses open-ended communication techniques. At this point the patient can discuss his emotional burden and try to regain a sense of control.

Anxiety relief

The nurse suggests that the patient must take deep breathing.

Using guided imagination which consists of imagining a safe and pleasant place to hang out. The use of progressive relaxation which consists in holding, tensing and releasing some muscle groups progressively, while letting the tension flow through rhythmic breathing. Cognitive restructuring techniques which consist in teaching the patient to change his behavior by making him aware of his thinking patterns.

Patient and family education

The patient becomes the main person in the treatment of anxiety disorders by being given information on the effectiveness of the combination of psychotherapy and medication.

Such treatment along with stress-reducing techniques can help the patient control these reactions and gain a sense of control.

The nurse helps the patient understand that these therapies and drugs do not "cure" the disorder.

Patient and family education about medications consists of discussing recommended dosages, dosage regimens, and expected effects.

The nurse encourages the patient to exercise regularly as it helps him metabolize adrenaline and decrease panic reactions.



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