

An Unusual Case of Phobia: Hodophobia

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ABSTRACT

Phobia to situation and objects is a common presentation of anxiety disorders. The DSM- IV TR (Diagnostic and statistical manual of mental disorders (4th ed., text rev.) includes distinct types of phobias. We report an unusual case of hodophobia which has been successfully treated with combination of pharmacotherapy and systematic desensitization. Since phobia of travelling impacts person's professional life, early treatment and awareness is required.

Keywords: *Phobia: Hodophobia, Systematic desensitization*

Anxiety is a condition marked by excessive worry and feelings of fear, dread, and uneasiness. It includes various disorders such as panic disorder, obsessive-compulsive disorder, post-traumatic stress disorder, phobias, generalized anxiety disorder. In phobia, anxiety is evoked only, or predominantly by a certain well-defined situation or objects (external to the individual) which are not currently dangerous. Such situations or objects are avoided or endured with dread. The individuals concern may focus on individual symptoms such as palpitations or feeling faint and is often associated with secondary fears of dying, losing control, or going mad. Mere contemplation of entry to the phobic situation usually generates anticipatory anxiety. The DSM-IV-TR includes distinctive types of specific phobia: animal type, natural environment type (e.g., storms), blood-injection-injury type, situational type (e.g., cars), and other type (for specific phobias that do not fit into the previous four types). Hodophobia is the fear of travel. People fear travel because of the unpleasant feeling of being in unfamiliar places far away from homes. As with other phobias, people with hodophobia experience an intense fear at the thought of traveling. Physical symptoms often include sweating, shaking, stomach aches, diarrhea, headaches or shortness of breath. They may have mild symptoms or may experience panic attacks.

We report an unusual case of hodophobia.

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Received: March 3, 2017; Revision Received: March 25, 2017; Accepted: March 29, 2017

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CASE SUMMARY

Mrs. M 36 year old female has come to psychiatry outpatient department with 6 month history of experiencing fear of travelling. Significant symptoms include fear of not getting help, headaches, cold sweats, and nervousness along with negative automatic thoughts like: what if I panic, I may not handle it. This leads avoiding any form of travelling. In the beginning, she was unable to travel to places within city due to intense anxiety symptoms. She started avoiding traveling alone. Patient had no history of any substance abuse and neither had past or family history of psychiatric illness. Systemic examination including central nervous system was normal. She was diagnosed as a case of hodophobia. Patient had a past history of hypothyroidism 3 years back for which she was treated with thyroxine 50µg/day for about 2 years. A panel of other tests including Complete Blood Count Liver Function Tests, Renal Function Tests, Thyroid function tests, Serum vitamin B12, MRI brain (plain), were found to be normal.

Patient was treated with escitalopram 10 mg per day and Clonazepam 0.5 mg twice a day. Patient was also treated with behaviour interventions such as Jacobson's Progressive Muscle Relaxation (JPMR) and graded exposure for travelling as a part of systematic desensitization. During treatment, hospital anxiety depression scale (HADS) score severity was reduced from base line score of 16; 17 to 3; 7 for depression and anxiety respectively. After 3 months of treatment she is able to travel inside city without having any panic attacks.

DISCUSSION

Anxiety, panic attacks, depression, obsessive compulsion disorders and phobias are commonly associated with thyroid dysfunction. In our case, patient's thyroid profile was normal at time of presentation and she was not taking any thyroxine supplementation since last 1 year. Other disorders like generalized anxiety disorder, agoraphobia, depression and obsessive compulsive disorder have been ruled out, since symptoms of hodophobia specifically include fear and anxiety associated with travelling. We treated our patient with in vivo systematic desensitization along and antianxiety medications. Systematic desensitization is found to be effective in fear related to specific objects or situations, e.g. phobias. Systematic desensitization was developed by Wolpe during 1950. In this therapy, therapist desensitizes patient gradually in graded manner based on fear hierarchy to the phobic stimuli along with muscle relaxation and breathing exercises to deal with anxiety. Even researchers have found that in vivo techniques more successful than in vitro.

CONCLUSION

Hodophobia is not a common form of specific phobia. Organic causes to be rule out before treating with psychological interventions. Hence, a multidisciplinary approach is required in comprehensive treatment of specific phobias. Since phobia of travelling impacts people's professional life, early detection and awareness is required.

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Acknowledgments

The author appreciates all those who participated in the study and helped to facilitate the research process.

Conflict of Interests: The author declared no conflict of interests.

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How to cite this article: Singh H, Awayz H, Murali T (2017), An Unusual Case of Phobia: Hodophobia, *International Journal of Indian Psychology*, Volume 4, Issue 2, No. 95, ISSN:2348-5396 (e), ISSN:2349-3429 (p), DIP:18.01.169/20170402, ISBN:978-1-365-84231-3