**Agoraphobia**

Read about agoraphobia, a fear of being in situations where escape might be difficult or that help wouldn't be available if things go wrong.

# Overview – Agoraphobia

**Agoraphobia is a fear of being in situations where escape might be difficult or that help wouldn't be available if things go wrong.**

Many people assume agoraphobia is simply a fear of open spaces, but it's actually a more complex condition.

Someone with agoraphobia may be scared of:

* travelling on public transport
* visiting a shopping centre
* leaving home

If someone with agoraphobia finds themselves in a stressful situation, they'll usually experience the symptoms of a [panic attack](https://www.nhs.uk/mental-health/conditions/panic-disorder/), such as:

* rapid heartbeat
* rapid breathing (hyperventilating)
* feeling hot and sweaty
* feeling sick

They'll avoid situations that cause [anxiety](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/) and may only leave the house with a friend or partner. They'll order groceries online rather than going to the supermarket. This change in behaviour is known as avoidance.

Read more about the [symptoms of agoraphobia](https://www.nhs.uk/mental-health/conditions/agoraphobia/symptoms/).

## **What causes agoraphobia?**

Agoraphobia can develop as a complication of [panic disorder](https://www.nhs.uk/mental-health/conditions/panic-disorder/), an anxiety disorder involving panic attacks and moments of intense fear. It can arise by associating panic attacks with the places or situations where they occurred and then avoiding them.

Not all people with agoraphobia have a history of panic attacks. In these cases, their fear may be related to issues like a fear of crime, terrorism, illness or being in an accident.

Read more about the possible [causes of agoraphobia](https://www.nhs.uk/mental-health/conditions/agoraphobia/causes/).

## **Diagnosing agoraphobia**

Speak to your GP if you think you may be affected by agoraphobia. It should be possible to arrange a telephone consultation if you don't feel ready to visit your GP in person.

Your GP will ask you to describe your symptoms, how often they occur, and in what situations. It's very important you tell them how you've been feeling and how your symptoms are affecting you.

Your GP may ask you the following questions:

* Do you find leaving the house stressful?
* Are there certain places or situations you have to avoid?
* Do you have any avoidance strategies to help you cope with your symptoms, such as relying on others to shop for you?

It can sometimes be difficult to talk about your feelings, emotions, and personal life, but try not to feel anxious or embarrassed. Your GP needs to know as much as possible about your symptoms to make the correct diagnosis and recommend the most appropriate treatment.

Read more about [diagnosing agoraphobia](https://www.nhs.uk/mental-health/conditions/agoraphobia/diagnosis/).

## **Treating agoraphobia**

Lifestyle changes may help, including taking [regular exercise](https://www.nhs.uk/live-well/exercise/), [eating more healthily](https://www.nhs.uk/live-well/eat-well/), and avoiding alcohol, drugs and drinks that contain caffeine, such as tea, coffee and cola.

Self-help techniques that can help during a panic attack include staying where you are, focusing on something that's non-threatening and visible, and slow, deep breathing.

If your agoraphobia fails to respond to these treatment methods, see your GP.

You can also refer yourself directly for talking therapies, including [cognitive behavioural therapy (CBT)](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/), without seeing your GP.

[Read more about talking therapies on the NHS](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/)

If you’re under 18, or want to get help for someone under 18, find out how to get [mental health support for children and young people](https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/).

Medication may be recommended if self-help techniques and lifestyle changes aren't effective in controlling your symptoms. You'll usually be prescribed a course of [selective serotonin reuptake inhibitors (SSRIs)](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/ssri-antidepressants/overview/), which are also used to treat anxiety and [depression](https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/).

In severe cases of agoraphobia, medication can be used in combination with other types of treatment, such as CBT and relaxation therapy.

Read more about [treating agoraphobia](https://www.nhs.uk/mental-health/conditions/agoraphobia/treatment/).

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# Symptoms – Agoraphobia

**The severity of agoraphobia can vary significantly between individuals.**

For example, someone with severe agoraphobia may be unable to leave the house, whereas someone who has mild agoraphobia may be able to travel short distances without problems.

The symptoms of agoraphobia can be broadly classified into 3 types:

* physical
* cognitive
* behavioural

## **Physical symptoms**

The physical symptoms of agoraphobia usually only occur when you find yourself in a situation or environment that causes [anxiety](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/).

However, many people with agoraphobia rarely experience physical symptoms because they deliberately avoid situations that make them anxious.

The physical symptoms of agoraphobia can be similar to those of a [panic attack](https://www.nhs.uk/mental-health/conditions/panic-disorder/) and may include:

* rapid heartbeat
* rapid breathing (hyperventilating)
* feeling hot and sweaty
* feeling sick
* chest pain
* difficulty swallowing ([dysphagia](https://www.nhs.uk/conditions/swallowing-problems-dysphagia/))
* [diarrhoea](https://www.nhs.uk/conditions/diarrhoea/)
* trembling
* [dizziness](https://www.nhs.uk/conditions/dizziness/)
* ringing in the ears ([tinnitus](https://www.nhs.uk/conditions/tinnitus/))
* feeling faint

## **Cognitive symptoms**

The cognitive symptoms of agoraphobia are feelings or thoughts that can be, but aren't always, related to the physical symptoms.

Cognitive symptoms may include fear that:

* a panic attack will make you look stupid or feel embarrassed in front of other people
* a panic attack will be life threatening – for example, you may be worried your heart will stop or you'll be unable to breathe
* you would be unable to escape from a place or situation if you were to have a panic attack
* you're losing your sanity
* you may lose control in public
* you may tremble and blush in front of people
* people may stare at you

There are also psychological symptoms that aren't related to panic attacks, such as:

* feeling you would be unable to function or survive without the help of others
* a fear of being left alone in your house (monophobia)
* a general feeling of anxiety or dread

## **Behavioural symptoms**

Symptoms of agoraphobia relating to behaviour include:

* avoiding situations that could lead to panic attacks, such as crowded places, public transport and queues
* being housebound – not being able to leave the house for long periods of time
* needing to be with someone you trust when going anywhere
* avoiding being far away from home

Some people are able to force themselves to confront uncomfortable situations, but they feel considerable fear and anxiety while doing so.

## **When to seek medical advice**

Speak to your GP if you think you have the symptoms of agoraphobia.

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# Causes – Agoraphobia

**Agoraphobia can develop as a complication of panic disorder.**

Agoraphobia can sometimes develop if a person has a panic attack in a specific situation or environment.

They begin to worry so much about having another panic attack that they feel the symptoms of a [panic attack](https://www.nhs.uk/mental-health/conditions/panic-disorder/) returning when they're in a similar situation or environment.

This causes the person to avoid that particular situation or environment.

## **Panic disorder**

As with many mental health conditions, the exact cause of [panic disorder](https://www.nhs.uk/mental-health/conditions/panic-disorder/) isn't fully understood.

However, most experts think a combination of biological and psychological factors may be involved.

### **Biological factors**

#### **'Fight or flight' response**

Panic disorder is closely associated with your body's natural "fight or flight" response – its way of protecting you from stressful and dangerous situations.

[Anxiety](https://www.nhs.uk/conditions/stress-anxiety-depression/) and fear cause your body to release hormones, such as adrenaline, and your breathing and heart rate are increased. This is your body's natural way of preparing itself for a dangerous or stressful situation.

In people with panic disorder, it's thought the fight or flight response is more intense, resulting in a panic attack.

### **Psychological factors**

Psychological factors that increase your risk of developing agoraphobia include:

* a traumatic childhood experience, such as the death of a parent or being [sexually abused](https://www.nhs.uk/live-well/spotting-signs-of-child-sexual-abuse/)
* experiencing a stressful event, such as [bereavement](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/grief-bereavement-loss/), divorce, or losing your job
* a previous history of mental illnesses, such as [depression](https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/), [anorexia nervosa](https://www.nhs.uk/mental-health/conditions/anorexia/overview/) or [bulimia](https://www.nhs.uk/mental-health/conditions/bulimia/overview/)
* [alcohol misuse](https://www.nhs.uk/conditions/alcohol-misuse/) or [drug misuse](https://www.nhs.uk/live-well/addiction-support/drug-addiction-getting-help/)
* being in an unhappy relationship, or in a relationship where your partner is very controlling

### **Agoraphobia without panic disorder**

Occasionally, a person can develop [symptoms of agoraphobia](https://www.nhs.uk/mental-health/conditions/agoraphobia/symptoms/) even though they don't have a history of [panic disorder](https://www.nhs.uk/mental-health/conditions/panic-disorder/) or panic attacks.

This type of agoraphobia can be triggered by a number of different irrational fears ([phobias](https://www.nhs.uk/mental-health/conditions/phobias/overview/)), such as the fear of:

* being a victim of violent crime or a terrorist attack if you leave your house
* becoming infected by a serious illness if you visit crowded places
* doing something by accident that will result in you embarrassing or humiliating yourself in front of others

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# Diagnosis – Agoraphobia

**Speak to your GP if you think you have agoraphobia.**

If you're unable to visit your GP in person, it should be possible to arrange a telephone consultation.

Your GP will ask you to describe your symptoms, how often they occur, and in what situations. It's very important to tell your GP about how you've been feeling and how your symptoms are affecting you.

They'll also want to know how your symptoms are affecting your daily behaviour. For example, they may ask:

* Do you find it stressful leaving the house?
* Are there certain places or situations you have to avoid?
* Have you adopted any avoidance strategies to help cope with your symptoms, such as relying on others to shop for you?

It can be difficult to talk to someone else about your feelings, emotions and personal life, but try not to feel anxious or embarrassed. Your GP needs to know as much as possible about your symptoms to make the correct diagnosis and recommend the most appropriate treatment.

## **Physical examination**

Your GP may want to do a physical examination, and in some cases they may decide to carry out [blood tests](https://www.nhs.uk/conditions/blood-tests/) to look for signs of any physical conditions that could be causing your symptoms.

For example, an [overactive thyroid gland](https://www.nhs.uk/conditions/overactive-thyroid-hyperthyroidism/) (hyperthyroidism) can sometimes cause symptoms that are similar to the [symptoms of a panic attack](https://www.nhs.uk/mental-health/conditions/panic-disorder/).

By ruling out any underlying medical conditions, your GP will be able to make the correct diagnosis.

## **Confirming the diagnosis**

A diagnosis of agoraphobia can usually be made if:

* you're anxious about being in a place or situation where escape or help may be difficult if you feel panicky or have a panic attack, such as in a crowd or on a bus
* you avoid situations described above, or endure them with extreme [anxiety](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/) or the help of a companion
* there's no other underlying condition that may explain your symptoms

If there's any doubt about the diagnosis, you may be referred to a psychiatrist for a more detailed assessment.

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# Treatment – Agoraphobia

**A stepped approach is usually recommended for treating agoraphobia and any underlying panic disorder.**

The steps are as follows:

* Find out more about your condition, the lifestyle changes you can make, and [self-help techniques](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/self-help-therapies/) to help relieve symptoms.

1. Enrol yourself on a [guided self-help](https://www.nhs.uk/conditions/stress-anxiety-depression/types-of-therapy/#guided-self-help) programme.
2. Undertake more intensive treatments, such as [cognitive behavioural therapy (CBT)](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/cognitive-behavioural-therapy-cbt/overview/), or see if your symptoms can be controlled using medicine.

## **Self-help techniques and lifestyle changes**

Learning more about agoraphobia and its association with [panic disorder](https://www.nhs.uk/mental-health/conditions/panic-disorder/) and [panic attacks](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/) may help you control your symptoms better.

For example, there are techniques you can use during a panic attack to bring your emotions under control.

Having more confidence in controlling your emotions may make you more confident coping with previously uncomfortable situations and environments.

* **Stay where you are** – try to resist the urge to run to a place of safety during a panic attack; if you're driving, pull over and park where it's safe to do so.
* **Focus** – it's important for you to focus on something non-threatening and visible, such as the time passing on your watch, or items in a supermarket; remind yourself the frightening thoughts and sensations are a sign of panic and will eventually pass.
* **Breathe slowly and deeply** – feelings of panic and [anxiety](https://www.nhs.uk/mental-health/feelings-symptoms-behaviours/feelings-and-symptoms/anxiety-fear-panic/) can get worse if you breathe too quickly; try to focus on slow, deep breathing while counting slowly to 3 on each breath in and out.
* **Challenge your fear** – try to work out what it is you fear and challenge it; you can achieve this by constantly reminding yourself that what you fear is not real and will pass.
* **Creative visualisation** – during a panic attack, try to resist the urge to think negative thoughts, such as "disaster"; instead, think of a place or situation that makes you feel peaceful, relaxed or at ease: once you have this image in your mind, try to focus your attention on it.
* **Do not fight an attack** – trying to fight the symptoms of a [panic attack](https://www.nhs.uk/mental-health/conditions/panic-disorder/) can often make things worse; instead, reassure yourself by accepting that although it may seem embarrassing and your symptoms may be difficult to deal with, the attack is not life threatening.

Making some lifestyle changes can also help. For example, ensure you:

* **take**[**regular exercise**](https://www.nhs.uk/live-well/exercise/) – exercise can help relieve stress and tension and improve your mood
* **have a** [**healthy diet**](https://www.nhs.uk/live-well/eat-well/) – a healthy, balanced diet and weight can help maintain overall health
* **avoid using drugs and alcohol** – they may provide short-term relief, but in the long term they can make symptoms worse
* **avoid drinks containing caffeine, such as tea, coffee or cola** – caffeine has a stimulant effect and can make your symptoms worse

## **Talking therapies**

If your symptoms do not respond to self-help techniques and lifestyle changes, your GP may suggest trying a talking therapy.

If you prefer, you can refer yourself directly for talking therapies, such as cognitive behavioural therapy (CBT), without seeing your GP.

[Find an NHS talking therapies service](https://www.nhs.uk/service-search/mental-health/find-a-psychological-therapies-service/)

* Read more about [talking therapies on the NHS](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/talking-therapies-and-counselling/nhs-talking-therapies/).
* If you’re under 18, or want to get help for someone under 18, find out how to get [mental health support for children and young people](https://www.nhs.uk/mental-health/children-and-young-adults/mental-health-support/).

### **Guided self-help**

With guided self-help you work through a CBT-based workbook or computer course with the support of a therapist.

The therapist works with you to understand your problems and make positive changes in your life.

### **Cognitive behavioural therapy (CBT)**

Cognitive behavioural therapy (CBT) is based on the idea that unhelpful and unrealistic thinking leads to negative behaviour.

CBT aims to break this cycle and find new ways of thinking that can help you behave more positively. For example, many people with agoraphobia have the unrealistic thought that if they have a panic attack it will kill them.

The CBT therapist will try to encourage a more positive way of thinking – for example, although having a panic attack may be unpleasant, it is not fatal and will pass.

This shift in thinking can lead to more positive behaviour in terms of a person being more willing to confront situations that previously scared them.

CBT is usually combined with exposure therapy. Your therapist will set relatively modest goals at the start of treatment, such as going to your local corner shop.

As you become more confident, more challenging goals can be set, such as going to a large supermarket or having a meal in a busy restaurant.

A course of CBT usually consists of 12 to 15 weekly sessions, with each session lasting about an hour.

### **Applied relaxation**

Applied relaxation is based on the premise that people with agoraphobia and related panic disorder have lost their ability to relax. The aim of applied relaxation is therefore to teach you how to relax.

This is achieved using a series of exercises designed to teach you how to:

* spot the signs and feelings of tension
* relax your muscles to relieve tension
* use these techniques in stressful or everyday situations to prevent you feeling tense and panicky

As with CBT, a course of applied relaxation therapy consists of 12 to 15 weekly sessions, with each session lasting about an hour.

## **Medicine**

Sometimes medicine can be used as a sole treatment for agoraphobia. In more severe cases, it can also be used in combination with CBT or applied relaxation therapy.

### **Selective serotonin reuptake inhibitors (SSRIs)**

If medicine is recommended for you, you'll usually be prescribed a course of [selective serotonin reuptake inhibitors (SSRIs)](https://www.nhs.uk/mental-health/talking-therapies-medicine-treatments/medicines-and-psychiatry/ssri-antidepressants/overview/).

SSRIs were originally developed to treat [depression](https://www.nhs.uk/mental-health/conditions/depression-in-adults/overview/), but they've also proved effective for helping treat other mood disorders, such as anxiety, feelings of panic, and obsessional thoughts.

An SSRI called sertraline is usually recommended for people with agoraphobia. Side effects associated with sertraline include:

* feeling sick
* [loss of sex drive](https://www.nhs.uk/conditions/loss-of-libido/) (libido)
* blurred vision
* [diarrhoea](https://www.nhs.uk/conditions/diarrhoea-and-vomiting/) or [constipation](https://www.nhs.uk/conditions/constipation/)
* feeling agitated or shaky
* [excessive sweating](https://www.nhs.uk/conditions/excessive-sweating-hyperhidrosis/)

These side effects should improve over time, although some can occasionally persist.

If sertraline fails to improve your symptoms, you may be prescribed an alternative SSRI or a similar type of medicine known as serotonin-norepinephrine reuptake inhibitors (SNRIs).

The length of time you'll have to take an SSRI or SNRI for will vary depending on your response to treatment. Some people may have to take SSRIs for 6 to 12 months or more.

When you and your GP decide it's appropriate for you to stop taking SSRIs, you'll be weaned off them by slowly reducing your dosage. You should never stop taking your medicine unless your GP specifically advises you to.

### **Pregabalin**

If you're unable to take SSRIs or SNRIs for medical reasons or you experience troublesome side effects, another medicine called pregabalin may be recommended. Dizziness and drowsiness are common side effects of pregabalin.

Read more about [pregabalin](https://www.nhs.uk/medicines/pregabalin/).

## **Support groups**

Charities like [Mind](https://www.mind.org.uk/) and [Anxiety Care UK](http://anxietycare.org.uk/) are useful resources for information and advice about how to manage anxiety and phobias. They can also put you in touch with other people who've had similar experiences.

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