

Purging Anxiety: A Case Study of Transdiagnostic CBT for a Complex Fear of Vomiting (Emetophobia)

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Emetophobia is defined as a specific phobia of vomiting, currently diagnosed as specific phobia “other” type in DSM-5 (American Psychiatric Association, 2013). Though there is a dearth of research conducted on emetophobia and its treatment, there is limited data from case studies (Hunter & Antony, 2009; Maack, Deacon, & Zhao, 2013) and one open trial of group therapy (Ahlen, Edberg, Di Schiena, & Bergström, 2014), providing initial evidence regarding the efficacy of targeted cognitive-behavioral treatment (CBT) in treating emetophobia. To date, no study has evaluated transdiagnostic CBT for emetophobia. Given suggestions that emetophobia frequently has a complex presentation, which shares elements with multiple anxiety disorder diagnoses, including specific phobia, panic disorder, obsessive-compulsive disorder, and generalized anxiety disorder, (e.g., Boschen, 2007; Veale, 2009; Veale & Lambrou, 2006), a transdiagnostic approach could prove promising. Transdiagnostic CBT has exhibited success in treating a range of anxiety disorders (Reinholt & Krogh, 2014) and in reducing comorbid symptoms more effectively than diagnosis-specific CBT (Norton et al., 2013). It was expected that a transdiagnostic treatment approach would be beneficial in treating emetophobia due to the treatment’s flexibility in targeting multiple features of anxiety disorders concurrently.

FEAR of vomiting, or “emetophobia,” is an impairing, though commonly understudied, phobia. Indeed, DSM-5 (American Psychiatric Association, 2013) categorizes emetophobia as specific phobia “other type,” which could have had an unintended effect of suppressing research for this disorder (e.g., Boschen, 2007) by relegating it to the amorphous “other” category. While prevalence rates have been estimated at 7–13% for specific phobia (Becker et al., 2007; Boyd et al., 1990; Kessler et al., 2005; Stinson et al., 2007), rates for emetophobia, specifically, are scarce. One study estimated the lifetime prevalence of specific phobia of vomiting at 0.2% (Becker et al., 2007), while a more recent, albeit small, online community survey found the prevalence of vomiting fear to be 8.8% (van Hout & Bouman, 2012). Additionally, as with other phobias, emetophobia appears to be more common in women (Lipsitz, Fyer, Paterniti, & Klein, 2001; van Hout & Bouman, 2012). Clearly, more research is needed in larger samples to more accurately survey the pervasiveness of this disorder. Nevertheless, those diagnosed with emetophobia experience significant impairments and distress (van Hout & Bouman, 2012), while suffering a chronic course (Lipsitz et al., 2001), making it an issue of clinical relevance to describe and evaluate treatment for individuals afflicted with this condition.

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While emetophobia is formally categorized under the specific phobia section, it shows a great deal of overlap with other anxiety features, as well as differences that set it apart from other specific phobias. First, it has been suggested that emetophobia may be more impairing than other phobias such as those of heights or spiders (Kartsounis, Mervyn-Smith, & Pickersgill, 1983). Second, individuals suffering from emetophobia have demonstrated features and concerns common to several other anxiety and related disorders. For example, emetophobia has shown links to sensitivity toward bodily cues (Boschen, 2007), such as stomach distress, characteristic of panic disorder. Other studies have demonstrated additional similarities such as checking behaviors (e.g., expiration dates of food, health of self and others) and fears of negative evaluation (e.g., shame about public vomiting; Veale & Lambrou, 2006) common to obsessive-compulsive disorder and social phobia, respectively. Further, potential sources of misdiagnosis have been implicated due to similarities of emetophobia with hypochondriasis and obsessive-compulsive disorder (Veale, 2009), possibly confounding prevalence rates. Importantly, it seems that not all cases of emetophobia share these overlapping panic, social phobic, and obsessive-compulsive tendencies, which adds to the heterogeneity of presentation in the disorder.

Cognitive-Behavioral Treatment of Emetophobia

Although there is limited research in the treatment of emetophobia, the extant work that is available in this area

suggests that cognitive-behavioral treatment (CBT) may be somewhat of an effective approach. Previous case studies have demonstrated success using exposure-based CBT targeted specifically toward emetophobia (Graziano, Callueng, & Geffken, 2010; Hunter & Antony, 2009; Maack et al., 2013). More recently, the largest clinical trial to date demonstrated the potential efficacy of an exposure-based group CBT (GCBT) for 23 emetophobic patients (Ahlen et al., 2014). While these diagnosis-specific CBT approaches have shown promise in treating emetophobia, there is a growing movement toward transdiagnostic treatments of anxiety (Norton & Paulus, *in press*). Of note, the use of the word “transdiagnostic” may take on a number of different connotations—for example, one interpretation of transdiagnostic could mean *beyond* diagnoses wherein one may not conceptualize a case with DSM-bound definitions at all, or apply a treatment universally without regard for diagnosis (e.g., acceptance and commitment therapy; Hayes, Strosahl, & Wilson, 1999). Alternatively, “transdiagnostic” can imply theory and treatments that are applied *across* one or more existing diagnostic categories, such as specific anxiety disorder diagnoses, noting similarities in underlying etiology and/or function that are hypothesized to supersede differences in observable symptoms (see Norton & Paulus, *in press*, for a review). In the current report, we refer to the latter description when referring to transdiagnostic theory and treatment. Specifically, efforts are being made to distill the information from the various evidence-based treatments of individual anxiety disorders into more unified or transdiagnostic treatments that can be applied to a range of disorders (e.g., Barlow et al., 2011; Norton, 2012).

Due to the overlap and comorbidity of emetophobia with other anxiety symptoms and processes, it is expected that a transdiagnostic treatment approach could be a more effective and efficient intervention, as these treatments are hypothesized to target underlying factors of a core anxiety pathology, such as negative affect, that cross-cut particular diagnostic categories (e.g., Barlow, 2004; Paulus, Talkovsky, Heggeness, & Norton, 2015). Further, transdiagnostic treatments include information relevant to the varied presentations of anxiety that may differ from case to case, and help to circumvent problems associated with prioritizing treatment for comorbid anxiety disorders (i.e., whether to treat vomit phobia first, then social phobia, followed by generalized anxiety, etc.) The ability to integrate evidence-based strategies across diagnostic categories is particularly germane for complex and comorbid anxiety presentations, which are more the norm than the exception (Nemeroff, 2002). Whereas each diagnosis-specific manual typically focuses on one disorder (e.g., specific phobia) making treatment of comorbidity challenging, transdiagnostic treatments can treat multiple anxiety domains concurrently, in a cohesive manner. Further, as noted by Antony and Rowa

(2005), transdiagnostic treatments encourage the use of potentially useful treatment strategies from related disorders (e.g., interoceptive exposure or worry scripts) that may not be present in a particular manual designed for a specific disorder. For emetophobia, there is no dedicated treatment manual, though there is one for specific phobias, broadly (Craske, Antony, & Barlow, 2006), indicating that the similarities in phobia function outweigh the differences in content (e.g., dogs, vomit). Transdiagnostic CBT for anxiety simply extends the bounds of these similarities to other forms of anxiety, using the same logic (i.e., similar function) and offering a more simplified treatment approach that applies to a wide range of affective problems.

Transdiagnostic CBT for anxiety has demonstrated efficacy in treating primary anxiety in a heterogeneous sample of anxiety patients (Norton & Barrera, 2012), as well as the ability to reduce comorbid symptoms to a better degree than diagnosis-specific GCBT (Norton et al., 2013), including alleviating nontargeted comorbid depression (Norton, Hayes, & Hope, 2004; Talkovsky & Norton, *in preparation*). It is expected that treatment effects shown in these previously tested trials will generalize to emetophobia. However, currently, no clinical trial or single-case design has implemented a transdiagnostic treatment of emetophobia. Therefore, this case study represents an initial examination of transdiagnostic CBT for this understudied anxiety disorder. Evidence presented here can provide support for the next steps of treatment research—namely, inclusion of emetophobia into existing transdiagnostic GCBT (T-GCBT; Norton, 2012) trials. Before doing so, it is important to evaluate the potential efficacy of a transdiagnostic CBT framework on a smaller scale, particularly given the dearth of research evidence for this specific population.

Case Introduction

The following case example is an editorially modified and de-identified representation of a patient seen by one of the authors at a clinic specializing in the treatment of anxiety. Modifications of specific case details to protect patient confidentiality were executed as recommended by Clift (1986). Where possible, efforts were made to use the specific phrasing from the patient.

At the time of assessment Jane (pseudonym) was a 23-year-old White female who had recently received her bachelor's degree. She lived with her parents and younger brother, and reported having a good relationship with her family, with the exception of her father, whom she described as a “worrier.” Jane reported no family history of psychopathology. She had several close friends and a boyfriend whom she described as supportive. Jane was unemployed and seeking full-time employment following graduation.

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