

Demographics, clinical characteristics and quality of life of Brazilian women with driving phobia

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Abstract

Driving phobia is associated with serious consequences such as restriction of freedom, career impairments and social embarrassment. The main objective of this paper is to compare clinical characteristics and quality of life between women with driving phobia and women without this phobia. These factors were assessed using structured interviews, semi-structured questionnaires, scales and inventories. We assessed diagnoses, depressive symptoms, anxiety symptoms, anxiety traits, driving cognitions and quality of life. There was no difference between groups with regard to demographic data and driving history. Both groups were also equivalent in the number of traumatic events and accidents experienced while driving or riding. The fear of driving group showed higher state and trait anxiety scores. A high frequency of cognitive distortions can explain why people with driving phobia often engage in maladaptive safety behaviors in an attempt to protect themselves from unpredicted dangers when driving. Regarding quality of life, the control group had slightly higher scores on all subscales, but significant differences were observed for only three scales: “functional capacity”, “social aspects”, and “mental health”. More studies with larger samples more instruments and other contexts are needed to further investigate the clinical characteristics and personality traits of people who have a fear of driving.

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1. Introduction

Driving phobia has serious consequences such as restriction of freedom, career impairments and social embarrassment [1]. Driving is a skill that frequently facilitates the maintenance of independence and mobility and enables contact with a wide variety of important activities [2].

Driving phobia is defined as a specific phobia in the DSM-IV. This situational phobia is characterized by intense, persistent fear of driving, which increases as the individual anticipates or is exposed to driving stimuli [3]. People with driving phobia recognize that their fears are excessive or

unreasonable. However, they are either unable to drive or they are able to drive with considerable distress [4].

This specific phobia typically occurs in young to middle-aged adult females [5,6]. It does not decrease or become spontaneously asymptomatic without treatment and can become chronic [6–8].

The psychiatric disorders most commonly associated with driving phobia are post-traumatic stress disorder (typically related to motor-vehicle accident involvement), panic disorder, and/or agoraphobia [6,9]. Some authors also mention social phobia as a possible contributing factor of driving phobia [5,10].

People with driving phobia often display dysfunctional safety behaviors in an attempt to protect themselves from unpredicted dangers when driving [11,12]. Approximately 20% of accident survivors develop an acute stress reaction; out of this subgroup, 10% eventually develop a mood disorder, 20% develop phobic travel anxiety, and 11% develop post-traumatic stress disorder [7].

It is important to ensure that the correct diagnosis is identified before treating driving phobia. Blanchard and

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Hickling [13] note some problems with a simple classification of specific phobia: anxiety may be better accounted for by another mental disorder; anxiety related to drive may not invariably provoke an immediate anxiety response; there may be times when driving does not evoke the particular triggers required for a phobic response; and such a response may not be regarded as fear but as anxiety and discomfort [13,14].

One example of these triggers is agoraphobic avoidance. Some authors show that situational panic attacks experienced by people with specific phobia are very similar to those experienced by people with agoraphobia [9]. Others indicate that driving phobias can also develop after the individual experiences an unexpected panic attack in the feared situation [14]. Some researchers distinguish specific phobias and agoraphobia in terms of focus of apprehension [14]. Individuals with agoraphobia have avoidance behaviors because they fear panic and its consequences (anxiety expectancy), whereas people with a specific phobia fear danger (danger expectancy) [11,14].

Driving fear is also attributed to traumatic experiences and personality traits: accidents, dangerous traffic situations, being assaulted while driving, seeing someone else experiencing a traumatic event while driving, being a generally anxious individual and being generally afraid of high speed [5,15]. The psychological symptoms reported to result from road trauma include irritability, anger, insomnia, nightmares, and headaches [16].

Cognitive errors associated with driving phobia may involve the tendency to overestimate the amount of fear that will be endured in a subjectively threatening situation [17], and this overestimation is likely to increase feelings of vulnerability and maintain anxiety and fear reactions [12]. In addition, it is possible that people with driving phobia underestimate their own skills and abilities and those of other drivers. As a result, they experience increased anticipatory anxiety before attempting to drive, as well as avoidance behavior [14,18]. Avoidance behavior may range from an occasional reluctance to drive in particular situations (e.g., heavy traffic or bad weather) to a global avoidance of vehicular travel altogether, and it can maintain phobic symptoms to the extent that it prevents exposure to the fear-evoking stimuli [12].

When driving cognitions were investigated, the most feared driving situation cited by driving phobics was of a motor vehicle accident [19,20]. However, the subjects also mentioned issues of control, including losing control of the car, not being in control of the driving situation, and being in control of a powerful vehicle; issues surrounding specific driving situations, including driving at high speed, driving at night, driving in unfamiliar areas, driving over bridges, driving through tunnels, driving on steep roads or open roads, merging, and changing lanes; and issues surrounding the skills required for driving, including reaction time, judgment errors, weather conditions, and road conditions [9,14,21]. Concerns about anxiety symptoms while

driving may also be present [8]. Driving in the company of someone who criticizes one's driving was rated with the highest anxiety and avoidance score in Taylor and Deane's study [9], even though it was unclear whether the respondents were referring to a perceived or real criticism.

Despite knowing that fear of driving can affect a person's life, it is unclear whether this phobia can interfere significantly with a person's quality of life (QoL). The QoL of individuals with driving phobia has not been investigated to date.

The main objective of this paper was to compare clinical characteristics and QoL between women with driving phobia and women who do not have any psychiatric disorders.

2. Methods

2.1. Research procedures

Participants were recruited from the Federal University of Rio de Janeiro, standard driving schools, and a driving school for people with driving phobia. The protocol was approved by our local ethics committee. All participants signed an informed consent.

Participants who claimed to have driving phobia and wanted to participate signed an informed consent. Then, they answered questionnaires to collect personal data and information about driving. They were then interviewed using the MINI [22]. If they did not have any problem with the inclusion and exclusion criteria, the scales were administered to the participants.

Each selected participant was paired with another woman according to age and time to obtain their next driver's license (\pm two years). The control group also participated in all procedures.

2.2. Inclusion and exclusion criteria

Participants were women between 18 and 60 years of age who met the DSM-IV criteria for driving phobia and had a driver's license or at least were enrolled in driving school until the final practical exam (they had completed the theory test and driving practical lessons).

They were excluded if they had a comorbid personality disorder and/or any other axis I psychiatric disorder. We also excluded patients with any severe physical illness, with physical problems that make it impossible to drive, and/or who were using any sedative drug, abusing alcohol or illicit drugs.

The control group was selected to meet all inclusion and exclusion criteria above, except the criteria for driving phobia.

2.3. Participants

Seventy-four women participated in the study. Sixty-four participants met all inclusion criteria and responded to all

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