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THE AGORAPHOBIC ALCOHOLIC: REPORT OF TWO CASES

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SUMMARY

The association between agoraphobia and alcohol dependence has been frequently observed in Western literature, but reports from India are lacking. Two cases demonstrating such an association are described. In both of them, the agoraphobic symptoms followed alcohol dependence. The interaction between these two conditions may set up a vicious cycle, and failure to recognize this co-morbidity may result in treatment failure.

INTRODUCTION

Although noted well over a century ago (Westphal, 1871), the association between alcoholism and anxiety disorders, particularly phobias and panic disorders, has only recently been put under the rigor of clinical research (Cowley, 1992). Many facts have been documented and new questions and issues raised, so that this area of comorbidity is currently enjoying popularity in Western clinical research (La Bounty et al, 1992). Indian literature, however, seems to be silent in this regard. To our knowledge, no study has been published highlighting the association between alcoholism and agoraphobia (with or without panic attacks). We report two such cases.

Case 1: P.S., a 35 year old, graduate, urban male started consuming alcohol since the age of 16. The alcohol consumption was non-dependent until the age of 25, when dependence emerged with significant psychosocial complications. The phobic symptoms started at age 27 and increased gradually, in number and severity, including fears of: crowded places, narrow lanes, closed spaces, crossing over bridges, darkness, heights and the fear of the sky falling over him. These fears, which started in a phase of alcohol withdrawal, would decrease with alcohol consumption and increase during abstinence, which varied from 1 to 2 months. Thus, alcohol intake increased over time, partly to control his phobic symptoms. Admitted to the Drug De-addiction and Treatment Centre (DDTC) Ward, he was detoxified with chlordiazepoxide and then treated with behavior therapy (systematic desensitization), alprazolam 2 mg and imipramine 150 mg daily. Two to three weeks of this treatment resulted in 80% relief and patient was maintaining his improvement along with abstinence from alcohol for 8 weeks following discharge.

Case 2: R.S. was a 38 year old unmarried, matriculate, unemployed urban male. He was admitted to the DDTC ward with a history of alcohol use since the age of 19. From the age of 22 onwards, alcohol use had become regular and a pattern of dependence had emerged by age 25 with physical, psycho-social and legal complications. Normally a reserved and anxiety-prone person, alcohol intake would result in the patient becoming extremely violent. The phobic symptoms started suddenly at the age of 30, and by age 34 included fears of closed spaces, crowded places, bus and train travel and heights. He gave up driving his truck as he could not drive through tunnels and over high bridges. These fears, which started during alcohol withdrawal, would decrease with alcohol intake and increase with abstinence; the periods of abstinence varied from 1 to 3 months and the severity of alcohol dependence as well as phobic symptoms increased gradually. His only sister, aged 41, also had a similar phobic illness, starting at age 36 and persisting with varying severity, despite treatment with anxiolytics and anti-depressants.

In the ward, the patient was detoxified with chlordiazepoxide. For phobias, he was treated with alprazolam 2 mg and imipramine 150mg daily, along with modified Jacobson's relaxation exercises. Two weeks of this regimen resulted in about 75% control of phobic symptoms. However, within a week of discharge, his phobias worsened despite continued treatment. He was then lost to follow-up.

DISCUSSION

The high prevalence of anxiety disorders, primarily phobias, in alcoholics have been documented in a number of Western studies, with rates ranging from approximately 13% (Weiss & Rosenberg, 1985) to 53% (Smail et al, 1984). Such a wide range of prevalence rates is explained by variations in the study population, diagnostic categories and instruments used. Nevertheless, these rates are consistently higher than those found in the general population (Cowley, 1992). The relative paucity of this particular combordity in India vis-a-vis the West is surprising and unexplained at present.

Both the patients described above had the onset of alcohol dependence prior to developing phobic symptoms, the interval being about two years and five years respectively in the two cases. Literature seems to be divided in opinion as to which comes first (Chambless et al, 1987; Johannessen et al, 1989). It has been pointed out that there may be considerable difficulty in the retrospective recall of the exact onset of both alcoholism and anxiety disorders (especially in defining, retrospectively, the clinical "cut-off" point of severity for these conditions). Instead, it has been proposed that both the conditions may develop "interactively", with "each fuelling the other" (Stockwell & Bolderston, 1987), so that a vicious cycle is set up. This model seems more useful and applicable in the two cases reported here.

It has been observed that 91-97% of agoraphobic alcoholics self-medicate with alcohol, attributing the (tem-

porary) anxiolytic property of alcohol for the (again, temporary) relief from their disabling phobic symptoms (Bibb & Chambless, 1986). Unfortunately, as we saw in our patients, even a mild or brief withdrawal accentuates these symptoms, thus generating what Hall (1984) termed 'abstinence phobia' -a dread of the abstinence phenomenon itself. In the end, the unfortunate patient becomes an inexorable victim of both conditions: alcohol dependence as well as agoraphobia. When they relapse, they do so more due to a failure in coping with their depression, fear, anxiety or anger (LaBounty et al, 1992). Hence, a comprehensive treatment for this group of patients should address both the issues of alcohol dependence as well as the underlying anxiety disorder. Failure to recognize the latter by the clinician may result in the failure of treatment.

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