Summary

Social phobia, which is a highly prevalent disorder, has only begun to receive increasing attention recently. Previous studies indicated that social phobia is a debilitating disorder. It is associated with decreased quality of life, high comorbidity rates with other mental disorders, and serious functional impairments. Though research related to social phobia is increasing, the focus of research has been on the burden of the disorder. However, to make a more comprehensive examination of social phobia there is a clear need for further study especially on the number of social fears, incidence rates and economic costs of this mental disorder. For that reason, after a comprehensive examination of the burden of social phobia with a focus on the number of social fears in the general Dutch population (chapter 2), the economic costs (chapter 3) and its incidence (chapter 4) were described.

In the study described in chapter 2, we studied the epidemiology of social phobia in the general Dutch population. We used the data from the Netherlands Mental Health Survey and Incidence Study (NEMESIS) (N=7076). The 12-month prevalence of social phobia was 4.8% and the mean age of onset 19.1. Consistent with the previous studies being female, young, low educated, a single parent, living alone, not having a paid job and having a somatic disorder are associated with 12-month social phobia. Moreover, we found a high comorbidity rate (66%) with other DSM-III-R mental health disorders. As expected, 12-month social phobia was significantly associated with lower quality of life and higher service utilization. As another aim of the study we also examined whether social phobia can be seen as a dimensional condition in which an increasing number of feared situations is related to decreased quality of life. Results showed that as the number of feared social situations increases, the burden of social phobia rises. In the light of these findings we concluded that social phobia is a debilitating disorder and in order to check its severity, mental health care givers also should pay attention to the number of social fears, besides the functional impairments, service utilization and comorbidity.

In chapter 3 economic costs of people with social phobia were compared to the costs of people without any mental disorder. In contrast to earlier studies, we also studied the relationship between the economic costs and the type and number of social fears. In addition, we explored the economic burden of subthreshold social phobia. Using data of the second
wave of the Netherlands Mental Health Survey and Incidence Study (NEMESIS) (n = 4,789). Costs which are direct medical costs, direct non-medical and indirect non-medical costs were calculated for the reference year 2003. Analysis indicated the annual per capita total costs of social phobia as €11,952 which is significantly higher than the total costs for people with no mental disorder, €2,957. Although after the adjustment for mental and somatic comorbidity, the costs decreased to €5,765, it was still significantly higher than the costs among people with no mental disorder. Furthermore, the costs of subthreshold social phobia (€4,645) were also significantly higher than the costs for people without any mental disorder. These findings indicated that social phobia has a substantial economic burden, and those of subthreshold social phobia approach those of the full-blown disorder.

Exploring the incidence of social phobia was an important aim of the present study. The incidence rate of social phobia in the general population was (1.0%). We investigated a broad range of etiological factors. In order to identify the high risk group for cost effective prevention at the earliest stage, a methodology which is developed by Smith et al. (2004), was applied. We studied sociodemographic factors, childhood trauma, parental psychiatric history, personality traits, and current stressors. Significant factors were: low education, low mastery, low self-esteem, emotional neglect in childhood and ongoing difficulties. To answer the question whether including other mental disorders as risk indicators can explain the incidence of social phobia better, we included them in the model. After the inclusion, the incidence was found to be more common among those with low mastery, major depression, subthreshold social phobia, emotional neglect, negative life events, and low education. However, the findings indicated that the inclusion of psychiatric history in the risk set did not improve the model overall. Therefore, we concluded that an important portion of the incident cases of social phobia can be detected with a small group of risk indicators.

Earlier studies indicated that several psychological treatments have been developed to decrease the burden of social phobia. Previous meta-analysis examined their effects and found promising results. However, they included non-randomized and uncontrolled studies which may have resulted in an overestimation of the effects. In order to investigate whether the previous positive results of the earlier meta-analyses remain positive when we include only randomized trials, we conducted a new meta-analysis. Moreover, half of the included studies were all new studies which were not included in earlier meta-analyses. Consistent with former meta-analyses, we found that psychological treatments are indeed effective in adults with
social phobia. The overall effect size we found ($d = 0.70$) is in the large range. However, the low to moderate heterogeneity ($I^2=29.8\%$) indicated that there might be possible systematic differences in the target populations or in interventions. Series of subgroup analyses pointed that studies with waiting list control groups had higher effect sizes studies in which pill placebo control groups were used. Moreover, we found that studies which included subjects meeting diagnostic criteria for social phobia had significantly lower effect sizes than studies in which no formal diagnosis was established. If meeting a diagnostic criterion for social phobia will indicate a more severe form of social phobia then we may suggest that psychological treatment of social phobia is more effective in mild cases.

Based on our findings, we could conclude that social phobia - which is a prevalent disorder - is significantly associated with impairments in quality of life, high levels of service use, increased comorbidity rates, serious functional impairments and considerable economic costs. However, though it is a debilitating disorder, psychological treatments of social phobia are effective. Furthermore, by detecting high risk groups, early intervention and prevention of it might be possible.