

Introduction

Focus on Social Anxiety Disorder

The second meeting of the International Consensus Group on Depression and Anxiety, which met in New York in April 1998, took as its subject the most prevalent of the serious anxiety disorders, social phobia. With a lifetime prevalence of 10% to 15%, this disorder typically starts in adolescence and, if untreated, imposes lifelong disability in the social, familial, and working lives of sufferers.

Implicit in our mission statement for this new initiative, which is to improve the management of patients with depression and anxiety disorders, is the need to increase awareness and understanding of these conditions among clinicians and their patients. Nowhere is this more important than with social phobia/social anxiety disorder, which tends to be dismissed by sufferers, the public, and even medical personnel as shyness. Terminology is important. The DSM-IV committee already recognizes both social phobia and social anxiety disorder as descriptors for the condition. In the United States, patient groups feel strongly that the term *phobia* trivializes the disorder and they are strongly in favor of *social anxiety disorder*. Where do we as a consensus group stand on this issue? We believe social anxiety disorder is the better term and draw an analogy with panic disorder, in which the anxiety and phobic components were not at first separated. Panic attacks are the primary symptom of panic disorder, and the avoidance behavior is secondary. Similarly, in social phobia, we feel it is important to separate anxiety in a social situation, which causes the physiologic symptoms, from the “secondary” phobic and avoidance behavior. Some people do endure the social situation, albeit with great distress, so that we could have social anxiety with and without avoidance, analogous to panic disorder with and without agoraphobia. We feel that it is time to adopt *social anxiety disorder* as the preferred descriptor. This is the term that we will use throughout this supplement.

During the course of our discussion, we also took the view that, although classified in Axis II of the DSM-IV, avoidant personality disorder is best regarded as a severe and pervasive form of social phobia, appearing early in life and characterized by extensive interpersonal avoidance, poor self-esteem, marked sensitivity to rejection, and fear of taking risks. Despite being currently viewed as a personality disorder, avoidant personality disorder appears to respond to treatments that are effective in social phobia.

James C. Ballenger, M.D. (Chair) on behalf of the International Consensus Group on Depression and Anxiety: James C. Ballenger, M.D.; Jonathan R. T. Davidson, M.D.; Yves Lecrubier, M.D.; David J. Nutt, M.D., Ph.D.

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Reprint requests to: James C. Ballenger, M.D., Medical University of South Carolina, Department of Psychiatry and Behavioral Sciences, 171 Ashley Avenue, Charleston, SC 29425-0742.