

# Fear of flying

AS THE EASTER RUSH TO GET AWAY APPROACHES, **ELAINE ILJON FOREMAN** OFFERS TIPS ON HELPING PATIENTS WITH A PHOBIA ABOUT FLYING



**'The fear can affect both those who have never flown and very experienced travellers, including aircrew'**

Fear of flying can present to the GP in many ways. Symptoms can include chest pain, palpitations or extreme distress, or patients may describe what they interpret as a heart attack they once had on a plane (it was more likely to have been a panic attack). The patient may request a letter supporting cancellation of a flight on medical grounds, though there will be no obvious physical problem on examination.

It can be hard for those not sharing the fear of flying to understand it – everyone knows that, statistically, flying is the safest form of transport. Yet the fear is very common, and nine million people in the UK suffer from it.

Fear of flying can affect both those who have never flown and very experienced travellers, including aircrew, and it can affect children as well as adults.

Research indicates two primary fears behind a reluctance to travel by air. The fear is either of an internal loss of control (such as panic attack, claustrophobia, agoraphobia and social phobia) or of an external loss of control, including obsessional ruminative worries of a catastrophe to the plane – heights, turbulence and terrorism fall into this group. As one patient succinctly put it: 'Flying? That doesn't bother me at all. Crashing? Now, that bothers me!'

Air travel is often the worst imaginable situation for patients who suffer from these concerns, given the increased levels of arousal when on board a plane, fears of imminent catastrophe, terror and a strong desire to escape, with the knowledge that one really is trapped.

## FIRST STEPS

### Physical examination

After a physical examination, reassuring the patient that he or she is in good health can sometimes be enough. If the flight goes well, the problem may be resolved.

But it is important to understand the cause of the fear. An ability to do this may make it possible for the GP or practice nurse to help the person overcome their fear. However, some patients may be unable to express their true reason for not wanting to fly.

## TREATMENT OPTIONS IN PRIMARY CARE

### Advice

Helping the patient find information on the safety of air travel, and encouraging them to visit an airport and become familiar with the environment, can be valuable. In-flight activities such as reading, eating, watching a film and talking to a companion can be helpful.

### Relaxation

Learning relaxation and deep-breathing techniques can enable some patients to feel physically less tense, and this in itself can reduce levels of anxiety. If the person then has several uneventful flights, their problem may disappear.

These strategies can decrease the fear, making it seem more bearable, but they do not usually fully overcome it.

### Medication

As a short-term means of coping, tranquilisers, low-dose antidepressants and beta-blockers can be effective. However, while medication may be a way of enabling a person to cope with particular journey, use can reinforce the patient's perception of being unable to fly without the tablets, and the fear can remain a problem for many years.

Medication can also give rise to problems of increased tolerance, decreased effectiveness and dependence. Sometimes, medication may not diminish all the fear, and some terrified patients are then additionally tempted to 'self-medicate' with alcohol.

### Psychological approach

Extensive research indicates that treatments developed from cognitive behaviour therapy (CBT) give the

greatest long-term success for many different anxiety problems, including fear of flying.

Since CBT incorporates the principle that people's behaviour and emotions depend to a large degree on what they understand is happening, it is clear that what patients think and anticipate can greatly affect their reactions.

When you understand what someone is thinking, and see how this affects their feelings and behaviour, it can often be possible to train them to think and hence act in a different way. This new behaviour can then become part of the normal pattern of existence.

In terms of a fear of flying, the cause can often be traced to a previous unpleasant experience, such as a bumpy flight, an emergency, or even having a severe panic attack. The resulting fear of a recurrence then sets up a process of

anticipatory anxiety, sometimes to the point where the patient will refuse to fly, or will only do so if medicated.

### Applying CBT techniques

From a cognitive behavioural perspective, a GP or practice nurse would try to ascertain if the patient had previously experienced a traumatic flight. Clearly, a patient having a panic attack on a plane and interpreting the symptoms as a heart attack may be deterred from risking further flights.

When patients can understand why they are doing something, it becomes possible for them to learn ways to change that behaviour.

Once the GP or nurse has developed an understanding of the nature of the patient's fear and the maintaining factors, their patterns of behaviour need to be examined and methods of

dealing with the anxiety considered.

Patients frequently report that they have successfully applied CBT principles to a number of other fears, such as travelling by train and tube, using lifts, or taking on public speaking.

### REFERRAL

Despite the above advice, it may be appropriate to seek specialist help from a qualified CBT practitioner if the problem persists. Subtle avoidance behaviour can be maintaining the problem despite the patient flying frequently. Practice does not always make perfect – it all depends on what and how one practises. **Dr**

**Elaine Iljon Foreman** is a chartered clinical psychologist specialising in the treatment of fear of flying. For details see [www.freedomtofly.biz](http://www.freedomtofly.biz)

## TRAVEL HEALTH

# Deep vein thrombosis

WHAT ADVICE SHOULD GPs GIVE?  
**MARK POWNALL** INVESTIGATES

Deep vein thrombosis associated with long-haul air travel has been in the news again, in the wake of a study in *The Lancet* that suggests air travel poses an additional risk over and above immobility. Does this help GPs giving travel health advice?

Research has already established that the risks are real: the relative risk of venous thrombosis increases by between two- and fourfold after air travel, and is highest after a long flight.

But the absolute risk remains low, with an incidence of DVT of less than 4% after long-haul flights, and a death rate from pulmonary embolism, the most serious complication of a DVT, of only one in two million passengers on long-haul flights.

The new research (*Lancet* 2006; 367: 832-8) compared markers of activation of coagulation and fibrinolysis in a group of 71 healthy volunteers after an eight-hour flight, after immobilisation in an 'eight-hour movie marathon', and in normal daily life.

The researchers found significantly higher median concentrations of a measure of thrombogenesis in the group after the flight, than after immobilisation in a cinema or in daily life. Women with the thrombophilic factor V Leiden mutation who used oral contraception were at highest risk.

The researchers found that there was a high response to all four of the thrombogenic markers they measured in four of 63 volunteers after the flight, but none after eight hours of immobility on the ground.

What the study confirms is that air travel does pose more of a risk than just sitting still, and so it is worth giving advice and, in some cases, prescribing.



## Patient advice

- Improve blood return and reduce venous stasis by:
  - Intermittent calf contraction
  - Use of compression stockings
- Avoid excessive sedation with alcohol or drugs in order to maintain mobility
- Some specialists advise prescribing low molecular weight heparin for those at increased risk, such as:
  - Women taking the Pill
  - Those known to have a factor V mutation
  - Those with a history of venous thromboembolism
  - Sufferers of active cancer
  - Those who have had recent major surgery (and some minor surgery)

Source: *Lancet* 2006; 367: 792-4