Emetophobia: The Specific Phobia of Vomiting: 2 Case Studies With 1-Year Follow-up

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ABSTRACT: EDUCATIONAL OBJECTIVES: At the conclusion of the session, the participant should be able:

1) To recognize emetophobia & how it can lead to significant impairment & reduce quality of life;
2) To appreciate the prevalence of emetophobia among the general population;
3) To learn that the selective serotonin reuptake inhibitor sertraline can be effective for emetophobia;
4) Need for more research.

INTRODUCTION: Emetophobia is an intense, irrational fear of vomiting. The prevalence rate of emetophobia in a community sample has been estimated to 8.8% with a female to male ratio 4:1. It can occur at any age and can have a chronic course affecting one’s academic/career, family, and social life.

METHODS: Case 1: B. was a 7-year-old female referred by her pediatrician for psychiatric evaluation for her intense fear of vomiting. Mother shared that B’s overwhelming fear of vomiting started when she was 6 years old and it may have stemmed from an incident when one of B’s cousins threw up inside their van. At school, B constantly monitored whether or not anybody was getting sick around her. If she found out, someone was sick she began screaming and crying. B’s academic performance was negatively affected due to her intense irrational fear.

Case 2: P was a 12-year-old male patient referred by his pediatrician for psychiatric evaluation after receiving 4 days of inpatient treatment on the pediatric unit for dehydration. Patient reported that he was afraid of vomiting and gradually stopped eating and drinking & became so dehydrated that he was hospitalized. Several months prior to his hospitalization he had suffered from the flu & during that time he had intense vomiting and since then he has been fearful of a recurrence of the vomiting.

After a complete psychiatric evaluation, a diagnosis of emetophobia was established for each patient. Both patients were treated with sertraline.

RESULTS: B and P both started with initial dose of sertraline 12.5mg daily and then increased gradually over a period of next few months. They responded well with sertraline. B and P continued sertraline 50mg daily and 25mg daily as a maintenance treatment respectively. At 1 year follow up visit both of them were symptoms free.

CONCLUSIONS: Emetophobia is a common and chronic debilitating mental illness. Still there are no treatment protocols and randomized controlled trials for the treatment of emetophobia. CBT/Exposure-based therapies are the most commonly used approaches for emetophobia per literature. More studies are needed for a better understanding of etremophobia, which is relatively deserted illness although it can cause as much suffering as other major psychiatric disorders do and any patient presenting with these symptoms deserves to be evaluated an managed with scientific understanding and guideline.

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