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Case Series

Paruresis – Why to Shy? – A Case Series

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Abstract

Introduction: Paruresis (Shy Bladder Syndrome) refers to the inability to initiate or sustain effective urination (micturition) in situations where there is a perception of scrutiny, or potential scrutiny, by others. It is associated with significant distress, impairment of social and occupational functioning, and reduced quality of life. Individuals with paruresis report significant difficulty in initiating and/or sustaining urination in situations where they perceive scrutiny of their actions or the outcome of their actions. Individuals with paruresis often also report a moderate or severe degree of embarrassment or shame associated with their symptoms.

Aim: To describe clinical profile and management of Paruresis cases.

Materials & Methods: This case series reports three cases of paruresis visiting the OPD of a tertiary level teaching hospital. The paruresis cases were diagnosed by DSM-V and data collected.

Discussion: The aim of this case series is to describe an unusual subtype of social anxiety disorder whose most important finding is the avoidance of using public toilets. Currently, this disorders fall under the category of social anxiety disorder. As *paruresis* have low prevalence (approximately 3%) in patients with anxiety disorders the diagnosis of these events is not easily achieved by health professionals. Its false association with organic disease and scanty knowledge about it in health professional leading to underdiagnosis of this conditions and the difficulty for the patients to seek help. Pharmacological treatment recommends the use of selective serotonin reuptake inhibitors, β - blockers and other agents. However, pharmacotherapy used in the treatment of social anxiety disorder has shown low efficacy for *paruresis*. Cognitive behavioural therapy approaches are useful in treating these diseases.

Keywords: Adherence, Diabetes, Factors affecting diabetic control.

CASE – 1

An 18-year-old male patient began experiencing difficulties in social situations around the age of 16. The patient avoided certain situations, such as using a private toilet in a friend's room or the public restrooms at his college, due to fears of being ridiculed by friends for the sound of his urination. When unable to avoid using public bathrooms, the patient exhibited anxiety symptoms, including sweating, rapid breathing, and a pounding heart. This issue significantly impacted the patient's social functioning. Aside from paruresis, the patient had no other problems. However, these symptoms were making the patient's social life challenging, as he is unable to use toilets outside of his home and hostel room. The patient is only able to urinate when he is alone in his hostel room. In extreme situations, the patient had to hold his urine for 3-4 hours until he reached his hostel room.

The patient underwent clinical evaluation to rule out urogenital diseases. Laboratory tests and ultrasound results came back normal. The patient was prescribed paroxetine at a daily dose of 25 mg for 6 months. However, the pharmacological treatment did not yield significant improvement in the condition. As a result, the patient was referred for cognitive behavioral therapy (CBT) to complement the treatment. This therapy was conducted over 6 months, with one session per week, resulting in partial clinical improvement. The combination of pharmacological treatment and cognitive behavioral therapy led to a more substantial response.

CASE – 2

A 21-year-old male medical student began experiencing difficulties in urinating in public restrooms since the age of 17. The patient avoids situations such as using college toilets and friend's

bathrooms for urination. He often had to hold his urine until he reached his hostel room. The patient did not exhibit any other anxiety symptoms. At the age of 17, while using a school toilet, a friend tickled him during urination. A few months later, he began encountering problems in public toilets, with a phobia developing around urinating when fearing someone approaching from behind. Until the age of 20, the patient had minor issues using public toilets. However, these symptoms have now significantly limited the patient's social life due to the challenges of using public restrooms. The patient is only able to urinate in public toilets when there are no other people present.

The patient underwent clinical evaluation to rule out urogenital diseases. Laboratory tests and ultrasound results turned out to be normal. The initial treatment involved a daily dose of 25 mg paroxetine for 2 months, which was subsequently increased to 37.5 mg daily along with cognitive behavioral therapy (CBT). The CBT sessions were conducted twice a week for 6 months. Notably, the patient exhibited a better response when the pharmacological treatment was combined with CBT.

CASE – 3

A 20-year-old male patient began experiencing difficulties in handling social situations at around the age of 16. Due to a fear of not being able to interact with others and the potential for others to ridicule him, the patient avoided social exposure. This avoidance extended to situations such as public speaking, attending social gatherings, and using both private and public bathrooms. When it became unavoidable to attend social events, the patient exhibited anxiety symptoms, including sweating, rapid breathing, and a pounding heart. These symptoms led to a deterioration in the patient's social functioning and significantly restricted his social life. The patient is only able to urinate when there is no one else present at home and in complete silence.

The patient underwent clinical evaluation to rule out urogenital diseases, with laboratory tests and ultrasound results returning as normal. Treatment for the patient involved a daily dose of 25 mg of paroxetine for 6 months. Additionally, the patient was referred to a psychologist who conducted 20 sessions of cognitive behavioral therapy (CBT). The primary objective of these CBT sessions was to educate the patient about how anxiety can impact bladder function and teach strategies for managing these symptoms. These strategies included breathing retraining and cognitive restructuring related to voiding. The central focus of the intervention was on gradually engaging in exposure activities. Through the implementation of these tasks, the patient experienced significant improvements in both confidence and the ability to urinate in public restrooms.

Discussion

The primary objective of conducting this case series is to provide a comprehensive exploration of a distinct subtype within the realm of social anxiety disorder - intriguing trait: an aversion to utilizing public toilets. Within the existing classification framework, this condition finds its place under the broader category of social anxiety disorders, which is an essential context to understand its nature and implications(2). This classification, however, doesn't fully encapsulate the unique challenges and features that this subtype presents.

One of the key aspects contributing to the complexity of this condition is its relatively low prevalence, estimated to be around 3% among individuals with anxiety disorders(5). This rarity poses a significant hurdle for healthcare professionals in diagnosing and recognizing this phenomenon. Unlike more common manifestations of anxiety disorders, the subtle yet significant avoidance of public toilets can often be overlooked or misinterpreted, making accurate diagnosis a complex task for medical practitioners. Moreover, a pertinent issue that compounds the diagnostic challenge is the false association of this condition with organic diseases. The symptoms of this unique subtype, being seemingly distinct from traditional anxiety manifestations, can inadvertently lead healthcare professionals down the wrong diagnostic path, diverting attention from the underlying psychological origins. This misinterpretation, combined with a general lack of comprehensive knowledge about this subtype, contributes to its underdiagnosis, leaving affected individuals without appropriate support and treatment.

From a treatment perspective, the conventional pharmacological interventions often recommended for social anxiety disorders—such as selective serotonin reuptake inhibitors and β-blockers—have demonstrated limited efficacy in the context of this particular subtype (6). The intricacies of the disorder and its specific triggers require more tailored therapeutic approaches. In this regard, cognitive-behavioral therapy (CBT) emerges as a promising avenue(6). CBT has proven its worth in addressing the unique challenges associated with this subtype by targeting the cognitive distortions and behavioral patterns that underlie the avoidance of public toilets. By gradually exposing individuals to the triggers of their anxiety and teaching them adaptive coping strategies, CBT offers a more holistic and effective approach to managing and mitigating the distress caused by this condition.

In conclusion, this case series sheds light on the interplay between its unique attributes, the diagnostic intricacies, and the tailored therapeutic strategies underscores the need for a comprehensive

understanding of this condition within the broader landscape of anxiety disorders.

Declaration of Patient Consent: The authors certify that they have obtained all appropriate patient consent forms. In the form, patients have given their consent for clinical information to be reported in the journal. The patients understand that their names and initials will not be published and due efforts will be made to conceal their identity, but anonymity cannot be guaranteed.

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