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# THERAPEUTIC APPROACH TO AGORAPHOBIA: PHARMACOLOGICAL AND COGNITIVE-BEHAVIORAL STRATEGIES

# ABORDAGEM TERAPÊUTICA DA AGORAFOBIA: ESTRATÉGIAS FARMACOLÓGICAS E COGNITIVO-COMPORTAMENTAIS

# ABORDAJE TERAPÉUTICO DE LA AGORAFOBIA: ESTRATEGIAS FARMACOLÓGICAS Y COGNITIVO-CONDUCTUALES

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## ABSTRACT

Agoraphobia, currently recognized as an independent diagnostic entity, is characterized by intense fear and avoidance of situations in which escape is perceived as difficult or help unavailable. This disorder causes profound functional impairment, affecting approximately 2% of adolescents and presenting high rates of comorbidities and suicide risk. This narrative review analyzes recent scientific evidence on the management of agoraphobia, emphasizing the integration of pharmacotherapy and Cognitive-Behavioral Therapy (CBT). In the pharmacological domain, Selective Serotonin Reuptake Inhibitors (SSRIs) are established as first-line treatment, while the use of benzodiazepines should be restricted to the acute phase to avoid inhibition of therapeutic habituation. In the psychotherapeutic field, exposure techniques remain the gold standard, enhanced by technological innovations such as Virtual Reality Exposure Therapy (VRET) and self-guided digital interventions. The study also highlights the relevance of metacognitive beliefs in the maintenance of the disorder. It is concluded that a multidisciplinary and technologically integrated approach is essential to break the cycle of avoidance and promote sustained functional recovery.

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**Keywords:** Agoraphobia. Cognitive-Behavioral Therapy. Selective Serotonin Reuptake Inhibitors. Virtual Reality. Exposure. Mental Health.

**RESUMO**
A agorafobia, atualmente reconhecida como uma entidade diagnóstica independente, caracteriza-se pelo medo intenso e esquiva de situações onde a fuga é percebida como difícil ou o auxílio indisponível. Este transtorno gera profundo impacto funcional, afetando cerca de 2% dos adolescentes e apresentando altos índices de comorbidades e risco suicida. Esta revisão narrativa analisa as evidências científicas recentes sobre o manejo da agorafobia, enfatizando a integração entre a farmacoterapia e a Terapia Cognitivo-Comportamental (TCC). No âmbito farmacológico, os Inibidores Seletivos da Recaptação de Serotonina (ISRS) consolidam-se como primeira linha, enquanto o uso de benzodiazepínicos deve ser restrito à fase aguda para evitar a inibição da habituação terapêutica. No campo psicoterapêutico, as técnicas de exposição permanecem como o padrão-ouro, potencializadas por inovações tecnológicas como a Terapia de Exposição por Realidade Virtual (VRET) e intervenções digitais autoguiadas. O estudo destaca ainda a relevância das crenças metacognitivas na manutenção do transtorno. Conclui-se que uma abordagem multidisciplinar e tecnologicamente integrada é fundamental para romper o ciclo de esquiva e promover a recuperação funcional sustentada.

**Palavras-chave:** Agorafobia. Terapia Cognitivo-Comportamental. Inibidores Seletivos da Recaptação de Serotonina. Realidade Virtual. Exposição. Saúde Mental.

**RESUMEN**
La agorafobia, actualmente reconocida como una entidad diagnóstica independiente, se caracteriza por el miedo intenso y la evitación de situaciones en las que la huida se percibe como difícil o la ayuda como indisponible. Este trastorno genera un profundo impacto funcional, afectando aproximadamente al 2% de los adolescentes y presentando altas tasas de comorbilidades y riesgo suicida. Esta revisión narrativa analiza la evidencia científica reciente sobre el manejo de la agorafobia, enfatizando la integración entre la farmacoterapia y la Terapia Cognitivo-Conductual (TCC). En el ámbito farmacológico, los Inhibidores Selectivos de la Recaptación de Serotonina (ISRS) se consolidan como tratamiento de primera línea, mientras que el uso de benzodiacepinas debe restringirse a la fase aguda para evitar la inhibición de la habituación terapéutica. En el campo psicoterapéutico, las técnicas de exposición continúan siendo el estándar de oro, potenciadas por innovaciones tecnológicas como la Terapia de Exposición mediante Realidad Virtual (VRET) y las intervenciones digitales autoguiadas. El estudio también destaca la relevancia de las creencias metacognitivas en el mantenimiento del trastorno. Se concluye que un enfoque multidisciplinario y tecnológicamente integrado es fundamental para romper el ciclo de evitación y promover una recuperación funcional sostenida.

**Palabras clave:** Agorafobia. Terapia Cognitivo-Conductual. Inhibidores Selectivos de la Recaptación de Serotonina. Realidad Virtual. Exposición. Salud Mental.

## 1 INTRODUCTION

Agoraphobia is defined as an anxiety disorder characterized by intense fear and avoidance of situations in which the individual perceives that escape would be difficult or that help would not be available in the event of panic symptoms (Chawla et al., 2022). Clinically, agoraphobia is associated with intense autonomic responses, such as tachycardia, dyspnea, dizziness, and an imminent sense of loss of control, which reinforce avoidance behavior and contribute to the maintenance of the disorder over time, especially when not treated appropriately (Chawla et al., 2022). Despite the constant avoidant behavior, the patient can endure such exposure with a feeling of fear and intense anxiety. Although previously inextricably linked to panic disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV), agoraphobia as established by the Diagnostic and Statistical Manual of Mental Disorders, 5th edition, Revised Text (DSM-V-Tr) and the International Classification of Diseases, 11th edition, is now understood as an independent diagnostic entity, presenting specific criteria involving fear on public transport, open spaces or crowds, (Kowalchuk et al., 2025).

The overall prevalence of anxiety disorders in children is estimated to be 6.5%, while in adolescents aged 13 to 18 years, the prevalence is approximately 1 in 4 individuals (Kowalchuk et al., 2025). Specifically, agoraphobia has a prevalence of approximately 2% in adolescents and is often underestimated due to its historical association with panic disorder (Kowalchuk et al., 2025). Individuals diagnosed with agoraphobia have a high rate of other comorbid psychiatric disorders, and approximately 15% of these individuals have suicidal thoughts or behaviors (KOWALCHUK et al., 2025).

It is scientifically evidenced that people, especially children and adolescents who are in a situation of socioeconomic vulnerability, or who are early exposed to situations of violence in the domestic environment or structural violence, have greater possibilities of developing Anxiety Disorders while still in the phase of the child and adolescent development period. In addition to these factors predisposing to the development of Anxiety Disorders, we can add that the impact of the COVID-19 pandemic on the lives of these subjects intensified significant losses in the mental health of this population. A meta-analysis carried out in 2021, carried out with 80,000 young people in 29 studies, showed that Anxiety Disorders had a significant clinical increase of 21%, and later studies were published in relation to gender, and showed that the impacts of the pandemic on mental health affected girls more. (Kowalchuk et al., 2025)

The pathogenesis of the disorder involves a complex interplay between genetic predispositions, irregularities in brain neurotransmitters, dysfunctional metacognitive beliefs, and behavioral conditioning (Korkmaz et al., 2025; Chawla et al., 2022). In addition to biological mechanisms, such as imbalances in the serotonergic system and increases in cortisol levels, cognitive and metacognitive processes play determining roles in the development and maintenance of this disorder.

The treatment aims not only to reduce anticipatory anxiety, but also to break the cycle of avoidance that perpetuates the disease. Current clinical management has evolved to integrate robust pharmacological interventions with innovative psychotherapeutic protocols, including digital modalities that facilitate the treatment of patients with restricted mobility (Fuhr et al., 2023; Planert et al., 2022). Early identification of the condition and the implementation of evidence-based interventions are essential to prevent the progression of the disorder and the consolidation of persistent avoidance patterns, contributing to the preservation of functionality throughout the life cycle. In addition, recent clinical guidelines emphasize the importance of early screening for anxiety disorders, including agoraphobia, especially in child and adolescent populations. The U.S. Preventive Services Task Force recommends systematic screening of anxiety disorders in children and adolescents as young as eight years of age, considering the significant impact of these disorders on emotional, social, and academic development when not identified early. Evidence indicates that interventions performed in the early stages of the course of the disease are associated with better clinical and functional outcomes, reducing the risk of chronic symptoms in adulthood (Kowalchuk; Gonzalez; Zoorob, 2022).

## 2 METHODOLOGY

The present study is characterized as a narrative literature review, developed with the objective of synthesizing and analyzing the most recent scientific evidence related to the "Therapeutic Approach to Agoraphobia: Pharmacological and Cognitive-Behavioral Strategies". The search was carried out in the PubMed database, using the descriptors "Agoraphobia", "Diagnosis", "Treatment" and "Pharmacotherapy", combined through the Boolean operators AND and OR, according to the terminology of Medical Subject Headings (MeSH).

Articles published in the last five years, available in full and written in Portuguese or English, that directly addressed the topic, were included. Studies that did not have a direct relationship with the central theme, duplicate publications, narrative reviews with low methodological rigor, and articles not indexed in the database used were excluded. The selection of studies was conducted in two stages: screening of titles and abstracts, followed by the evaluation of full texts to confirm relevance. The information extracted was organized descriptively, with emphasis on findings related to epidemiology, etiology, clinical presentation, differential diagnosis, and some pharmacological and psychotherapeutic therapeutic strategies.

## 3 RESULTS AND DISCUSSION

Individuals diagnosed with agoraphobia have a high rate of other comorbid psychiatric disorders, and approximately 15% of these individuals have suicidal thoughts or behaviors (KOWALCHUK et al., 2025).

Current evidence consolidates pharmacotherapy as an essential pillar for the initial stabilization of the agoraphobic patient. Selective Serotonin Reuptake Inhibitors (SSRIs) are recommended as the first choice due to their effectiveness in reducing the frequency of panic attacks and lower side effect profile compared to tricyclic antidepressants (Chawla et al., 2022; Guaiana et al., 2023). The use of benzodiazepines is common in the acute phase for seizure control, however, their long-term use is not recommended due to the risk of dependence and the possibility of masking symptoms, which can impair the success of exposure therapy (Kowalchuk et al., 2025). In addition, the prolonged use of benzodiazepines can compromise learning associated with therapeutic exposure, since the pharmacological attenuation of anxiety interferes with the mechanisms of habituation and extinction of fear, which are fundamental for the success of CBT (Chawla et al., 2022). According to Chawla et al. (2022), SSRIs demonstrate consistent efficacy not only in reducing the frequency and intensity of panic attacks, but also in reducing anticipatory anxiety, which favors greater adherence to the exposure strategies used in Cognitive-Behavioral Therapy.

Biological mechanisms involved in agoraphobia include imbalances in the serotonergic system, changes in the GABAergic system, and dysfunction of the hypothalamic-pituitary-adrenal (HPA) axis, resulting in increases in cortisol levels (CHAWLA et al., 2022). In addition to these neurobiological mechanisms, behavioral

conditioning plays a crucial role in maintaining the disorder, with the negative reinforcement of avoidance behaviors perpetuating the cycle of anxiety.

Regarding pharmacological treatment, evidence from meta-analyses indicates that antidepressants, especially selective serotonin reuptake inhibitors, are effective in reducing anxiety symptoms and panic episodes, which possibly has repercussions on the reduction of avoidance behaviors characteristic of agoraphobia. These findings support the role of pharmacotherapy as an adjuvant component to psychotherapeutic interventions, since used judiciously and with continuous clinical monitoring (Guaiana et al., 2023).

Pathological metacognitive beliefs play a key role in the etiology and maintenance of agoraphobia. Recent research indicates that metacognitive beliefs significantly mediate the impact of agoraphobia severity on functionality, accounting for approximately 26% of the total effect (Korkmaz et al., 2025). This finding suggests that metacognitive processes are as important as the severity of anxiety symptoms in determining functional impairment.

In agoraphobia, individuals often develop beliefs and metacognitive beliefs that support their fear, such as moving away from their safe place or losing control, which can increase attentional bias and avoidance behaviors toward the threat. Agoraphobia has long been conceptualized as a "fear of fear," which draws attention to the metacognitive nature of the disorder. Therefore, the behaviors of worrying about worries and avoiding situations in which worries may arise may explain the essence of agoraphobia. Addressing dysfunctional metacognitive beliefs in treatment can significantly improve functional outcomes in agoraphobia.

Evidence from meta-analyses indicates that antidepressants, especially SSRIs, are effective in reducing anxiety symptoms and panic episodes, which has a positive impact on the reduction of avoidance behaviors characteristic of agoraphobia (Guaiana et al., 2023). Antidepressant medications that effectively treat anxiety disorders include fluoxetine (Prozac), sertraline (Zoloft), and escitalopram (Lexapro). Serotonin-Norepinephrine Reuptake Inhibitors (SNRIs) have also shown efficacy, with duloxetine (Cymbalta) being the only drug approved by the U.S. Food and Drug Administration (FDA) for generalized anxiety disorder in children as young as seven years old.

The use of benzodiazepines is common in the acute phase for seizure control, however, their long-term use is not recommended due to the risk of dependence and the

possibility of masking symptoms, which can impair the success of exposure therapy (Kowalchuk et al., 2025). Pharmacotherapy should be used judiciously and with continuous clinical monitoring, working as an adjuvant component to psychotherapeutic interventions.

Refractory cases may require adjunctive approaches or the investigation of underlying organic causes that mimic anxiety. One notable clinical case described agoraphobia and panic attacks complicated by primary hyperaldosteronism, which improved with treatment with eplerenone, an aldosterone antagonist (Kijima et al., 2023). Although rare, this finding underscores the importance of careful clinical evaluation of associated organic factors.

In the psychotherapeutic field, Cognitive-Behavioral Therapy (CBT) presents the most consistent results. The exposure technique, in which the patient is gradually confronted with the feared situations, is key to desensitization and habituation (Fuhr et al., 2023). A relevant innovation is Virtual Reality Exposure Therapy (VRET), which allows the therapist to control the exposure environment in a safe and progressive way, being particularly useful for patients who resist initial face-to-face exposure (Wiebe et al., 2022; Planert et al., 2022). In addition, internet-mediated CBT has been shown to be comparable to face-to-face CBT, reducing geographic barriers and stigma associated with seeking treatment (Fuhr et al., 2023). Additional evidence is provided by the randomized controlled trial conducted by Fuhr et al. (2023), which evaluated a structured internet-based CBT protocol for the treatment of agoraphobia. The program was composed of sequential modules that included psychoeducation, cognitive restructuring and, above all, systematic techniques of gradual exposure to feared situations, considered the main active mechanism of therapeutic change. The results showed a significant reduction in agoraphobic avoidance, anticipatory anxiety, and symptom severity, in addition to sustained functional improvement at follow-up. The high rate of adherence and satisfaction of the participants is also highlighted, suggesting that digital interventions based on CBT represent a viable and effective alternative, especially for patients whose own condition limits access to face-to-face treatment.

When analyzing the two studies together, it is clear that they do not contradict each other, but complement each other. The systematic review by (Wiebe et al., 2022), shows that exposure therapy in virtual reality already shows consistent results of effectiveness, especially in anxiety disorders, such as panic disorder and agoraphobia. This indicates

that virtual reality should not be seen only as a promising technology, but as a therapeutic tool that already has scientific support. Based on this basis, the study by (Planert et al., 2022), advances by transforming this knowledge into a practical proposal, by developing a self-guided digital treatment, of short duration and with the potential for large-scale application. In practice, while (Wiebe et al., 2022), organize and consolidate the evidence available in the literature, (Planert et al., 2022), they propose a concrete way to use it in the clinical context. Thus, both studies reinforce that interventions based on virtual reality can contribute not only to the reduction of symptoms and avoidance behaviors, but also to the expansion of access to mental health treatment, especially in contexts marked by the scarcity of professionals and difficulties in accessing specialized services. In this context, Fuhr et al. (2023) highlight that the use of digital technologies in the treatment of agoraphobia should not be understood as a substitute for the classic principles of CBT, but as a strategy to operationalize and expand access to exposure techniques, a central element in the management of the disorder. The digitalization of treatment enables the systematic repetition of exposures, greater patient autonomy and reduction of dropout rates, factors that are particularly relevant in conditions marked by intense avoidance. Thus, both virtual reality and CBT-based digital platforms share the goal of facilitating the implementation of therapeutic exposure in a safe, progressive, and clinically effective way.

It is observed that anxiety disorders, including agoraphobia, can cause significant impairments in emotional, social, and academic development, especially when they manifest themselves in younger age groups. Early identification of the condition and the implementation of evidence-based interventions are essential to prevent the progression of the disorder and the consolidation of persistent avoidance patterns, contributing to the preservation of functionality throughout the life cycle (Kowalchuk et al., 2025). In this context, Cognitive-Behavioral Therapy remains the main psychotherapeutic approach, with adaptations compatible with the patient's stage of development, favoring the reduction of anxiety symptoms and the improvement of global functioning.

In the clinical context, the diagnosis of agoraphobia and other anxiety disorders is fundamentally based on a structured clinical interview, involving the patient and, when applicable, their caregivers, with attention to personal and family psychiatric history, associated psychosocial factors, and assessment of suicidal risk. Validated screening instruments, such as the Screen for Child Anxiety Related Emotional Disorders

(SCARED) and the Spence Children's Anxiety Scale (SCAS), are recommended for the initial assessment and monitoring of symptom severity, contributing to greater diagnostic accuracy and longitudinal follow-up (Kowalchuk; Gonzalez; Zoorob, 2022).

The use of digital technologies in the therapeutic management of agoraphobia has been pointed out as a relevant strategy to overcome the limitations imposed by the clinical condition itself. The application of virtual reality in diagnostic and therapeutic contexts enables gradual exposure to anxiogenic stimuli in controlled environments, favoring desensitization and habituation processes, in addition to contributing to greater adherence to treatment, especially among patients with high levels of avoidance (Wiebe et al., 2022).

A comprehensive systematic review identified 721 articles on the use of virtual reality in mental disorders, with studies demonstrating the effectiveness of VRET in a variety of anxiety disorders, including panic disorder and agoraphobia (Wiebe et al., 2022). Studies show that VRET is equally effective at or superior to traditional exposure therapy in many cases, with the added advantage of allowing greater control of the therapeutic environment and greater accessibility for patients with restricted modality.

Virtual reality offers multiple advantages for exposure interventions. As a technology that allows you to implement immersive, interactive, and experience-rich virtual environments, VR seems predestined for exposure interventions. As with classical exposure therapy, patients can be specifically confronted with their anxiety and thus learn to mitigate it through habituation and extinction. Through VR, exposure situations can even be created that would not be feasible in the real world. Moreover, given its ability to simulate symptom-relevant 'realities', VR seems extremely well-suited to developing new testing environments that are ecologically valid and yet highly standardized.

## 4 CONCLUSION

Agoraphobia is an anxiety disorder with important functional impact, whose most effective treatment is based on the integration between pharmacotherapy and psychotherapeutic interventions. Selective Serotonin Reuptake Inhibitors (SSRIs) remain the first line in pharmacological management, showing good efficacy and tolerability, while long-term use of benzodiazepines should be avoided due to the risk of dependence and impairment to exposure therapy (Chawla et al., 2022; Guyana et al., 2023; Kowalchuk et al., 2025).

In the psychotherapeutic field, Cognitive-Behavioral Therapy, especially through exposure techniques, demonstrates consistent results in reducing avoidance and improving functionality. Innovative strategies, such as virtual reality exposure and digitally mediated CBT, expand access to treatment and have efficacy comparable to face-to-face approaches (Fuhr et al., 2023; Planert et al., 2022; Wiebe et al., 2022).

Understanding the metacognitive processes involved in agoraphobia opens up new perspectives for treatment. Dysfunctional metacognitive beliefs play a key role in maintaining the disorder and functional impairment, suggesting that therapeutic approaches that specifically address these processes may significantly improve clinical outcomes (Korkmaz et al., 2025).

It is concluded that an integrated therapeutic approach, combined with careful clinical evaluation of associated psychosocial and organic factors, is essential for functional recovery and improvement of quality of life in patients with agoraphobia (Korkmaz et al., 2025; Kijima et al., 2023) Understanding the metacognitive processes involved in agoraphobia opens up new perspectives for treatment by suggesting what therapeutic approaches that specifically address these processes can significantly improve clinical outcomes.

Self-guided digital treatment with virtual reality technology has the potential to be more effective, compared to the active control group, in reducing the severity of symptoms related to panic disorder, agoraphobia, and panic disorder with agoraphobia (Planert et al., 2022). In addition, this approach may contribute to decreased agoraphobic avoidance, anticipatory anxiety, and functional disability, as well as to increased diagnostic remission rate at follow-up. Thus, the use of virtual reality is a promising alternative, as it enables faster responses to interventions, requires less therapeutic supervision and is more cost-effective, favoring the expansion of access to psychotherapeutic treatment in the public mental health service.

Recent evidence further reinforces that digital platform-mediated intervention constitutes an evidence-based intervention for agoraphobia. The study by Fuhr et al. (2023) demonstrates that structured online protocols, centered on exposure techniques, are capable of promoting a significant reduction in symptoms and behavioral avoidance, in addition to favoring therapeutic adherence. This approach is particularly relevant for patients with high mobility restrictions, as it circumvents the limitations imposed by the clinical condition itself and expands access to mental health care.

However, scientific research still needs to be deepened, through direct comparisons between treatment with self-guided virtual reality and conventional CBT treatment with in vivo exposure. In this way, it will be possible to evaluate, with greater precision, the role of virtual reality as a complementary strategy to treatment with CBT in these mental disorders, associated with available pharmacotherapy or even as a method in the future.

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