FEATURE

Paruresis and parcopresis: How GPs can help

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These intense fears focused on a daily human function can seriously impact people's lives – but GPs can help.

Patients with paruresis and parcopresis experience psychological distress, social, interpersonal and occupational impairment.

Paruresis and parcopresis may not be familiar terms to many, but for Kenley Kuoch, a PhD candidate in psychology at Swinburne University of Technology, they are a topic of serious study.

'Paruresis and parcopresis are anxiety conditions related to bladder and bowel function,' he told *newsGP*.

'Individuals with paruresis experience a difficulty or inability to initiate or sustain urination due to an overwhelming fear of perceived scrutiny, while those with parcopresis report difficulty with defecation, also due to an overwhelming fear of scrutiny.'

This anxiety is focused on fear of opprobrium from others due to the physical nature of elimination, such as sounds and

smells. It typically tends to present in public restrooms, but can also occur within a person's own home, where family members or housemates are present.

It can also have a very serious impact on a person's daily life.

'Patients with paruresis and parcopresis experience psychological distress, social, interpersonal and occupational impairment, and reduced quality of life,' Mr Kuoch said.

'In order to offset their anxiety, patients may alter their lifestyle and daily habits.

'For instance, to avoid public restrooms, individuals will reduce food and fluid intake and only go to secluded or empty restrooms, avoid using them entirely, and in severe cases abuse over-the-counter anti-diarrhoeal medications.'

There has not yet been much research conducted on these conditions, and the prevalence of parcopresis is at this point unknown, while the proportion of people experiencing paruresis is thought to range between 2.8–16.4%.

Interestingly, paruresis has been documented more often in men, a situation Mr Kuoch believes may be in part due to environmental factors, such as differing layouts between men's and women's restrooms.

'Men are typically provided with standing urinals to urinate in, while female restrooms provide closed stalls that provide personal space and physical privacy, so the absence of privacy and personal space in male urinals may be a contributing factor,' he said.

Mr Kuoch also believes traumatic experiences relating to bathrooms in a patient's past may also contribute to the development of these conditions.

'For example, patients may have experienced stressful events in public restrooms during childhood and adolescence, such as being teased or bullied by peers,' he said.

'After this experience, the patient may become stressed and nervous about using public restrooms which then leads to further anxiety and difficulties surrounding urination and defecation.'

Due to the stigma that surrounds bathroom matters in general in our culture, plus the additional anxiety and stress of the conditions themselves, paruresis and parcosepsis can be very hard to identify in a patient.

'As a result of feelings of shame, embarrassment, and perceived stigma associated with paruresis and parcopresis, patients may be reluctant to disclose their condition with family members and their GP,' Mr Kuoch said.

However, while these conditions are psychological, they can also manifest in physical ways, such as a 'freezing' sensation of the urinary bladder, or anxiety-related symptoms such as sweating, nausea and muscle tension when in anxiety-provoking situations, such as a busy restroom. Exploration of these symptoms can provide a gateway for GPs to identify and discuss these conditions with patients.

'GPs can detect paruresis and parcopresis by first excluding physiological causes for a patient's symptoms, alongside collection of a thorough medical history,' Mr Kuoch said.

'Once organic and other mental health disorders have been excluded, further exploration of the psychological concerns related to paruresis and parcopresis would be important. This includes assessing for comorbid psychological disorders such as social anxiety disorder, currently identified to be the primary disorder associated with these conditions.

'Severity scales, such as the shy bladder and shy bowel scale [SBBS] may also help assess the levels of symptoms and impact of these conditions pre-treatment and post-treatment.'

Mr Kuoch has found a comforting approach is important in managing these patients, and recommends referral to a psychologist for further treatment.

‘GPs can defuse feelings of shame and embarrassment by reassuring patients that these conditions are relatively common,’ he said.

‘Once a diagnosis has been made, GPs can refer patients to a psychologist. Currently, psychological-focused interventions such as cognitive behavioural therapy are noted as being most effective in the treatment of paruresis and parcopresis.’

Anxiety | Mental health | parcopresis | Paruresis | Psychological conditions

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Slow stream...Prostate? go to cubicle in male toilet.....

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