

Vestiphobia in a military conscript: a case report

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Date accepted for publication 25 March 2011

Abstract

The case presented is a 21-year-old male conscript with vestiphobia and panic attacks triggered from donning his military vest. This case report highlights a common but largely under recognized anxiety disorder, and it is hoped to encourage improved diagnosis of patients suffering from such conditions in future.

Keywords

Vestiphobia; fear; anxiety; military; panic.

Introduction

A phobia is defined as an irrational, extreme and persistent fear in relation to the presence or anticipation of specific situations, activities, objects or individuals that in fact poses little or no real threat. Phobic disorders are conceived as amongst the most common of the anxiety disorders. The *Diagnostic and statistical manual of mental disorders, fourth edition* (DSM-IV) differentiates 3 groups of phobic anxiety disorders: social phobia, specific phobia, and agoraphobia^[1]. According to DSM-IV, the fundamental feature of any specific phobia is a marked and persistent fear of evidently discernible, circumscribed objects or situations. Exposure to the phobic stimulus almost invariably provokes an instant anxiety response, which may take the form of a panic attack. The affected individual recognizes that the fear is excessive or unreasonable, and desires to avoid the feared subject or situation. Most often the phobic situation is actively avoided or else endured with intense anxiety or distress. This anxious anticipation, avoidance, or distress impedes significantly with the individual's daily normal routine, occupational or academic functioning, as well as social activities and relationships.

The lifetime prevalence of any specific phobia has been estimated at between 5.2% and 12.8% in various studies^[2-4]. Risk factors for specific phobias include being young and female^[5]. Within the concept of specific phobias, the DSM-IV classification differentiates various subtypes that serve to best describe the focus of fear or avoidance, specifically to animals, natural environment, blood-injection injury, situations or other triggers. In contrast, the International Classification of Disorders (ICD-10) does not consider these different forms. In this report, we present the case of a 21-year-old patient who was diagnosed with vestiphobia for the first time.

Case presentation

The patient was a 21-year-old Chinese man without a history of mental illness or any preceding psychiatric treatment. He was then a military conscript trainee and was initially seen at the medical centre reporting with a second episode of marked but transient dyspnoeic symptoms and rapid palpitations, which had occurred earlier during his field training lesson. The first episode had taken place a month previously when he had his first field training lesson. These episodes were associated with hyperventilation, mild acral paraesthesiae and cramps, as well as central chest tightness. The patient claimed that the symptoms were triggered only by upon putting on his unloaded protective body vest, which progressively worsened after a slow walk. The symptoms promptly resolved upon removal of the body vest followed by a few minutes of rest. He had decided to seek medical attention only after this second attack, as he was worried that he might have underlying undiagnosed asthma or other respiratory problems.

At the time of consult, the patient was forthcoming in the description of the entire event. During the psychiatric exploration, the patient was polite, pleasant, and sincere. At the same time, he appeared to be concerned about the condition and was willing to subject himself to further tests including blood sampling. He denied any family, social, or financial problems troubling him, and did not reveal any known phobias or prior panic attacks. No compulsive or panic symptoms were noticed. No family history of anxiety or other psychiatric disorders were found. He did, however, mention that he usually preferred to wear loose clothing. At the end of the consult, he consented to an impromptu situational test as a diagnostic confirmation, albeit after an initial refusal and much reassurance that he will be on close monitoring by the medical staff.

The patient was first informed to put on a protective body vest similar to the one he had carried earlier. He was initially asymptomatic and comfortable. Vital signs were as follows: Spo₂ 100% on room air, heart rate 80/min, respiratory rate 12/min, blood pressure 120/80 mmHg and temperature 37°C. After about 5 min, the patient started to be in discomfort and started to hyperventilate at a rate of 20/min. He reported some degree of light-headedness but maintained that the symptoms were tolerable. The patient was then told to walk slowly around the room for another 10 min. However, after about 5 min, he was diaphoretic and hyperventilating at a rate of 36/min, with an increased heart rate of 135/min and Spo₂ still maintained at 100%. At the same time, the patient described acral paraesthesiae and a sensation of a disturbing tightness around his upper body. The test was cut short and he was allowed to remove the body vest, with an immediate sense of relief and rapid normalization of his vital parameters. Throughout the consultation, physical examination was otherwise generally unremarkable. A diagnosis of vestiphobia was made, and he was subsequently excused from such attire without further recurrence of symptoms. No further investigation was felt to be required as he continued to perform well in his duties, including subsequent field training, without any functional problems.

Discussion

This patient has suffered from a specific phobia, in this particular case provoked by the donning of a tight and body-hugging military vest. This specific phobia is also termed vestiphobia (Latin: *vestis*, meaning clothing). Vestiphobia is defined as an overwhelming, irrational fear of clothing. The vestiphobic person can experience anxiety and emotional turmoil that is completely compromising to their ability to function. Most often, the vestiphobe avoids wearing tight-fitting or undersized clothing, or in some cases simply desires to be free of clothing. In extreme cases, the patient may withdraw from society completely in order to avoid being clothed. It is important to understand that the person affected by this phobia is not an exhibitionist or nudist. As illustrated above, our patient became apprehensive when he was asked to go through a diagnostic situational test. The patient's refusal of the investigation can be comprehended as typical avoidance behaviour as a result of his underlying phobic disorder.

The underlying pathophysiology and specific nature of anxiety associated with specific phobia is thought to be associated with reduced levels of cardiac vagal tone, manifested by high increment in heart rate coupled with low variability. These responses are mediated by the autonomic nerve system, more specifically by its parasympathetic branch. The vagus nerve attenuates the sympathetic nervous system output and is key to responsiveness to environmental cues. Behaviourally, specific phobias manifest as the need to escape or avoid the feared object or situation, and may be expressed somatically by a heightened symptomatic response consisting of tremor, diaphoresis, tachycardia and hypertension^[6].

Numerous theories about the cause of specific phobias have been proposed, with genetic and environmental factors generally being acknowledged to influence behaviour, including anxiety disorders in general and specific phobias in particular. For example, based on classic conditioning models, a previous neutral stimulus (e.g. tight suit) may have been paired with an aversive stimulus (e.g. spider crawling into the suit) that elicited a strong fear or emotional response. A familial component of specific phobia is also frequently observed, although the type of specific phobia is usually different^[7]. In our case however, no such genetic or environmental factors were noted.

To the best knowledge of the author, this is the only medical case report on vestiphobia to date. In a recent study on 850 young Israeli conscripts, the prevalence of fears and specific phobic symptoms was 49.1 and 8.7%, respectively. The most frequent phobic symptoms identified were from animals, being alone, heights, injury and closed places, but fear of military clothing was not actively investigated^[4].

Teaching point

Specific phobias are commonly encountered in military conscripts. The case presented was of a young military conscript diagnosed with vestiphobia after panic attacks were triggered by wearing his military body vest. Through this case report, vestiphobia is highlighted as a valid differential diagnosis in patients presenting with panic attacks. The clinical relevance is important since patients may return to normal function with proper education, counselling and avoidance therapy. Vestiphobia is still largely an under-recognized anxiety disorder, and it is hoped to encourage improved diagnosis and treatment of patients suffering from it in future.

Consent

Written informed consent was obtained from the patient for publication of this case report. A copy of the written consent is available for review by the Editor-in-chief of this journal.

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