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**Continuing Education Material**

**How to Help  
the Needle Phobic  
Patient**

***ABP, Inc***

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## ABP, INC CONTINUING EDUCATION MATERIAL

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### How to Help the Needle Phobic Patient

#### OBJECTIVES

1. Identify common symptoms seen in needle phobic patients.
2. List medical conditions that a needle phobia can cause.
3. Identify 4 different treatments that can help the needle phobic patient.

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## The Needle Phobic Patient

What is a definition of fear?

A natural and normal human 'negative' emotion. Learned fear is an important survival mechanism, i.e., the hot stove, stay back so you won't fall off the cliff, etc.

What is a definition of needle phobia?

A persistent, abnormal and unwarranted fear of needles, pins or pointed objects.

Needle phobia, also known as aichmophobia or belonephobia, affects about 30 million people in the USA alone. Needle phobia is a medical condition that deserves treatment just as much as any other medical condition. It can cause:

- 1) panic attacks
- 2) isolation from others
- 3) diminished medical care
- 4) lost career opportunities
- 5) poor performance or grades
- 6) decreased wages

Some common symptoms seen in needle phobic patients:

- 1) shortness of breath
- 2) syncope (fainting)
- 3) rapid breathing
- 4) drop in blood pressure
- 5) irregular heartbeat
- 6) profuse sweating
- 7) nausea
- 8) feelings of dread

What causes a fear of needles?

Like all fears and phobias, the fear of needles is created by the unconscious mind as a protective mechanism. At some point in the past there was likely an event linking needles, pins, or pointed objects and emotional trauma. While the original catalyst may have been a real-life scare of some kind, the condition can also be triggered by a myriad of events like movies, TV, or perhaps, seeing someone else experience trauma.

As long as the negative association is powerful enough, the unconscious mind thinks: "This whole thing is very dangerous. How do I keep myself from getting in this kind of situation again? I know, I'll attach terrible feelings to needles, pins, or pointed objects, that way I'll steer clear in the future just to be safe."

Just like that, a fear of needles can be born. Attaching emotions to situations is one of the primary ways that humans learn. Sometimes we just get the wiring wrong. The actual phobia manifests itself in different ways. Some sufferers experience it almost all the time, others just in response to direct stimuli. Everyone has their own unique formula for when and how to feel bad.

To break the negative feelings associated with needles, the person needs to train their unconscious mind to connect different, positive feelings to the stimuli that triggers the phobia. Once the unconscious mind feels safe and learns how to respond appropriately, the results can be good and be permanent.

## **Root Causes of Fear of Needles**

**Single Traumatic Incident** - This is a stressful or frightening real event at which, instantaneously, a fear of needles is created. A single traumatic incident is a one-time experience at which there is such extreme fear - even if only for a moment - that the nervous system 'learns' to associate fear to help the individual avoid such situations in the future. For example, the child who has to be restrained and cannot see what is happening to them during a venipuncture.

Be aware that the initial fear may have nothing to do with needles. Sometimes the problem started at a time when the patient was under extreme stress for something completely unrelated, but the mind somehow associated the negative feelings to needles or pins anyway.

**Associated Traumatic Experience** - This is where the individual does not directly experience the fear, but 'associates' to someone who does, either in a real situation, or rarely, when watching someone in a movie - or even in a dream - experience a traumatic event.

**A Slow Build** - A slow build occurs when a mild case of fear of needles escalates over time to become a severe one. What is happening here is that the individual is 'accumulating' fearful associations to needles, pins or pointed objects, so that the evidence used by the mind and nervous system is becoming increasingly irrefutable that fear is the appropriate emotion. That means that anxiety is created automatically in anticipation each time, thus, creating a self-fulfilling prophesy.

Sometimes this fear seems like it's always been there for a patient. The truth is that a baby is not born with irrational fears and phobias. The cause may go back in early childhood, possibly a school experience. A learned response, like a fear of needles, can always be unlearned, provided the individual is determined to do so.

## **Four Broad Categories of People with Needle Phobia**

- 1) A frightening reaction which includes a plunging blood pressure and, often, a loss of consciousness. This reaction, called a vasovagal reflex reaction, generally occurs only after puberty and is more common in men than women.
- 2) It is very common for young children to be afraid of needles. Most children will simply outgrow their fear. Others will become adult needle phobics. Forcing needle phobic children to undergo a venipuncture without some type of a topical treatment will only increase the chances that they will become severe needle phobics and avoid medical care as adults.

Adults born prior to the mid-60's may have had their phobia reinforced by poor quality control in needle manufacture which resulted in occasional dull or poorly-beveled needles. This included needles for both venipuncture and injections.

- 3) Some needle phobics have an acute sensitivity to pain. Needle procedures that are painless to most people cause considerable physical pain to needle phobics. The use of topicals with these patients will greatly improve the lives of these individuals
- 4) The rarest type of needle phobia - but the type that most people think they have - is a classic phobia that results from an early traumatic experience. Many people will remember an early experience which they believe triggered their needle phobia. The traumatic experience they describe is usually a routine venipuncture or needle procedure that occurred without any significant problem other than the needle phobia reaction itself.

Many needle phobics fit into more than one of these categories, and there are probably other categories not listed here. Needle phobia is a subject that has received very little formal study.

## **Concerns of Needle Phobic Patients**

About 80% of needle phobics have a first-degree relative (parent, child or sibling) with needle phobia. This is considered evidence that needle phobia has a genetic component. This trait that had a positive survival value prior to the 20<sup>th</sup> century now has a negative survival value as it shuts its victims off from many of the benefits of 21<sup>st</sup> century medicine.

An episode of needle phobia can be frightening not only for the needle phobic, but for others present as well. When needle phobia results in loss of consciousness, it is not uncommon for it to be accompanied by convulsions or respiratory distress. There

are at least 23 documented cases of death due to needle phobia. Of much greater concern than the rare cases of death due to needle phobia are the countless thousands of premature deaths caused by the avoidance of medical care due to needle phobia.

Overcoming needle phobia does present some special difficulties and it does not usually respond well to traditional techniques for overcoming phobias. Quite often, even after a person has lost his conscious fear of needles, they may retain anxiety about the physiological needle-phobia reaction. For many needle phobics, the physiological needle-phobia reaction is much more unpleasant and anxiety-provoking than the needle stick itself.

The differences between needle phobias and other common phobias cannot be over-emphasized. Psychologists and counselors should be warned against attempting to treat needle phobics in a non-medical environment. Conjuring up images of needle procedures can evoke a full needle-phobic reaction, including vasovagal shock and possible cardiovascular problems. Although permanent injury is very rare, no one should risk evoking the physiological needle-phobic reaction with emergency oxygen and the presence of medical personnel skilled in cardiovascular resuscitation. Every needle phobic is far more likely to die from avoiding medical care than from a needle phobia reaction.

### **Methods or Treatments That Can Help the Needle Phobic Patient**

- 1) Anesthesia - One of the most effective ways in overcoming severe needle phobia is to anesthetize the site of the needle stick. Since modern sharp needles produce a needle stick that is usually painless, topical anesthetics are rarely used. But this misses the point of using anesthesia in needle phobics. The reason for topical anesthesia is to totally eliminate the sensation of being stuck by a needle.

Topical lidocaine may be used for this although this alone will anesthetize the skin only to a depth of 2 or 3 mm. Iontophoresis is a process which uses a mild electrical current to drive lidocaine into the skin so the injection or venipuncture site can be quickly anesthetized to a depth of 1 or 2 cm. Iontophoresis units cost a few hundred dollars and can be purchased by individuals if they have a doctor's prescription for the device.

- 2) EMLA ® (Eutectic Mixture of Local Anesthetics) is a topical anesthetic cream available by prescription in the US. It is a mixture of lidocaine and prilocaine that is a liquid at room temperature, even though both lidocaine and prilocaine are room-temperature solids. This is what is meant by 'eutectic'. The liquid penetrates much more deeply than ordinary anesthetic solutions. However, the

cream is very vasoconstrictive and makes the veins very difficult to feel after using it. The effectiveness of EMLA cream varies greatly from individual to individual.

- 3) Ice is an effective agent and can often be used to carefully numb the venipuncture or injection site. Give the ice cube to kids to get them involved. Have them move the ice in circles over the venipuncture site to numb the area if they want.
- 4) Another effective technique is for the patient to be given a fast-acting anti-anxiety agent such as Valium prior to the needle stick. The dose will depend on the severity of the needle phobia. Do not let the patient drive while under the influence of a large dose of this agent. This can be very effective, especially for those whose main problem is fainting, or the vasovagal reflex reaction.
- 5) Lying down, with the legs elevated during the venipuncture procedure can help prevent the loss of consciousness and other physical symptoms. Some patients must lie with legs elevated and their head lowered. They must be encouraged to remain lying or sitting until they feel quite comfortable, then slowly stand up. The physiological needle phobia reaction sometimes doesn't occur until a few minutes after the puncture.

Shallow and/or rapid breathing can be a symptom of needle phobia, but it can also hasten further physiological needle phobia reactions. Needle phobics need to make a conscious attempt to breath deeply and slowly. This cannot be emphasized enough.

## **Conclusion**

Doctors and all other medical professionals need to be educated about the nature of needle phobia and its treatments. Unfortunately, it is usually up to the patients to educate themselves, then educate their physicians and others who treat them. We need to educate ourselves so we can help our patients.

## **References**

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2. James G. Hamilton, MD, The Journal of Family Practice, Aug, 1995, Vol 41, No 2, pp 169-175.
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## Quiz

1. Number of people estimated to be needle phobic in the USA.
  - a. 1 million
  - b. 10 million
  - c. 20 million
  - d. 30 million
  
2. Fear is a normal human negative emotion.
  - a. True
  - b. False
  
3. A term for a needle phobic person is
  - a. Aileophobia
  - b. Belonephobia
  - c. Cautenophobia
  - d. Dermophobia
  
4. Symptom of a needle phobic
  - a. Shortness of breath
  - b. Rapid breathing
  - c. Nausea
  - d. All of the above
  
5. Phobias are created by the conscious mind as a protective mechanism
  - a. True
  - b. False
  
6. A learned response, like a fear of needles can always be
  - a. Explained
  - b. Forgotten
  - c. Overcome
  - d. Unlearned
  
7. A vasovagal reflex reaction is found most common in
  - a. Babies
  - b. Children
  - c. Men
  - d. Women
  
8. Needle phobias are similar to other phobias so they can be treated the same.
  - a. True
  - b. False



9. To break negative feelings associated with needles, a person needs to
- a. Think only good thoughts
  - b. Have their thoughts rewired
  - c. Think about needles constantly
  - d. Connect positive feelings to trigger stimuli
10. Needle phobics are considered to have a genetic predisposition for this trait.
- a. True
  - b. False