

Anxiety disorders are the second leading cause of disability amongst all psychiatric disorders, with the **burden peaking during emerging and early adulthood.**¹

They are a **common group of conditions** that includes generalised anxiety disorder (GAD), panic disorder, post-traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), phobias, and **social anxiety disorder**.²

13,3 %

The estimated

lifetime prevalence
of social anxiety
disorder²

Social anxiety disorder (SAD), also known as social phobia, is a condition marked by extreme fear of situations that involve possible scrutiny by others. The individual is concerned that embarrassment or humiliation will result, and so they avoid such situations, or endures them with intense anxiety or distress.³



An overview of social media use (SMU)1,4

Social media (SM), ubiquitous in modern society, has **changed the way people communicate with those around them**. Over the last two decades, social media has expanded exponentially, now comprising a variety of websites and applications used globally by people of all ages.⁴

SM is used as a means of keeping in touch with friends, connecting with others with shared hobbies or interests, following celebrities, finding romantic partners, seeking out new information, expressing one's thoughts, feelings, and identity, and sharing good and bad news.⁴

Social media has been defined as web-based communication platforms or internet applications (e.g. Facebook, Snapchat and Instagram) with three distinct features, in which the platform^{1,4}:

- 1. Allows users to create unique profiles and content to share with other users,
- 2. Creates a visible network connection between users that can be navigated by other users, and
- 3. Provides users with a space to broadcast content, consume information, and interact with others in a continuous stream of information

Many of the applications have become central to the lives of emerging adults. **90** % **of young adults use social media**, with the majority using two or more social media sites.¹

78 % of young adults (18 – 24 years old) use Snapchat and 71 % use Instagram – most of whom visit the sites daily or several times a day.⁴

The omnipresence of social media in the lives of emerging adults (18 - 22 years old) has resulted in increasing interest in understanding the impact of SM on their psychological adjustment. SM may serve as a key context through which these young adults negotiate important developmental tasks e.g. identity development and maintaining social connections.¹

Advancements in identity formation and increases in social support achieved through social media use may enhance psychological wellbeing. However, SMU has the potential to function as a source of stress or reinforce negative self-evaluations when individuals receive undesirable feedback from others or engage in negative social comparisons. The immersive experience created by the numerous distracting features of SM sites also may facilitate avoidant coping strategies and social isolation, which may promote psychopathology.¹



Social media use and social anxiety 1,4,5

Two broad categories of how people use social media have been identified in recent research: active use and passive use. Active use includes any activity on social media sites that facilitates direct exchange with others e.g. direct communication, posting, sharing private links, or direct messaging. Passive use includes monitoring other people's lives without direct engagement, such as scrolling through profiles, pictures, videos, or updates. Active use is thought to be associated with greater psychological well-being while passive use is associated with poorer psychological well-being.⁴

Socially anxious individuals seem to be at increased risk of engaging more frequently and more passively on social media. Individuals with social anxiety experience fear and anxiety in social situations in which they will be negatively evaluated or judged by others and may limit their opportunities to have meaningful social relationships.⁴

As a potential result of their **maladaptive social beliefs**, **socially anxious individuals**may show a preference for online interaction
over face-to-face interactions, increasing
the likelihood that they will engage more
frequently online.⁴

On social media, users often **selectively reveal themselves** and construct their

These individuals may use the internet/social media to regulate and compensate for their social fears and anticipated rejection – perceiving the internet broadly as a more comfortable platform for socialising.^{1,4}

preferred identities or characteristics (e.g. emotions, personality traits or opinions). When users are notified about other people's life updates through social media postings, they spontaneously and unintentionally practice **social comparison**.⁵

Social comparison consists of people's biological inclination to evaluate aspects of their lives e.g. their situation, skill, popularity, appearance and overall identity in comparison to others, based on the information they receive about others.

Social media generates **ubiquitous comparison information and accessible feedback**, such as the number of followers, likes, comments, and retweets. Such information allows people to form impressions of others quickly. Compared with the offline setting, comparison information on social media is more salient and visible.⁵

Often, individuals engage in **negative upward social comparisons**, in which they **view themselves more negatively in comparison to other people, increasing the risk of social anxiety**. The elevated likelihood of negatively comparing oneself to others places socially anxious individuals at increased risk of engaging more passively online and feeling more socially isolated and alone as a result.^{4,5}



The association between social media use and anxiety in emerging adults¹

Higher daily social media use is associated with greater dispositional anxiety symptoms and an increased likelihood of having a probable anxiety disorder in emerging adults (18 – 22 years old).¹

Social media sites may serve as a source of stress that contribute to elevated anxiety symptoms and related impairment in emerging adults. Facets of social media use that may directly elicit stress responses include¹:

- · Receiving negative feedback or cyber-bullying from peers
- · Becoming more aware of stressful events occurring in other people's lives
- Internalising the pressure to maintain social network updates

Social media use also could contribute to a **general communication overload** as individuals are **bombarded simultaneously with information from multiple electronic channels**, which has been associated with **psychological distress**.¹

Doomscrolling is characterised by **persistent**, **compulsive browsing on social media newsfeeds** with an **obsessive focus on distressing**, **depressive or otherwise negative news**. Users are motivated to stay on top of the latest news that would potentially impact themselves and people close to them, and they subsequently become drawn into automatic, repetitive/compulsive scanning of newsfeeds for negative information. **Individuals with more generalised anxiety tend to have higher rates of doomscrolling.**⁶

Social media use should be incorporated into **broader clinical evaluations when assessing anxiety in emerging adults**, including considering the way social media is being used to cope with anxiety. By considering the negative and positive aspects of social media use, novel anxiety treatments may be developed that promote the use of more positive features of social media while discouraging those behaviours that tend to be most maladaptive.¹

Pharmacotherapy for anxiety, if required, includes **benzodiazepines** alone or in conjunction with antidepressants (e.g. selective serotonin reuptake inhibitors, serotonin-noradrenaline reuptake inhibitors), antipsychotic agents and mood stabilisers.²

References: 1. Vannucci A, Flannery KM, McCauley Ohannessian C. Social media use and anxiety in emerging adults. J Affect Disord 2017;207:163-166. 2. Kaplan EM, DuPont RL. Benzodiazepines and anxiety disorders: a review for the practicing physician. Curr Med Res Opin 2005;21(6):941-950. 3. Stein MB, Taylor CT. Approach to treating social anxiety disorder in adults. 07 June 2022. UpToDate. Available online at https://www.uptodate.com/contents/approach-to-treating-social-anxiety-disorder-in-adults. [Accessed 29 September 2022]. 4. O'Day EB, Heimberg RG. Social media use, social anxiety, and loneliness: A systematic review. Comput Hum Behav Reports 2021;3:1-13. 5. Jiang S, Ngien A. The effects of Instagram use, social comparison, and self-esteem on social anxiety: A survey study in Singapore. Soc Med Soc 2020;6(2):1-10. 6. Sharma B, Lee SS, Johnson BK. The dark at the end of the tunnel: Doomscrolling on social media newsfeeds. Technology, Mind, and Behavior 2022;3:1-13.

For full prescribing information refer to the professional information approved by the Regulatory Authority.

SCHEDULING STATUS: S5 PROPRIETARY NAME AND DOSAGE FORM: Urbanol® 5 mg capsules; Urbanol® 10 mg tablets. COMPOSITION: 5 mg or 10 mg clobazam.

REGISTRATION NUMBERS: Urbanol® 5 mg: L/2.6/52; Urbanol® 10 mg: M/2.6/128. NAMIBIA: SCHEDULING STATUS: NS3 PROPRIETARY NAME AND DOSAGE FORM:

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90/2.6/001530. NAME AND BUSINESS ADDRESS OF THE APPLICANT: sanofi-aventis south africa (pty) ltd., Reg. No.: 1996/10381/07. Floor 5, Building I, Hertford Office Park, 90

Bekker Road, Midrand, 2196. Telephone: + 27 11 256 3700. Facsimile: +27 11 256 3707. www.sanofi.com. For Medical Information Enquiries kindly contact ZA.Medinfo@sanofi.com.

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Compared to 1,4-benzodiazepines, clobazam e.g. Urbanol® causes^{1,4}:







Less psychomotor and cognitive impairment



Less memory loss

Urbanol® is used in the treatment of anxiety in neurotic patients and for pre-operative medication. It may be effective in relieving the acute symptoms of the alcohol withdrawal syndrome but has no specific usefulness in the treatment of psychotic patients. Urbanol® is only indicated when the disorder is severe, disabling or subjecting the individual to extreme stress.⁵

References: 1. Hindmarch I. Anxiety, performance and anti-anxiety drugs. Br J Clin Pract Suppl 1985;38:53-58. 2. Beaumont G. Clobazam in the treatment of anxiety. Hum Psychopharmacol 1995;10:S27-S41. 3. Sankar R. GABA_k receptor physiology and its relationship to the mechanism of action of the 1,5-benzodiazepine clobazam. CNS Drugs 2012;26:229-244. **4.** Hindmarch I. The psychopharmacology of clobazam. Hum Psychopharmacol 1995;10:S15-S25. **5.** Approved Urbanol® professional information. 26 November 1984.

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^{*}Daily doses: 30 mg clobazam; 15 mg diazepam; 3 mg lorazepam²
*In contrast to 1,4-benzodiazepines which can cause dependence, with sudden cessation of therapy resulting in withdrawal symptoms²