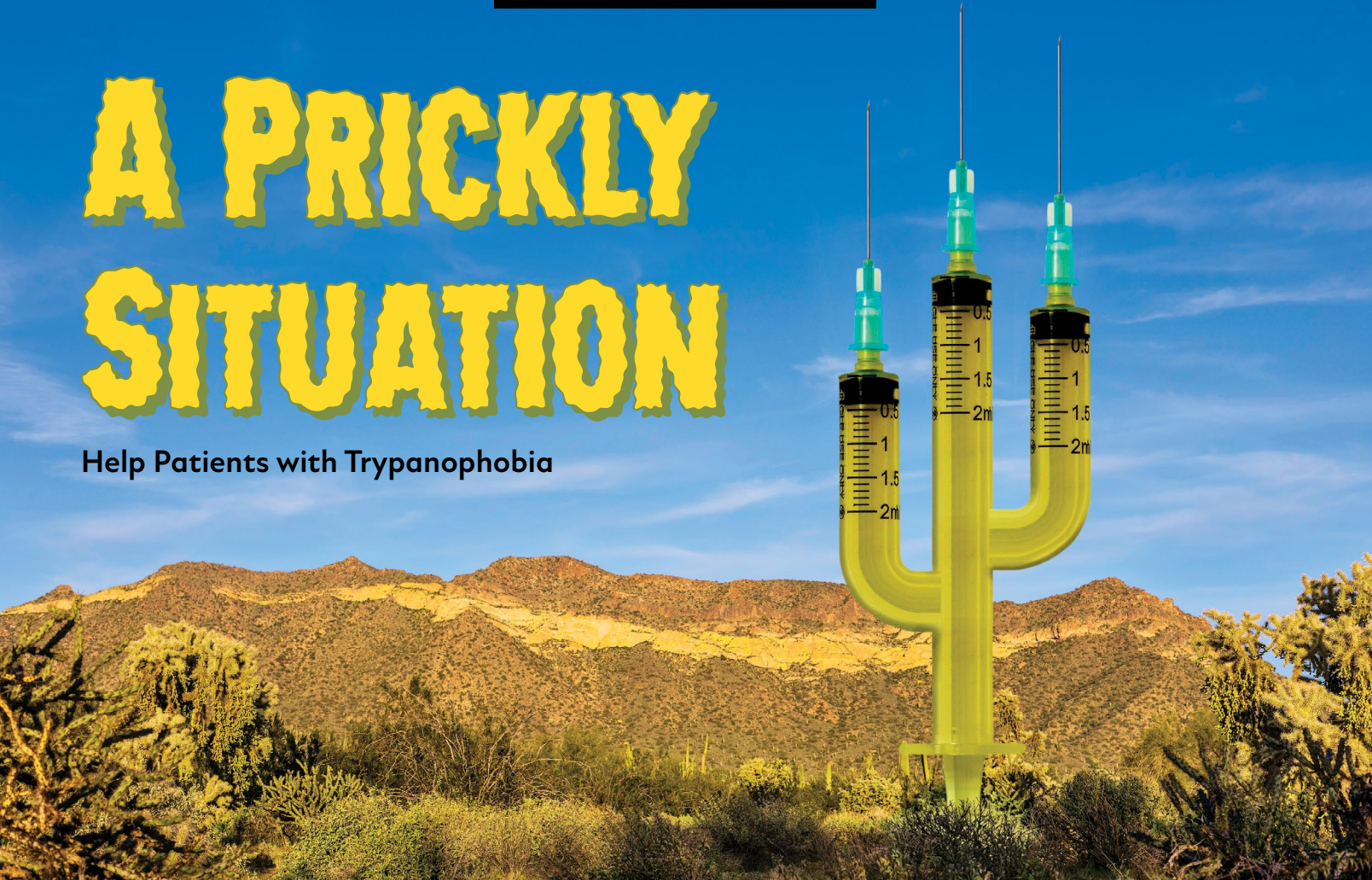


A PRICKLY SITUATION

Help Patients with Trypanophobia



By Brian Justice

A phobia is a disproportionate fear of something that can easily be perceived as scary, but poses little or no threat. Examples include arachnophobia (fear of spiders), ophidiophobia (fear of snakes), acrophobia (fear of heights), and aerophobia (fear of flying). An estimated 9% of American adults have phobias, and women report experiencing them at twice the rate of men.¹

Trypanophobia (fear of needles) is often listed among the most common phobias¹ and is the one most likely to be encountered by health care professionals, especially medical assistants.

“I encountered patients [who were] afraid of needles every single day,” says Amy Lynch, CMA (AAMA), a longtime medical assistant in a family practice and urgent care in Fairview, Oregon. “I would see dozens of patients every shift, and at least half expressed fear toward needles.”

Research supports the commonality of Lynch’s experience. Up to 63% of children are frightened of needles, and while that tends to fade as they reach adolescence, 25% of young adults still report persistent anxiety around needles, and approximately 10% of adults have trypanophobia.² This has a real impact on health care. More than half of adults who experience trypanophobia avoid blood draws, nearly half do not donate blood, about one-third skip vaccinations,³ others may delay or avoid intravenous therapy or injectable medications⁴, and 10% avoid medical procedures altogether.²

A PAINFUL START

“Trypanophobia is a misfiring of the body’s built-in protective hardware,” explains Cassidy Blair, PsyD, a licensed clinical psychologist and founder of the Blair Wellness Group in Beverly Hills, California. “That skin breach is a threat to the autonomic nervous system, and conditioned fear is

like having a high-speed train built into the brain that logic cannot make go off track.”

Many people trace their trypanophobia back to a negative childhood experience with needles, and some even become dizzy or faint when they so much as see a needle. This sudden drop in heart rate and blood pressure can make future procedures even more frightening. Others have a heightened sensitivity to pain, making the anticipation and the injection itself almost unbearable.²

Certain patients have a family history of trypanophobia, suggesting that both learned behavior and genetics may play a role. People with other anxiety-related disorders, such as obsessive-compulsive disorder, germaphobia, or hypochondria, may be at higher risk.⁴

“The patient may have had a bad experience, especially in childhood,” confirms Samia Estrada, PsyD, DipABLM, a clinical psychologist and founder of Dignus Wellness in Vacaville, California. “They may have witnessed or even heard about someone else’s [phobia]. The fear can feel irrational but

unavoidable, and some patients are afraid of how their body will respond or feel embarrassed if they faint or get sweaty.”

In other words, these fears prompt physical reactions before logic can intervene. Unfortunately, even though many patients will bring up their fear, they generally find health care providers’ responses only moderately reassuring.³ Thus, medical assistants working in outpatient settings are crucial to making sure that these patients are comfortable when receiving care.

POINT TAKEN

“I have had many conversations that usually begin with nervous laughter describing childhood experiences with needles that affect blood draws, or anything [having to do] with needles for that matter,” says Lisa Mailhot, CMA (AAMA), lead medical assistant at Clayton Medical Health and Vascular in Clayton, North Carolina. “Questions pertaining to my skills, like how long I have been working in medicine, how long I have been drawing blood, and ‘How often do you miss?’ usually follow.”

Such understanding and insight are critical for medical assistants who must be technically skilled while creating an emotionally safe experience. So, addressing the personal elements of the encounter is essential, says Melodie Plumb, CMA (AAMA), a patient coordinator at Valley Healthspan in Phoenix, Arizona.

“Even when patients cannot explain why they are afraid, just talking through their concerns helps them relax because they feel heard,” she says. “I will not say that it’s not a big deal or tell them they’ll be fine. I acknowledge their fear or aversion, that it is very common, and that there is no need to be embarrassed.”

Amanda Kulesza, CMA (AAMA),

KIDS’ STUFF

Trypanophobia has well-established roots in childhood experiences, and children with chronic diseases who undergo ongoing procedures are particularly susceptible to developing it. They are also at risk of becoming resistant to future treatment or may be hesitant to seek it out as adults. Minimizing anxiety in pediatrics is not just about comfort but about establishing lifelong confidence and trust in health care providers.

Studies are underway that use gaming technology to manage fear-related distress in children. Researchers at Children’s Hospital Los Angeles have been using virtual reality (VR) and augmented reality platforms that allow children to wear headsets and enter brightly animated, interactive environments.⁵ These entertaining and distracting experiences lessen awareness of pain and reduce their fear during venipuncture or anesthesia induction.

One study evaluated 252 children undergoing intravenous catheter placement or blood draws. Half of them wore VR headsets with handheld controllers that allowed them to play an interactive game. Those children reported significantly lower levels of pain and anxiety, with the most anxious among them registering the highest levels of immersion and relief.⁵

Future studies will evaluate how this technology may be used in other patient populations and if additional sensory inputs beyond sight and sound elevate the therapeutic experience and reduce procedural pain, stress, and anxiety while improving the patient experience and outcomes.

a medical assistant with Pascack Valley Medical Group in River Edge, New Jersey, employs a similar approach. “I talk them through each step when I perform a blood draw or injection, from sterilization to the needle insert and removal,” she says. “The small talk continues until I finish the process and clean up my work area, and I intentionally avoid language that downplays their trypanophobia. I try to validate their fear by empathizing with them and telling them that it’s okay [and] that I don’t like needles either.”

This is a sound practice. “Phobias are not rational, and they don’t respond to simple logic,” explains Maria Boncyk, LCSW, a psychotherapist in private practice in Brooklyn, New York. “Minimizing the phobia by saying things like, ‘It’s just a tiny needle,’ or ‘It just takes two seconds,’ can come off as dismissive because patients feel like their concerns aren’t being heard, and therefore they cannot trust the provider. It may be counterintuitive, but a little bit of validation and acknowledgment can be very helpful for patients to hear.”

PUT A PIN IN IT

Trypanophobia may be common, but fortunately, it is manageable. Cognitive behavioral therapy and exposure therapy can reduce that fear, and medication can help in severe cases.⁴ Simple interventions in the clinical setting include local anesthetics, as well as vibrating or cooling devices that numb the area. New needleless blood collection systems promise to circumvent the phobia altogether.²

Fortunately, the easiest and most readily available method of dealing with trypanophobia is often the most effective. By simply acknowledging the patient’s fear as legit-

imate, rather than downplaying it, medical assistants can alleviate apprehension and, through respectful empathy, create a supportive, engaging, and even pleasant patient experience. ✦

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