Health anxiety: the silent epidemic that is amenable to treatment

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Declaration of interest

None
What I will be talking about today

1. How to pick up health anxiety in practice
2. Why it is becoming so much more important
3. How to treat it
1. How to pick up health anxiety in practice
Stop thinking about it as we used to think about hypochondriasis

Stop thinking about it as a source of not very good jokes

A man goes to his doctor and tells him he’s suffering from a long list of illnesses. ‘The trouble with you,’ says the doctor. ‘Is that you’re a hypochondriac.’ ‘Oh no,’ says the man. ‘Don’t tell me I’ve got that as well.’
My first psychiatric patient (SM)(1964)

‘Duirt me leat go raibh me breoite’
What needs to change in our thinking about hypochondriasis

The experienced psychoanalyst’s view:

‘The hypochondriacal patient does not seek cure but palliation through a long-term relationship with the physician. If cure is the goal of physicians they will almost certainly be disappointed’ (Adler, 1981 p.1395)
Health anxiety is a serious condition

It can kill
LOS ANGELES (Reuters) - The family of "Top Gun" director Tony Scott told medical examiners the British-born filmmaker did not have brain cancer or any serious illness when he jumped to his death from a suspension bridge, a Los Angeles County Coroner Department official said on Tuesday. Craig Harvey, operations chief for the coroner, also said Monday's autopsy revealed Scott, 68, had no obvious signs of a brain tumour. More lab tests are needed to rule out any microscopic traces of cancer that would have been too minute for a physician to detect while Scott was alive.
What was wrong with Tony Scott?

No evidence of cancer was ever found - it is almost certain he had pathological health anxiety
Essential features of health anxiety

The fear that you are developing, or already have, a serious illness that has not been recognised

This fear persists even after medical reassurance

This fear is intrusive and interferes with everyday life

It is persistent and tends to continue for months or years

It can lead to suicide

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Epidemiology of pathological health anxiety

- **Community prevalence:** Not fully known, but likely to be around 6% (Sunderland et al, 2013, BJP, 202, 56-61)

- **General practice prevalence:** Around 9%

- **Medical clinic prevalence:** 12-24%

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Prevalence in medical clinics (data from Tyrer et al, J Psychosom Res, 2011, 71, 392-394)

- **Neurology** 24.7%
- **Respiratory medicine** 20.9%
- **Gastroenterology** 19.5%
- **Cardiology** 19.1%
- **Endocrinology** 17.5%
Is health anxiety getting more common?
Patients attending cardiology, endocrine, gastroenterology, and respiratory medicine clinics at Kings Mill Hospital, North Nottinghamshire, completed the HAI while waiting for their appointments. There were eight research assistants involved in collecting data, two in the 2006-8 period and six in the 2008-10 period. As a consequence more data were collected on the second occasion.

Results:

There was an increase in the prevalence of health anxiety from 14.9% in 2006-8 (54 positive of 362 assessed) to 19.9% (1132 positive out of 5704 assessed) in 2008-10. This increase was primarily noted in gastroenterology clinics (increase of 10%) and not shown in endocrine ones.

Conclusion:

The prevalence of health anxiety is increasing in those who attend medical out-patient clinics. Reasons are given that this may be a possible result of cyberchondria, as the excessive use of the internet to interpret troubling symptoms is growing. (Tyrer et al, Int J soc Psychiatry, 2019, 65, 566-569)
Classification

- **Illness anxiety in DSM-5**
- Somatic symptom disorder in DSM-5 may include many with health anxiety
- **ICD-11** - health anxiety not a diagnosis* but included with obsessional disorders under hypochondriasis (*If Per wins this will change)
- **ICD-11 PHC** (primary care version) health anxiety is a diagnosis in its own right
1. First questions to identify health anxiety?
three questions

Do you worry a lot about your health?

Do you tend to worry about your health in general?

When you go to the doctors do you often think you have a more serious condition than the doctors have thought or found?

If any one of these answered positively, suspect health anxiety

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Health Anxiety inventory (the questionnaire option)
Each question in this section consists of a group of four statements. Please read each group of statements carefully and then select the one, which best describes your feelings over the past six months.

1. I never worry about my health (0)
   • I occasionally worry about my health. (1)
   • I spend much of my time worrying about my health (2)
   • I spend most of my time worrying about my health (3)

2. I notice aches/pains less than most other people (of my age). (0)
   • I notice aches/pains as much as most other people (of my age). (1)
   • I notice aches/pains more than most other people (of my age). (2)
   • I am aware of aches/pains in my body all the time. (3)

3. As a rule I am not aware of bodily sensations or changes. (0)
   • Sometimes I am aware of bodily sensations or changes. (1)
   • I am often aware of bodily sensations or changes (2).
   • I am constantly aware of bodily sensations or changes. (3)

4. Resisting thoughts of illness is never a problem (0).
   • Most of the time I can resist thoughts of illness (1)
   • I try to resist thoughts of illness but am often unable to do so (2).
   • Thoughts of illness are so strong that I no longer even try to resist them (3).

A score of 20 = pathological health anxiety (Salkovskis et al, Psychol Med 2002,32, 843-53)
The typical story of health anxiety

It often starts with an event that acts like a trigger (e.g., childbirth).

This provokes anxiety symptoms, including bodily sensations, that are regarded as unfamiliar.

These symptoms are monitored and often become more marked, after which they are judged to be evidence of serious disease.

Medical consultations lead to temporary relief only (i.e., reassurance seems to work but only for a short time).

The focus on illness becomes more intense the longer the symptoms persist.

Symptoms are accentuated by advice in emergency settings and internet browsing.

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3. How do you explain it to patients?
Three groups of health anxiety

- Those that have the condition and recognise it to be abnormal, and often seek treatment

- Those who have the condition but are unaware and feel they require medical assistance

- Those who have the condition but are pathologically avoidant of all care
What makes health anxiety persist?

Selective attention leading to wrong interpretation (bias in information processing)

Safety seeking behaviours - avoidance
- reassurance seeking
- checking

Physiological arousal causing physical symptoms of anxiety

Mood – low mood can add to problems through rumination

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What can we do to help abnormal health anxiety?

- Recognise it for what it is
- Realise that it is not helped by going to medical doctors and having tests
- Give simple psychological treatments
- Read the book

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Treatments available

- CBT modified for health anxiety
- Acceptance and Commitment Therapy
- Mindfulness (in various forms)
- Stress management
CBT-HA (CBT adapted for health anxiety)

Core features:

Helping these patients to feel understood

Helping them to generate alternative, less threatening explanations for the beliefs underlying their fears and helping them provide evidence to support these new hypotheses

Testing out these new beliefs

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The core equation:

\[ \text{Anxiety} = \frac{\text{likelihood of adverse event} \times \text{awfulness}}{\text{ability to cope} + \text{rescue factors}} \]
The Cognitive Theory of emotion

- Thoughts
- Physical symptoms
- Mood of anxiety
- Behaviour

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Beck Anxiety Inventory (BAI)

Give this to the patient without explanation and ask whether any of the symptoms described have been experienced in the last two weeks.

<table>
<thead>
<tr>
<th>Item</th>
<th>NOT AT ALL</th>
<th>MILDLY IT did not bother me much</th>
<th>MODERATELY IT was very unpleasant, but I could stand it</th>
<th>SEVERELY I could barely stand it</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Numbness or tingling</td>
<td>1</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Feeling hot</td>
<td>2</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>3. Wobbliness in legs</td>
<td>3</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>4. Unable to relax</td>
<td>4</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>5. Fear of the worst happening</td>
<td>5</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>6. Dizzy or light headed</td>
<td>6</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Heart pounding or racing</td>
<td>7</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>8. Unsteady</td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9. Terrified</td>
<td>9</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10. Nervous</td>
<td>10</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>11. Feelings of choking</td>
<td>11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>12. Hands trembling</td>
<td>12</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Shaky</td>
<td>13</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>14. Fear of losing control</td>
<td>14</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>15. Difficulty breathing</td>
<td>15</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>16. Fear of dying</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>17. Scared</td>
<td>17</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>18. Indigestion or discomfort in abdomen</td>
<td>18</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>19. Faint</td>
<td>19</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>20. Face flushed</td>
<td>20</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Sweating (not due to heat)</td>
<td>21</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Score 0 1 2 3

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Fear rather than disease attribution

Then the patient is asked to consider two alternative explanations for their problem -
<table>
<thead>
<tr>
<th>I have brain cancer</th>
<th>I have <strong>fear</strong> of brain cancer</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>What would be the advantages of having brain cancer?</strong></td>
<td><strong>What would be the advantages of this being FEAR of having brain cancer?</strong></td>
</tr>
<tr>
<td><em>Typical responses might be:</em> None <em>Or</em> I’d have an answer and they could start treating it… but I don’t want to have it.</td>
<td><em>Typical responses might be:</em> I wouldn’t have brain cancer I wouldn’t have to have those horrible treatments I’m not going to die I will be able to see my children grow up If it <em>is</em> fear, can I get treatment this? (<em>to which the response would be: yes this is how the CBT works</em>)</td>
</tr>
<tr>
<td><strong>Can we build up and evidence for this actually being cancer?</strong></td>
<td><strong>Can we build up any evidence for this being FEAR of cancer as opposed to actually having the disease?</strong></td>
</tr>
<tr>
<td><em>Here the patient might say:</em></td>
<td><em>Here you start drawing evidence on the work done so far, eg conclusions from the pie charts, the pyramid, the effects of stopping checking etc.</em></td>
</tr>
<tr>
<td>Well, my headaches have been present for two years, they are persistent.</td>
<td></td>
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</table>

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Is this treatment effective?

Yes, Richard Morriss has shown this already in his talk.
The effects of treatment also last
Tyrer P et al (2020) Sustained benefit of cognitive behaviour therapy for health anxiety in medical patients (CHAMP) over 8 years: randomised controlled trial. (Psychol Med early view)

Figure 1: Mean changes in Short Health Anxiety Inventory (SHAI) scores in 270 patients allocated to CBT-HA (n=128) or Standard care (n=142) over 8 years
Mean reduction in health anxiety scores of nurse treated patients with others in CHAMP

<table>
<thead>
<tr>
<th>Reduction in HAI from baseline</th>
<th>6 m</th>
<th>12m</th>
<th>24m</th>
<th>5 yrs</th>
<th>8 yrs</th>
<th>signif</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses</td>
<td>10.8</td>
<td>8.7</td>
<td>7.6</td>
<td>9.3</td>
<td>10.9</td>
<td>P&lt;0.001</td>
</tr>
<tr>
<td>Graduates</td>
<td>6.3</td>
<td>5.9</td>
<td>4.9</td>
<td>5.6</td>
<td>6.1</td>
<td></td>
</tr>
<tr>
<td>Psychologists</td>
<td>4.7</td>
<td>5.0</td>
<td>5.3</td>
<td>5.2</td>
<td>5.6</td>
<td></td>
</tr>
</tbody>
</table>

Note increasing benefit of nurse-led treatment over time

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Your responsibilities now

Look at the two CPD modules on health anxiety (Tyrer and Tyrer)
Teach our medical consultant colleagues the essentials of diagnosis of health anxiety

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