

HEALTH ANXIETY

Booklet 2

INTRODUCTION:

1. People with health anxiety worry that they have a serious illness [or will develop a serious illness] despite reassurance from doctors that there is nothing medically wrong with them.
2. Studies suggest that about 4 - 6% of the population suffer from this particular type of anxiety problem.
3. People with depression often experience a certain level of health anxiety. Similarly depressed mood is common in people with health anxiety.

A PSYCHOLOGICAL UNDERSTANDING OF HEALTH ANXIETY:

The Development of Health Anxiety: It is thought that people who develop health anxiety may hold certain unhelpful beliefs about physical health. For example, beliefs such as:

- “Bodily symptoms are always an indication of something wrong”
- “I should always be able to find an explanation for my symptoms”
- “I must always go to the doctor as soon as I notice a new symptom or else it will be too late”

These beliefs form as a result of both past and present experiences in life. Common experiences which may predispose someone to developing health anxiety include:

- a) Experiences of illness in yourself or family members
- b) Experiences of the misdiagnosis of health problems by health professionals
- c) Experiences of physical symptoms being responded to inappropriately, for example - always been taken to the doctor as a child in the face of symptoms in case it was serious
- d) Exposure to mass media coverage about certain illnesses e.g. AIDS, Cancer.

The onset of Health anxiety is often triggered by an illness-related incident or the onset of a new physical symptom. For example, hearing about the serious illness of a friend or developing a new symptom yourself such as recurrent headaches. In people who go on to develop health anxiety these events tend to interface with the unhelpful beliefs we have described earlier and give rise to negative and distressing thoughts about their own physical health.

Previous Experience

Experience and perception of:

- i. Illness in self, family; medical mismanagement
- ii. Interpretations of symptoms and appropriate reactions

“My father died from a brain tumour”

“Whenever I had any symptoms I was taken to the doctor in case it was serious”

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Formation of dysfunctional assumptions

“Bodily symptoms are always an indication of something wrong: I should always be able to find an explanation for my symptoms”

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Critical Incident

Incident or symptom which suggests illness

“One of my friends died of cancer a few months ago: I have had more headaches recently”

Activation of Assumptions

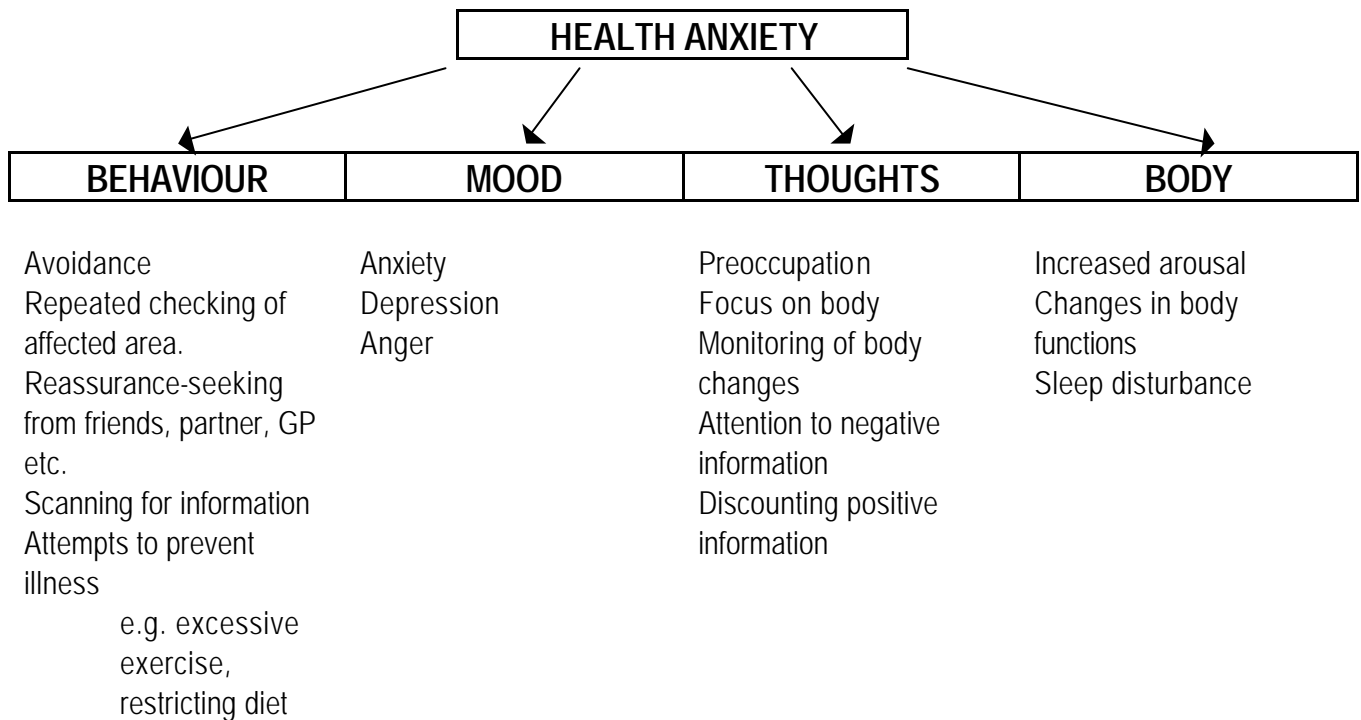
Negative Automatic Thoughts/Imagery

"I could have a brain tumour: I didn't tell the doctor that I have lost some weight. It may be too late. This is going to get worse. I will need brain surgery"

HEALTH ANXIETY

In Booklet 1, we saw how anxiety is made up of different components. Anxiety affects our body, our behaviour and our thoughts and feelings.

The following diagram outlines how health anxiety affects these different aspects of ourselves.



MAINTENANCE FACTORS : What keeps Health Anxiety going ?

1. We have seen that people with health anxiety experience very negative and distressing thoughts about their health. It is thought that many of these thoughts reflect misinterpretations that people are making of normal bodily signs and symptoms.

The tendency to misinterpret bodily symptoms is one of the key maintaining factors in health anxiety. An important focus of treatment is helping people change the way they think about their bodily symptoms

2. Increased physiological arousal - Anxiety and worry about health leads to increased physiological arousal by itself. In health anxiety these sensations are often interpreted by sufferers as further evidence that they are ill. For example, if a patient notices an increase in his heart rate and has the thought "This means I've got a serious heart condition", his heart rate will increase when this thought occurs and appears to provide further evidence of serious illness.

3. Focus of Attention - In people with health anxiety normal changes in bodily function [e.g. heart rate changes, increased sweating] or previously unnoticed aspects of your appearance or bodily function may be noticed more readily than before.

For example, a patient noticed that his glands were slightly swollen in his neck and interpreted this as a sign of a problem with his immune system. He felt very distressed and couldn't believe he'd missed this "symptom" in the past. This made him believe even more that his raised glands were a new symptom and therefore a sign of disease.

Focus of attention in itself can lead to actual bodily changes. For example, a patient noticed a change in his breathing rate which he attributed to a lung problem. By further focusing on his breathing his breathing did actually become more effortful and uncomfortable.

4. Avoidance Behaviour - "Avoidance" refers to all the things you don't do because of your fears about your health although it can also refer to extra or unusual things you do because of your anxieties. Examples are: avoiding seeing articles about illness on TV, avoiding conversations about illness, avoiding doctors and hospitals. People with health anxiety tend to avoid things which might trigger their fears and worries. Avoidance behaviour is not helpful in the long-term:

- It stops you learning that the things you fear don't actually happen
- It keeps your attention focused on the negative thoughts you have about your health i.e. it means you become more preoccupied by your feared illnesses
- In some people the checking behaviour they engage in actually has a direct impact on bodily symptoms. For example, a patient with a fear of breast cancer repeatedly pressed and manipulated her breast to such an extent that her breast became red and sore. She then misinterpreted these changes as a sign of serious disease.

5. Reassurance Seeking - Seeking reassurance from relatives or doctors may lead to a short-term reduction in anxiety but in the long-term it is very unhelpful. It is thought that constant reassurance-seeking only serves to increase anxiety in the long-term and make further reassurance-seeking more likely.

Reassurance-seeking may be in various forms including:

- Repeated visits to the doctors
- Questioning friends and family about your health worries or well-being
- Consulting medical text books
- Checking your body for signs of illness

One effect of reassurance-seeking is that it undermines your confidence in your ability to make decisions about your health for yourself.

MAINTAINING FACTORS

