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An Experimental Study of Hypochondriac Patients During Pandemic Situation

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Abstract

Over health consciousness became trend now a day due to pandemic situation. This consciousness itself became threat in the form of over anxiety which is otherwise called as Hypochondria. Having a concern upon our health is normal but people with health anxiety have preoccupied thoughts of getting a serious illness. They often feel to reassure their healthiness irrespective of their physical fitness. This study aimed to recover people with health anxiety through psychotherapy treatment and anxiety reduction training. A sample of 30 people with health anxiety was drawn out of 70 anxious people. Purposive sampling method was used to draw sample in Chennai. A standard questionnaire "The Health Anxiety Inventory" developed by Salkovskis and Rimes et al. (2002) was used to survey the people with health anxiety. Pre and Post experimental research design was implemented to draw an interpretation. The statistical tool used in this research was t -test. The study revealed that there is a significant reduction in health anxiety after a 3 months psychotherapy treatment and health anxiety reduction training which is clear from the t-value of 101.27.

Keywords: Hypochondriasis, Pandemics

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Introduction

It is thought that between 1 and 10 people out of every 100 will experience health anxiety every year.[1] Health-related fear is a normal and common response in the face of the global pandemic of COVID-19. Children and young people are frequently being exposed to messages about the threat to health, including from the media and authorities. Whilst for most, their anxiety will be proportionate to the threat, for some, existing pre-occupation with physical symptoms and illness will become more problematic. (Haig-Ferguson and Cooper et al., 2020).[2] They aimed to give an overview of the assessment and treatment of health-related worries in children and young people in the context of the COVID-19 pandemic. Their review is based on the limited existing evidence in this population and the more substantial evidence base for treating health anxiety in adults.[3]Top of ForBottom of Form Even though the diagnosis of hypochondria has been split into somatic symptom disorder and illness anxiety disorder in the DSM-5, it still often means obsessive worry about sickness and sometimes, medically unexplained symptoms. Most of the researchers involved in finding out the factors that triggers the hypochondria and more people with health anxiety can access an effective treatment that may reduce their stress related to poor health assumption that may lead to hypochondria. Symptoms of health anxiety first affect the quality of life of a person as well as their friends and family members which necessitate the hypochondriac to approach the mental health professionals to identify their problem and to enhance their coping mechanisms. Ruling out the possibility of serious medical condition is the first and foremost duty of therapists and counselors. Thereby finding out the behavior that contributes to hypochondria can be easily identified. Patients with chronic diseases commonly report fears of illness or symptoms recurring or worsening. These fears have been addressed from an illness-specific perspective (e.g., fear of cancer recurrence), a generic illness perspective (e.g., fear of progression), and a psychiatric perspective (DSM-5 illness anxiety disorder and somatic symptom disorder). The broader concept of health anxiety (HA) can also be applied

to patients with a chronic disease. Sophie Lebel et al.[4] (2020) investigated the conceptual, theoretical, measurement-overlap, and differences between these distinct perspectives. They also aimed to summarize prevalence, course, and correlates of these fears in different chronic illnesses. They found that the concept of Health anxiety may offer a unifying conceptual perspective on the fears of illness/symptoms worsening or returning commonly experienced by those with chronic disease. Illness anxiety disorder (IAD, formerly hypochondriasis) is characterized by preoccupation with fear of serious illness despite medical reassurance. Hypochondria can be effectively treated using Psychotherapy. Therapies include CBT, Bibliotherapy, Behavioral stress management and Group therapy.

Cognitive behavioral therapy (CBT): Hypochondria is often characterized by seemingly irrational beliefs or concerns about a health symptom or condition. CBT helps people identify those beliefs and replace them with more rational and realistic thoughts. Surawy C et al.[5] (2014) outlined the rationale for using MBCT in the treatment of this condition, namely its hypothesised impact on the underlying mechanisms which maintain health anxiety, such as rumination and avoidance, hypervigilance to body sensations and misinterpretation of such sensations. They also described some of the adaptations which were made to the MBCT protocol for recurrent depression in this trial and discuss the rationale for these adaptations.

Bibliotherapy: Because it can help deepen one's understanding of a condition, bibliotherapy may be a helpful treatment approach for many who experience hypochondria. Literature about overcoming hypochondria or books that help describe and normalize the condition could be used in bibliotherapy for hypochondria.

Behavioral stress management: This type of therapy may help individuals with hypochondria lower their stress levels and feelings of anxiety about a health condition or symptom. While it may be used to help people who are truly at risk for a medical condition, it could also be promising for those with health anxiety.

Group therapy: One study points to the effectiveness of group CBT in reducing somatic symptoms that may accompany hypochondria. In addition to being cost-effective, group-style treatment could make it easier for some people to identify irrational health-related thoughts since it allows them to work with others who have similar health concerns.

Higgins-Chen et al.[6] (2019) successfully treated hypochondria by integrating a general cognitive-behavioral therapy (CBT) protocol into medical care and decision-making. People with health anxiety were treated by integrating above psychotherapies and patients were instructed not to search for potential reasons behind even for small physical problems, they were made to associate with similar personalities and communicate with doctor when necessary to reassure their healthiness instead of developing irrational thoughts on their health fitness. Article of Brown RJ et al,[7] (2019) provided a systematic narrative review of evidence concerning the relationship between OHR (online health research) and health anxiety. They concluded that health anxiety is associated with more frequent self-reported OHR, heightened distress after OHR, and increased doctor visits post-OHR. Evidence suggested that OHR often has a reassurance seeking function and can relieve anxiety, but that it can also cause alarm and become a distressing, compulsive behavior. Katie Bessière et al,[8] aimed to obtain health anxious students' perspectives on their reasons for using the Internet to obtain health information, and the nature and effects of such usage. Data were gathered using semi-structured interviews with 20 postgraduate and undergraduate students identified as highly health anxious, and were examined using thematic analysis. Results suggested that themes were organized by different stages of the search process. Reasons for searching included curiosity, anxiety/worry about undiagnosed symptoms, and remedy-seeking. Both positive (e.g. reassurance) and negative (e.g. uncertainty) outcomes were reported. They found that the Internet constitutes an important resource for obtaining health information by health anxious individuals, with the potential to both reduce and exacerbate health anxiety.

Subjects and Methods

Objective

The present study aimed at assessing the effectiveness of psychotherapy treatment and Health anxiety reduction training programme of Hypochondriac patients.

Hypothesis

There will be no significant reduction in health anxiety of hypochondriac patient before and after psychotherapy treatment and health anxiety reduction training programme.

Research Design

Ethical clearance:Proper ethical clearance was obtained from the institution of ethics committee R.NO:46/IES-SMMCHRI/approval projects/p.no.2/8 /IES/dated 06.06.201906.06.2019

Pre and Post experimental research design was used to study the hypochondriac patients. Pre and post test was assessed using standardized tool. Pre and post test was conducted between a periods of 3 months. Psychotherapies and health anxiety reduction training include CBT, Bibliotherapy, Behavioral stress management and Group therapy which were administered to reduce the health anxiety of hypochondriac patients.

Sample

The samples of 30 hypochondriac patients out of 70 anxious people were surveyed in Chennai, Tamilnadu using standardized questionnaire. Purposive sampling method was used to survey the population.

Assessment tool

A standardized questionnaire used in this study was Health Anxiety Inventory(HAI) : The development and validation of scales for the measurement of health anxiety & hypochondriasis developed by Salkovskis PM et al.[9]

Statistical Analysis

The t-test was used to assess the effectiveness of Psychotherapy treatment and health anxiety reduction training which had been given to hypochondriac patient.

Results and Discussion

The effectiveness of Psychotherapy treatment and Health anxiety reduction training programme of Hypochonriac patients was analyzed using t-test.

[Table 1] shows the level of significance of Health anxiety of Hypochondriac patients and its demographic variables. During Pre test the Mean and standard deviation of hypochondriac patients are 38.97 and 1.19. After Intervention, during Post test, the Mean and Standard deviation of hypochondriac patients are 9.9 and 1.03. The t-test value 101.27 which is statistically significant at the level less than 0.0001.

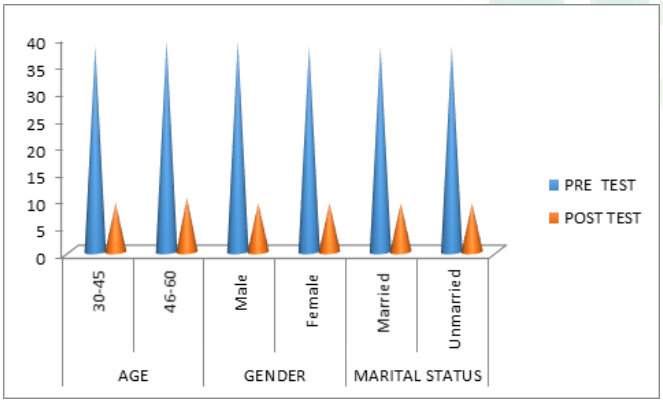

Figure 1: Showing Health anxiety mean values of Age, Gender and Marital status of Pre and Post tests of Hypochondriac patients

The Graph showing Health anxiety mean values of age, gender and marital status of pre and post tests of Hypochondriac patients.[10] It is obvious from the graph that age group between 46 to 60 years male prone to get more health anxiety. Married and Unmarried Hypochondriac patients have no difference in their anxiety level. As overall, health anxiety level of hypochondriac patients have been significantly reduced after psychotherapy treatment and health anxiety reduction training programme.[11,12]

It is very clear from the results that Health anxiety reduction training programme is effective enough in reducing the health anxiety of Hypochondriac patients which rejects the null hypothesis that "There will be no significant reduction in health anxiety of hypochondriac patients before and after psychotherapy treatment and Health anxiety reduction training programme". Hence Null Hypothesis is rejected ($0.0001 < 0.05$). CBT is a highly efficacious and probably cost-effective treatment for health anxiety (Axelsson E et al).[13] It was found from the post experiment results that people with health anxiety stopped worrying about their health unnecessarily, they are aware of their body condition and its changes, developed their strong willpower to resist their illness thoughts and being practical enough in identifying their health problems to take proper treatment and enjoying their life full fledged without any anxiousness with full control over their health irrespective of pandemic situation.[14]

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Table 1: Showing the level of significance of health anxiety of Hypochondriacpatients and its demographic variables health anxiety of

Sl. No	Variables of	Before intervention (N=30)		After intervention (N=30)		t- value
		Mean	SD	Mean	SD	
1.	Hypochondriac patients	38.97	1.19	9.9	1.03	t = 101.27
2.	Age 30-45 years	38.81	1.20	9.81	1.06	t = 99.21
3.	Age 46-60 years	39	1.19	9.86	1.02	t = 101.37
4.	Male	39	1.19	9.86	1.02	t = 101.34
5.	Female	38.89	1.19	9.86	1.04	t = 100.13
6.	Married	38.97	1.18	9.9	1.03	t = 101.27
7.	Unmarried	38.64	1.45	9.64	1.15	t = 85.92

*** **Significant at < 0.0001 level**

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