

Health Anxiety

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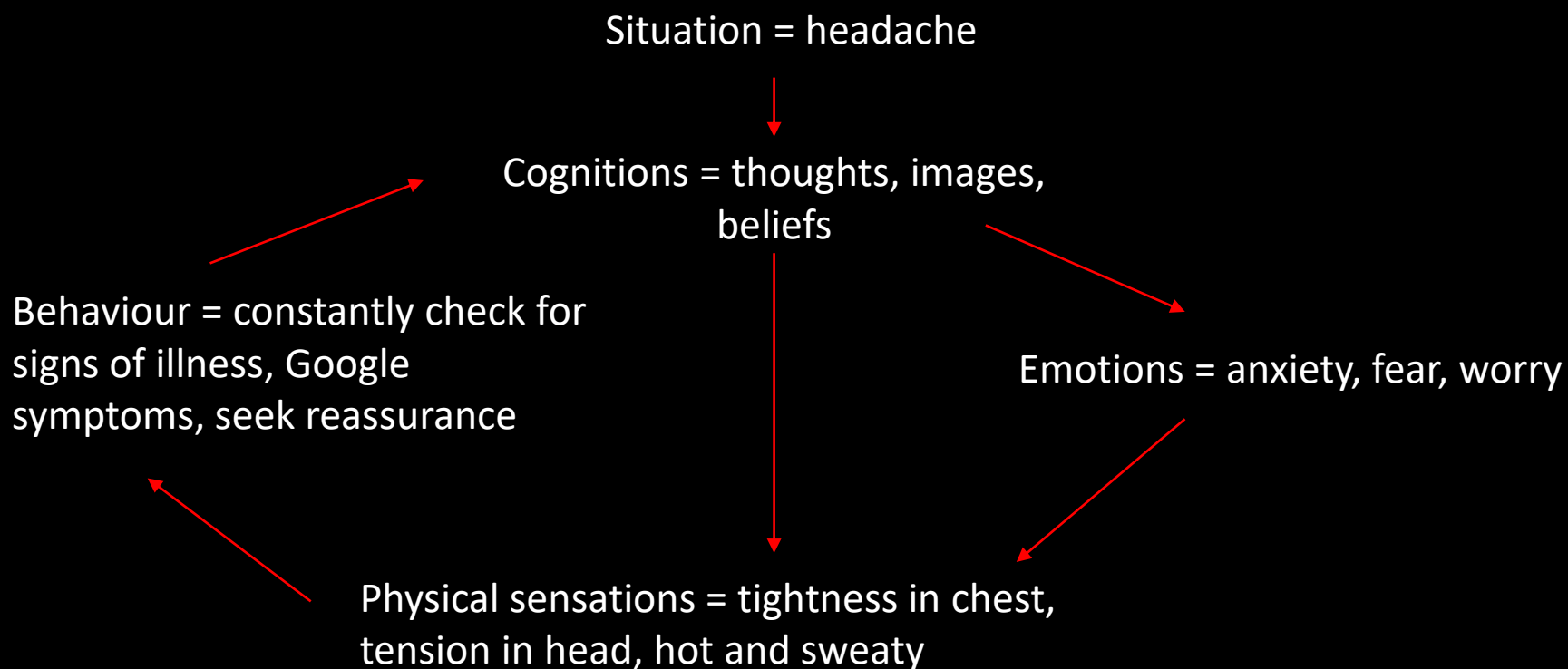
Welcome to Hypochondriacs Anonymous. Before we get started, could somebody take a look at this spot that I found on my neck?



Shiell

What is CBT?

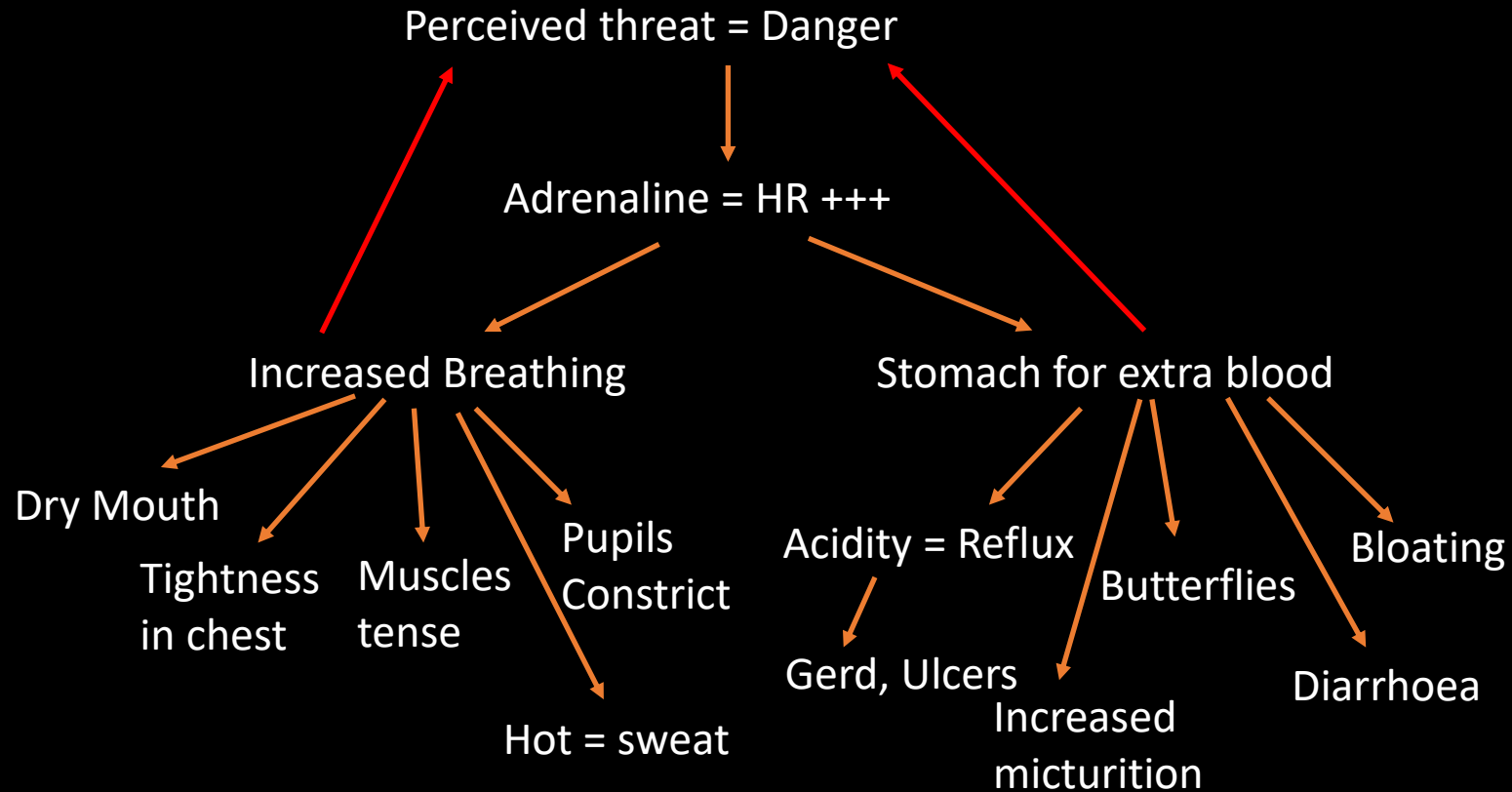
- Cognitive
- Behavioural



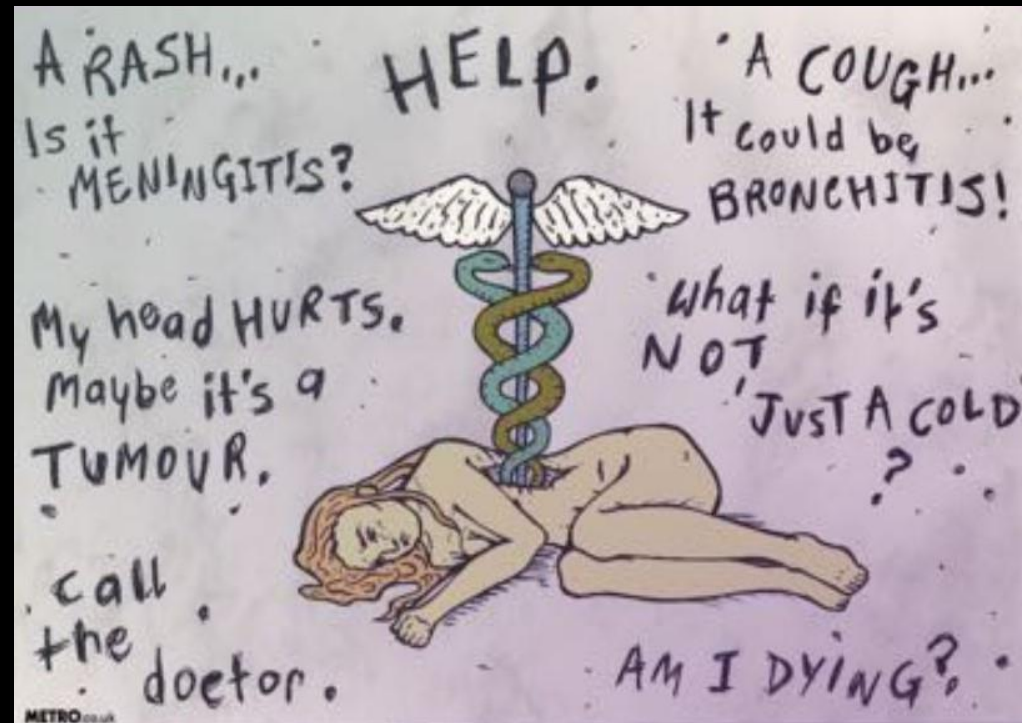
What is Anxiety?

- Anxiety = $\frac{\text{likelihood} \times \text{awfulness}}{\text{Support} + \text{resources}}$
- Psychoeducation
- Perceived likelihood = how likely you perceive the event to happen
- Perceived awfulness = how awful would it be if it happened
- Perceived support = the people you can rely on to get help at that moment
- Perceived resources = your own resources which can get you out of the event

Fight or Flight



What is health anxiety?



Defining health anxiety

- *“Inappropriate or excessive health-related fears based on misperceptions of innocuous bodily cues and sensitisations as indicative of a serious medical problem” – Abramowitz & Braddock (2011, p1)*
- *persistent preoccupation (at least six months) with the possibility of having one or more serious and progressive physical disorders.*
- distressed due to this preoccupation
- this preoccupation impacts negatively on all areas of life, including family life, social life and work

Defining health anxiety

- carry out constant self-examination and self-diagnosis
- disbelief over a diagnosis from a doctor, or felt you are unconvinced by your doctor's reassurances that you are fine.
- constantly need reassurance from doctors, family and friends that you are fine, even if you don't really believe what you are being told

What therapy is not...

- Therapy is **not** about convincing someone 100% that they do not have (or will not get) a particular illness.
- **Why not?...**
 - Can't guarantee there's not (or won't be) an illness
 - Even referring to the illness reinforces beliefs about it!
- The same way if someone has a negative core belief, our job is not to destroy that negative core belief, rather to build an alternative, more positive one
- So what is the **alternative**, more helpful belief we are trying to help the client build up in health anxiety?

Linking it to therapy

- People experience anxiety because they think situations are more dangerous than they really are (Theory A)
- Treatment helps the person to consider alternative, less threatening explanations of their problem (Theory B)
- If the **alternative explanation** is to be helpful:
 - It has to fit with your past experience
 - It has to work when you test it out
- Good therapy is about two (or more) people working collaboratively to find out how the world really works

Theory A vs Theory B

- Theory A

I have a medical condition. My solution is to take every possible step to monitor my health, avoid anything that might remind me of death, and to keep checking for information and seeking reassurance.

- Theory B

I have an emotional problem with being excessively worried by my health and my 'solutions' have become my problem, and feed my worry.

NB: They don't have to believe this new Theory much to start testing and building it throughout therapy! Just need foot in...

Screening Qs

- During the past six months...
- Have you been preoccupied with having a serious illness because of body symptoms, which has lasted at least six months?
- Have you felt distressed due to this preoccupation?
- Have you found that this preoccupation impacts negatively on all areas of life, including family life, social life and work?

Screening Qs

- During the past six months...
- Have you needed to carry out constant self-examination and self-diagnosis?
- Have you experienced disbelief over a diagnosis from a doctor, or felt you are unconvinced by your doctor's reassurances that you are fine?
- Do you constantly need reassurance from doctors, family and friends that you are fine, even if you don't really believe what you are being told?

Health Anxiety Assessment

HAI

name: _____

date: _____

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 (or other agreed time period). Identify the statement by ringing the letter next to it, i.e. if you think that statement a.) is correct, ring statement a.). It may be that more than one statement applies, in which case, please ring any that are applicable.

1. a.) I do not worry about my health.
b.) I occasionally worry about my health.
c.) I spend much of my time worrying about my health.
d.) I spend most of my time worrying about my health.
2. a.) I notice aches/pains less than most other people (of my age).
b.) I notice aches/pains as much as most other people (of my age).
c.) I notice aches/pains more than most other people (of my age).
d.) I am aware of aches/pains in my body all the time.
3. a.) as a rule I am not aware of bodily sensations or changes.
b.) sometimes I am aware of bodily sensations or changes.
c.) I am often aware of bodily sensations or changes.
d.) I am constantly aware of bodily sensations or changes.
4. a.) resisting thoughts of illness is never a problem.
b.) most of the time I can resist thoughts of illness.
c.) I try to resist thoughts of illness but am often unable to do so.
d.) thoughts of illness are so strong that I no longer even try to resist them.
5. a.) as a rule I am not afraid that I have a serious illness.
b.) I am sometimes afraid that I have a serious illness.
c.) I am often afraid that I have a serious illness.
d.) I am always afraid that I have a serious illness.
6. a.) I do not have images (mental pictures) of myself being ill.
b.) I occasionally have images of myself being ill.
c.) I frequently have images of myself being ill.
d.) I constantly have images of myself being ill.
7. a.) I do not have any difficulty taking my mind off thoughts about my health.
b.) I sometimes have difficulty taking my mind off thoughts about my health.
c.) I often have difficulty in taking my mind off thoughts about my health.
d.) Nothing can take my mind off thoughts about my health.
8. a.) I am lastingly relieved if my doctor tells me there is nothing wrong.
b.) I am initially relieved but the worries sometimes return later.
c.) I am initially relieved but the worries always return later.
d.) I am not relieved if my doctor tells me there is nothing wrong.
9. a.) if I hear about an illness I never think I have it myself.
b.) if I hear about an illness I sometimes think I have it myself.
c.) if I hear about an illness I often think I have it myself.
d.) if I hear about an illness I always think I have it myself.
10. a.) if I have a bodily sensation or change I rarely wonder what it means.
b.) if I have a bodily sensation or change I often wonder what it means.
c.) if I have a bodily sensation or change I always wonder what it means.
d.) if I have a bodily sensation or change I must know what it means.

[cont.]

11. a.) I usually feel at very low risk for developing a serious illness.
b.) I usually feel at fairly low risk for developing a serious illness.
c.) I usually feel at moderate risk for developing a serious illness.
d.) I usually feel at high risk for developing a serious illness.
12. a.) I never think I have a serious illness.
b.) I sometimes think I have a serious illness.
c.) I often think I have a serious illness.
d.) I usually think that I am seriously ill.
13. a.) if I notice an unexplained bodily sensation I don't find it difficult to think about other things.
b.) if I notice an unexplained bodily sensation I sometimes find it difficult to think about other things.
c.) if I notice an unexplained bodily sensation I often find it difficult to think about other things.
d.) if I notice an unexplained bodily sensation I always find it difficult to think about other things.
14. a.) my family/friends would say I do not worry enough about my health.
b.) my family/friends would say I have a normal attitude to my health.
c.) my family/friends would say I worry too much about my health.
d.) my family/friends would say I am a hypochondriac.

For the following questions, please think about what it might be like if you had a serious illness of a type which particularly concerns you (e.g. heart disease, cancer, multiple sclerosis & so on). Obviously you cannot know for definite what it would be like; please give your best estimate of what you *think* might happen, basing your estimate on what you know about yourself and serious illness in general.

15. a.) if I had a serious illness I would still be able to enjoy things in my life quite a lot.
b.) if I had a serious illness I would still be able to enjoy things in my life a little.
c.) if I had a serious illness I would be almost completely unable to enjoy things in my life.
d.) if I had a serious illness I would be completely unable to enjoy life at all.
16. a.) if I developed a serious illness there is a good chance that modern medicine would be able to cure me.
b.) if I developed a serious illness there is a moderate chance that modern medicine would be able to cure me.
c.) if I developed a serious illness there is a very small chance that modern medicine would be able to cure me.
d.) if I developed a serious illness there is no chance that modern medicine would be able to cure me.
17. a.) a serious illness would ruin some aspects of my life.
b.) a serious illness would ruin many aspects of my life.
c.) a serious illness would ruin almost every aspect of my life.
d.) a serious illness would ruin every aspect of my life.
18. a.) if I had a serious illness I would not feel that I had lost my dignity.
b.) if I had a serious illness I would feel that I had lost a little of my dignity.
c.) if I had a serious illness I would feel that I had lost quite a lot of my dignity.
d.) if I had a serious illness I would feel that I had totally lost my dignity.

*all groups are scored 0, 1, 2 or 3 depending on the statement selected;
if more than statement is selected, use the highest-scoring statement of those chosen.*

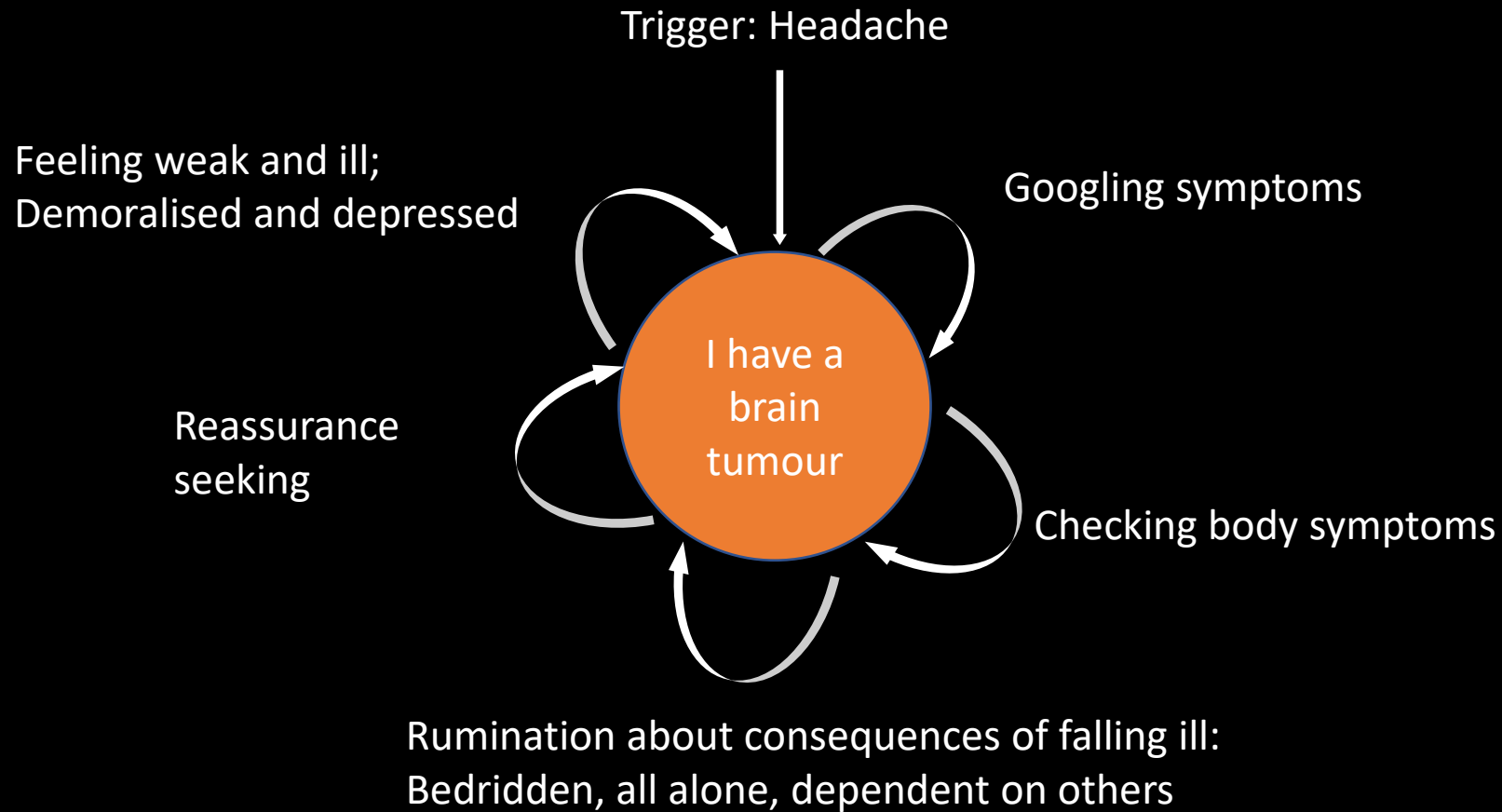
main section score (questions 1 to 14) =

negative consequences score (questions 15 to 18) =

Guided Discovery

- Aims to lead to a “vicious flower” formulation
- Pay attention to sequencing of questions:
 - When you noticed your headache, what seemed to you, at that time, the worst thing this could mean?
 - *A brain tumour...*
 - And there and then, how much did you believe that, from not at all to 100% certain?
 - *Oh I was at least 90% sure it was this time...*
 - And when you thought the headache meant you had a brain tumour, how did that affect you? [how did it make you feel...what did you do...what did you pay attention to...how did you try to deal with it...]
 - And in the short-term, what did that do? And what about the long-term/next time you had a headache?...

Vicious flower



Thought challenging

- Help client identify thinking errors in interpretation of bodily sensations and health-related information
- Frequent errors include:
 - Jumping to conclusions
 - catastrophizing
 - Selective abstraction
- Generate alternative, less-threatening interpretations:
 - *“What evidence do I have for this belief?”*
 - *“What alternative explanations could there be?”*
 - *“What are the advantages and disadvantages of thinking in this way?”*

Thought challenging

- Ensure that the client generates their own alternative response and that they continue to use reattribution techniques between treatment sessions
- “Rational response” is viewed as a hypothesis, to be tested out in behavioural experiments
- Logging evidence (how what has happened fits with “I have cancer” and “I have a lot of health anxiety”): collated in therapy
- Beware the development of reassurance!

Symptom Pie Chart

- Theory A vs Theory B



Cognitive Distortions

- **Jumping to conclusions**

- ‘I’m sweating more than I should in this hot spell. I must be ill.’

- **Catastrophising**

- ‘This must be cancer’

- ‘Nobody is ever really cured of cancer’

- **Superstitious thinking**

- ‘If I think I’m well, I will tempt fate

Cognitive Distortions

- **All or nothing thinking**

- ‘Unless I am entirely free from symptoms, then I must be unwell’
- ‘I must always know I am completely well’

- **Selective attention and memory**

- The doctor said he might arrange for another test in a few months time – he must think there is something wrong’ (ignoring the fact that he had said there was no abnormality on the test)

- **Mind Reading**

- They are all hiding the fact that I’m seriously ill, they don’t want to worry me.

Working with Cognitions and Behaviours

- Discussion and behavioural experiments are linked and interwoven
- Discussion and verbal techniques usually help client draw upon their past experience to understand the alternative explanation they are considering
- Behavioural experiments are used to gather new information to feed into the discussion
- ***“Don’t trust me, test it for yourself”***

Behavioural Experiments

- **What do we want to help client discover?...**
 1. That the things which they fear will not happen
 2. The importance of maintaining factors
 3. The importance of negative thinking
 4. If using an alternative strategy will be of any value
 5. The “truth” about beliefs

Testing Predictions

- Predictions about specific symptoms indicating imminent catastrophe are tested in sessions:
 - E.g. tensing muscles to bring on pain, running up/down stairs to evoke breathlessness and tight chest.
- If exact or similar sensations to those involved in the client's concerns can be reproduced, it helps to disconfirm a catastrophic interpretation and thus build up belief in the alternative explanation.
- Best if process of bringing on symptoms matches patients naturally occurring safety seeking behaviours
- Similar to panic work

Dropping Safety Behaviours

- Safety seeking behaviours (checking, avoidance, reassurance seeking) that maintain health anxiety.
- Clients can test out the effects of these behaviours for themselves using an alternating treatment experiment:
 1. Establish monitoring (anxiety, sensations, belief strength)
 2. *Increase* the target behaviour for a while e.g. bodily checking and information seeking
 3. Next interval the client has to completely refrain from the target behaviour while still monitoring anxiety, symptoms and strength of belief
 4. Resulting data is reviewed and graphed.

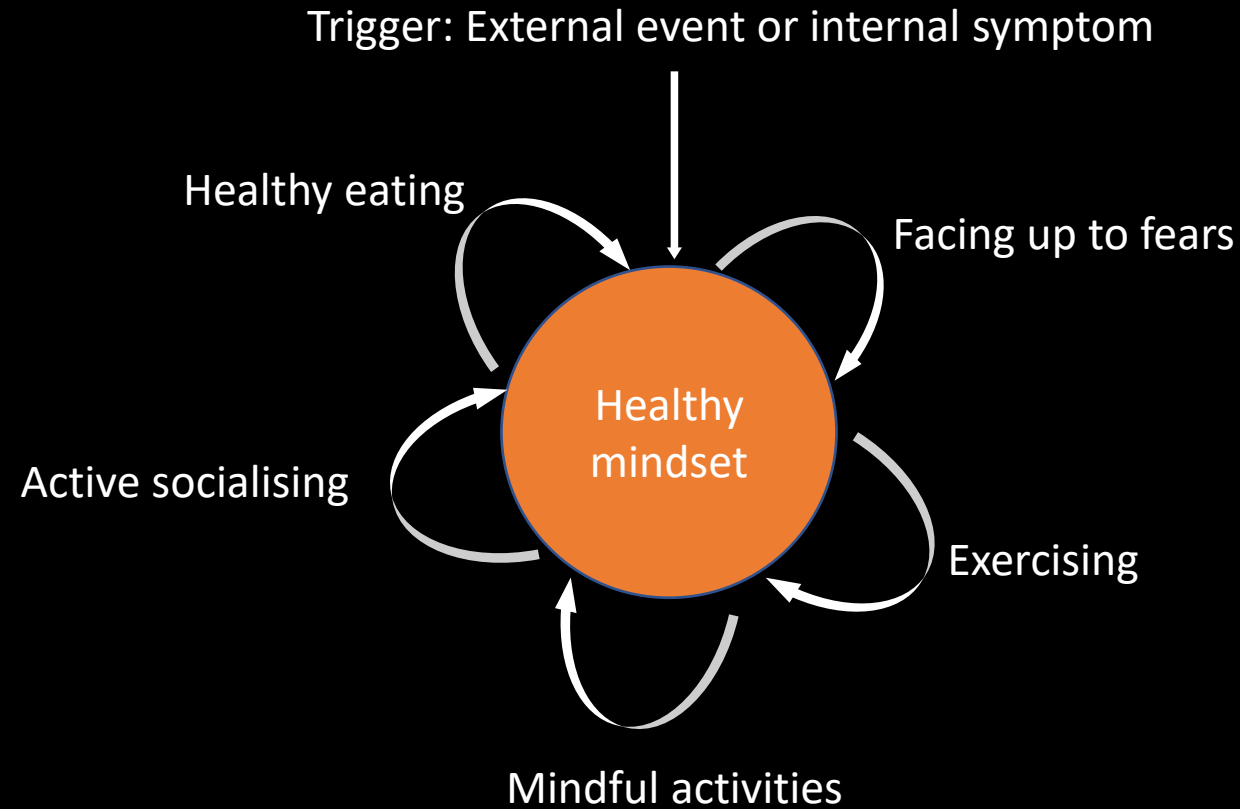
Worry and Rumination

- In-session clients are asked to identify ruminations/imagery and then run through these by talking out loud for a period (or closing their eyes and rehearsing)
- Assess impact on mood, symptoms awareness, and disease conviction
- “What do you make of that?”
- Review advantages and disadvantages of rumination
- Mindfulness or flow activities to disrupt rumination
- Worry tree and worry time for worry

Reassurance Seeking

- Reassurance tells client what is *NOT* wrong with them
- Sometimes reassurance directly backfires
- Conflicting explanations by health experts fuelling belief Drs are incompetent and the problem is undetected
- Multiple tests increase likelihood something will be found that differs from normal but isn't cause symptoms
 - E.g. Dr responds to description of symptoms by saying *"That's not MS... These symptoms would only indicate MS in some very unusual, difficult to diagnose cases."*

Virtuous flower = take back control





WHAT
IF I
TASTE
WEIRD?

WHAT
IF I'M
TOO
COLD?

WHAT
IF I'M
TOO
HOT?

WHAT
IF NO-
BODY
LIKES
ME?

WHAT
IF I'M
JUST
RIGHT
AND I CAN
NEVER
LIVE UP
TO IT
AGAIN?

ANXIETEA

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