

# Talking therapy could help to battle rising 'cyberchondria'

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A specially developed form of psychotherapy could effectively help patients overcome health anxiety, fueled by Googling their symptoms.

The findings come from one of the largest studies of its kind, with the researchers stating the approach could prevent 'worried well' patients from making thousands of unnecessary trips to GP surgeries and hospitals in the future.

It is estimated that up to one in five people attending medical clinics have abnormal [health anxiety](#), which may be made worse by people researching their symptoms online – leading to the term 'cyberchondria'.

Researchers say only one in ten of patients with health [anxiety](#) are diagnosed, with many linking their symptoms to previous medical problems, such as heart attacks, and who are convinced they are at risk again.

The annual NHS costs of untreated patients attending unnecessary tests and appointments could be as high as £56m.

Now, researchers believe that a readily available psychotherapy technique could be used to tackle the problem and help patients.

## **Effective talking therapy**

As part of the CHAMP study, funded by the National Institute for Health Research (NIHR), a team led by Imperial College London and King's College London found that targeted cognitive behavioural therapy (CBT) could be used to treat patients, with lasting effects.

Peter Tyrer, Emeritus Professor of Community Psychiatry at Imperial College, who led the research, said: "Patients with high health anxiety excessively worry about their health but most do not recognise its underlying cause.

"The condition is often triggered by some event, and the combination of

greater personal vulnerability, enhanced by increased public awareness of illness, reinforces the anxiety. With the ready availability of the internet, people feel it's their responsibility to look after their health, and indeed, public health experts encourage this."

He added: "The problem is that the symptoms of health anxiety are misinterpreted as those of physical illness and so most sufferers attend medical practitioners in both primary and secondary care asking for help in searching for a physical diagnosis, so ignoring the mental core of the condition."

According to Professor Tyrer, health anxiety was common in those with other physical illness, with patients who had recovered from heart attacks interpreting minor symptoms as warnings of further attacks, and cutting down on all activities as a result. Symptoms included chest pains or headaches that persist despite a doctor's reassurance that there is no physical cause of their distress.

## **Reducing anxiety**

In the study, a total of 444 patients were recruited from five general hospitals in England. Patients were classed as having severe health anxiety – scoring more than 20 points on the Health Anxiety Inventory (HAI) – and were randomised to receive an average of six 60 minute sessions of CBT-HA, or continued care in the clinic with information given to their doctors that abnormal health anxiety had been recognised.

CBT-HA works by helping patients to challenge their thoughts and recognise how their anxiety is maintained by seeking reassurance and excessive checking of their bodies, as well as checking their symptoms online. This is supported by behavioural experiments testing out the new ways of thinking and offering new less threatening alternatives for their worries.

After a year, the condition of patients receiving CBT-HA had improved from severe to moderate, compared to standard care, with symptoms of anxiety and depression also improving. The difference lessened over time but remained moderate after five years.

Treatment given by nurses was found to be superior to standard care, improving [patients'](#) condition from severe to mild, and nurses were found to be at least as good as psychologists and other health professionals. Patients in cardiology clinics showed the greatest reduction in HAI scores compared with standard after five years.

Deaths were similar in both groups, but those allocated to standard care died earlier, suggesting that CBT-HA did not lead to failure to identify serious life-threatening disease.

The team also found that the benefits of CBT-HA persisted after five years and the costs of the treatment were more than offset by the savings to health services.

Professor Tyrer said: "CBT-HA allows therapists with no previous experience to be trained relatively easily. It therefore has the potential to be used widely in general hospital settings under appropriate supervision.

He added: "We recommend that further work is needed in research to identify and treat the growing problem of [health](#) anxiety in hospitals."

**More information:** Per Fink et al. The Outcome of Health Anxiety in Primary Care. A Two-Year Follow-up Study on Health Care Costs and Self-Rated Health, *PLoS ONE* (2010). [DOI: 10.1371/journal.pone.0009873](#)

Cognitive behaviour therapy for health anxiety in medical patients (CHAMP): a randomised controlled trial with outcomes to 5 years.

*Health Technology Assessment.* [dx.doi.org/10.3310/hta21500](https://doi.org/10.3310/hta21500)

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