

# Health Anxiety Spotting, differentiating and using Anxiety Disorder Specific Measures for Low Intensity CBT Assessments

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## Objectives

By the end of this session and any associated directed study, we aim to :

- Have an overview of Health Anxiety
- Understand Key Features
- Questions to ask to identify the primary presenting problem.
- Distinguishing symptoms of Health Anxiety.
- Use relevant Anxiety Disorder Specific Measures and interpret scores.

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## Why focus on this topic?

- Low Intensity (LI) assessment models aim to capture the essential information associated with LI cognitive behavioural therapy (CBT), whilst maintaining the ability of the service to provide quick and easy access to interventions.
- Richards and Whyte (2008), suggest they involve Introductions, Information gathering, Information giving and Shared decision making.
- However, when conducting brief low intensity assessments, it is not always easy to identify the person's primary presenting complaint.
- In clinical practice it can be tempting to identify cases with more than one presentation as 'mixed anxiety and depression' but this should be avoided wherever possible.
- It is through careful questioning that the primary problem can be identified.

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# Health Anxiety

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## A Very Brief History of Hypochondriasis and Health Anxiety

- Ancient Greek - imbalances in the four humors (blood, black bile, phlegm, and yellow bile)
- 17th - 19th centuries, - 'vapors' from the spleen caused nervous system disruption (Berrios, 2001).
- Later part of 19th - form of hysteria and insanity associated with brain dysfunction (Berrios, 2001).
- Psychoanalytical movement - posited that health anxiety resulted from individuals not having learned to support themselves due to attachment issues with overprotective mothers, leading them to use society as a surrogate mother to obtain reassurance about their symptoms (Baur, 1988).
- Behaviourist paradigm - those with hypochondriasis had made it a way of life to ask for reassurance from society (Baur, 1988)
- More Recent - Preoccupation with having a serious illness or a fear of developing a serious illness. The preoccupation with health is based on the person's misinterpretations of bodily sensations

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## DSM V

### Somatic Symptom Disorder

- One or more somatic symptoms that are distressing or disruptive to daily life
- Excessive thoughts, feelings, or behaviour related to the somatic symptoms or associated health concerns as manifested by at least one of the following:
  - Disproportionate and persistent thoughts about the seriousness
  - Persistently high levels of anxiety about health / symptoms
  - Excessive time and energy devoted to these symptoms or health concerns
- State of being symptomatic is persistent (typically 6 plus months)

### Illness Anxiety Disorder

- Preoccupation with having or acquiring a serious physical illness.
- Somatic symptoms are not present or mild
- High anxiety about health; easily alarmed about health status
- Excessive health-related behaviours
- Pre-occupation for at least 6 months
- Not better explained by another mental disorder

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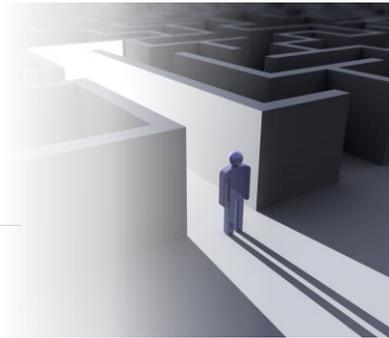
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### Features you might encounter



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### Predisposing - Negative Health Experiences

- Having family members or others around you experience a serious illness
- Death of a family member or someone known to you
- Having experienced a medical problem yourself
- Having a family member with health anxiety
- Negative information from the media or internet

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### Health related beliefs or Assumptions

- "All discomfort and bodily changes are problematic"
- "If my doctor orders a test, then there must be something wrong"
- "If my doctor doesn't know exactly what the problem is, then it must be really serious"
- "If I don't get a clean bill of health from the doctor, then I must be ill"
- "If I don't keep checking / having tests, I could miss something really important"
- "If I don't persist, my Doctor may miss something important"
- "If I'm not vigilant, an underlying problem could be getting worse"
- "If I miss an important health symptom, it could kill me"

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## Triggers

### Internal

- Sometimes bodily changes draw attention to possible health concerns. For Example:
- Stomach sensations / discomfort
- Tingling or numbness in parts of your body
- Ringing in your ears
- Sensitivity to heat or cold in your teeth
- Increases or decreases in your heart rate
- Changes in your saliva production, and variations in your energy levels
- Skin changes

### External

- Things can draw your attention towards possible health problems. For Example:
- Health scares in the news
- Upcoming medical appointments
- Being in contact with people who are unwell
- Hearing about someone who has been diagnosed with an illness
- Receiving inconclusive results on a medical test
- Being told you do have a health condition

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## Thoughts

### Misinterpretation of the meaning of body change.

- "This could be arthritis"
- "I probably have bone cancer"
- "This problem will be the end of me"
- "This could be something incurable"
- "I am about to die"
- "I have a serious brain disease"
- "I have heart disease"
- "I must pay attention to things"

### Misinterpretation of the meaning of the medical information

- "Blood pressure was high, I will die"
- "My doctor hasn't tested for really serious problems like HIV or Lupus, so there is a chance that is what I actually have"
- "They weren't listening to me and dismissed me"
- "Had tests, but cant understand why tests came back negative"

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## Behaviours

- Visual Checking
- Poking, palpating or pinching of the skin, breasts, stomach or other areas of the body
- Examination of bodily excretions (e.g., saliva, urine, faeces)
- Measuring parts of their body
- Monitoring of bodily processes
- Asking family members, friends, and health care providers about their symptoms
- Researching their symptoms
- Avoidance
- Medical tests or evaluations, and second opinions

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### Cultural Consideration

As with any presenting problem, it's important to consider culture or diversity, idioms of distress, "culture-bound syndromes" and understanding of the nature of the problem.

Are these problems, something you have known someone else have?

Do you know of any explanations of these problems that might come from your community or background?

How would such a problem typically be addressed in your community?

**Nb rule of thumb, this is not an interrogation. Only as much information as needed and always in collaboration with the client.**

Would it be helpful for me to know a bit more about ..., to help me understand the main presenting problem?

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Questions to ask to identify the primary presenting problem.

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### Assessment Questions

- Make use of the key LI CBT questions you already do:
- Gains specific patterns of thoughts, feeling, behaviors and physical
- 4 'Ws' – What, Where, With and When.
- FIND – **FREQUENCY, INTENSITY, NUMBER, DURATION**
- Impact
- Risk
- ETC

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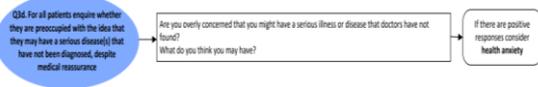
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# National Collaborating Centre for Mental Health (2020)



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## Further Questions - Thoughts

- What would you say are the main or worst concern about your health?
- When you noticed you were feeling (short of breath), what – at the time – was the worst thing this could mean? (get % belief ratings)
- When you thought this shortness of breath meant you had a lung disease... how did that affect you?... how did it make you feel... What happened to your physical symptoms... What did you do.....
- "When (the problem) happens, what do you find you are saying to yourself?"
- "When you're feeling (e.g., angry/terrified), do you have an image or mental picture of yourself?"
- "What does it look like?"
- When you were picturing your lungs filling with fluid, what effect did that have on your belief that you had a lung disease?
- When you felt terrified, what did that do to your thinking? Do you believe it more, or less now?
- What did you notice when you scanned your body for symptoms?
- Ask for rating of the belief in the thoughts.

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## Further Questions - Feelings / Emotions / Mood

*"When (the problem) is happening, and you're thinking (summarise thoughts), how do you feel?"*

*"Do you get any other feelings when the problem is occurring?"*

*"What emotion is strongest?"*

*"You mention feeling relieved after speaking to the GP, how long does that feeling last?"*

*Ask for rating of the intensity of the emotion*

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## Further Questions - Behaviour

- *"When the problem is happening and you're feeling (summarise feelings) and those thoughts are running through your mind (summarise thoughts) what do you feel like doing? What do you actually do?"*
- *"What do you do now because of your problem that you did not used to do?"*
- *"What have you stopped doing since feeling like this?"*
- *"Do you do anything else?"*
- *How did you try to deal with it.....?*
- *What did you pay attention to.....*
- *You mentioned checking your heart rate (summarize behaviours). Are there any things you check?*
- *When you were doing ..... what happened to your fears about having a lung disease?*

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## Further Questions - Physical

- *"What does the physical symptoms do you experience at that time"*
  - *"What do you notice in your body as your feeling anxious 10/10?"*
  - *"Anything else you notice in your body?"*
- *NB also ask about the physical changes and variation they notice at the start of feeling anxious.*

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Distinguishing symptoms of Health Anxiety



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Comparative differentials

Panic Disorder	Health Anxiety
Bodily or mental sensations interpreted as a sign of <i>imminent disaster</i> (e.g. palpitations = coronary) Tx similarities: focus on attention and misinterpretation; interoceptive experiments	<ul style="list-style-type: none"> <li>• Misinterpretation but relatively delayed time course re the feared catastrophe (e.g. early signs)</li> <li>• Wider misinterpretations e.g. medical info, physical variation and functioning</li> <li>• Different behaviours (checking and reassurance seeking are prominent)</li> <li>• Alternation of dwelling and avoidance</li> <li>• Health-related assumptions</li> </ul>

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Other Disorders                      Health Anxiety

<b>GAD</b> – health worries amongst many other worries; less imagery	Preoccupation with health; checking for symptoms; not reassured
<b>OCD</b> – may have health-related fears/preoccupation (e.g. idea of TB); managed with rituals, avoidance, washing compulsions. About avoidance...	Preoccupied with bodily symptoms/ sensations; more likely to seek medical help; safety behaviour focused on symptoms (e.g. checking pulse)
<b>BDD</b> (Body Dysmorphic Disorder) - focused on appearance of particular body part	Focus of concern more systemic/health-related; often a shifting focus

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### Treatment options

- No NICE guidelines as yet
- Search on NICE – offers systematic reviews supporting CBT is an effective intervention for Health Anxiety. E.g.
  - Cooper et al (2017)
  - Axelsson and Hedman-Lagerlöf (2019)
- Other Literature
- LICBT - Evidence suggests may be effective in treating HA and MUS with psychological distress (McDevitt-Petrovic and Kirby, 2020)
- CBT effective (5-10 sessions in hospital setting) “with lasting benefit over 5 years”. “Also improves GAD and depressive symptoms more than standard care” (Tjyret et al 2017)

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### INTENSITY INTERVENTIONS - Summary

- CBT at high intensity level works because there is more time in session, and a larger number of sessions to focus on the following:
  - *Assessment and Engagement*
  - *Formulation*
  - *Self-Monitoring*
  - *Explore evidence for health anxious/non-health anxious interpretation.*
  - *Behavioral Experiments*
  - *Dealing with Rumination, Worry, and Images*
  - *Reassurance Seeking*
  - *Identification and Reattribution of Assumptions*
  - *Relapse Prevention*
- Consider phased follow-up over longer time scale

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### So far, we have covered

- An Overview of Health Anxiety
- Questions to ask to identify the primary presenting problem.
- Distinguishing symptoms of Health Anxiety.
- Use relevant Anxiety Disorder Specific Measures and interpret scores.



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## Questions

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