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Hypochondriasis: Primary care and Specialty settings

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Abstract:

Hypochondriasis is considered as the disorder related to the somatoform that is marked by the pre occupation that is repeated and having fear of disease which can be life-threatening. The explanation on the basis of etiology for hypochondriasis have revolutionized over time from a stance of psychoanalytic which is an unconscious manifestation to the social learning, behavior relative to cognition and the biological models that emphasizes on the functional moral of the hypochondriasis disorder that is fully parallel to the disorders of anxiety. Different kinds of developments in therapeutic at the time of emphasizing the necessity of therapeutic association. The psychotherapy, reassurance, psychopharmacology and the mental health of an individual are shown clearly. The primary care and the specialty in the non-psychiatric physicians care for the patients having hypochondriasis disorder. The clinical perspectives and treatment specifies the various settings of this disorder.

Keywords: *Hypochondriasis disorder, psychotherapy, non-psychiatric physicians*

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Introduction

Hypochondriasis is a medical condition and is a disorder related to somato formation. These type of disorders included in a psychiatric illness that is characterized by the symptoms observed physically that has no cause of identification, and patients suffering from this assumes that these symptoms are caused by some disease or other causes. This condition shows the strong fear of a serious disease that is prolonged. The evaluation of the medical reports and the good health reassurance does not convince patients that they are not suffering from the disease. The minor symptoms or any kind of sensations was usually misinterpreted to fit in with their illness (feared illness). Diagnostic and Statistical Manual of Mental Disorders (DSM) diagnose the Hypochondriasis and this criterion for this disorder involves the fear of preoccupation which forms a serious illness on the basis of misconception of symptoms, and that particular fear is not comforted by using some proper reassurance of medical state that lasts for 6 months approximately (Turki et al 997). The criteria of diagnosing hypochondriasis require that the patient who is suffering is preoccupied with the illness fear that is a serious problem on the basis of misconception of the symptoms in the body and the persistence of preoccupation is there instead of medical reassurance and evaluation. There are different kinds of diagnostic instruments that involve Whitely Index of Hypochondriasis i.e., WIH and IAS (Illness Attitude Scales). There are other general diagnostic symptoms for screening and severity tools that include the Inventory related to Health Anxiety and Checklist of Somatoform Disorder Symptom. All these instruments of assessment are majorly used in the research procedure and it may show absence in the specificity of the patient for the treatment planning of an individual. (Xiong et al 2007).

Explanation models

Psychodynamic models – In order to remediate conflicts of unconscious mind such as providing hostility and aggression to each other. The representation and displacement that comes under the psychodynamic defenses were referred to as the fundamental basis for Hypochondriasis. This type of model is popular and plausible among another kind of psychoanalysis model and it sometimes becomes difficult to involve the patients suffering from hypochondriasis in such introspection.

Social learning models include the process of social transaction where patients assume an excuse that should be socially acceptable as "sick role" or release them from obligation whether it should be social or occupation. At the time, the person becomes ill where he/she is in no-fault, different social rules are applied. If the individual is ill, this ensures that an individual needs to take care of himself/herself. The attachment styles related to anxiety found to be linked with the reporting of the hypochondriacal symptom. At one time, insurmountable help was provided to the patient from the physician whereas, on the other side, professional rejections are rejected eventually. So, the hypochondriasis treatment dictates a therapeutic relationship that is well balanced and calls for the physician's social duties (both as a parental figure who is caring and professional caretaker).

Cognitive Behavior model in which the bodily symptoms are misinterpreted by bodily symptoms and the somatic sensations are amplified into fears of having a life-threatening or real conditions. There is a belief that a good health is considered as the absence of physical symptoms and they contribute to preoccupations related to the bodily changes, limitations to reassurance and the use of medical services in excess. All these cognitive distortions lead to the reassurance-seeking behavior that helps in the disorder maintenance. So, the therapy that is targeted basically concentrates on the realistic health appraisal of the patient.

Anxiety Spectrum Disorder – As per this model, the origination of anxiety is from the preoccupation having a disease. The similar etiology shares another spectrum of the disorders but the phenotypes are slightly different that includes any particular phobia. The treatment implications are immediate according to this model that responds to pharmacotherapy such as the dysfunctional neurotransmission and interventions in psychotherapeutic related cognitive-behavior (Xiong et al 2007).

Sometimes, the people suffering from this health anxiety requires unnecessary tests, overused services related to medical and then it becomes difficult to manage. Till now, there is no treatment that supports the disorder of hypochondriasis or phobia of illness. Various researchers have done an extensive research on the hypochondriac syndrome that is considered as somatic amplification disorder according to Barsky. This somatic amplification disorder is perception and cognition disorder that entails the hypervigilance

present in the sensations of the body and some of the cognitions that makes them more disturbing. An educational package was proposed by Barsky which is structured and to be managed in primary centers that provide the information about the parameters that produces physical symptoms. In 2000, some of the studies confirm that the proposals of cognitive and behavioral can be used in the treatment of patients that have been considered difficult traditionally.

Some of the techniques which are diverse are equally useful for the enhancement of the attitudes of hypochondriac and fears, which are on the basis of different principles (Avia and Ruiz 2005). In the research methodological practices such as the susceptibility of most of the investigators that singles out a specific diagnosis for the special study in which the diagnostic overlap rooted partially. It becomes difficult to study the influence of the early interventions and the DSM-IV diagnosis of hypochondriasis satisfies the diagnosis and the validity requirements (Fink et al 2004). Hypochondriasis is also called as the severe health anxiety (HA) that persists in spite of the proper medical reassurance.

Therapy based on the cognitive of mindfulness – The cognitive processes are designed by using MBCT i.e., Mindfulness-based Cognitive Theory that depresses the individuals who are vulnerable to relapse in repeated and recurrence forms such as the rumination and high reactivity to the cognitive response. This model accommodates the training of mindfulness and research studies show that the reverse process of MBCT hypothesized to cause depressive psychopathological elements and are linked with the changes in the activation of the brain related to the emotions. The guidelines are prescribed by National Institute of Clinical Excellence for the appropriate treatment of the depression in recurrent form. MBCT has also provided the benefits to the patients suffering from the syndrome of chronic fatigue, psychosis, chronic depression that is resistant to the treatment, suicidal depression which are recurrent, bipolar disorder and the disorder of anxiety. This is 8 weeks class-based programme which is cost effective and teaches every participant to observe the thoughts and the feelings that developed in case of the repeated practice of returning the intentional attention to an object (Williams et al 2011). Keller states that the previous studies of hypochondriasis is more about in the terms of history instead of a disorder or a syndrome. The DSM-IV-TR is the diagnosed by the characterization using preoccupation having the fear or the idea of a serious disease on the basis of misconceptions of symptoms and signs of a body.

Clinical aspects – In treatment there comes new potential points of focus that could be family–oriented such as the targeting the worries related to the health that directs towards the significant factors such as in children or in parents having serious health anxiety disorder. As per the researchers, the severe Health Anxiety which is untreated has a recovery percentage below 50%. The therapy of cognitive behavior is considered as an effective therapy for HA in case of adults. The most prevalent in HA is the depression or the disorders of anxiety. As per the study based on the population, the current HA is found to be 11.8% with major depression and 31.8% have anxiety disorders.

Panic Disorder- Individuals having the disorders of panic misinterprets their symptoms which are considered as a core feature in Health Anxiety and these misconceptions in case of panic disorder are simply in relation with a response of acute- anxiety, while the involved symptoms in the Human Anxiety includes the symptoms which are autonomous as well as with the signs and sensations occurred physically. Individuals having the panic disorders have fear of dying and the individuals with HA having the fear of death. In severe HA, the reassurance is seen to be the common behavior that more often occurs in the panic disorder.

Obsessive Compulsive Disorder – In Obsessive Compulsive Disorder, there are somatic obsessions that can be indistinguishable from the fears of illness in case of the severe HA. Individuals having experience of OCD also have experienced the illness worries that do not have necessary sensations in the body. They also have obsessions and compulsion in the regions of health and illness (Thorgaard 2016). There is a proof that many of the therapies can benefit people having hypochondriasis cognitive therapy, behavior therapy and the management of stress. These therapists help individuals or patients to emphasize less on the symptoms and talk more about the stress and anxiety management that increases the psychological discomfort (www.health.harvard.edu).

Psychoeducation for Hypochondriasis

In the 1960s the beginning of Psychoeducation takes place where it is derived from the learning theory. In 1977, Authier described psychoeducation as the most popular one. One of the major problem that the health practitioners face i9s basically with the medical model which is traditional where the patients act as the passive reporters of treatments, prescriptions, and diagnoses. As per the various researchers, the suitability of this model has been checked or is in question. The people who are suffering gets more help from the one who adopts the model of psychoeducation. Psychological treatment has also been treated from the time of implementation of the Psychoeducation in the case when the patients are suffering from Schizophrenia.

The absence of the verification, reliable and accepted diagnostic criteria occurred as a major hindrance in the clinical practice and the new criteria of diagnosis are established empirically and have become more valid from both sides clinical and a nosological perspective. The current diagnostic criteria that include the obsessive rumination about the illness which includes the fear of taking prescribed medication or fear of being injected (Fink, Ornbol and Christensen 2010).

Literature Review

Barsky, Wyshak and Klerman 1986 have also attempted to integrate the criteria of DSM-III in case of hypochondriasis along with the literature that is related clinically and has also derived criteria: six positive and two negatives. The results of this study include the internal validity and the consistency in the disease which is having fear of disease, the preoccupation in the body and the symptoms related to the somatic system. The depressive symptoms are measured using the Inventory of Beck Depression that is mostly correlated with the other symptoms of hypochondriasis.

Persing et al 2000, investigates to learn about the patients having hypochondriasis in which the researcher used a semi-structured interview. The study results in the patients having hypochondriacal and non- hypochondriacal disorder but these patients have made a negative influence on the professional characteristics of a physician.

Fink et al 2004, studied the new established diagnostic approach of Hypochondriasis in which the symptoms of hypochondriasis are clustered and have defined criteria of diagnosis. On the basis of this paper, the patients are categorized into three major classes on the basis of six symptoms which are a preoccupation, rumination about the illness, suggestibility, the fear that is unrealistic of infection, fascination towards the medical information and the fear of medication that is prescribed. The results produced by this research recommends about the rumination having an illness as a factor along with five other kind of symptoms that forms a diagnostic entity.

Avia and Ruiz 2005, worked on the treatment recommendations of the Hypochondriac patients which is an expensive problem for the system of health care and whose treatment has not established systematic attention. The results produced on the basis of research of various researchers that the techniques of cognitive behavior produce the major changes in the fear of illness and attitudes.

Martin and Jacobi 2006 described the characteristics of hypochondriasis and the worries of illness in the general population of Germany. In health care sector, the hypochondriasis is of the high relevance and its prevalence in this population has been investigated in many studies. The prevalence rate of the hypochondriasis and their subthreshold conditions are explained and their association with the quality of life and the utilization of healthcare in a representative sample. The additional support was provided in this paper not only in consideration with DSM-IV that is considered as the rare disorder but has also included the conditions that are less restrictive.

Xiong et al 2007, reviewed the developments of therapeutic agents and focused on the necessity of therapeutic alliance. The symptoms of somatic behavior and the fear of medical diseases, patients who are suffering from hypochondriasis present to the primary health care and especially in the case of physicians. The actual cause of the hypochondriasis is not that much clear but most likely it includes the etiologies related to multifactorial that includes neuro-biological, psychological and social origins. The successful management of the hypochondriasis should start with the introduction of the solid therapeutic alliance. At the time of treatment, the usage of reassurances that investigates further and particular instruments should be selected very carefully.

Williams et al 2011, proposed the mindfulness-based cognitive theory for the purpose to analyze the

health anxiety i.e., hypochondriasis. In this disorder, the prior thing is to examine both the acceptability and the efficacy of the psychological treatments for the health anxiety disorder. The research is carried out using the semi-structured interview. The participants or volunteers consider this MBCT technique to be a beneficial and acceptable treatment for this particular disorder. The impact of MBCT is found to be beneficial both in the case of health anxiety and functioning by the participants.

Zahid et al 2015 worked on the health anxiety disorders and the concerns related to Hypochondriasis in Medical Students. They have documented the transient health-related anxiety disorders and the studied literature suggests that the medical students consider symptoms earlier that is regarded as normal to the signs of the disease. The prevalence of these phenomena is studied along with their cognitive and distress aspects.

Turki et al, studies the prevalence of Hypochondriasis among Medical Students. A cross-sectional study is performed in which all the participants are divided into eight groups on the basis of gender and academics. The total prevalence of hypochondriasis is found to be 3.4% among medical students and no major differences were found on the basis of gender or level of academics of the student. This paper recommends the further research having a sample size in a larger quantity that includes different kinds of colleges from different areas. Various other disorders related to the somatoform overlaps the criteria of diagnosis and to the aspect of reassurance patients may respond In obsessive rumination of illness, the criteria of hypochondriasis is used which is considered to be major and important criteria.

Conclusion

The nature of the symptoms related to the tomato formation and the fear that is obsessive in case of medical diseases, the patients having hypochondriasis will recurrently present to the care of primary health and of specialty physicians. The major and the actual cause of this disorder remains clear but it involves multifactorial etiologies having the social, psychological and biological origins. The management of the hypochondriasis initiates with the implementation of a solid therapeutic association. The patients of hypochondriasis have been aggravating and their physicians, it cannot be disappeared from the clinical landscape in the next 5-10 years. The greater use of the drugs which are non-invasive that allows for evaluation of the preservation and safety. The educational efforts and the linkage of physician-patient improves the enhanced appreciation for etiologies.

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