

## Experts Say Hypochondria Is Real

The recent anthrax scares have made nearly everyone a little more worried about those sniffles and coughs, leading many people to joke about hypochondria. But experts say hypochondriasis is a real disorder that puts a strain on the medical system and is no laughing matter. A person who suffers from hypochondriasis believes that his or her physical symptoms, either real or imagined, are signs of a much more serious illness, despite medical reassurance that they are not. According to experts, the prevalence of hypochondria ranges from 4 percent to 7 percent in the general population, affecting both men and women equally.

"Most people who notice a mole on their shoulder that is changing color [and] that they think may be skin cancer will go to the doctor who tells them that it is nothing. And they say, 'Great, I'm outta here,' says Dr. Arthur Barsky, director of psychiatric research at Brigham and Women's Hospital in Boston, who reviews hypochondriasis in this week's issue of The New England Journal of Medicine. "That sort of information and reassurance is not helpful to a person suffering from hypochondriasis." Instead, a hypochondriac will become angry with the physician for failing to realize that the person does indeed have a problem, says Barsky. Some research suggests hypochondriacs may be more finely tuned to their bodies and have a tendency to misinterpret symptoms that others would overlook. "Hypochondriacs tend to [believe they] suffer from diseases that aren't always clear and where a diagnosis is often difficult," says Dr. Brian Fallon, director of the Somatic Disorders Research Program at the New York State Psychiatric Institute.

**Poorly Understood:** Although hypochondriasis is a very common problem in clinical practice, Barsky notes there isn't much known about how to deal with it. While hypochondriasis is regarded as a psychiatric disorder, psychiatrists rarely see patients who suffer from it. From the perspective of the patients, their problems are a medical concern and they are generally very reluctant to see a mental health professional if their physician suggests it. "That's like saying they're making it up," says Fallon. As a result, hypochondriacs become a huge drain on the medical system. "They are very expensive to take care of," says Barsky. "They use a disproportionate amount of services and it doesn't do any good. They are not assured." Hypochondriacs have disproportionately high rates of visits to physicians, specialty consultations, surgical procedures and lab tests.

**Treatment Options:** One treatment strategy for hypochondriasis is cognitive-behavioral therapy in which patients try to alter their beliefs about illness and symptoms and seek to understand how their behaviors play a role in the disorder. A second strategy is pharmacotherapy or treatment with medications such as Prozac.

According to Barsky, two-thirds of hypochondriacs have co-existing psychiatric illnesses such as major depression, panic disorder, and obsessive-compulsive disorder. Treatment of these underlying conditions has been shown to alleviate hypochondriasis. Additional research by Fallon shows that regardless of whether there is an underlying condition, hypochondriacs can be treated with medication. "Seventy to 80 percent of people who have hypochondriasis benefit significantly from pharmacological treatment," says Fallon. Other strategies include developing supportive relationships between physicians and patients and using techniques to assure the patient their concerns are being regarded.

"The good news about hypochondriasis is that it's treatable," adds Fallon.

**Headache? It must be a brain tumor. Bruise on your leg? Leukemia. Slightly nauseous? Either cancer or a heart attack.**

Welcome to the life of a hypochondriac.

We've become a nation of them, says Catherine Belling, an assistant professor of medical humanities and bioethics at Northwestern University's Feinberg School of Medicine. In her new book *A Condition of Doubt: The Meanings of Hypochondria* (Oxford University Press), she explores our increasing anxiety about our health, as well as the way hypochondriacs are perceived by the public and their doctors. "Hypochondria is not a mental illness, so much as it is an extremely irrational response to the uncertainty of medicine," she says. "We think of these people as silly, as demanding attention they don't really need. But no doctor can ever tell you that you're 100 percent healthy and will be forever. It causes a lot of misery and becomes a real nightmare for patients and doctors."

People who suffer from hypochondria make frequent doctors' appointments, insist on unnecessary tests, and see physical illness where medicine says there is none. They fret needlessly over diseases that procedures prove they don't have. They're obsessed with the idea that a disease is lurking, awaiting the right doctor and diagnosis. They experience ordinary discomforts more intensely than others, sinking often into a full-blown panic. They grow angry with physicians who fail to acknowledge sinister symptoms.

One driving factor, Belling argues, is that we're constantly being bombarded with messages telling us we might be sick, even if we have no symptoms. Public health pushes call for disease awareness months and an emphasis on early detection and screening; people are overly alert to symptoms and eager to get tested. "It's a massive contributor," she says. "We're being trained to think like hypochondriacs: 'Just because I feel fine, doesn't mean there's not something developing inside me right now.'"

Hypochondria affects about one out of every 20 Americans. Here's how to cope, or at least better manage it:

**Stay offline.** Dr. Google is full of diagnoses—plenty of them wrong. Enter a symptom, say, stomach pain, and you'll learn you could have anything from appendicitis to esophageal cancer. And if it's the latter? Well, the outlook is bleak. "People find themselves a lot more anxious after checking these sites," says Brian Fallon, director of the Center for Neuroinflammatory Disorders and Biobehavioral Medicine at Columbia University. Some hypochondriacs, he says, spend hours a day trolling the Web, to the point that it interferes with their daily functioning. "They become so preoccupied and anxious about what they're reading," Fallon says. "Someone with a predisposition to health anxiety can do themselves a huge favor by staying off the net."

**Stick with one doctor.** Doctor hopping isn't helpful. But hypochondriacs are inclined to do so—if one doesn't see anything wrong, they assume, the next one will. Going from one doc to the next increases the likelihood of different diagnoses and unnecessary tests. Find one who you trust, and don't make a change, Belling says. Try to create a good relationship with him, too. Be open and honest about your concerns and struggles. The right doctor will be supportive and will help direct your attention away from symptoms. "Hypochondriacs need to realize that that one perfect doctor who can find everything or cure everything doesn't exist," Belling says.

**Forget the self-checks.** Obsessively monitoring your pulse? Blood pressure? Temperature? Put the at-home medical devices away. Focus on something aside from your body—it's much healthier and more productive.

**Join a support group.** Connect with others who share similar concerns. You can swap knowledge and coping strategies, provide reassurance, and answer each other's questions. And it helps to know that you're not alone.

**Be active.** Exercising helps ease stress, depression, and anxiety. No need for it to be intense, either: walk the dog, go swimming, or do some gardening. Stress makes sufferers feel more anxious, and may also exacerbate symptoms they already have.

**Cognitive behavioral therapy (CBT).** It's designed to help you recognize—and stop—behavior that's linked with your anxiety. Sometimes it includes exposure therapy: directly confronting and learning to cope with your fears. "If someone won't go to cancer hospitals because they're afraid they're going to get cancer, we take them there," says Jon Abramowitz, a professor of psychology with the University of North Carolina Clinical Psychology Program. "Or they won't exercise because they think it will blow out their heart, so we make them do it." Research suggests CBT is effective; patients typically need about 16 to 20 sessions to see a difference. "People learn to look at things more objectively. You've been to 20 doctors and they all say nothing is wrong, so what does that suggest?"

**Learn about your condition.** What is hypochondria? Why do you have it? Education is empowering—and can motivate you to stick to a treatment plan. Understanding the condition often helps ease sufferers' worries.