CBT for Hypochondriasis

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Agenda

- Types of Somatoform Disorders
- Characteristics of Hypochondriasis
- Basic concepts of cognitive behavioral therapy (CBT)
- Main cognitive errors and maladaptive behaviors in patients with Hypochondriasis
- Main CBT techniques that are used in treatment of Hypochondriasis
Somatoform Disorders
DSM-TR-IV

- Somatization Disorder
- Somatoform Pain Disorder
- Hypochondriasis
- Conversion Disorder
- Body Dysmorphic Disorder
Somatic Symptom & Related Disorders

DSM-V

- Somatic Symptom Disorder
- Illness Anxiety Disorder
- Conversion Disorder (Functional Neurological Symptom Disorder)
- Psychological Factors Affecting Other Medical Conditions
- Factitious Disorder
Somatic Symptom Disorder

- ≥ 1 Somatic symptoms that are distressing or cause impairment
- Excessive thoughts, feelings, or behaviors related to these symptoms manifested by ≥ 1:
  - Persistent *thoughts* about the seriousness of one’s symptoms
  - Persistently high level of *anxiety* about symptoms or health
  - Excessive time and energy devoted to these symptoms or health concerns
- State of being symptomatic for at least 6 months
Illness Anxiety Disorder

- Preoccupation with having or acquiring a serious illness
- Somatic symptoms are not present or mild intensity
- High level of anxiety about health
- The individual performs excessive health-related behaviors or exhibiting maladaptive avoidance
- For at least 6 months
- Not better explained by any other mental disorder
Specifiers

- Care-seeking Type
- Care-avoidant Type
What is Hypochondriasis?

- Psychiatric disorder with somatic symptoms
- Fear of physical sensations with preoccupation with the body
- Body checking and self-diagnosis
- Multiple doctor visits and multiple medical tests
- Doctor reassurance not helpful or stays only for short period
- Avoiding going to hospitals or things that remind with illnesses
How does it differ from

- Panic Disorder?
How does it differ from

- Generalized Anxiety Disorder?
How does it differ from

- Obsessive Compulsive Disorder?
Examples of Fears

- Cancer
- AIDS
- Heart disease
- Stroke
- Multiple Sclerosis (MS)
- Systemic Lupus Erythematosus (SLE)
Characteristics of Hypochondriasis

- 1-5% of general population
- Females = Males
- 3% of medical students (transit form)
- Resistant to psychiatric referral
Characteristics of Hypochondriasis

- Early onset
- Chronic course
- May be precipitated by stress
- Highly comorbid with Depression and Anxiety (80%)
Good Prognostic Factors

- Sudden onset of symptoms
- High socioeconomic status
- Treatment-responsive anxiety or depression
- No comorbid personality disorders
- No comorbid substance use disorder
- No chronic medical illness
Related Factors

- Search in the internet
- Media
- Pandemics
- Overprotective family
- Serious illness or death of serious illness in the family
- Family history of somatization disorder or OCD
Rating Scales

- Health Anxiety Inventory (18)
- Health Anxiety Questionnaire (21)
- Somatic Symptom Index
- Whitely Index (14)
- Illness Attitude Scale (27)
Treatment of Hypochondriasis

- Treat the comorbid Psychiatric disorder

- Pharmacological Treatment:
  - Selective Serotonin Reuptake Inhibitors (SSRIs)

- Psychological Treatment:
  - Cognitive Behavioral Therapy (CBT)
  - Cognitive Educational Group
What is CBT?

- Short-term Therapy
- Regular sessions
- Specific Agenda
- Collaborative
- Cognitive and Behavioral components
- Socratic Questioning
- Here and now
- Home work
- Individual and Group therapy
Padesky’s 5 Aspects Model (1986)
Goal of CBT

Correcting distorted **Thoughts** and maladaptive **Behaviors** by cognitive and behavioral techniques
Three Cognitive Levels

- Automatic Thoughts
- Rules and Assumptions
- Core Beliefs
CBT is Effective for:

- Depression
- Anxiety Disorders
- Personality Disorders
- Eating Disorders
- Substance use Disorders
- Chronic Pain
- Somatoform Disorders
- Marital Problems
- Insomnia
Before CBT

- Psychiatric Assessment
- Education about CBT
- Using rating scales
- Establishing suitability for CBT
- Initial formulation
Situation

Physical Sensations

Misinterpretation of Physical Sensations

Emotions

Avoidance

Reassurance Seeking

Body Checking
Headache means “Brain Tumor”

Anxiety, Fear

Palpitations, Chest tightness, Tremors, Sweating

Searching the internet, Monitoring the headache, going to a Neurologist, Brain CT
Cognitive Errors in Hypochondriasis

- Catastrophizing
- Filtering
- Overgeneralization
- Jumping to conclusions
Maladaptive Behaviors Errors in Hypochondriasis

- Body Checking
- Reassurance Seeking
- Avoidance
What is wrong with these Behaviors?

- Only temporary relief
- Don’t work all the time
- Time consuming
- Disturb people around them
- Prevent from learning that the fears are not realistic
Important Therapeutic Techniques

- Engagement
- Self-Monitoring
- Cognitive Restructuring
- Exposure Response Prevention (ERP)
- Identification and re-attribution of Assumptions and Core Beliefs
Engagement

- Very important skill
Self-Monitoring

- Using Thought Record
  - Physical sensations
  - Thoughts
  - Emotions
  - Behaviors
<table>
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<tr>
<th>Date/Time</th>
<th>Situation</th>
<th>Thought</th>
<th>Physical Sensations</th>
<th>Emotion/Distress</th>
<th>Behaviors</th>
<th>Time Spent</th>
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<tr>
<td>8:00 Am</td>
<td>Watching medical program on TV</td>
<td>I have heart disease</td>
<td>Palpitations</td>
<td>Fear, anxiety 80/100</td>
<td>Calling my uncle who is a doctor</td>
<td>7 minutes</td>
<td>45/100</td>
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<tr>
<td>3:00 PM</td>
<td>Death of a neighbor</td>
<td>I have a cancer</td>
<td>Dizziness, dry mouth</td>
<td>Fear, anxiety 90/100</td>
<td>Going to a doctor to for check up</td>
<td>90 minutes</td>
<td>55/100</td>
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Cognitive Restructuring

- Two Hypotheses Form

- Pie Chart
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<th>Hypothesis A</th>
<th>Hypothesis B</th>
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<tr>
<td><strong>Hypothesis A</strong></td>
<td><strong>Hypothesis B</strong></td>
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<td>------------------</td>
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<tr>
<td>“I have Brain Tumor”</td>
<td>“Thought and Anxiety of having a Brain Tumor”</td>
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<td>- Headache</td>
<td>- Headache gets worse with stress</td>
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<td>- Dizziness</td>
<td>- Focusing on my symptoms make them worse</td>
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<tr>
<td>- Blurred vision</td>
<td>- Reassurance makes my symptoms better</td>
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<td>- I’ve had these symptoms for long time and they have not got any more serious</td>
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**Reappraisal:**

- There are many causes for headache (heat, tension, dehydration)
- Dizziness can be caused by Anxiety
- Blurred vision is one of the symptoms of anxiety

Psychology Tools.Org
Role Play
Group Activity
- Identify the distorted belief
  - I am dizzy, therefore something is seriously physically wrong with me
- Rate the strength of the belief
  - 90 %
- Make a list of all possible causes of the symptom
  -
  -
  -
  -
- Divide the Pie Chart up into percentages starting with the bottom of the list
  - See the next slide
- Rerate the belief
  - 50%
I did not eat today

Infection in my ears

Brain Tumor

Hot room temperature

I did not drink water

I stood up quickly

Adapted from Psychology Tools.Org
Role Play
Group Activity
ERP

- Exposing the client to a situation that would trigger his fear of having a serious illness

- Preventing the client from:
  - Self body checking
  - Searching the internet
  - Reassurance from family
  - Going to a doctor
Identification and re-attribution of Assumptions & Core Beliefs
Initial Sessions

- Therapeutic alliance
- Psychoeducation
- Goals setting
- Explaining the roles of the therapist and the client
- Helping client to identify automatic thoughts
- Helping client to link automatic thoughts with emotions and behaviors
- Emphasizing on regular homework
Middle Sessions

- Continuing to maintain collaborative therapeutic relationship
- Teaching clients about cognitive distortions
- Explaining and applying the CBT skills:
  - Cognitive Restructuring
  - Exposure Response Prevention (ERP)
  - Problem solving
  - Relaxation
- Encouraging client to continue with tasks between sessions
Later Sessions

- Helping the client to examine and modify deeper cognitive structures
- Making sure that client understands the techniques
- Monitoring homework
- Relapse prevention
- Preparing the client for ending of therapy
Some Advices to Family Doctors

- Be empathetic regarding their fears
- Assess the degree insight and do they want to change
- Plan for regular contact with caring medical doctor
- Limit to discuss one or two issues per visit
- Limit work-ups only to objective findings
- Encourage relaxation
- Increase the space between appointment as times goes on
I TOLD YOU
I WAS SICK
Thank You!
Email Address:

Alsaleh@me.com