HEALTH ANXIETY AMONG MEDICAL STUDENTS

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ABSTRACT:
Health anxiety or hypochondriasis is a condition in which a person is excessively and unduly worried about having a serious illness. Hypochondriacs become unduly alarmed about any physical or psychological symptoms they detect, no matter how minor the symptom may be, and are convinced that they have, or are about to be diagnosed with, a serious illness. This cross-sectional study was conducted among medical students of different medical colleges. A predefined proforma was distributed among all the students. Brief data i.e. name, age, gender, and different health anxiety questions were collected on a predefined proforma. All the data was entered and analyzed with SPSS ver 23.0. A total of 100 medical students were included in this study. There were 50 (50%) male students and 50 (50%) female students. The mean age of the students was 22.31±1.01 years. Out of 100 students, 21 students were having symptoms of health anxiety. Out of these 21, thirteen were hostel residents. Out of 21 students, only 5 were having behavioral therapy sessions.

KEYWORDS: HEALTH ANXIETY

INTRODUCTION:
Health anxiety or hypochondriasis is a condition in which a person is excessively and unduly worried about having a serious illness. An old concept, the meaning of hypochondria has repeatedly changed. It has been claimed that this debilitating condition results from an inaccurate perception of the condition of body or mind despite the absence of an actual medical diagnosis. An individual with hypochondriasis is known as a hypochondriac. Hypochondriacs become unduly alarmed about any physical or psychological symptoms they detect, no matter how minor the symptom may be, and are convinced that they have, or are about to be diagnosed with, a serious illness.

Often, hypochondria persists even after a physician has evaluated a person and reassured them that their concerns about symptoms do not have an underlying medical basis or, if there is a medical illness, their concerns are far in excess of what is appropriate for the level of disease. It is also referred to hypochondriasm which is the act of being in an hypochondriatic state; acute hypochondriasm. Many hypochondriacs focus on a particular symptom as the catalyst of their worrying, such as gastro-intestinal problems, palpitations, or muscle fatigue. To qualify for the diagnosis of hypochondria the symptoms must have been experienced for at least 6 months.

The DSM-IV-TR defined this disorder, "Hypochondriasis", as a somatoform disorder and one study has shown it to affect about 3% of the visitors to primary care settings. The 2013 DSM-5 replaced the diagnosis of hypochondriasis with the diagnoses of somatic symptom disorder (75%) and illness anxiety disorder (25%).

Hypochondria is often characterized by fears that minor bodily or mental symptoms may indicate a serious illness, constant self-examination
and self-diagnosis, and a preoccupation with one's body. Many individuals with hypochondriasis express doubt and disbelief in the doctors' diagnosis, and report that doctors' reassurance about an absence of a serious medical condition is unconvincing, or short-lasting. Additionally, many hypochondriacs experience elevated blood pressure, stress, and anxiety in the presence of doctors or while occupying a medical facility, a condition known as "white coat syndrome". Many hypochondriacs require constant reassurance, either from doctors, family, or friends, and the disorder can become a debilitating challenge for the individual with hypochondriasis, as well as their family and friends. Some hypochondriacal individuals completely avoid any reminder of illness, whereas others frequently visit medical facilities, sometimes obsessively. Some sufferers may never speak about it (1-3). The purpose of this study was to see the prevalence of health anxiety among medical students.

**Material of Methods:**
This cross-sectional study was conducted among medical students of different medical colleges. A predefined proforma was distributed among all the students. Brief data i.e. name, age, gender, and different health anxiety questions were collected on a predefined proforma. All the data was entered and analyzed with SPSS ver 23.0. The qualitative variables were presented as numbers and frequencies. The quantitative variables were presented as mean and standard deviation.

**RESULTS:**
A total of 100 medical students were included in this study. There were 50 (50%) male students and 50 (50%) female students. The mean age of the students was 22.31±1.01 years. Out of 100 students, 21 students were having symptoms of health anxiety. Out of these 21, thirteen were hostel
residents. Out of 21 students, only 5 were having behavioral therapy sessions.

**DISCUSSION:**
The classification of hypochondriasis in relation to other psychiatric disorders has long been a topic of scholarly debate, and has differed widely between different diagnostic systems and influential publications. In the case of the DSM, the first and second versions listed hypochondriasis as a neurosis, whereas the third and fourth versions listed hypochondriasis as a somatoform disorder. The current version of the DSM (DSM-5) lists somatic symptom disorder (SSD) under the heading of "somatic symptom and related disorders", and illness anxiety disorder (IAD) under both this heading and as an anxiety disorder. The ICD-10, like the third and fourth versions of the DSM, lists hypochondriasis as a somatoform disorder. The ICD-11, however, lists hypochondriasis under the heading of "obsessive-compulsive or related disorders". There are also numerous influential scientific publications which have argued for other classifications of hypochondriasis. Notably, since the early 1990s, it has become increasingly common to regard hypochondriasis as an anxiety disorder, and to refer to the condition as "health anxiety" or "severe health anxiety".

Approximately 20 randomized controlled trials and numerous observational studies indicate that cognitive behavioral therapy (CBT) is an effective treatment for hypochondriasis. Typically, about two-thirds of patients respond to treatment, and about 50% of patients achieve remission, i.e., no longer suffer from hypochondriasis after treatment. CBT for hypochondriasis and health anxiety may be offered in various formats, including as face-to-face individual or group therapy, via telephone, or as guided self-help with information conveyed via a self-help book or online treatment platform. Effects are typically sustained over
time. There is also evidence that antidepressant medications such as selective serotonin reuptake inhibitors can reduce symptoms. In some cases, hypochondriasis responds well to antipsychotics, particularly the newer atypical antipsychotic medications (4-6).

REFERENCES:
4- "hypochondria (n.)". Etymonline. Retrieved 14 April 2015.
5- Harvey S (February 21, 2010). "Hypochondria". The Virtual Linguist.[self-published source]
6- Mann L (July 11, 2012). "New book tries to explain the roots of hypochondria". Chicago Tribune.