Health Anxiety Levels in Patients Admitted to Internal Medicine Outpatient Clinic for Several Times

Dahiliye Polikliniğine Birden Fazla Gelen Hastalarda Sağlık Anksiyetesi Düzeyi

Internal Medicine Outpatient and Health Anxiety

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Özet

Amaç: Sağlık anksiyetesi (SA), hastaların normal bedensel duyumlara, ciddi bir hastalığın işaretleri olarak, yanlış atıfta bulunmasından kaynaklanmaktadır. Bu çalışmanın amacı dahiliye polikliniğine muayene için bir yıl içinde birden fazla gelen hastalarda sağlık anksiyetesi düzeyinin araştırılmasıdır. Gereç ve Yöntem: Çalışmaya dahiliye polikliniğine bir yıl içinde birden fazla başvuran 60 hasta ve 60 kontrol grubu alındı. Bu gruplara sağlık anksiyetesi envanteri kısa form (SAE-KF) verildi. Elde edilen sonuçlar istatistiksel olarak karşılaştırıldı. Bulgular: SAE-KF puanları hasta grubunda (17.11±6.07) kontrol grubuna göre (10.71±4.44) istatistiksel olarak anlamlı derecede yüksek bulundu (Z=-5.96, P<0.001). Tartışma: Sağlık anksiyetesinin dahiliye polikliniğine başvuran hastalarda sağlıklı kontrol grubuna göre oldukça yüksek olması dahiliye polikliniklerinin iş yükünü gereğinden fazla artırmaktadır. Bundan dolayı bu hasta grubuna psikiyatri uzmanının da bulunduğu multidisipliner bir yaklaşım hem sağlık giderlerinin azaltılmasına hem de bu hastaların daha uygun bir tedavi almalarına katkı sağlayacaktır.

Anahtar Kelimeler

Sağlık Anksiyetesi; Hastalık; Dahiliye Polikliniği

Abstract

Aim: Health anxiety (HA) in patients consist of incorrect reference to normal bodily sensations as a signs of a serious disease. The aim of this study is to investigate the HA in patients admitted to internal medicine outpatient clinic for several times within one year. Material and Method: 60 patients who admitted more than one time to internal medicine outpatient clinic within one year and the control group consisted of 60 people were enrolled in this study. Short-form of health anxiety inventory (SAE-KF) was given to these groups, The results were compared statistically. Results: SAE-KF scores were significantly higher in the patient group (11.17 ± 6.07) than the control group (10.71±4.44) (Z=-5.96, P<0.001). Discussion: HA in patients admitted to the internal medicine clinic is to be quite high when compared to the healthy control group and this increases workload of internal medicine outpatient clinic excessively. Therefore, a multidisciplinary approach needs including also psychiatrists for this group of patients to reduce health care costs as well as to receive more appropriate treatment of these patients.

Keywords

Health Anxiety (HA); Disease; Internal Medicine Clinic

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Introduction

Health anxiety (SA), is defined as feeling fears and concerns about a severe disease, while they are objectively healthy individuals [1]. HA is characterized by an exaggerated fear response as a threat index to physical well-being of individuals when physical and cognitive clues in the presence. These clues motivate the behavior of search security and aims to assurance of good health and to reduce anxious arousal state [2].

There are two important aspects of HA: thinking of a severe disease and having a asense that this severe disease leads to negative consequences [3]. Hypochondriasis is a major psychiatric disorder causes HA and these two conditions are even thought be continuity of successive state [4]. HA is also important in the development of panic disorder, panic attacks with severe physical symptoms and sensations can be seen and this condition in which they live interpreted as a serious health problem by many cases [5]. In contemporary theoretical models of HA there are advanced disease phobia and disease belief concept which are the significant factors of HA [6].

In hospitals generally, many patients had reasonable and proportionate anxiety due to previous medical history of illness so undetected abnormal HA is thought as 10-20% of all patients. Depending on their focused symptoms, patients often roam between different clinics. Often symptoms tend to self-extinguishing in years [7]. Such patients are typically come face to face with physical medicine professionals at the first time, not to mental health professionals. When patients face with unexplained serious physical symptoms, a high level of distress seek them to often unnecessary and perhaps dangerous or harmful repetitive descriptions and than drive to other treatment modalities. Patients are recommended to go to different specialists when treatment is resulted with uncertainity or the beginning was a promising solution than turned into another dead end. When the doctor could not find a reason for the patient's complaints, their relationship can focus on help-seeking behavior, and this can cause erosion in the patient-physician relationship [8].

The aim of our study is to investigate the level of HA in patients without chronic diseases who admitted to internal medicine outpatient clinic for more than one time.

Material and Method

Both the control group and the patients group of volunteers were informed according to the Helsinki Declaration. We have received approval from the ethics committee of non-invasive of our faculty.

60 patients were enrolled in the study who admitted to internal medicine outpatient clinic of our hospital in different times within one year. The control group consisted of 60 healthy volunteers. Socio-demographic characteristics of the patient and control groups did not show statistically significant differences (P = 0.73 and 0.61). 43 of patient were women and 17 were men and the ages ranged between 23-59 (37.05 ± 8.33) . The control group, consisting of 34 female and 26 were male and between the ages of 26-47 (36.26 ± 5.62) .

İlliteracy; having chronic neurological, psychiatric or any other chronic diseases; alcohol and / or substance use; using drugs which can cause anxiety as an effect or side-effect were excluded from the study. Similar to those exclusion criteria the healthy control groups of patients were selected from among hospital staff and patients' relatives. HAI-SF scale was applied to both patients and healthy control group and this scale scores were statistically compared.

AssesmentTools

Demographic Information Form

We prepared the form according to purposes of our study including age, gender, educational level and marital status of patients.

Health Anxiety Inventory-Short Form (HAI-SF)

Health Anxiety Inventory was developed by Salkovskis and colleagues [9] as a self-report scale containing 18 items. The first 14 items with four choices questions the patient's mental status with sequential response. In the remaining four items mental status of patients are questioned with the assumption that they may have a serious illness. Scoring for each item is between 0-3. High scores indicate high levels of HA. The validity and reliability of the test for Turkish community conducted by Aydemir et al [10].

Statistics

Statistical analyses were performed using SPSS 17 (SPSS Inc, Chicago, IL, USA) version. The results obtained from SAE-KF scale and socio-demographic data did not show tthe normal distribution because of ;these parameters between the groups were compared using the Mann-Whitney-U test. P-values below 0.05 were considered statistically significant.

Results

No statistically significant difference was found between patients and the control group when socio-demographic characteristics evaluated (P = 0.73 and P = 0.61) .(Table 1)

Table 1. The socio-demografic features of groups

	Case Group n=60	Control Group n=60	P
Age(Year)	37.05±8.33	36.26±5.62	0.73
Cinsiyet			
Kadın	43	34	
Erkek	17	26	
Education			0.61
Primary school	24	24	
College	23	18	
University	13	18	

In our study, in descriptive statistical analysis; SAE-KF scale scores of patients coming to the outpatient department of internal medicine more than one time (11.17 ± 6.07) were significantly higher than the control group (10.71 ± 4.44). When these scores compared; it was statistically significant in the patient group compared to the control group (Z = -5.96, P <0.001 [Table 2, Figure 1]).

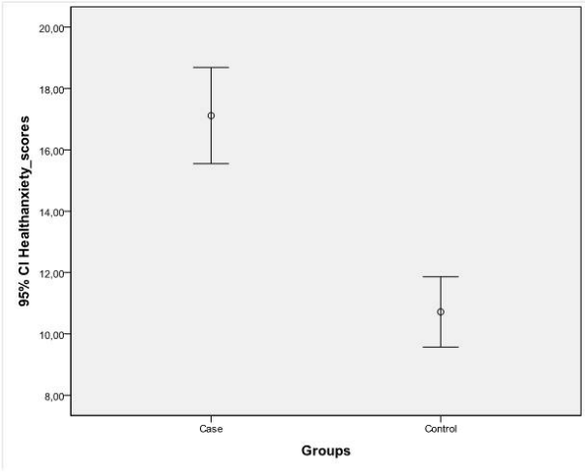

Figure 1. The statistical comparison of groups

Tablo 2. The statistical comparison of the groups

	Case	Control	Z	*P
HAI Scores				
Mean±SD	17.11±6.07	10.71±4.44	-5.96	<0.001
Median	16.50	10.50		

*Mann Whitney-U Test
HAI: Health anxiety inventory-Short Form

Discussion

Mild forms of HA widely seen. Severe forms characterized by a higher level of anxiety seems slightly less although not considered as a disorder. In particular, patients with panic disorders associate their experienced frightening physical symptoms with a serious disease so after a while it turns to somatization and some hypochondriac extreme exertions [11]. As a result more and more health care utilization occurs.

In our study, HAI-SF questionnaire were given and socio-demographical characteristics were asked to both patients and healthy controls admitted to the internal medicine clinic. The obtained results were; HA scores were higher in patients than in healthy controls and it was statistically strongly significant. In the literature, there are only several studies similar to our study. In primary health care, somatoform disorders such as anxiety usually diagnosed after medical disorders being ruled out. Failure to reach a diagnosis, sometimes a psychiatric reference is the next step. The period of up to psychiatrist they go to a lot of doctors so patients think that they do not have an organic disorder but they create all these complaints, senses in their mind. The primary task of the clinician is not psychiatric diagnosis, but to confirm or diagnose physical errors so early diagnosis is difficult [12].In studies, the health concern seen high in hypochondriasis and anxiety [13]. A high level of HA has been shown in various studies in panic disorders [14].

HAI-SF is used in studies and shown that overall HA is to be higher in medical group than healthy group [15]. Except one, the HA scores were significantly lower in pregnant women when compared to non-pregnant women [16]. İn a study of Tang, Wright et al. (2007) they found that, HA scores were higher in patients with clinical insomnia and chronic pain when compared with patients without clinical insomnia [17].

Tyrer et al (2011) in the United Kingdom, they investigated HA of 28,991 patients that recently admitted to hospitals or medical clinics. İt was reported that HA prevalence is highest in neurology clinical (24. 7%) and followed by respiratory medicine clinical (20.9%), gastroenterology (19.5%), cardiology (19.1%), and endocrinology (17.5%) [18].

As a result, SA seen quite often in general medicine and early diagnosis is so difficult. In addition, patients admmitting to different clinics seems to reduce anxiety in the short term but leads to chronicity of the disease. Therefore, multidisciplinary approach is necessary in treating patients.

Competing interests

The authors declare that they have no competing interests.

References

1. Diagnostic and statistical manual and mental disorders (DSM-IV). 4th Ed. Washington, DC: American Psychiatric Association, 1994.
2. Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Association; 2013.
3. Abramowitz JS, Olatunji BO, Deacon BJ. Health anxiety, hypochondriasis, and the anxiety disorders. Behav Ther 2007;38(1):86-94.
4. Noyes R Jr, Stuart SP, Langbehn DR, Happel RL, Longley SL, Muller BA, et al. Test of an interpersonal model of hypochondriasis. Psychosom Med 2003;65(2):292-300.
5. Asmundson GJG, Taylor S, Sevgur S ve Cox BJ. Health anxiety: Classificiation and clinical features. In G. J. G. Asmundson, S. Taylor, & B. J. Cox (Eds.) Health anxiety: Clinical and research perspectives on hypochondriasis and related disorders. New York, Wiley; 2001.p.3-21.
6. Barsky AJ. Hypochondriasis and obsessive-compulsive disorder. Psychiatr Clin North Am 1992;15(4):791-801.
7. Olatunji BO, Cisler JM, Deacon BJ. Efficacy of cognitive behavioral therapy for anxiety disorders: a review of meta-analytic findings. Psychiatr Clin North Am 2010;33(3):557–77.
8. Looper KJ, Kirmayer LJ. Behavior medicine approches to somatoform disorders. J Consult Clin Psychol 2002;70(3):810-27.
9. Salkovskis PM, Rimes KA, Warwick HM, Clark DM. The Health Anxiety Inventory: development and validation of scales for the measurement of health anxiety and hypochondriasis. Psychol Med 2002;32(5):843-53.
10. Aydemir Ö, Kırpınar İ, Satı T, Uykur B, Cengisiz C. Reliability and Validity of the Turkish Version of the Health Anxiety Inventory. Arch Neuropsychiatr 2013;50(4):325-31.
11. Karaer Karapıçak Ö, Aktaş K, Aslan S. Panik bozukluğunda sağlık kaygısı envanteri (haftalık kısa form) Türkçe geçerlilik ve güvenilirlik çalışması. Klin Psikiyatr Derg 2012;15(1):41- 8.
12. Fink P, Ornbol E, Toft T, Sparle KC, Frostholm L, Oleson F. A new, empirically established hypochondriasis diagnosis. Am J Psychiatr 2004;161:1680-92.
13. Williams PG. The psychopathology of self-assessed health: A cognitive approach to health anxiety and hypochondriasis. Cogn Ther Res 2004;28(5):629–44.
14. Rudaz M, Craske MG, Becker ES, Ledermann T, Margraf J. Health anxiety and fear of fear in panic disorder and agoraphobia vs. social phobia: a prospective longitudinal study. Depress Anxiety 2010;27(4):404-11.
15. Alberts NM, Sharpe D, Kehler MD & Hadjistavropoulos HD. (2011). Health anxiety: comparison of the latent structure in medical and non-medical samples. J Anx Dis 2011;25(4):612–4.
16. Kowalyk KM, Hadjistavropoulos HD & Jones S L. What impact does pregnancy have on anxiety about health? J Psychosom Obstet Gynecol 2009;30(4):223–30.
17. Tang NKY, Wright KJ & Salkovskis PM. Prevalence and correlates of clinical insomnia co-occurring with chronic back pain. J Sleep Res 2007;16(1):85–95.
18. Tyrer P, Cooper S, Crawford M, Dupont S, Green J, Murphy D, Salkovskis P, et al. Prevalence of health anxiety problems in medical clinics. J Psychosom Res 2011;71(6):392-4.

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