

Health Anxiety in Older Adults

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DISCLOSURES

- I have no financial conflicts of interest to disclose.
- All views expressed are my own and not of the U.S. Department of Veterans Affairs.
- All photos of individuals are from the Centre on Ageing Better, who offer a free library of images depicting positive aging of older adults.

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ANXIETY IN HEALTHCARE

- A resident frequently asks to speak with the physician, citing “an odd sensation” in their right leg, despite being told nothing has been discovered on repeated examinations.
- A family member insists their loved one be examined today after noticing a patch of dry skin, worried this can a sign of something.
- After reading about medication side effects online, a resident no longer wants to take a specific medication.

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What are people worried about?

Where do you go for information?

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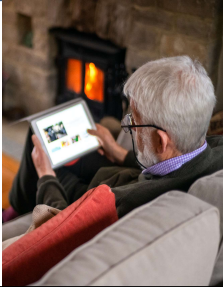
Health Anxiety

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DEFINING HEALTH ANXIETY

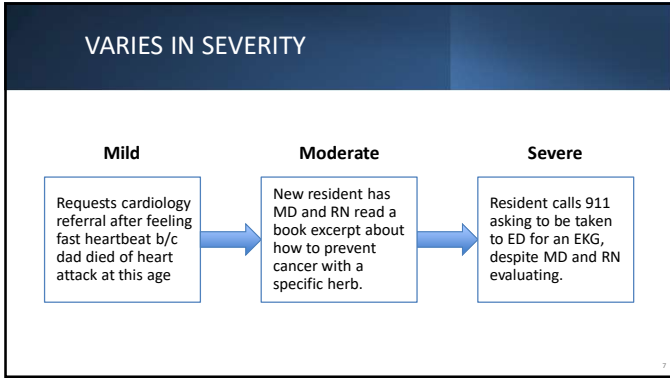
Health anxiety is a broad concept referring to when "perceived bodily sensations or changes are interpreted as symptoms of a serious disease."

Depending on definition and setting, prevalence can range from 0.4% to 20% in adults, or as high as 89% for specific diseases.



(Kamundon & Fergus, 2010; Label et al., 2000; Tyrer & Tyrer, 2010)

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VARIED FACTORS IN THE BEGINNING

Negative Life Events

- Death in family, relationship conflicts, financial problems, mental health, single health events, media reports

Family

- Modeling of behavior when young, genetic (?)

Personality

- Often seen as a personality characteristic itself (on several psychological measures), intolerance of uncertainty, negative affectivity

(Fergus & Amundson, 2019)

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MAINTAINING THE ANXIETY

Dysfunctional Beliefs

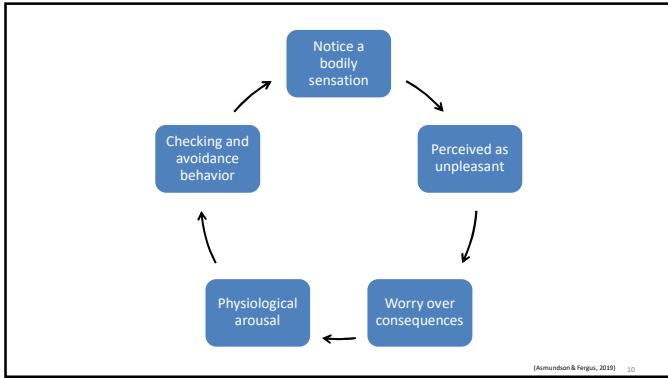
- Likelihood of experiencing a health problem
- "Awfulness" of experiencing a health problem
- Inability to cope with having the health problem
- Inadequacy of medical resources to treat the health problem

Maladaptive Coping

- Reassurance seeking
- Health-related checking behaviors → Checking for pain, lumps, tingling, taking measurements (temp, pulse, etc.)

(Amundson & Fergus, 2018)

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CORRELATES OF HIGHER HEALTH ANXIETY

- Generalized anxiety
- Anxiety sensitivity
- Depression
- Lower extraversion
- Lower agreeableness
- Lower conscientiousness
- Higher neuroticism
- **Intolerance of uncertainty**
- Pain
- Higher health care utilization
- More health problems
- Higher perceived frailty
- Lower adherence to tx
- Greater online health information searching*

[Baumgartner & Hartmann, 2011; Bourguib-Fagnou & Hadjistaropoulos, 2009; Fergus et al., 2017; Gerolimatos & Edelstein, 2012a; Gerolimatos & Edelstein, 2012b; Mikdovic et al., 2021; Toussaint et al., 2017] 11

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CONSIDERING CHRONIC HEALTH CONDITIONS

What about health anxiety in those living with chronic conditions?

- Actual physical symptoms are related to health anxiety in persons with chronic health conditions. Concerns in this population are more specific than a broader worry.
- Fear may be quite real in certain circumstances (e.g., cancer), and may align more closely with a fear of the prognosis.

Cancer

Heart attack

Stroke

[Gebel et al., 2020] 12

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FEAR OF FALLING

- “apprehension felt when a person senses the potential or immediate threat of sustaining a fall”
- Low belief in their abilities
- Prevalence of older adults
Community 20-86%
LTC 40-70%

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    graph TD
      A[Less Activity] --> B[Weaker & Less Confident]
      B --> C[Fall / Higher Fall Risk]
      C --> A
    
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(Bower et al., 2019; Chua et al., 2019; Lachs & Parsons, 2013; Lee & Kim, 2021; Kim & Bae, 2020; Merchant et al., 2020; Scheffer et al., 2008; Teixeira et al., 2019)

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FEAR OF DEMENTIA

- People are concerned about developing dementia – a term often referred to as *anticipatory dementia*
- Dementia ranks as one of the most feared diseases/illnesses
- Dementia threatens your sense of self and ability to have a shared experience with humanity

What do people fear?

(Cutler & Hodgson, 1996; Harvard School of Public Health, 2011; Kessler et al., 2012; MetLife Foundation, 2011; Page et al., 2019)

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Diagnostic Presentations of Health Anxiety

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SOMATIC SYMPTOM DISORDER

A. One or more somatic symptoms that are distressing or result in a significant disruption of daily life.

B. Excessive thoughts, feelings, or behavior related to the somatic symptoms or associated health concerns as manifested by at least one of the following:

- Disproportionate and persistent thoughts about the seriousness of one's symptoms
- Persistently high level of anxiety about health or symptoms
- Excessive time and energy devoted to these symptoms or health concerns.

C. Although any one somatic symptom may not be continuously present, the state of being symptomatic is persistent (typically more than 6 months).

Specifiers include *with predominant pain, persistent, mild, moderate, and severe*.

(American Psychiatric Association, 2022) 16

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ILLNESS ANXIETY DISORDER

A. Preoccupation with having or acquiring a serious illness

B. Somatic symptoms are not present or, if present, are only mild in intensity. If another medical condition is present or there is a high risk for developing a medical condition, the preoccupation is clearly excessive or disproportionate.

C. There is a high level of anxiety about health, and the individual is easily alarmed about personal health status.

D. The individual performs excessive health-related behaviors or exhibits maladaptive avoidance.

E. Illness preoccupation has been present for at least 6 months, but the specific illness that is feared may change over that period of time.

F. The illness-related preoccupation is not better explained by another mental disorder.

Specifiers include *care-seeking type and care-avoidant type*

(American Psychiatric Association, 2022) 17

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WIDE DIFFERENTIAL

- Differential may include:
 - An underlying medical condition
 - Cultural concepts of distress
 - Adjustment disorders
 - Anxiety disorders
 - Obsessive-compulsive disorders
 - Depressive disorders
 - Psychotic disorders
 - Conversion disorder
 - Factitious disorder
 - Psychological factors affecting medical conditions

DSM-5 diagnoses of Somatic Symptom Disorder and Illness Anxiety Disorder are based on very limited empirical research

(American Psychiatric Association, 2022; El-Gabalawy et al., 2013; Lebel et al., 2020; Toussaint et al., 2019) 18

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INITIAL INTERVIEW QUESTIONS

- 1) Having you been worrying a lot about [condition, symptom]?
- 2) Do you tend to worry about your health in general?
- 3) Have you ever felt the problem is more serious than doctors have found?

“Worrying about your health excessively can make problems more difficult to cope with....while we investigate this issue, it is also important to help you with coping with this worry. May I discuss this with you a bit more?”

(Tyrer & Tyrer, 2018) 19

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SCREENING AND TRACKING MEASURES

- Somatic Symptom Scale-8 (SSS-8)
 - Measuring criterion A of DSM-5 Somatic Symptom Disorder
 - “During the past 7 days, how much have you been bothered by....”
 - Cut scores vary, one suggestion is ≥ 9
- Somatic Symptoms Disorder – B Criterion Scale (SSD-12)
 - Measuring criterion B of DSM-5 Somatic Symptom Disorder
 - Assesses cognitive, affective, and behavioral aspects of health worry
 - “I think that my physical symptoms are signs of a serious illness”
 - “I am very worried about my health”
 - “My worries about my health take my energy”
 - Cut scores vary, one suggestion is ≥ 23

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PSYCHOTHERAPY TREATMENT

- Research support for various interventions, including psychoeducation (only), bibliotherapy, acceptance and commitment therapy, behavioral, and **cognitive behavioral therapy.**
- Cognitive Behavioral Therapy for Health Anxiety (CBT-HA)
 1. Psychoeducation about health anxiety
 2. Cognitive restructuring to correct faulty appraisals of health
 3. Exposure to feared thoughts, sensations, or situations

Positive changes shown to endure for several years!

(Flehmig, Lagerhof & Kuckhorn, 2019; Tyrer, 2018) 21

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ANALYSIS OF HEALTH ANXIETY

Antecedent	Behavior	Consequence	Effects
Head hurts for 20 minutes	Calls nursing staff to report symptoms	Reduction in thoughts about having a stroke	Strain on staff
Thoughts of what if this is a sign of something worse, like an impending stroke		Feeling calmer	Thoughts of not being able to handle this alone

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GENERAL RECOMMENDATIONS

- Patients may be reluctant to acknowledge psychological aspects to presentation
 - Acknowledge concerns as real
 - Acknowledge the impact these concerns are having on their life
 - Avoid directly challenging them as being overly anxious
 - Nonconfrontational approach - work with, not against
- Discuss mind-body interconnection
 - Outline how physical suffering may be reduced if "life stress" is better managed




(Yaliboc et al., 2017)

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GENERAL RECOMMENDATIONS

- **Focus on care, not a cure!**
- Screen for other mental health disorders
- Engage them in a plan to cope with their distress
- Coordinate with other members of the team for a consistent response
- Evaluate as needed, but be realistic about expected findings
- Reassure them serious issues have been ruled out
- If needed, set up regular visits/check-ins
- Referral to mental health for additional consultation



(Medman-Lagimod, 2019; Henningsen, 2019)

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SUMMARY

1. Anxiousness about health is quite prevalent
2. Manifestations of health anxiety reduce quality of life
3. Treatment often takes place outside of mental health settings
4. Focus on long-term functional improvement

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