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# **OVERCOMING HEALTH ANXIETY**

*A self-help guide using  
Cognitive Behavioral Techniques*

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DAVID VEALE

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a qualified medical practitioner or suitable therapist.

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## **Introduction**

### **Why a cognitive behavioral approach?**

The approach this book takes in attempting to help you overcome your problems with health anxiety is a 'cognitive-behavioral' one. A brief account of the history of this form of intervention might be useful and encouraging. In the 1950s and 1960s a set of therapeutic techniques was developed, collectively termed 'behavior therapy'. These techniques shared two basic features. First, they aimed to remove symptoms (such as anxiety) by dealing with those symptoms themselves, rather than their deep-seated underlying historical causes (traditionally the focus of psychoanalysis, the approach developed by Sigmund Freud and his associates). Second, they were scientifically based, in the sense that they used techniques derived from what laboratory psychologists were finding out about the mechanisms of learning, and they put these techniques to scientific test. The area where behavior therapy initially proved to be of most value was in the treatment of anxiety disorders, especially specific phobias (such as extreme fear of animals or heights) and agoraphobia, both notoriously difficult to treat using conventional psychotherapies.

After an initial flush of enthusiasm, discontent with behavior therapy grew. There were a number of reasons for this, an important one of which was the fact that behavior therapy did not deal with the internal thoughts which were so obviously central to the distress that many patients were experiencing. In particular, behavior therapy proved inadequate when it came to the treatment of depression. In the late 1960s and early 1970s a treatment for depression was developed called 'cognitive therapy'. The pioneer in this enterprise was an American psychiatrist, Professor Aaron T. Beck. He developed a theory of depression which emphasized the importance of people's depressed styles of thinking, and, on the basis of this theory, he specified a new form of therapy. It would not be an exaggeration to say that Beck's work has changed the nature of psychotherapy, not just for depression but for a range of psychological problems.

The techniques introduced by Beck have been merged with the techniques developed earlier by the behavior therapists to produce a therapeutic approach which has come to be known as 'cognitive behavioral therapy' (or CBT). This therapy has been subjected to the strictest scientific testing and has been found to be highly successful for a significant proportion of cases of depression. It has now become clear that specific patterns of disturbed thinking are associated with a wide range of psychological problems, not just depression, and that the treatments which deal with these are highly effective. So, effective cognitive behavioral treatments have been developed for a range of anxiety disorders, such as panic disorder, generalized

anxiety disorder, specific phobias, social phobia, obsessive compulsive disorders, as well as for other conditions such as drug addictions, and eating disorders like bulimia nervosa. Indeed, cognitive behavioral techniques have been found to have an application beyond the narrow categories of psychological disorders. They have been applied effectively, for example, to helping people with weight problems, couples with marital difficulties, as well as those who wish to give up smoking or deal with drinking problems. They have also been effectively applied to dealing with low self-esteem. In relation to the current self-help manual, over several years effective CBT techniques have been developed for helping people overcome their problems with anxieties concerning their health.

The starting point for CBT is the realization that the way we think, feel and behave are all intimately linked, and by changing the way we think about ourselves, our experiences, and the world around us in effect changes the way we feel and what we are able to do. So, for example, by helping a depressed person identify and challenge their automatic depressive thoughts, a route out of the cycle of depressive thoughts and feelings can be found. Similarly, habitual behavioral responses are driven by a complex set of thoughts and feelings, and CBT, as you will discover from this book, by providing a means for the behavior, thoughts and feelings to be brought under control, enables these responses to be undermined and a different kind of life to be possible.

Although effective CBT treatments have been developed for a wide range of disorders and problems, these treatments

are not currently widely available; and, when people try on their own to help themselves, they often, inadvertently, do things which make matters worse. In recent years, experts in a wider range of areas have taken the principles and techniques of specific cognitive behavioral therapies for particular problems and presented them in manuals (the Overcoming series) which people can read and apply themselves. These manuals specify a systematic program of treatment which the person works through to overcome their difficulties. In this way, cognitive behavioral therapeutic techniques of proven value are being made available on the widest possible basis.

The use of self-help manuals is never going to replace the need for therapists, and many people with emotional and behavioral problems will need the help of a qualified professional. It is also the case that, despite the widespread success of cognitive behavioral therapy, some people will not respond to it and will need one of the other treatments available. Nevertheless, although research on the use of these self-help manuals is at an early stage, the work done to date indicates that for a large number of people, such a manual is sufficient for them to overcome their problems without professional help. Sadly, many people suffer on their own for years. Sometimes they feel reluctant to seek help without first making a serious effort to manage on their own. Often they feel too awkward or even ashamed to ask for help. It may be that appropriate help is not forthcoming, despite their best efforts to find it. For many of these people, the cognitive

behavioral self-help manual will provide a lifeline to a better future.

*Professor Peter J. Cooper*  
The University of Reading, 2009



## What is health anxiety?

### Paul's fear of cancer

*Following the death of his father two years earlier, Paul, aged fifty-six, became preoccupied with the idea that he would develop bowel cancer. He had known one of his father's friends to have Multiple Sclerosis and had become particularly afraid of the way it seemed to come and go without warning, leaving more permanent damage behind each time. Paul spent at least five hours a day preoccupied with his health. He had become acutely tuned in to his body for any possible signs of disease. He was especially anxious about any feelings of discomfort in his stomach, but he would often worry about other physical sensations too, fearing they could be 'secondary' tumors. At times he would be afraid that he might develop cancer, and in his more acutely anxious moments he'd become convinced he had the disease. Paul would check his stools when he went to the toilet for any sign of blood or mucus, and would frequently feel unsure that what he was looking at was normal. He bought several 'home detection kits' for self-testing for bowel cancer, and would sometimes*

*feel reassured for a short while, but often wondered how reliable the tests really were. He would spend hours each day on the Internet looking for symptoms of bowel cancer, looking for reassurance that he did not have his most feared illness. He would also research health foods and ways of avoiding environmental toxins in the hope that he could reduce his risk of serious illness.*

*A doctor had told Paul that his symptoms were caused by anxiety, but he remained anxious because he couldn't find the 100 per cent certainty he craved that he was not ill or going to become ill. He would use books and the Internet to check lists of anxiety symptoms if he did ever feel any physical sensations he was unsure of. He would make frequent trips to see his doctor, taking with him notes he'd made of the time, bodily location, intensity and duration of his physical sensations. He never felt reassured for very long, and would often ask his doctor for more tests and screening, but also would worry that he could have a form of cancer that wasn't readily picked up on tests. Paul knew that he was 'a bit of a hypochondriac' and started to worry that he would have a 'cry wolf' problem, in that he'd had so many 'false alarms' that his doctor wouldn't take him seriously if he really were ill. He decided that he would have to give his doctor as much information as possible and to insist on another referral to a specialist to prevent this from happening. However, he could see his doctor becoming stressed when he saw him, and it occurred to him that perhaps his doctor knew he was ill and was too afraid to tell.*

*Paul's wife worked as a schoolteacher and had come*

*to dread checking her telephone messages at break times because there would inevitably be a message from Paul desperate to speak to her for reassurance. In the evenings Paul began to drink excessive amounts of alcohol to reduce his anxiety, but this put further strain on his marriage.*

Paul suffers from health anxiety, and we shall return to his difficulties in other parts of this book to help illustrate the process of overcoming this highly distressing problem.

## **Defining health anxiety**

Health anxiety is a condition that consists of either a preoccupation with having a serious illness or a fear of developing a serious illness, despite medical reassurance that this is not an issue. Only a health professional can diagnose whether or not you have health anxiety, but if you answer yes to the following questions, then you probably have health anxiety.

### **DO YOU HAVE HEALTH ANXIETY?**

- 1 Have you been preoccupied with having or developing a serious illness for at least six months?
- 2 Have you had repeated reassurance from a doctor that you are not suffering from a serious disease?
- 3 Does your preoccupation with your health cause you great distress? Or does your preoccupation interfere in areas of life such as work or family and social life?
- 4 Do you repeatedly check your symptoms on the Internet or in books, examine yourself or ask others for reassurance?

Health anxiety is thought to be a spectrum, so even if you do not fulfil all the diagnostic criteria then you may be a person who still worries excessively about your health. The psychiatric term for health anxiety is hypochondriasis or hypochondriacal disorder, but we will not use that term in this book since it has a pejorative tone. It is derived from Greek and literally means the anatomical area 'below the cartilage'. This is because it was thought, at one time, that a problem in the guts of a person with hypochondria caused various mental disorders. In the nineteenth century, hypochondria acquired its more specific meaning of fear of disease and preoccupation with one's health. Sometimes the fear of becoming ill is driven by a fear of dying, which we discuss in more detail in Chapter 10. Another condition, which overlaps with health anxiety, is a specific phobia of vomiting, which we discuss in Chapter 11.

The onset of health anxiety can come at any age, though it commonly starts in adolescence or in young adults. Some people with health anxiety have an excessive worry about an illness, which is usually briefer in duration. However, the usual course of health anxiety is to come and go depending on various life stresses. Other people with health anxiety have a long-term or chronic health anxiety. It may be more common in women and occurs in about 5 per cent of patients attending a GP's surgery.

We shall discuss the experience of health anxiety problems in more detail below. Not everyone has the same experience of health anxiety – it partly depends on the severity of your problem and the culture you are from.

## **Physical sensations**

The physical sensations that you experience are very real. Only you can tell people what you experience, so don't let anyone tell you the sensations you feel are imagined or all in your head. But some sensations (like dizziness or tiredness) often associated with a 'normal' condition may be misinterpreted as evidence of a severe illness. Thus a headache caused by tension may be interpreted as a brain tumour. A blemish on your skin may be misinterpreted as cancer. Feelings of unreality may be interpreted as a sign of schizophrenia.

Other people might have a long-term illness such as epilepsy or diabetes and have symptoms related to their illness but again misinterpret their significance. Such symptoms can be constant over time or change and vary in intensity.

## **Intrusive images**

Intrusive images refer to pictures or a felt impression that just pop into your mind, especially when you are more anxious about your health. Images are not just pictures in your mind but can also be felt sensations.

Pictures are said to convey a thousand words and often reflect your mood. If you are very anxious, you might have mental pictures of going mad or dying. People often experience such images from an observer perspective, that is looking back at oneself and believing that the picture in one's mind is a predictor of the future. For example, a woman with health anxiety had an image of herself dead

with her soul floating in space. This was frightening for her as she felt she would still have thoughts and feelings but would not be in control of the situation around her.

Images usually feel as if they are true or accurate and relevant now. This, however, is questionable, since such pictures may be linked to bad experiences and are like ghosts from the past, which have not been updated. So if you have had a bad experience of an illness in the family or of a doctor who had missed a diagnosis then that memory can become stuck in time and influence the present. To treat images as if they were reality can create many problems; to change that involves recognizing that you are experiencing only a picture in your mind, not current reality.

### **Intrusive thoughts**

As well as intrusive images, you may have intrusive thoughts about yourself becoming seriously ill, dying or going mad. The threat to your health might be real or imagined and may be from the past (for example, a memory) or what you think could happen in the future. When anxiety dominates the picture, you may be overestimating the degree of danger to yourself or others. Your mind tends to think of all the possible bad things that could occur. This is called 'catastrophizing'. Your mind will want to know for certain or have a guarantee that you will not die or suffer from a severe illness. This leads to worrying about how to solve non-existent problems and to control as much of your bodily functions or to plan ahead to deal with all the possible problems that do not arise. The natural desire is to escape

or avoid situations that are anxiety-provoking. One of problems is that your thoughts become fused with past experiences and accepted as facts in the 'here and now'. As a consequence, you develop a pattern of thinking that is like holding a prejudice against information that does not fit with your fears.

We'll be emphasizing the importance of recognizing that thoughts about your health are just that – thoughts, not reality. Learning to accept these negative thoughts and images willingly as 'just thoughts' and not buying into them is an important part of overcoming health anxiety.

## **Worry**

Some people cope with health anxiety by trying to control their thoughts or suppressing them, which can mean the thoughts enter your mind more frequently. You may be worrying a great deal, trying to solve non-existent problems. These usually take the form of 'what if . . . ?' questions. Examples include 'What if I get cancer?' or 'What if I have heart disease?' 'How will my children cope when I have died?' Chapter 5 will help you 'think about thinking' in more detail and how you can best cope with your mind's invitation to try to solve such worries.

## **Brooding**

You may be trying to 'put right' or make sense of past events by brooding on them, perhaps mulling over them constantly. You are probably trying to solve problems that

cannot be solved or analyse a question that cannot be answered. When you become more depressed, you usually ask a lot of 'why?' questions. 'Why did I take those tablets?' or 'Why do I feel this way?'. Another favourite is the 'if only ...' fantasies, as in 'If only I felt better ...'. Alternatively, you may be constantly comparing yourself unfavourably with others and making judgements and criticizing yourself. Brooding invariably makes you feel worse because you never resolve the existing questions and may even generate new questions that cannot be answered.

### **Attentional processes**

When you are worried about your health, you become more self-focused on your physical sensations and feelings and at the same time discarding negative test results. This tends to make you more aware of how you feel and makes you more likely to assume that your thoughts or pictures in your mind (such as an image of yourself being ill) are realities. This, in turn, interferes with your ability to make simple decisions, pay attention to or concentrate on your normal tasks or what people around you are saying. You are likely to be less creative and less able to listen effectively. When severe, it may make you feel more paranoid. Your view of the world now depends on your thoughts and the way these chatter away inside your mind rather than your experience. In other situations you may be so focused on monitoring your physical sensations that you fail to take in the context and find it difficult to concentrate on what others are saying. Chapter 6 will discuss ways of

shifting your attention broadly and more externally towards reality.

## **Effect on feelings**

Experiencing health anxiety is often a mixture of different emotions. Typically, the experience is of *anxiety* and varying degrees of *depression*. The problem is not that you are just anxious, but that your anxiety is either particularly severe or persistent.

Anxiety can produce a variety of physical sensations too, including feeling hot and sweaty, having a racing heart, feeling faint, wobbly or shaky, experiencing muscle tension (for example, headaches), having stomach upsets or diarrhoea, to list a few. These, too, may be further misinterpreted so that a vicious circle ensues.

If, however, you are becoming despondent and hopeless about the future, you may feel down or emotionally 'numb', feeling that life has lost its fun. These are core symptoms of depression. In addition you might start to experience sleep problems, lose your appetite and sexual interests. You might be brooding about the past, feel more irritable, and have difficulty concentrating. With depression, people can react by becoming withdrawn and inactive and wanting to avoid situations or activities that are painful. We shall discuss depression in more detail later.

## Behaviors

People with health anxiety use a variety of different mechanisms to cope – which usually makes the situation worse in the long term.

When the fear is high, you may either try to distract yourself from your thoughts and feelings or to escape from or avoid situations that remind you of illness or death. Here health anxiety becomes like an illness phobia. For example, you might avoid going to the doctor because you are convinced you will be given bad news. You might avoid people who are ill, hospitals, doctor's surgeries, funerals, cemeteries, or reading anything about illness or death in the media. In this respect you may have so-called 'magical thinking', where you believe that simply thinking about bad events will make them happen.

When your doubt is high, you may make excessive 'checks' in the form of self-examination. Examples include checking whether:

- you have a lump
- your heart rate is too fast or blood pressure is too high
- you are losing excessive weight
- your nervous system is still normal
- you are losing your memory
- you can still swallow.

You might also be checking for information on the Internet or in books and in the media. Checking is an example of a 'safety behavior' that aims to prevent harm, increase certainty and reduce anxiety. People with health anxiety try to adopt ways to improve the way they feel but unfortunately the solutions usually leave them feeling worse and prevent them from testing out their fears. Safety behaviors are a way of 'trying too hard' to prevent bad consequences but often the solutions become the problem. We shall explore this further in Chapter 2 when we look at a psychological understanding of health anxiety. Needless to say, you have to stop all your safety behaviors if you are to overcome your health anxiety successfully.

You may be seeking repeated reassurance from friends or your doctor to find out the cause of your symptoms. When you are dissatisfied by one doctor, you may seek a second and third opinion and so on. Each doctor may order a new set of tests. Some of these tests may have ambiguous findings, leading to further tests. You in turn may become very dismissive or dissatisfied with your doctors. Interestingly, doctors can become frustrated with people with health anxiety and may prefer to refer you on to another doctor (rather than a mental health professional). Health anxiety has an effect on your friends and family, too, since when you are preoccupied with your health you may appear uninterested in anything else and distant. This in turn may lead people to become frustrated and fed up with you.

The content of worries, safety behaviors and avoidance behavior are closely related. When a person has to enter a situation that she or he normally avoids, then the safety

behaviors start to reduce the potential for harm and discomfort. You may then try to avoid thinking about it by distracting yourself or suppressing the thought.

## **Extra problems with health anxiety**

People with health anxiety often have other problems, which may make health anxiety harder to treat or to separate out.

### **Depression**

The most common condition accompanying health anxiety is depression. Everybody feels down from time to time, but in normal circumstances the feeling usually passes fairly quickly and doesn't interfere too much with the way we live our lives. When most people say 'I'm depressed' they mean that they are feeling low or sad, or perhaps stressed, which are normal facets of human experience. However, when health professionals talk of depression, they are using the term in a different way. They are referring to a condition that is different from the normal ups and downs of everyday life. This is the type of depression we will be discussing: it is more painful than a normal low, lasts longer and interferes with life in all sorts of ways.

Depression nearly always occurs after the onset of health anxiety, suggesting that it is a result of the handicap and a frustration of one's fears. Often, individuals with health anxiety do not have full-blown clinical depression but experience a fluctuating mood, a sense of frustration and irritability. If you suffer from depression

or fluctuating mood then you may also find it helpful to read our book *Manage your Mood*. After years of preoccupation and social isolation, individuals with health anxiety often have a low self-esteem which relates to areas other than their health. If this is a problem, then we would also recommend another book in this series, *Overcoming Low Self-Esteem* by Melanie Fennell.

#### **HAVE I GOT DEPRESSION?**

So how can you tell if you are experiencing depression or just going through a period of feeling low? Depression can only be diagnosed by a health professional, but to meet the criteria for a diagnosis you must have been feeling persistently down or lost your ability to enjoy your normal pleasures or interests for at least two weeks. In addition, you should have at least two to four of the following symptoms persistently. Tick off how many of the following symptoms of depression you've experienced in the past week.

**CHECKLIST OF SYMPTOMS**

Significant weight loss (not because of dieting) or weight gain	
A decrease or increase in appetite	
Difficulty sleeping or sleeping excessively	
Feelings of agitation or irritability	
Tiredness or loss of energy	
Ideas of worthlessness or excessive or inappropriate guilt	
Reduced ability to concentrate or pay attention	
Reduced self-esteem and self-confidence	
A bleak and pessimistic view of the future	
Suicidal thoughts or attempts	

If you are suffering from depression, then your symptoms will be sufficiently distressing to handicap your day-to-day life. Your lowered mood will vary little from day to day, and will not usually change even if your circumstances do. However, it's not unusual for people who have depression to find that their mood is worse in the morning. Individuals' experience of depression varies enormously, especially among adolescents. In some cases, you may feel more anxious or agitated than depressed, or your depression may be masked by irritability, excessive use of alcohol, or a preoccupation with your health. Very rarely, people with health anxiety and severe depression may experience

delusions of nihilism – for example they become convinced that their body is rotting, that they are already dead or that they have parasites living under their skin. More information on depression can be found in *Overcoming Depression* by Paul Gilbert.

### **Panic disorder**

A person with panic disorder may also experience a number of worrying physical sensations such as palpitations, feeling short of breath or dizziness. The difference between health anxiety and panic disorder is that the symptoms of panic disorder can be easier to spot. Symptoms usually occur within 10 minutes and are often misinterpreted as evidence of an *immediate* catastrophe – for example death, suffocation, having a heart attack, or going mad now, rather than of a slow lingering illness such as cancer. When panic attacks persist they may lead you to avoid situations or activities where you believe you may have a panic attack, This is called agoraphobia. More information on panic disorder can be found in the book *Overcoming Panic and Agoraphobia* by Derek Silove and Vijaya Manicavasagar.

### **Medically unexplained symptoms**

Medically unexplained symptoms (MUS), is a term used to describe a person who has multiple physical symptoms for which a doctor has found no physical cause. It is extremely common and overlaps with conditions such as chronic fatigue syndrome (sometimes called 'ME') and irritable bowel syndrome (IBS). The term 'medically unexplained'

does not imply that there is no physical cause, but rather that there is no certainty about the cause – it may be physical, psychological or even social. Examples of MUS include:

- abdominal pain
- diarrhoea
- chest pain
- heart palpitations
- rapid breathing
- fatigue
- facial pain
- joint pain
- poor concentration
- muscle pain
- headache
- lump in throat
- wobbly legs
- ringing in ears.

MUS can overlap with health anxiety when the person becomes preoccupied with the idea that there *must* be a medical explanation for the sensation in their body or head and that it is a sign of serious illness or disease. However, many people are quite able to accept that their body can produce a sensation without ever having a clear medical explanation for it.

### **Obsessive compulsive disorder (OCD)**

Obsessive compulsive disorder (OCD) is a condition that consists of recurrent intrusive thoughts, images or urges that the person finds distressing or handicapping. These typically include thoughts about contamination, harm (for example, that a gas explosion will occur), aggression or sexual thoughts, and a need for order. It is associated with avoidance of thoughts and situations that might trigger the obsession or compulsions. Compulsions are actions such as washing or checking, which have to be repeated over and over again until the person feels comfortable or certain that nothing bad will happen. Compulsions can also occur in one's head, such as repeating a phrase until you feel comfortable. There is often frequent avoidance behavior in OCD – for example, not wanting to touch anything that is contaminated.

Health anxiety is thought to be related to OCD. Sometimes the symptoms of OCD and health anxiety overlap, with a grey area between the two. Thus health anxiety may overlap with fears of contamination (e.g. from AIDS) but in health anxiety there is a greater preoccupation that one has or concern about contracting the disease. A separate diagnosis of OCD can be made if there are additional symptoms (e.g. if a person is continuously checking locks or needs order and symmetry). The recommended treatments that have been shown to be effective for OCD are cognitive behavior therapy (CBT) and certain types of antidepressants, which are discussed in Chapter 15. Therapy can improve the outcome for most people with OCD. For more details on OCD see our book in this series *Overcoming Obsessive*

*Compulsive Disorder* and in the UK the NICE guidelines on treating OCD.

### **Body dysmorphic disorder (BDD)**

Body dysmorphic disorder (BDD) is a condition that consists of a preoccupation with aspects of one's appearance that is neither very noticeable nor seen as abnormal to others. Individuals with BDD usually feel they are ugly, that they are 'not right' and are very self-conscious. They usually have time-consuming rituals such as mirror checking. People with BDD are not vain or narcissistic; they believe themselves to be ugly or defective. They tend to be very secretive and reluctant to seek help because they are afraid that others will think them vain or narcissistic. Some people with BDD will acknowledge that they may be blowing things out of all proportion. At the other extreme, others are so firmly convinced about the nature of their abnormality that they are regarded as having a delusion. Since BDD overlaps with health anxiety, some people believe that not only is a certain feature ugly but that it is a sign of serious disease or allergy.

At least 1 per cent of the population may have BDD. It is recognized to be a hidden disorder since many people with the condition are too ashamed to reveal their main problem. Both sexes are equally affected by BDD. Typically, the most common concerns are with one's skin, followed by concerns about one's nose, hair, eyes, chin, lips or the overall body build. People with BDD may complain of a lack of symmetry, or feel that something is too big or too small, or that one feature is out of proportion to the rest of

the body. Any part of the body may be involved in BDD, including the breasts or genitals.

Although women are more likely to have hair concerns (e.g. that their hair is not equal, that it's the wrong colour, lacks body or there is excessive body hair), men are significantly more concerned with hair thinning or baldness. The sex differences also occur with body size and shape. Women are more likely to be preoccupied by their breasts, hips, weight and legs, usually believing that they are too large or fat. In contrast, men are more likely to be preoccupied with their body build, which has also been described as muscle dysmorphia. Many individuals with BDD have repeatedly sought treatment from dermatologists or cosmetic surgeons, often with little satisfaction, before finally accepting psychological help. The recommended treatments that have been shown to be effective for BDD are cognitive behavior therapy (CBT) and certain types of antidepressants, which are discussed in Chapter 15. For more details on BDD see our book in this series, *Overcoming Body Image Problems including Body Dysmorphic Disorder* and in the UK the NICE guidelines on treating OCD and BDD.

### **Generalized anxiety disorder**

Generalized anxiety disorder (GAD) is a condition characterized by persistent worry that is difficult to control. However, individuals with GAD often describe themselves as 'being a worrier' all their lives and seek help only when their condition has become severe and uncontrollable. For a diagnosis of GAD to be made, the anxiety should occur most of the time and be focused not only on health. For

most people with GAD, the content of the worries are most commonly about relationships, health or money, but this often varies. People usually experience some of the following feelings most of the time:

- restlessness or feeling keyed up or on edge
- being easily fatigued
- difficulty concentrating or mind going blank
- irritability
- muscle tension (for example, headaches)
- sleep disturbance (difficulty falling or staying asleep, or restless, unsatisfying sleep).

GAD can also cause a number of physical symptoms and interfere with your ability to function normally. It is a very common problem either alone or in combination with depression or health anxiety. For more information see *Overcoming Worry* by Kevin Meares and Mark Freeston in this series.

### **Alcohol, substance misuse and faddy eating**

Sometimes people 'cope' with health anxiety by consuming excessive alcohol or illegal drugs such as cannabis or stimulants like cocaine. However, the alcohol or drugs then become problems in themselves, since cannabis or stimulants increase paranoia and depressed mood and decrease motivation. To benefit from therapy, individuals will usually need to stop drinking or using substances first, because these will

interfere with the therapy. Illegal substances such as cannabis may also be the trigger for the onset of health anxiety.

People with health anxiety (like the rest of us) will find it better to follow a healthy lifestyle. Interestingly, people with health anxiety do not generally follow a healthier lifestyle than the rest of the population – for example they are just as likely to smoke, drink too much coffee or alcohol, or be inactive. Sometimes health anxiety can lead to extremely unhealthy behavior either because:

- you are following a very restricted lifestyle or a rigid diet in the belief that it may cure your medical problem or an allergy, or
- you may be eating a junk diet or neglecting yourself as your mood becomes worse.

We are not saying that a poor diet is *the* cause of your health anxiety or depression, or that if you eat healthily you will not get anxious and depressed in the first place. There are of course many people in the world who follow a poor diet and are not anxious or depressed. Equally, some individuals with anxiety or depression have a healthy diet. But we do say that some people with anxiety or depression may be more sensitive to a poor and chaotic diet and that this is likely to be another factor in keeping them anxious and depressed. A poor diet can aggravate your feeling low, bloated and tired. Giving your brain and body regular and healthy food is an important step you can take to give yourself the best conditions for recovering from anxiety and mood swings.

It is important to avoid substances that will make your mood or anxiety worse or reduce the quality of sleep.

### **Olfactory reference syndrome**

Olfactory reference syndrome (ORS) is a term used to describe an individual who is preoccupied by body odour, bad breath or the smell of flatulence which are *not* noticeable to others. This is sometimes regarded as part of health anxiety. Such individuals may use perfume to hide the presumed odour. They frequently shower, brush their teeth, change their clothes and ultimately avoid public and social situations where they think their body odour will be noticed. Some people seek frequent reassurance about their body odour. Others have marked avoidance of being around people and are housebound. Some people with health anxiety are also preoccupied with their body odour, which blends easily with their preoccupation with aspects of their health. For example, if you believe you have a terrible illness, it is not surprising if you also believe that you smell disgusting.

### **Famous figures with health anxiety**

If you have health anxiety, then you are not alone. Some of the figures throughout history that have been reported as having health anxiety include:

- Florence Nightingale (feared illness)
- Charles Darwin (preoccupied with fatigue and gut problems)

- poet Alfred Lord Tennyson (preoccupied with fear that his eyesight might fail)
- philosopher Emmanuel Kant (preoccupied with his breathing and headaches)
- Adolf Hitler (became convinced that he had throat cancer despite doctors' reassurance)

## Treatments for health anxiety

Until relatively recently, health anxiety was regarded as a chronic disorder that was distressing to both patient and doctor. It was regarded as being difficult to treat, because medicine had little to offer other than reassurance. This stance has now changed and the good news is that health anxiety is a highly treatable problem. This book outlines some of the principles of cognitive behavior therapy that are used in overcoming health anxiety, and we hope that it will help you aim to make a full recovery.

It's true that health anxiety can be tough to overcome and can call for a lot of hard work, but this is far from impossible for most people. As we'll show, a good amount of recovery in fact comes from working considerably less hard and from stopping your current solutions. What's more, getting on with other rewarding, productive and enjoyable aspects of your life is an integral part of recovery and will help drive health anxiety out of your life.

## **Cognitive behavior therapy (CBT)**

CBT has its roots in 'Behavior Therapy', which was established in the 1950s. Later, Albert Ellis ('Rational Emotive Behavior Therapy') and Aaron T. Beck ('Cognitive Therapy') suggested that emotional problems were maintained by negative thinking *and* unhelpful patterns of behavior. CBT involves techniques of identifying negative thoughts and styles of thinking, and learning to question the content of such thoughts so that alternatives can be tested out. This method of treating depression was found to be as effective as antidepressant medication, and was then adapted to treat different problems such as panic attacks and obsessive compulsive disorder. Particular emphasis is laid on the 'homework' that you do to practise your skills between sessions. Because in this sense 'self-help' has always been at the heart of CBT, a number of self-help books have been produced.

CBT has been adapted for health anxiety and has been shown to be effective for adults in various scientific studies. This book is based upon the principles of CBT and is ideally used with the support of an appropriately trained health care professional (see Appendix 1). However, with the support of a friend, family member, or even alone change *is* possible. Many people with health anxiety find that they may have to wait many months to see a therapist, so getting started with self-help can be a really good first step. At present, there is no evidence that general counselling, psychodynamic therapy or hypnotherapy are effective for health anxiety. This does not mean that such therapies are ineffective but that they have not been investigated. It also

means that people with health anxiety should first be offered CBT from a competent practitioner following a treatment manual for health anxiety, because this has been shown to be effective.

Effective CBT for health anxiety usually contains the following components, although it may not be necessary to use all of them:

- Understanding the link between physical sensations, thinking, attention, emotion, and behavioral components of your own health anxiety. This will be covered in more detail in Chapter 2.
- Testing out your fears and resisting doing the things you do try and feel more reassured (e.g. checking, researching information on the Internet, reassurance-seeking, seeking medical investigations). This will be covered in more detail in Chapter 7.
- Practising allowing catastrophic thoughts and images about illness or dying without responding or 'engaging' (trying to get rid of them, planning, examining, reassuring yourself, etc.).
- Learning to re-focus your attention away from your body and on to the environment around you. This will be covered in more detail in Chapter 6.
- Becoming aware of unhelpful thoughts and attitudes you have towards illness or death. This will be covered in more detail in Chapter 4.
- Learning to tolerate uncertainty and reduce excessive responsibility. This can help with reducing your

excessive fear of missing an important symptom. This will be covered in more detail in Chapter 4.

- Learning to spot yourself engaging in worrying about your health and to bring your mind back into dealing with real life in the here-and-now. This will be covered in more detail in Chapter 5.
- Putting time and energy back into things that are important to you. This will be covered in more detail in Chapter 3.
- Developing a sensible plan for taking appropriate care of your health. This will be covered in more detail in Chapter 13.
- Dealing effectively with the fact that you will one day die, without excessively worrying about it. This will be covered in more detail in Chapter 10.
- The type of health anxiety that focuses on a phobia of vomiting is covered in Chapter 11.

### **Medication for health anxiety**

Antidepressant medication (a selective serotonergic reuptake inhibitor – ‘SSRI’) is not usually recommended for mild to moderate symptoms of health anxiety. However, if a patient’s doctor believes that the health anxiety symptoms are likely to get worse (or if the symptoms have lasted for a long time) medication may still be recommended. Antidepressant medication is also sometimes recommended as an option in treating more severe symptoms of health anxiety, especially when depression is present. However,

antidepressants can be helpful in moderate to severe health anxiety in the absence of depression. We discuss the use of medication in more detail in Chapter 15.

### **Combining medication with CBT**

In general, we do not recommend using medication as the only remedy for health anxiety because there is usually a higher rate of relapse when a person stops taking the medication. Results tend to be better when the medication is combined with CBT (and for relapse prevention purposes most people need to take medication for at least a year, which may be beyond the course of therapy). This said, given that there are many different types of health anxiety, some people may do fine on medication alone and get back to a normal life with just that. Whatever approach you take, make sure you monitor your progress using the rating scales in this book so you can decide (with your therapist or doctor) what is helping and whether to try something else.