



9.2

ILLNESS ANXIETY DISORDER

Individuals with Illness Anxiety Disorder overly focus on and think about their physical health, and have an unrealistic and uncontrollable fear of having or developing a serious disease. They are so preoccupied with the idea that they are or might become ill that their illness anxiety impairs social and occupational functioning or causes significant distress. In those cases in which a physical sign or symptom is present, it is often a normal physiological sensation (e.g., feeling lightheaded upon standing up too quickly), a benign and self-limited dysfunction (e.g., a brief period of ringing in the ears), or a bodily discomfort not generally considered indicative of disease (e.g., belching). If the person has a medical condition or is at high risk for a medical condition (e.g., strong family history of heart disease), the individual's anxiety and preoccupations about the medical condition or risk factor are clearly excessive and disproportionate to the severity of the condition.

Individuals with Illness Anxiety Disorder address this preoccupation in a variety of ways. They typically seek out reassurance from family, friends, or health care providers on a regular basis. After doing so, they feel better for a short time, but then they begin to worry about the same symptoms or new symptoms. Some individuals examine themselves repeatedly (e.g., look at their throat in a mirror, check their skin for signs of skin cancer). In some cases, the anxiety leads to maladaptive avoidance of situations (e.g., visiting hospitalized family members) or activities (e.g., exercise) that these individuals fear might jeopardize their health. Individuals with Illness Anxiety Disorder are easily alarmed about illness, such as by hearing about a friend or even a public figure falling ill or encountering a health-related news story in a newspaper, on TV, or on the Internet.

The course of Illness Anxiety Disorder is often chronic, fluctuating in some individuals but steady in others. The disorder most commonly begins during early and middle adulthood and appears to occur equally among men and women. The 1- to 2-year prevalence of health anxiety and/or disease conviction in community surveys and population-based samples ranges from 1.3% to 10%. In medical outpatients, the prevalence rates are between 3% and 8%.

This condition was referred to in previous editions of the DSM as Hypochondriasis, but this term was abandoned because of its pejorative connotation.

THE RADIOLOGIST

Malcolm Davies, a 38-year-old radiologist, is evaluated after returning from a 10-day stay at a famous out-of-state diagnostic center to which he had been referred by a local gastroenterologist after “he reached the end of the line with me.” Mr. Davies reports that he underwent extensive physical and laboratory examinations, X-ray examinations of the entire gastrointestinal tract, and endoscopic evaluations of his esophagus, stomach, and colon. Although he was told that the results of the examinations were negative for significant physical disease, he appears resentful and disappointed rather than relieved at the findings. He was seen briefly for a “routine” evaluation by a psychiatrist at the diagnostic center, but had difficulty relating to her on more than a superficial level.

On further inquiry concerning his physical symptoms, Mr. Davies describes occasional twinges of mild abdominal pain, sensations of “fullness,” “bowel rumblings,” and a “firm abdominal mass” that he can sometimes feel in the left lower quadrant of his abdomen. Over the last 6 months, he has gradually become more aware of these sensations and convinced that they may be due to a carcinoma of the colon. He tests his stool for occult (i.e., not visible) blood weekly and spends 15–20 minutes every 2–3 days carefully palpating his abdomen as he lies in bed at home. He has secretly performed several X-ray studies on himself in his own office after hours.

Although he is successful in his work, has an excellent attendance record, and is active in community life, Mr. Davies spends much of his leisure time at home surfing the Web to look up information about illnesses he worries that he might have. His wife, an instructor at a local school of nursing, is angry and bitter about this behavior, which she describes as “robbing us of what we’ve worked so hard and postponed so much for.” Although she and her husband share many values and genuinely love each other, his behavior causes a real strain on their marriage.

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When the patient was 13 years old, a heart murmur was detected on a school physical examination. Because a younger brother had died in early childhood of congenital heart disease, Mr. Davies was removed from gym class until the murmur could be evaluated. The evaluation proved the murmur to be benign (i.e., not harmful), but he began to worry that the evaluation might have “missed something” and considered the occasional sensations of “skipping a beat” as evidence that this was so. He kept his fears to himself, and they subsided over the next 2 years but never entirely left him.

As a second-year medical student, Mr. Davies was relieved to share some of his health concerns with his classmates, who also worried about having the diseases they were learning about in pathology. He realized, however, that he was much more preoccupied with and worried about his health than they were. Since graduating from medical school, he has repeatedly experienced a series of concerns, each following the same pattern: noticing a symptom, becoming increasingly preoccupied with what it might mean, and having a negative physical evaluation. At times he returns to an “old” concern but is too embarrassed to pursue it with physicians he knows, such as when he discovered a “suspicious” mole only 1 week after he had persuaded a dermatologist to biopsy one that proved to be entirely benign.

Mr. Davies tells his story with a sincere, discouraged tone, brightened only by a note of real pleasure and enthusiasm as he provides a detailed account of the discovery of a genuine, but clinically insignificant, anomaly in his urethra as the result of an intravenous pyelogram (X-ray of the kidneys and urinary tract made after an intravenous injection of dye) he had ordered himself. Near the end of the interview, he explains that his coming in for evaluation now is largely at his own insistence, precipitated by an encounter with his 9-year-old son. The boy had accidentally walked in while he was palpating his own abdomen for “masses” and asked, “What do you think it is this time, Dad?” As he describes his shame and anger (mostly at himself) about this incident, his eyes fill with tears.

Discussion of “The Radiologist”

Mr. Davies is preoccupied with the idea that he has a serious illness, namely colon cancer. Although his concerns are triggered by somatic symptoms, such as occasional twinges of mild abdominal pain, sensations of “fullness,” “bowel rumblings,” and a “firm abdominal mass” that he can sometimes feel in his left lower quadrant, he is bothered not particularly by the symptoms themselves but by their implication that they are evidence of colon cancer. Although his preoccupation has clearly had a negative impact on his relationship with his wife, it took an encounter with his 9-year-old son to finally motivate him to accept that he had a psychological problem that might benefit from the help of a mental health professional. The persistent nature of Mr. Davies’ preoccupation, his overall high level of anxiety about his health, and excessive performing of health-related behaviors related to his preoccupation, such as repeatedly examining himself for masses and repeatedly testing his stool for

signs of blood (a possible indicator of colon cancer), indicate a diagnosis of Illness Anxiety Disorder (DSM-5, p. 315). Were his focus on the disabling nature of the symptoms themselves, the diagnosis would be Somatic Symptom Disorder rather than Illness Anxiety Disorder.