

Commentary

Health anxiety in dermatology

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Introduction

Patients see doctors with varying degrees of concern regarding their health. While some require tests or treatments, a subset has severe health anxiety (HA) and cannot be reassured by tests, procedures, or pharmaceuticals but may be helped, at least temporarily, by a sympathetic listening face and reassurance.

Tyrer et al. succinctly and lucidly introduced the topic of HA in a recent British Medical Journal editorial.¹ To date, there has been little literature exploring HA among dermatology patients.

Hence, we designed a questionnaire to investigate HA in patients recruited from a general dermatology clinic.

Materials and methods

For a 3-week period in May of 2016, all patients above fifteen years of age were given a Health Anxiety questionnaire. Patients over 84 years old were excluded, as a percentage of these individuals had cognitive impairment. Demographic information was collected on age and gender. Patients were also given the opportunity to write comments. Three questions prompting a yes or no response were addressed in the questionnaire:

- 1 Are you worried a lot about a particular health problem?
- 2 Do you tend to worry about your health in general?
- 3 Have you ever felt that the problem is more serious than your doctors have found it to be?

Results

Based on the inclusion criteria, 221 forms were collected, of which 192 were usable. The ratio of males to females was 0.95. The demographic data are presented in Table 1. Eighty-eight (46%) patients had at least one positive response (Table 2). Sixteen (8%) patients gave positive responses to all three questions. Thirty-four (18%) patients affirmed two of the three questions, and 38 individuals (20%) had one positive response.

A number of patients left comments on their forms. (Appendix).

Table 1 Health anxiety and demographic data

Age	No.
0–9	5
10–14	8
15–19	20
20–29	21
30–39	10
40–49	23
50–59	28
60–69	39
70–79	39
80–84	12
85–89	14
>90	2
Total	221

We did not include individuals <15 or >84 years old.
Total entered = 192 dermatology patients.

Table 2 Answers to HA questions

1. Are you worried a lot about a particular health problem? Y N		
2. Do you tend to worry about your health in general? Y N		
3. Have you ever felt that the problem is more serious than your doctors have found it to be? Y N		
Question 1 Positive answers: 60		
Question 2 Positive answers: 48		
Question 3 Positive answers: 33		
YYY	16	8%
2 Y	34	18%
1 Y	38	20%
Total	88	46% with one or more positive response

Discussion

Health anxiety is an excessive preoccupation with the idea or thought that one is currently (or will be) experiencing a physical illness. It is sometimes called illness phobia, illness anxiety, or hypochondriasis. Afflicted patients are convinced that their symptoms are a sign of serious, often life-threatening, illness. Searching the Internet, which many patients do, exacerbates fear and has been dubbed cyberchondria.²

Forty-six percent of patients surveyed in our dermatology practice expressed some health anxiety. Being seen in a doctor's office may already select for anxious people, however some patients with severe HA are believed to stay away from physicians because they fear illness so much. Yet, some degree of HA may be beneficial for one's health. This ensures that a person makes an appointment to get a suspicious nevus evaluated.

A subset of patients has disabling and pathological HA. HA may be exacerbated by the prevalent direct-to-consumer-advertising (DTCA) in the United States, as well magazine advertisements and public service announcements in periodicals and newspapers. Today, many people spend excessive amounts of time researching disorders on the Internet and are said to suffer from cyberchondria. The World Wide Web (WWW) has contributed to the rise of HA by providing viewers with often unreliable and frightening information. Forums, maintained and contributed toward by diverse patients, may exacerbate HA when alarming clinical situations are described. One needs to only think of Morgellon's disease.³ A number of patients in this study commented that the WWW contributed to their health anxiety.

HA may sometimes even be created or exacerbated by attending physicians who explain other possible differential diagnoses and clinical sequelae in front of a patient, causing patients to fear the future development of certain symptoms, even though that particular condition is unlikely in said patient.

Although the data collected do not reflect the degree of distress that our patients experience because of their self-acknowledged HA, it is clear that some do suffer from their fears. Patients' HA often leads their physicians to order unnecessary tests and to prescribe sometimes expensive and/or potentially

harmful treatments. The unnecessary testing to which these patients are subjected can lead to the overdiagnosis and over-treatment of conditions that could have been safely left alone.

We hypothesize that aggressively marketed and promoted screening, in addition to leading to overdiagnosis and overtreatment, can amplify HA. In dermatology, free skin screenings lead to unnecessary cryotherapy for actinic keratosis and the treatment of indolent nonmelanoma skin cancer in the very old.⁴

It is curious how little attention HA has received in our dermatology literature. The editorial by Tyrer et al. is a useful and accessible introduction to HA and stimulated a continuous medical-inspiration (CMI) opportunity for us.¹ We could find no surveys of HA in the dermatologic literature. A 46% incidence of HA is higher than has been reported for other specialty clinics. Tyrer et al. demonstrated in a large survey in the U.K. that prevalence of HA varied by clinics of different subspecialties with neurology (24.7%) having the highest prevalence followed by respiratory medicine (20.9%), gastroenterology (19.5%), cardiology (19.1%), and endocrinology (17.5%).⁵ Doctor Tyrer speculates that the higher proportion of patients with HA in our skin patients can be explained by the fact that dermatology allows people an opportunity for self evaluation (Dr. Helen Tyrer. Personal communication).

Wherever smart phones are prevalent, populations are inundated by social media and easy access to the Internet. In countries which may not have ready access to social media, health anxiety may also manifest but via different means. It would be important to survey dermatology clinics in other countries to see if the burden of HA differs significantly from ours, especially when the public is not bombarded by self-serving advertisements and announcements from physicians, PhRMA, and organizations. These investigations would be easy and inexpensive to perform.

A limitation of this study is that it is preliminary and was conducted at only one private dermatological clinic. More surveys done in other settings are necessary to study the prevalence of HA in dermatological patients. Addressing our patients' fears and concerns, counterchecking their understanding of disease, and managing their expectations can be a complement to tests and may reduce unnecessary investigations, biopsies, and pharmaceuticals.

Being aware that health anxiety is prevalent in our clinics will enable us to serve our patients more intelligently and compassionately.

References

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Appendix

Health Anxiety Questionnaire Comments (some by principal investigator)

Pt with an orthopedic injury of thumb claiming that this greatly affects her life

“Doctors misdiagnosing illness is the 3rd cause of death in the U.S.” - a comment by a woman with Ekbohm disease

“Unfortunately, the Internet plays a large role in the dissemination of information. That, when not in the proper context, becomes overwhelming and quite frustrating at times.” – a comment by a man with venereo-phobia to possibly human papillomavirus

“My skin and the effects of my childhood sun exposure are my greatest health concerns for my future” – a comment by a general patient

“I was complaining mostly about the health of my skin, but I think it’s improving quickly so I am becoming less concerned and feel a bit more at ease” – a comment by a general patient

“I’m just worried that my skin will change entirely” – a comment by a 13-year-old patient with vitiligo

“I am a fan of daily health posts on the Internet and pick and choose what is appropriate for me” – a comment by a woman who answered “no” to all questions in the health anxiety questionnaire (see table 2 for questions). She professed that she was worried about the possibility of getting melanoma.

72-year-old man with past history of Non-Hodgkin’s Lymphoma treated with CHOP hoping that he “provides enough data for a proper diagnosis”.

“I have no anxiety because you are a great doctor!!” – a comment made by a general patient. In reality, this patient is very worried re a possible melanoma. She read about FAMMS and was concerned about having it (she didn’t) and brought her 12-year-old son in (on his birthday) to have some moles checked (they were normal) – can this elicit Munchausen’s by proxy? She answered “No” to all questions in the health anxiety questionnaire.

“Anxiety plays an enormous role in our health. That’s why I only rarely go to physicians that lean more toward homeopathy and not allopaths.” – a comment by a general patient

“I only worry if I feel I cannot resolve the health concern” – a comment by a general patient.

“I’m always afraid of cancer, runs in my family.” – a comment by a general patient.

79-year-old man had complaints from head to toe. Wife circled lesions on torso which turned out to be benign seborrheic keratosis.

22-year-old man with genital lesions having immense anxiety over them – this can be a significant cause of health anxiety

46-year-old woman had sinus problems and the primary care physician (PCP) and staff would not listen, but after hounding them they finally did

“What I feel and experience is far more than in my mind” – a comment by a general patient

“Trauma only explains so much. Thanks” – a comment made by a patient with multiple somatic symptoms.

“I am stressing about bumps that are painful and never go away. And my pain constantly from arthritis in my knees” – a comment made by a 69-year-old man with metastatic prostate CA. His wife and his lives are dominated by treatment for prostate CA. “Our worry is not particularly exaggerated but goes along with the chemo – whether or not it’s going to work and the side effects over the past three years.” - He has stents in both kidneys because of involvement of ureters

63-year-old woman with a husband full of worries. He buys her all kinds of OTC products for her skin. Her worrying may be a form of folie au deux.

65-year-old woman who has been told she may have “pemphigus, pemphigoid, or lichen planus” says “Thank you for all your concern and help.”

“I’ve encountered a lot of ageism. A doctor said the polyps that were removed indicated that I have the gene for stomach cancer – there was nothing to do. My kids need to request testing – no treatment once cancer developed. I’m too old. I’m lucky to have lived to the age I am” – a comment by a 84-year-old female.

“I am an anxious/nervous person in general. Health concerns are no different. I go yearly for checkups.” – a comment made by a 49-year-old female.

“I felt that my Accutane complications were serious and could be permanent; but they faded over time, which was stated by my doctor” – a comment by a general patient.

“I just worry a lot about if my feet are ever going to get better so I can walk without pain. I also worry about my heart” – a comment made by a 48-year-old woman with dyshidrotic ectodermal dysplasia.

An otherwise healthy 59-year-old woman with business problems experienced weight loss of 25 pounds on a thin frame, having recently been diagnosed with an adrenal incidentaloma says that “ I have felt that health issues were not being diagnosed. I am frustrated”.

A 38-year-old woman who had a complicated twin pregnancy (one child died at 20 weeks, one delivered at 25 weeks) spent months in neonatal intensive care unit – patient developed thrush and breast eczema – no rest in months

“I am here for a second opinion because I felt my last doctor’s office was unable to appreciate the gravity of my diagnosis” – a comment made by a 33-year-old male. He had mildly atypical nevi.

“I accidentally hurt my lower back. It is painful and I am worried about that” — a comment made by a 70-year-old male who also appeared very anxious,

“You saved my life 2 times” — a comment made by a 87 year-old female. Once when she had a tick bite and once when she had shingles.

67-year-old woman who had breast CA approximately 30 years ago and radical mastectomy also has headaches and seizure disorder. She says, “maybe worried about my head. Not sure.” She also brings in an index card with skin concerns and drugs on both sides.