

Original Research Reports

Previous Experiences With Illness and Traumatic Experiences: A Specific Risk Factor For Hypochondriasis?

Florian Weck, Ph.D., Julia M.B. Neng, Ph.D., Kathrin Göller, B.Sc.,
Alexis M. Müller-Marbach, M.D.

Background: Previous experiences with illness and traumatic experiences are considered as important risk factors for the development of health anxiety and hypochondriasis. However, empirical research is insufficient and lacks adequate comparison groups.

Objective: Therefore, we sought to determine whether experiences with illness and traumatic experiences are really specific risk factors for hypochondriasis. **Method:** In the current study, patients with the diagnosis of hypochondriasis ($n = 80$), patients with a primary anxiety disorder ($n = 80$), and healthy controls ($n = 83$) were investigated regarding their previous experiences with illness (self and other) and traumatic childhood experiences. **Results:** We found that patients with hypochondriasis reported a higher level of experience with

illness and with traumatic childhood experiences than healthy controls. However, no differences were found between patients with hypochondriasis and those with an anxiety disorder, regarding their level of experience with illness and traumatic experiences. **Conclusions:** Previous experiences with illness and traumatic childhood experiences did not prove to be specific risk factors for the development of hypochondriasis. The importance of both experiences with illness and traumatic experiences as risk factors, as considered in the Diagnostic and Statistical Manual and in established cognitive-behavioral models, does not seem to be supported empirically. Further research should therefore also consider other potential risk factors discussed in the literature.

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INTRODUCTION

Little is known about risk factors for hypochondriasis.¹ In the fifth version of the Diagnostic and Statistical Manual (DSM-5), it is stated that “a history of childhood abuse or of a serious childhood illness may predispose to development of [illness anxiety disorders (the former hypochondriasis)] in adulthood.”² In addition, the prominent cognitive-behavioral model of Warwick and Salkovskis describes experiences with illness as a risk factor for the development of health anxiety.³

The empirical basis for investigating the importance of experiences with illness and traumatic

experiences for hypochondriasis is insufficient. Table 1 summarizes empirical studies investigating

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Received September 24, 2013; revised October 21, 2013; accepted October 21, 2013. From Department of Clinical Psychology and Psychotherapy, University of Frankfurt, Frankfurt, Germany; Department of Gastroenterology, Hepatology and Infectiology, Heinrich-Heine-University, Düsseldorf, Germany. Send correspondence and reprint requests to Florian Weck, Ph.D., Department of Clinical Psychology and Psychotherapy, University of Frankfurt, Varrentrappstrasse 40-42, Frankfurt D-60486, Frankfurt, Germany; e-mail: weck@psych.uni-frankfurt.de

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TABLE 1. Studies That Investigated the Relationship Between Hypochondriacal Characteristics and Previous Experiences With Illness and Traumatic Experiences

Study	Participants	Results
Barsky <i>et al.</i> ⁴	120 patients of a general medical clinic; 60 patients fulfilled the diagnosis of hypochondriasis (DSM-III-R).	Patients with hypochondriasis were more often ill in childhood and more often missed school because of ill health; patients with hypochondriasis more often reported traumatic sexual contact, physical violence, and major parental upheaval in childhood.
Bianchi ⁵	60 psychiatric inpatients of a general hospital, of whom 30 patients had disease phobia (defined as a persistent, unfounded fear of suffering from a disease, with some remaining doubt about the disease, despite examination and reassurance).	More frequently, the mothers of patients with disease phobia had died and they more often reported cancer and heart diseases as the cause of death of first- and second-degree relatives.
Mabe <i>et al.</i> ⁶	100 general medical inpatients.	Moderate correlation between hypochondriacal characteristics and previous physical illnesses (assessed by their physicians).
Noyes <i>et al.</i> ⁷	169 first-degree relatives with and without the diagnosis of hypochondriasis from a general medicine clinic.	Relatives of patients with hypochondriasis reported more physical illnesses than relatives of patients without hypochondriasis; no differences were found regarding childhood experiences of physical or sexual abuse.
Noyes <i>et al.</i> ⁸	47 patients with the diagnosis of hypochondriasis (DSM-III-R) and 108 patients without hypochondriasis at the same general medical clinic.	More frequently, relatives and close friends of patients with hypochondriasis had died in childhood than for patients without hypochondriasis; no differences were found regarding childhood experiences of physical or sexual abuse.
Noyes <i>et al.</i> ⁹	123 participants with illness worry and 123 comparison participants from the general population.	Participants with illness worry more often had childhood experiences of illnesses of family members or close friends than participants without illness worry, but no differences were found regarding causes of death. Participants with illness worry were more often victims of violence, but did not have more traumatic sexual or other traumatic experiences.
Robbins and Kirmayer ¹⁰	546 family medicine patients; 31 patients exhibit persistent illness worry.	Patients with persistent illness worry have a higher rate of lifetime and current medical morbidity.
Weck <i>et al.</i> ¹¹	260 participants of the general population.	Significant correlations between experiences with illness and health anxiety; the number of deceased family members was the most important predictor of health anxiety.
Weck <i>et al.</i> ¹²	85 psychotherapeutic outpatients.	The number of deceased family members correlated with hypochondriacal characteristics; no association was found with traumatic childhood experiences.

the importance of the relevant variables for the development of health anxiety and hypochondriasis. Regarding experiences with illness, all existing studies reported relationships between hypochondriacal characteristics and experiences with illness.⁴⁻¹² However, only 1 relatively old study compared patients with disease phobia (a construct closely related to hypochondriasis) with patients who have another psychiatric diagnosis.⁵ Therefore, it remains unclear whether experiences with illness are a specific risk factor for hypochondriasis or whether experiences with illness are only a general risk factor for a mental disorder. Only a comparison of patients with a comparable level of general psychopathology enables us to consider

experiences with illness as a specific characteristic of hypochondriasis. The situation is even less satisfactory regarding the evidence that traumatic experiences are a specific risk factor for hypochondriasis. Only 2 of the previous studies found a relationship between hypochondriacal characteristics and traumatic experiences,^{4,9} whereas 3 studies found no relationship at all between these characteristics.^{7,8,12} Therefore, the risk factors for hypochondriasis (or illness anxiety disorder) proposed in the cognitive-behavioral model and in DSM-5 are not fully supported by previous empirical findings. Further studies are thus necessary to clarify the role of experience with illness and traumatic experiences for the development of health anxiety and hypochondriasis.

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