



## Therapist differences in a randomised trial of the outcome of cognitive behaviour therapy for health anxiety in medical patients<sup>☆</sup>



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### ABSTRACT

**Background:** Health anxiety is common in medical settings and can be treated successfully by cognitive behaviour therapy. However it is not clear who might be best placed to deliver this therapy.

**Objectives:** In a planned secondary analysis of data from a randomised trial of adapted cognitive behaviour therapy for health anxiety we compared outcomes of therapy delivered by nurses and other professional groups.

**Design:** A randomised controlled trial with two treatment arms, 5–10 sessions of cognitive behaviour therapy adapted health anxiety or standard care.

**Setting:** Cardiology, endocrine, gastroenterology, neurological and respiratory clinics in six general hospitals in the UK covering urban, suburban and rural areas.

**Participants:** Medical patients attending the clinics who had pathological health anxiety and also scored for a diagnosis of hypochondriasis.

**Methods:** Patients were randomised to one of two treatment arms, 5–10 sessions of cognitive behaviour therapy adapted health anxiety or standard care delivered by naive therapists (not randomised) who were trained in advance before delivering the treatment. Independent assessment of outcomes by researchers masked to allocation status at 3 m, 6 m, 12 m and 24 m.

**Results:** 444 patients were randomised in the trial, 219 to cognitive behaviour therapy adapted health anxiety and 225 to standard care. 373 (84%) completed assessments after two years. Those treated by nurses ( $n=66$ ) had improvement in health anxiety, generalised anxiety and depression outcomes that were significantly better and twice

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as great as those of the professional groups of assistant psychologists ( $n = 87$ ) and graduate workers ( $n = 66$ ) ( $P < 0.01$  over all time points). The number needed to treat to show superiority of nurse-delivered treatment over other treatment delivery was 4 at 6 months and 6 at one year.

**Conclusion:** General nurses, after suitable training, are very effective therapists for patients with health anxiety in medical clinics and should be the therapists of choice for patients in these settings.

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### What is already known about the topic?

- Nurses have often been employed as therapists for psychological treatments but are not generally regarded as competent as psychologists.
- Health anxiety (formally called hypochondriasis) is very common in hospital clinics where psychologists are not often present to give therapy.
- Cognitive therapy for health anxiety is effective when given by trained psychologists.

### What this paper adds

- In this large randomised trial in medical out-patient clinics two general nurses with no psychological experience, after preliminary training and supervision, were significantly superior to psychologists and other therapists in reducing health anxiety and related mood symptoms both after 3 and 6 months and after 2 years.
- The findings suggest that nurses in medical clinics would be ideally suited to provide cognitive behaviour therapy for health anxiety in hospital settings.

## 1. Introduction

Health anxiety is a relatively new diagnosis in psychiatry that has partly replaced the previous one of hypochondriasis, now abandoned in the latest US classification, DSM-5 (American Psychiatric Association, 2013; Tyrer and Tyrer, 2014). Because of this change there are limited data on its prevalence but it does appear to be a common condition in the community (3.5%) (Sunderland et al., 2013) and in secondary medical care (20%) (Tyrer et al., 2011a). These figures for health anxiety are much greater than those for hypochondriasis, which is a confusing diagnosis of limited acceptability (Bleichardt and Hiller, 2007; Creed and Barsky, 2004). Health anxiety leads to unnecessary use of health services (Barsky et al., 1990) because of additional medical consultations and investigations. Following a pilot study showing the effectiveness of cognitive behaviour therapy (CBT) delivered by trained therapists (Seivewright et al., 2008) we set up the CHAMP (Cognitive behaviour therapy for Health Anxiety in Medical Patients) trial to examine the effectiveness and cost-effectiveness of a modified cognitive behavioural treatment for health anxiety (CBT-HA) with assessment of outcomes over a two-year period. At the time the study was formulated we planned to have all therapy delivered by nurses working in or close to the clinics concerned, in order to test a model that could be

used to deliver therapy more widely if it were found to be successful. Unfortunately this was not possible (for mainly financial reasons) and so other therapists generally naive to the specific form of cognitive therapy to be given, including assistant psychologists and other graduate professionals were also included in the staff to deliver the therapy in our final protocol (Tyrer et al., 2011b).

This paper is not concerned with the overall effectiveness of the treatment, as this has been demonstrated previously; there was greater benefit in the symptomatic improvement of health anxiety and generalised anxiety over the two year period (Tyrer et al., 2014). This paper examines the outcome separated by therapist type, with a particular emphasis on the effectiveness of the therapy given by nurses and possible reasons given for this.

## 2. Methods

The CHAMP trial involved two parallel arms with randomisation of eligible patients to 5–10 sessions of CBT-HA or to standard care in the clinics. Assessments of health anxiety, generalised anxiety, depression, social function, quality of life and costs were made over a two-year period after randomisation. The primary outcome was change in the score of health anxiety using a standard instrument (Salkovskis et al., 2002). Secondary hypotheses were that health anxiety at other time points, generalised anxiety and depression, social functioning and quality of life measured by standard measures (EuroQol Group, 1990; Tyrer et al., 2005; Zigmond and Snaith, 1983) would differ between CBT-HA and standard care and that CBT-HA would be a cost-effective use of resources.

## 3. Participants

All patients over a 20 month period attending medical out-patient clinics in cardiology, endocrinology, gastroenterology, neurology and respiratory medicine in 6 general hospitals, King's Mill Hospital (North Nottinghamshire), St. Mary's Hospital (London), Charing Cross Hospital (London), Hammersmith Hospital (London), Chelsea and Westminster Hospital (London), and Hillingdon Hospital (Middlesex), were approached by research assistants by agreement with the staff concerned and offered the opportunity to complete a form described as 'a scale to see how much you worry about your health'. This scale, the Health Anxiety Inventory, was given to 28,990 people but only those who scored 20 or more on the scale were further involved.

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