



Health Anxiety and Hypochondriasis in Older Adults: Overlooked Conditions in a Susceptible Population

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Outline

- + Relevant information about older adults
- + Introduction to Health Anxiety and Hypochondriasis
- + Prevalence rates of Health Anxiety and Hypochondriasis in older adults
- + Conceptualization using the cognitive-behavioral paradigm
- + Proposed pathway
- + Diagnostic considerations

Relevant Information about Older Adults

In comparison to younger adults older adults have:

- + Increased risk of medical morbidity
- + Decreased risk of mental illness including anxiety
- + Prominent somatic component associated with mental disorders



Relevant Information about Older Adults



In comparison to younger adults older adults have:

- + Less likelihood of seeking mental health services for psychological difficulties
- + Prevalent somatic worry

Health Anxiety

- + Health-related fears and beliefs that are based on misinterpretations of bodily sensations and symptoms as being indicative of serious illness
- + Core features: Bodily preoccupation, disease-related fear, and disease conviction
- + Conceptualized on a continuum

Mild (Adaptive?)



Hypochondriasis

Hypochondriasis

- + Somatoform disorder in DSM-IV-TR and ICD-10
- + Preoccupation with fear of having a serious illness based on a person's misinterpretation of bodily symptoms that persists despite appropriate medical evaluation
- + Significant distress and functional impairment
- + Sub-threshold hypochondriasis
 - + Surfaced in research
 - + Frequently does not take into account objective health status

Prevalence Rates in Older Adults

- + Estimated prevalence rates: 3-10%
- + Some of the most commonly occurring conditions in comparison to other mental disorders

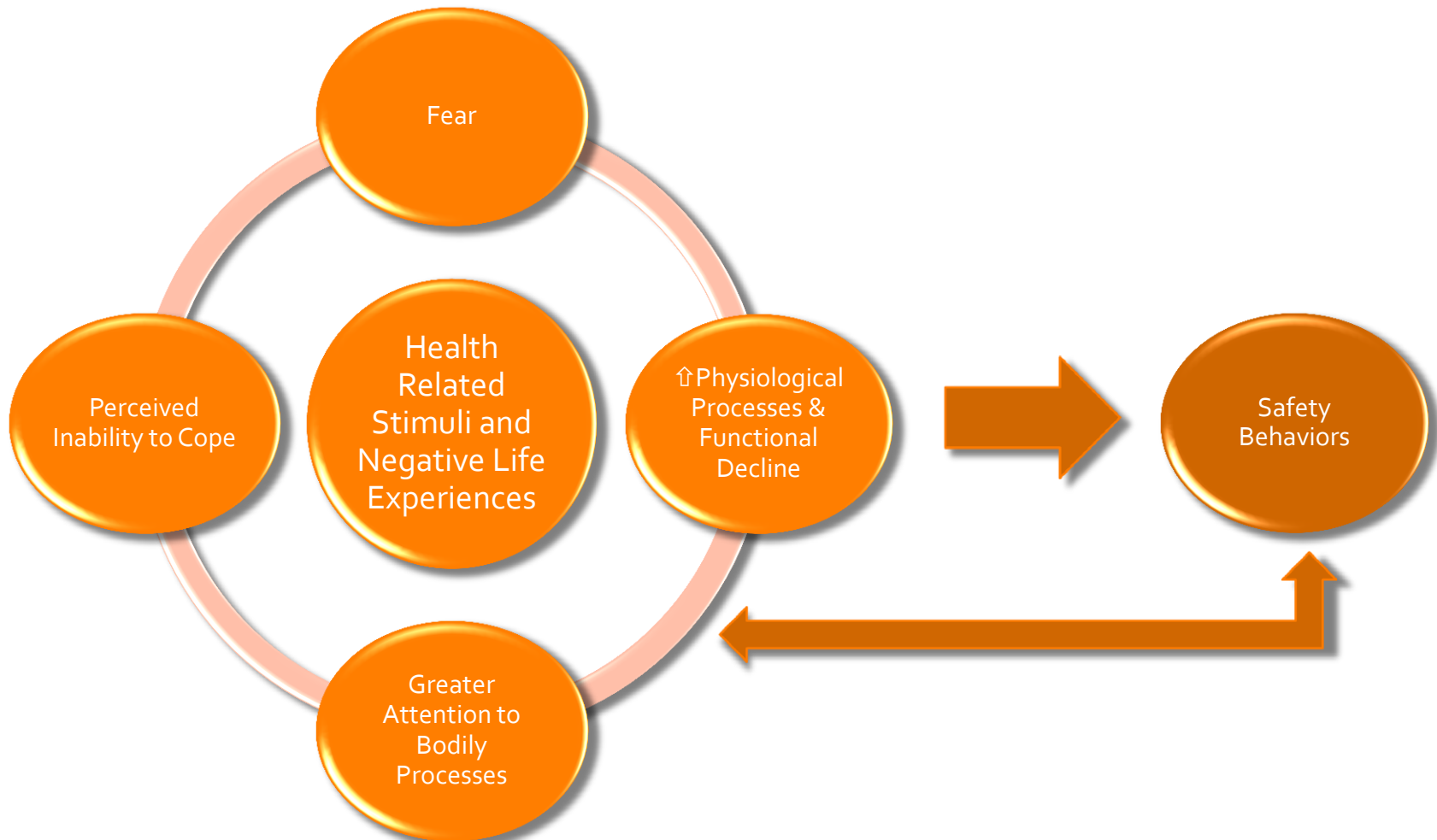
Health Anxiety:

- + Health anxiety significantly associated with increasing age

Hypochondriasis:

- + Mean age of diagnosis of hypochondriasis: 57.1

Cognitive-Behavioral Paradigm



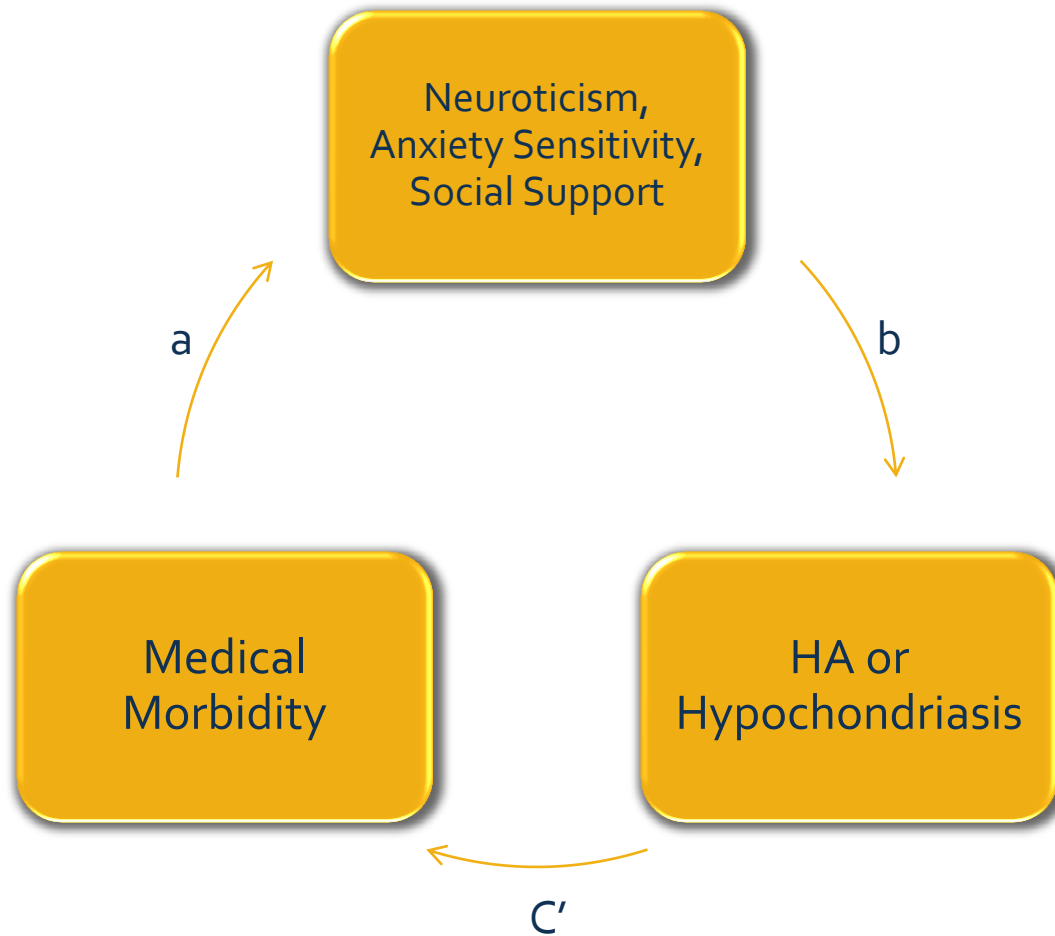


Most older adults who have medical morbidity including pain and functional decline do not develop health anxiety or hypochondriasis. Why do some develop these conditions whereas others do not?

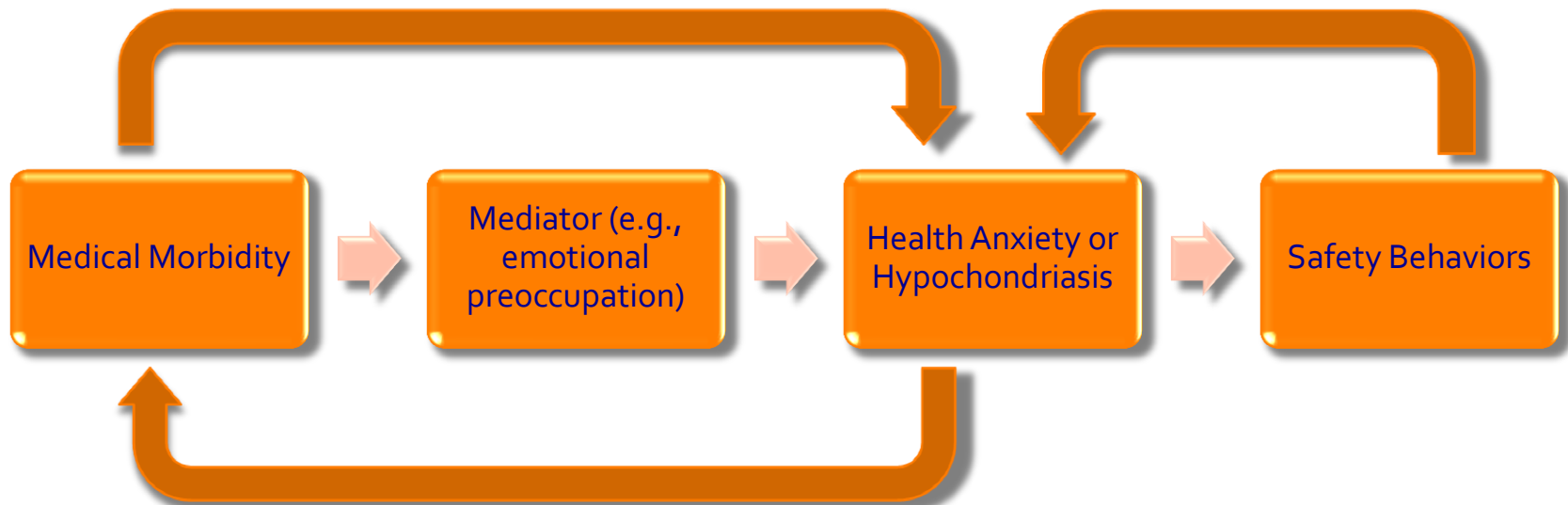
Emotional Preoccupation

- + Extent to which an individual focuses on emotional consequences of a health problem
- + Charles' (2010) model of strength and vulnerability integration
 - + Aging = improvement in emotional regulation and well-being
 - + Compromised with onset of negative experiences (e.g., medical conditions) that cannot be avoided
 - + Result: Sustained physiological reactivity and impaired physiological flexibility resulting in distress

Other Possible Mediators



Proposed primary pathway for health anxiety and hypochondriasis among older adults





Diagnostic Considerations

General Challenges in Diagnosis

- + Older adults are at increased risk of highly debilitating physical health conditions
- + Psychological problems present with prominent somatic features in older adults
- + High comorbidity with other mental disorders
- + Older adults do not seek professional mental health services for psychological problems
- + Medical practitioners are less likely to identify, treat, and/or refer older adults with mental health problems

Summary: Evidence that Prevalence is Underestimated

Older adults tend to:

- + Have a significant amount of worry regarding somatic complaints (indicator of health anxiety?)
- + Have higher prevalence of abridged hypochondriasis
- + Less likely to be diagnosed with hypochondriasis as a result of current diagnostic nomenclature
- + Less likely to seek mental health services and tend to be under-diagnosed with mental disorders

Proposed DSM-5

- + ~~Somatoform disorders~~ → Somatic Symptom Disorders
- + ~~Medically unexplained symptoms~~
- + Somatization disorder + hypochondriasis + undifferentiated somatoform disorder + pain disorder = complex somatic symptom disorder (accounts for somatic symptoms)
- + Minimal somatic symptoms and health-related anxiety = illness anxiety disorder

Conclusions

- + Research examining health anxiety and hypochondriasis among older adults is critical for identification, diagnosis, and treatment
- + Epidemiological research needs to focus on these conditions across the lifespan
- + Clinicians and researchers must be sensitive to issues relevant to older adults

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Questions?



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Criteria-related Challenges

DSM-IV-TR Hypochondriasis

“thorough medical evaluation does not identify a general medical condition that fully accounts for the person's concerns about disease or for the physical signs or symptoms”

“Bodily preoccupations and fears of debility may be frequent in elderly persons. However, the onset of health concerns in old age is more likely to be realistic or to reflect a Mood Disorder rather than Hypochondriasis.”