

Internet-delivered Acceptance and Commitment Therapy for Health Anxiety - A Randomized Controlled Trial

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Background

Health anxiety, or *hypochondriasis*, is characterized as a preoccupation with fear of having a serious illness, which interferes with daily functions and persists despite medical reassurance (1). Health anxiety is costly in terms of patients' extensive use of healthcare services, and untreated the disorder seem to be chronic (2).

Results from a recent pilot study suggest that group-based ACT may be an effective treatment for severe health anxiety (3). Internet-delivered psychotherapy is a relatively new field of research, which can be just as effective as usual "face-to-face" therapy (4). A recent study of internet-delivered CBT has shown effect on health anxiety (5). The promising results from ACT-based "face-to-face" treatment indicate that internet-delivered ACT (I-ACT) may be a feasible solution in reducing waiting lists and making specialized treatment accessible to a broader clinical population, e.g., younger patients or patients with less severe symptoms.

Based on the existing research, the possible specific effects of I-ACT on health anxiety as well as the challenges with regard to patient motivation and dropout need to be investigated.

Aims

- To develop a specialized I-ACT program for patients with health anxiety.
- To examine the efficacy of this treatment program in a randomized controlled trial.

Methods

100 patients with health anxiety will be included in the study and randomized into two groups:

- I-ACT: an interactive self-help program built on an existing manual (3) containing psycho education, theory examples, written exercises and mindfulness, or
- I-forum: an internet-delivered support and discussion forum.

The patients' level of symptoms and functioning will be assessed online by validated self-report questionnaires at baseline prior to randomization, at end of treatment, and at 6-month follow-up.

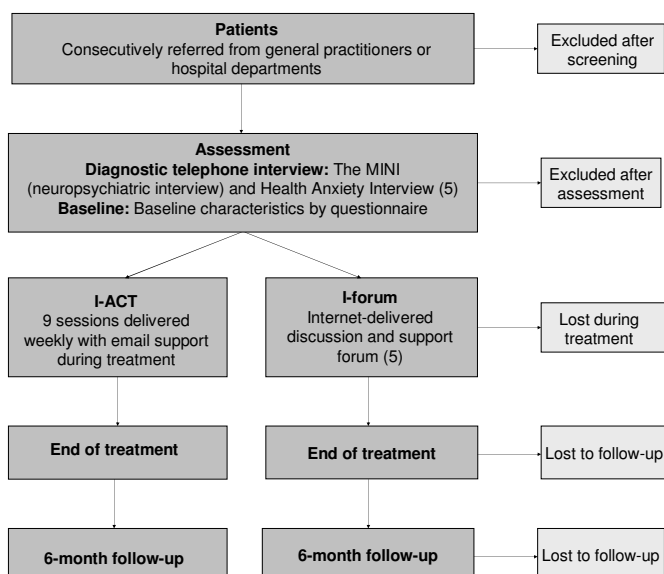


Fig. 1. Flowchart



Picture by Brian Cronin©

Eligibility criteria

Inclusion criteria:

- A Whiteley-7 score > 21.4 (2)
- Moderate to severe health anxiety (1)
- Age between 18-60 years
- In case of comorbid mental disorder, health anxiety is dominant
- Participants must read, write, and understand Danish
- Computer and internet access

Exclusion criteria:

- Suicidal risk
- Abuse or dependency of narcotics, alcohol, and (non-prescribed) medicine
- No current or previously diagnosed severe mental disorder, e.g. autism, psychosis, bipolar affective disorder
- Pregnancy
- Lack of informed consent

Measures

Primary outcome measure

- Whiteley Index-7 measuring health anxiety symptoms
- The Short Health Anxiety Inventory (SHA-I)

Secondary outcome measures

- Health-related physical and mental functioning measured with subscales from SCL-90 (3); including physical symptoms (SCL-SOM), anxiety and depression (SCL-8)
- General health status measured with SF-36
- Quality of life and satisfaction measured by WHO-BREF

Process measures

- Acceptance and Action Questionnaire (AAQ-II)
- Five Facet Mindfulness Questionnaire (FFMQ)
- Illness Perception Questionnaire (IPQ)

Healthcare utilization and sick leave (The Danish National Patient Registers)

References

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