

ACT Group Therapy for Health Anxiety



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Program

1. Definitions of health anxiety
2. Results from a pilot study
3. Preliminary results from a RCT.
4. Next step: Internet-delivered ACT

Article

A New, Empirically Established Hypochondriasis Diagnosis

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Objective: The narrow ICD-10 and DSM-IV definition of hypochondriasis makes it rarely used yet does not prevent extensive diagnosis overlap. This study identified a distinct hypochondriasis symptom cluster and defined diagnostic criteria.

Method: Consecutive patients (N=1,785) consulting primary care physicians for new illness were screened for somatization, anxiety, depression, and alcohol abuse. A stratified subgroup of 701 patients were interviewed with the Schedules for Clinical Assessment in Neuropsychiatry and questions addressing common hypochondriasis symptoms. Symptom patterns were analyzed by latent class analysis.

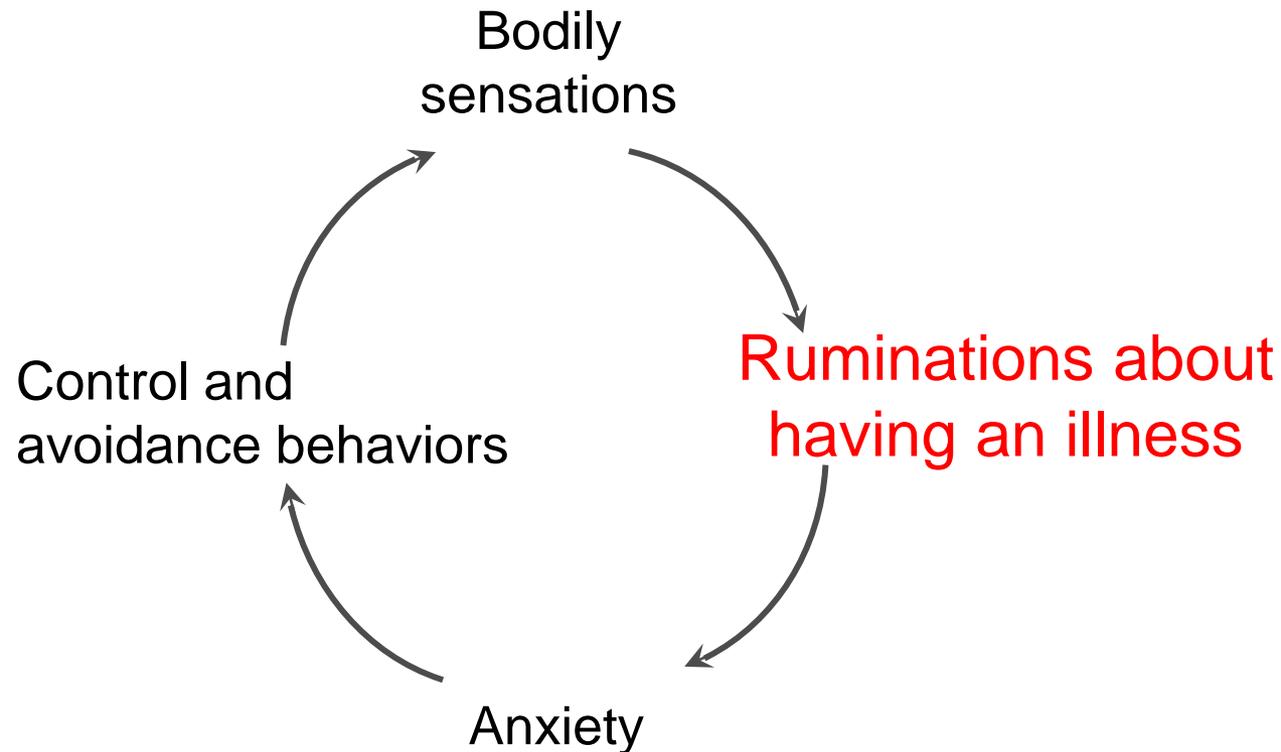
Results: Patients fell into three classes based on six symptoms: preoccupation with the idea of harboring an illness or with bodily function, rumination about illness, suggestibility, unrealistic fear of in-

frequent in one of the classes. Classification allowed definition of new diagnostic criteria for hypochondriasis and division of the cases into "mild" and "severe." The weighted prevalence of severe cases was 9.5% versus 5.8% for DSM-IV hypochondriasis. Compared with DSM-IV hypochondriasis, this approach produced less overlap with other somatoform disorders, similar overlap with nonsomatoform psychiatric disorders, and similar assessments by primary care physicians. Severe cases of the new hypochondriasis lasted 2 or more years in 54.3% of the subjects and 1 month or less in 27.2%.

Conclusions: These results suggest that rumination about illness plus at least one of five other symptoms form a distinct diagnostic entity performing better than the current DSM-IV hypochondriasis diagnosis.

Fink et al *Am J Psych* 2004

A Model of Health Anxiety



Prevalence of health anxiety in primary care (n=701/1785)

Gender	Health anxiety % (CI 95%)
Males	9.3 (4.7-17.4)
Females	9.6 (6.3-14.2)

Fink et al *Am J Psych* 2004

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 PLOS one

The Outcome of Health Anxiety in Primary Care. A Two-Year Follow-up Study on Health Care Costs and Self-Rated Health

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...the severe Health anxiety patients used about 41-78% more health care per year in total than patients presenting well-defined medical conditions,

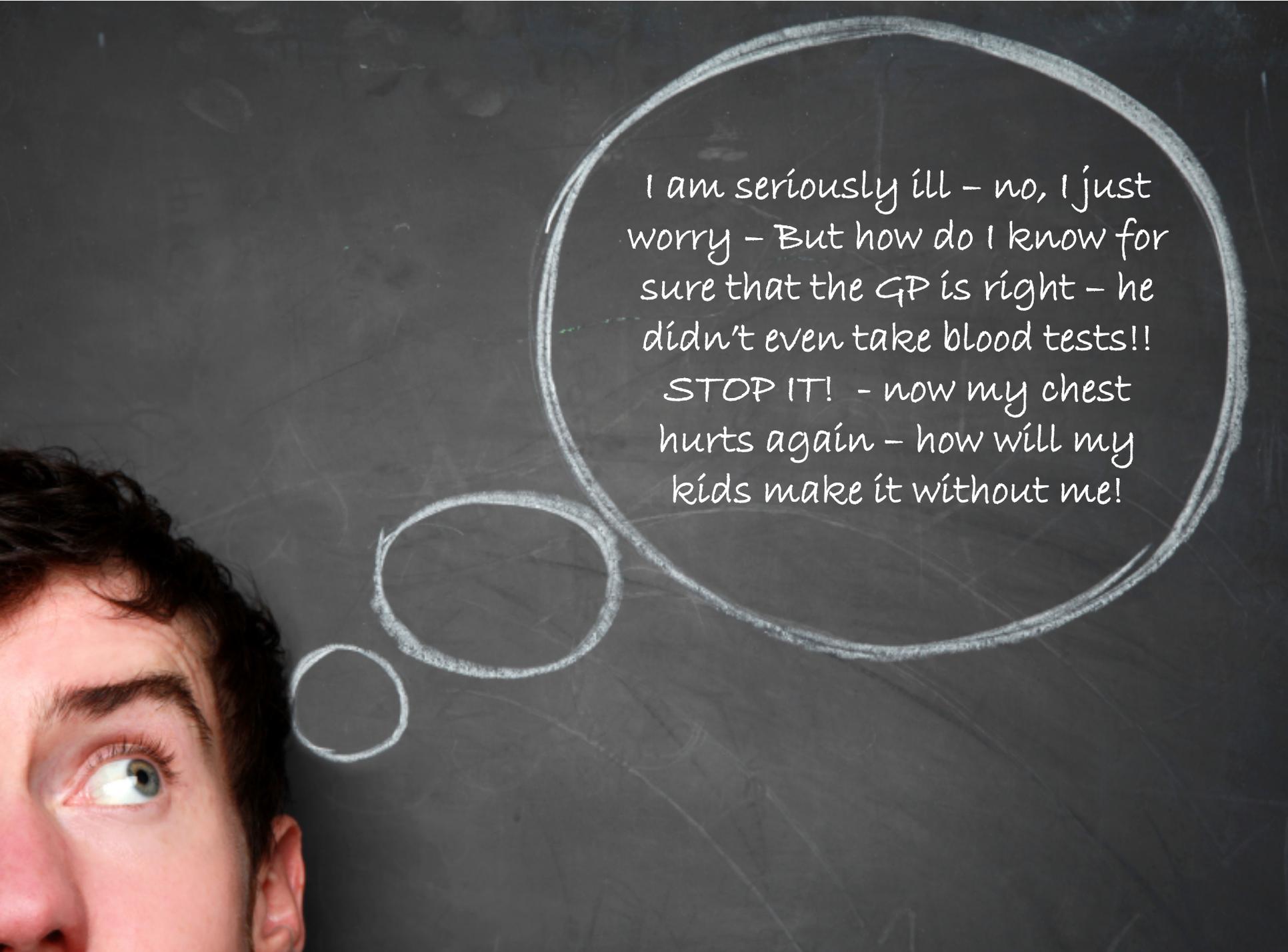
.....and that spontaneous remission is rare

Primary outcome: The Whiteley-7 index

– Illness worry

Not at all -----A great deal

1. Worries that there is something seriously wrong with your body?				x	
2. Worries that you suffer a disease you have read or heard about?					x
3. Many different pains or aches?				x	
4. Worries about the possibility of having a serious illness?			x		
5. Many different symptoms?				x	
6. Thoughts, that the doctor may be wrong if telling you not to worry?					x
7. Worries about your health?					x

A close-up of a man's face on the left side of the frame, looking upwards with a concerned expression. The background is a dark grey chalkboard. A large, hand-drawn white thought bubble is positioned to the right of the man's head, containing text. Two smaller, empty white circles are drawn below the main thought bubble, connected by a line, suggesting a sequence of thoughts or a continuation of the main thought.

I am seriously ill - no, I just worry - But how do I know for sure that the GP is right - he didn't even take blood tests!!

STOP IT! - now my chest hurts again - how will my kids make it without me!

Acceptance and Commitment Group- Therapy for Health Anxiety

-Results from a pilot study

Aimed to investigate the

1. Feasibility
2. Mediators of change

Methods

- **Design:** Uncontrolled pilot study with self-report questionnaires at baseline, at end of treatment, and at 3- and 6-month follow-up.
- **Participants:** 34 patients (25 females) with severe health anxiety consecutively referred from general practitioners and hospitals departments
- **Treatment:** 10 sessions in four groups of 8-9 patients for 3.5 h administered by two psychologists.

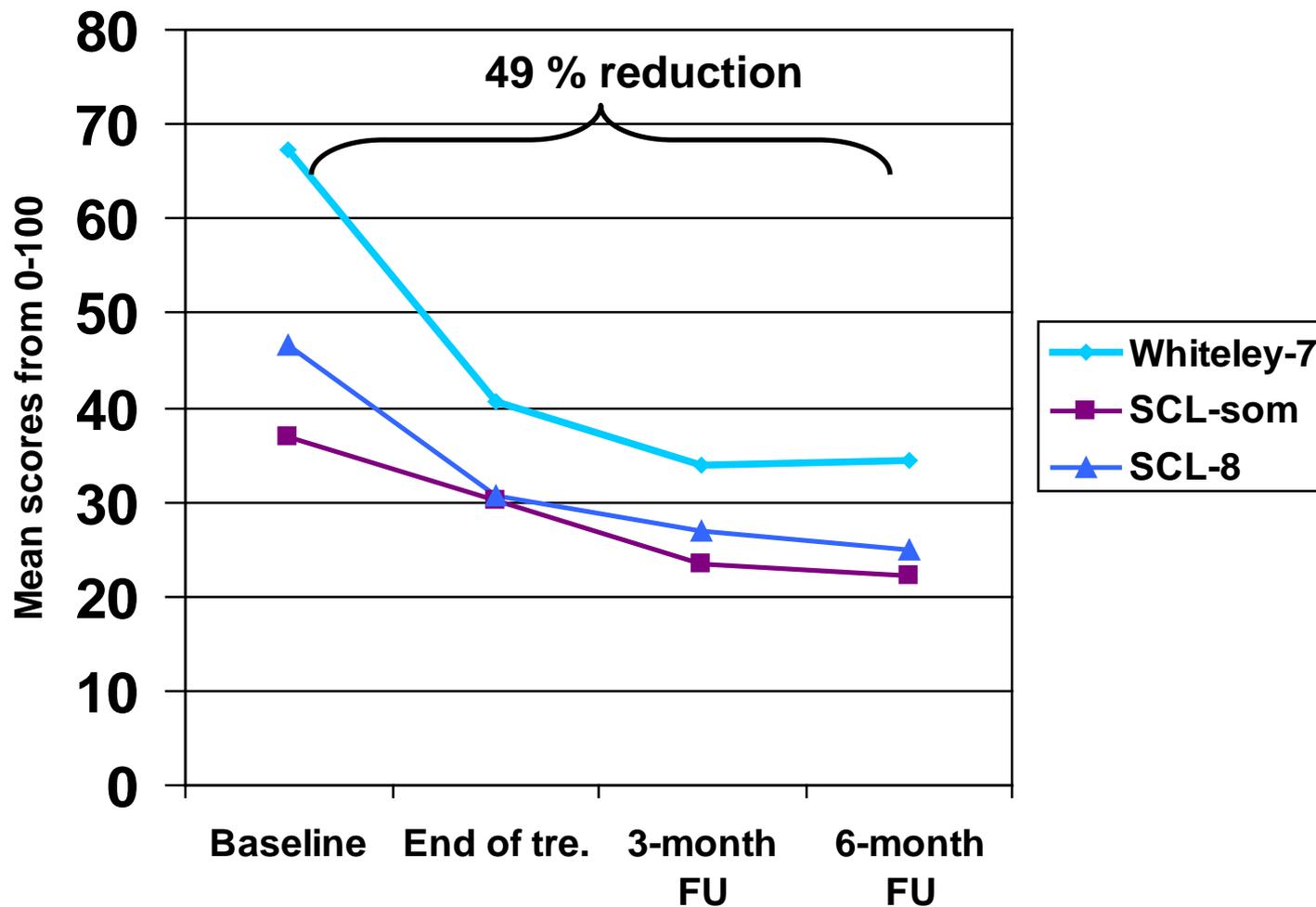
Manual outline – 10 sessions

- | | | |
|---|---|---|
| Phase 1:
Creative
Hopelessness | } | <ol style="list-style-type: none">1) Introduction to the treatment program2) What is ACT and mindfulness?3) Creative hopelessness (Inflexible behavior/thoughts)4) Control as the problem – not the solution. |
| Phase 2:
Willingness &
Defusion | } | <ol style="list-style-type: none">5) Willingness6) Defusion from thoughts – having a thought vs being your thoughts7) Self-as-context – you are more than your stories about yourself8) Values clarification – what is valuable for you? |
| Phase 3:
Values and
committed
action | } | <ol style="list-style-type: none">9) Committed action-----10) Booster session (how to maintain learned strategies) |

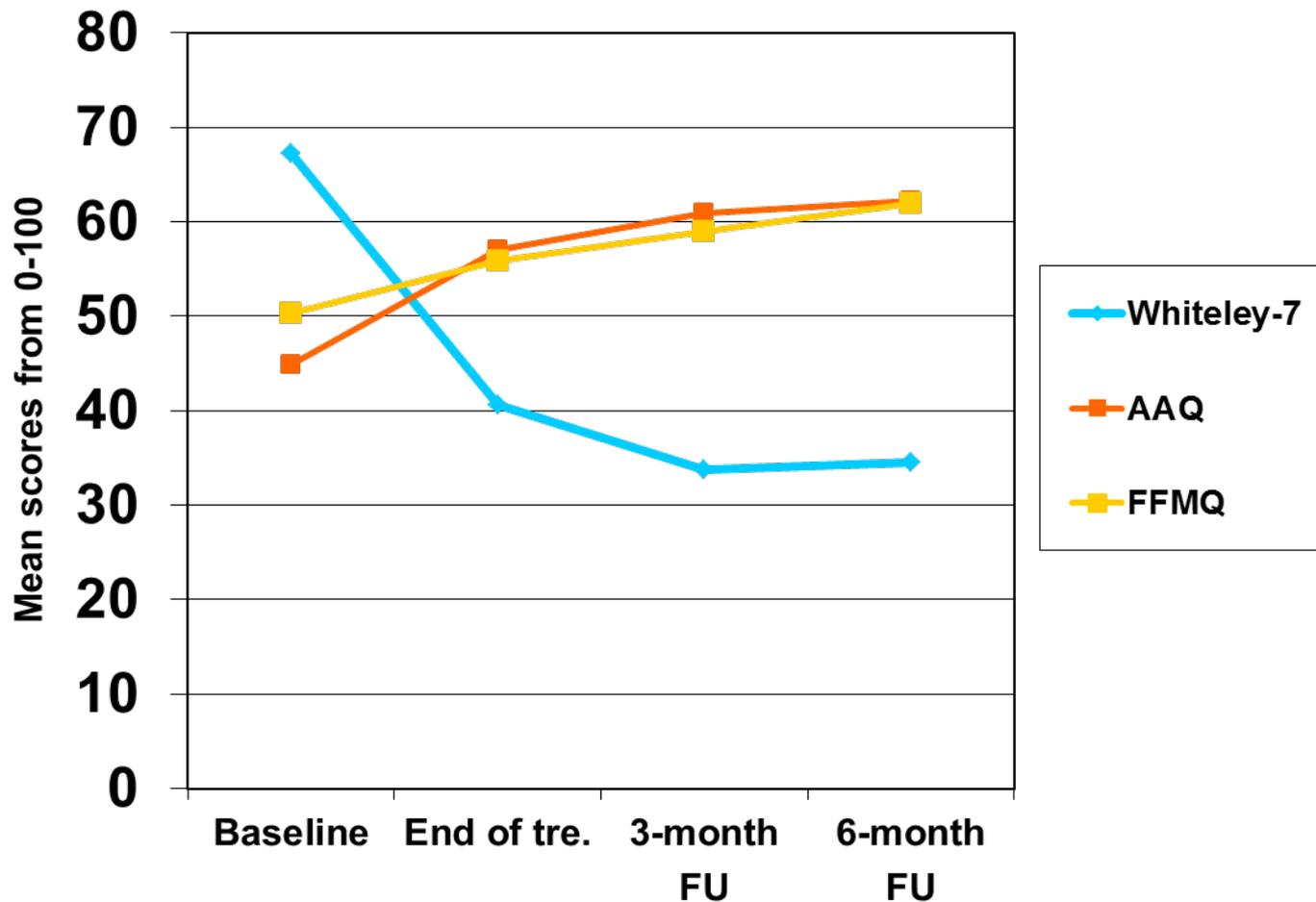
Measures

- ***Primary outcome***
 - Illness worry (Whiteley-7)
- ***Secondary outcome***
 - *Psychosocial measures:*
 - Symptom load (SCL-SOM)
 - Emotional distress (SCL-8)
 - *Process measures:*
 - ‘Psychological Flexibility’ (AAQ-II)
 - ‘Mindfulness’ (FFMQ)

Outcome measures



Process measures



Primary and secondary outcome measures

Measures	Baseline	End of treatment		6-month	
	Mean (S.D.)	Mean (S.D.)	Cohens <i>d</i> (CI)	Mean (S.D.)	Cohens <i>d</i> (CI)
WI-7 (0-100)	67.2 (26.0)	40.6 (26.0)	1.20** (0.74;1.66)	34.5 (26.9)	1.32** (0.82;1.82)
AAQ (0-100)	44.8 (19.5)	57.0 (23.1)	0.76* (0.35;1.17)	62.2 (23.8)	1.08** (0.61;1.55)
FFMQ (0-100)	50.3 (8.1)	55.8 (11.6)	0.55* (0.16;0.94)	61.9 (15.0)	0.88** (0.45;1.31)

WI-7 = Whiteley-Index 7-item version; AAQ = Acceptance and Action Questionnaire; FFMQ = Five Facet Mindfulness Questionnaire; S.D. = standard deviation; CI = Confidence Interval. Cohens *d* effect size: small 0.2-0.49, moderate 0.50-0.79, large 0.80-.

* $p < 0.05$, ** $p < 0.01$

Mediation analyses

Table B.1. Mediators of Health anxiety symptoms at 6 months	R²	B	CI	p
Model 1: Health anxiety symptoms (WI-7(T4)) 1. WI-7(T1)	.34	.57	.26;.88	.001
Model 2: Health anxiety symptoms and psychological flexibility 1. WI-7(T1) 2. ΔAAQ(T2)	.54	.47 -.70	.18;.75 -1.20;-.22	.003 .007
Model 3: Health anxiety symptoms and mindfulness 1. WI-7(T1) 2. ΔFFMQ(T2)	.57	.56 -.1.17	.27;.84 -2.00;-.33	.001 .009

**LR=8.49,
p<0.05**

**LR=8.09,
p<0.05**

Table B.1. Models of mediation.

WI-7 = Whiteley-Index 7-item version; AAQ = Acceptance and Action Questionnaire; FFMQ = Five Facet Mindfulness Questionnaire; (T1) = Pre-treatment; (T4) = 6-month follow-up; Δ(T2) = Changes from pre-treatment to post-treatment (T2-T1); R² = Coefficient of determination; B = Unstandardized regression coefficient; CI = Confidence interval.

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3. Preliminary results from a RCT

Preliminary results;

- Satisfaction with treatment

- 83.1% (n=49) of the patients were extremely or very satisfied with the treatment
- 88.1% (n=49) would recommend the treatment to a friend,
- 80.7% (n=46) found that the treatment had improved their quality of life

Clinical challenges

- Increasing number of referrals
- Long waitlist
- Making our treatment accessible (few clinics offer specialized treatment for health anxiety)

Internet-delivered psychotherapy

- Internet-delivered CBT has shown effect on health anxiety (Hedman et al., 2011).
- The promising results from ACT-based “face-to-face” treatment indicate that I-ACT may be a feasible treatment.



Aim

- 1) To develop an I-ACT program for health anxiety based on the existing manual, and
- 2) examine the efficacy in a randomised controlled trial.

