Blended treatment for health anxiety

a pre-post intervention pilot study: preliminary results

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BACKGROUND

Excessive health anxiety is a persistent disorder that is associated with high levels of distress, impairment and health costs. Health anxiety encompasses inappropriate and persistent worries about health-related fears that arise when bodily sensations or changes are misinterpreted and believed to be dangerous symptoms of a serious disease. In the DSM-5 health anxiety is represented using the classifications 'somatic symptom disorder' and 'illness anxiety disorder/Hypochondriasis'.

Cognitive behavioral therapy (CBT) is the preferred treatment, but has downsides such as high costs and limited accessibility. Internet-based treatments may be a useful add-on to face-to-face therapy.

This is, to our knowledge, the first study that explores blended CBT-treatment (combination of face-to-face/online contacts) with all the elements of the regular treatment. Such a blended treatment has the possibility to be more effective than regular CBT and improve the accessibility of treatment. The aim of this study is to:

Investigate effectiveness of blended CBT for health anxiety

METHODS

Design: pre-post intervention where 17 participants with health anxiety received a blended treatment.

Intervention: Treatment is based on the steps of the commonly used face-to-face CBT-treatment[1]. During 12 weeks participants have received 4 face-to-face contacts and a maximum of 8 digital contacts where the therapist provides written feedback.

Outcome measures:

- level of health anxiety: Whitley Index (WI)
  Illness Attitude Scale (IAS)
- Psychological symptoms: Brief Symptom Inventory (BSI)
- quality of life: RAND-36 Health Survey (RAND)

Timeline: T0 During intake
T1 Start of treatment (three weeks after T0) (WI & ZAS)
T2 After six weeks of treatment (WI & ZAS)
T3 At the end of treatment (maximum of 12 sessions)
T4 Three months after treatment
T5 Six months after treatment

Analysis: The results on health anxiety will be compared with the results of regular face-to-face CBT treatment based on literature. Explorative analysis will be conducted on the quality of life, patient characteristic, drop-out, ratio internet based contacts and face-to-face contacts and time needed for the treatment.

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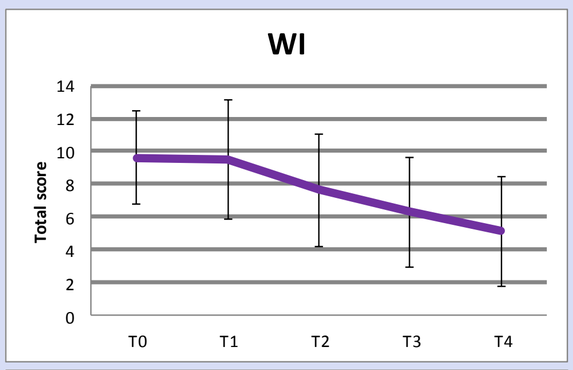
PRELIMINARY RESULTS

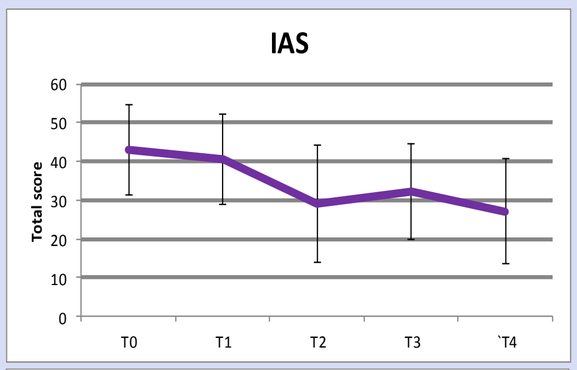
Population

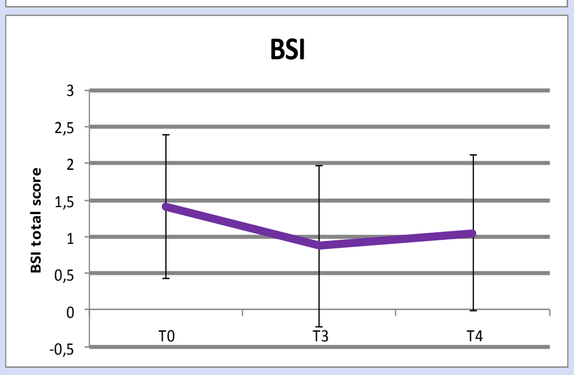
Participants	10 (5 male; 5 female) 34.0±16.1 year (18-63)
Primary diagnosis	Somatic symptom disorder: 6
	Illness anxiety disorder: 4
Secondary diagnosis	Panic disorder: 2; Anxiety disorder: 1; Psychotic disorder: 1; Agoraphobia: 3; Dysthymic disorder: 1

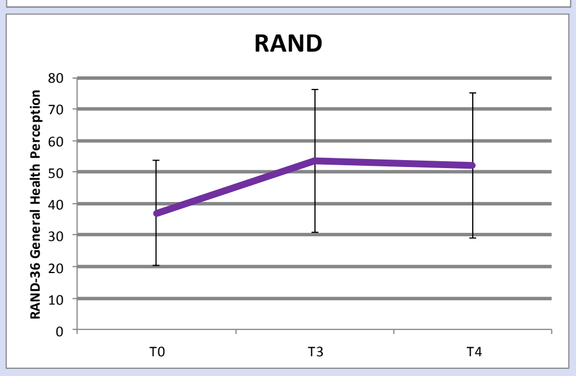
	T0 (n=10) Intake	T1 (n=10) Start of treatment	T2 (n=8) 6 weeks of treatment	T3 (n=10) End of treatment	T4 (n=7) >3 month	T5 (n=5) > 6 month
WI	9.60±2.84	9.50±3.60	7.62±3.40	6.30±3.40	5.14±3.34	5.20±2.95
IAS	43.00±11.60	40.70±11.63	29.00±15.14	32.12±12.38	27.14±13.55	21.75±16.58
BSI	1.40±0.98			0.87±1.10	1.05±1.07	0,84±0.84
RAND	37.00±16.70			53.50±22.61	52.14±23.07	54.00±28.59

Not enough data of participants to report results about T5









WI/IAS T0-T1 (baseline) no significant difference

WI T1-T2/T3 and T2-T3 significant decrease
T3-T4 no significant difference
Effectsize (Cohen's *d*) T1-T3: 0.91 and T1-T4: 1.26

IAS T0-T2/T3/T4 significant difference
T1-T2/4 significant difference
T1-T3 and T3–T4 no significant difference

BSI T0-T3/T4 significant decrease of complaints
T3-T4 no significant difference

RAND T0-T3 significant difference
T0-T4 and T3-T4 no significant difference

DISCUSION & PRELIMINARY CONCLUSION

- First study that attempts to create a blended treatment that matches the regular treatment protocol.
- Effectsize of the primary outcome (WI) seem comparable with the effectize of regular treatment (0.95).
- Decreased levels of psychiatric complains based on the WI; IAS and BSI, and RAND after treatment.
- 23% of the participants could not be included because of language problems and 15% only wanted face-to-face contacts.
- Long term results nog yet available.

[1]Bouman, T. K., & Visser, S. (2014). Behandelprotocol Hypochondrie: angst voor ernstige ziekten. Amsterdam: Boom uitgevers.