

Letter to the Editor

Hypochondriasis — Recognition and management

Madam, Hypochondriasis, also known as "Health Phobia" or "Health Anxiety" is defined as a mental state of extreme consciousness and a delusional belief of having some serious medical ailment.¹ Irrespective of its classification, health anxiety can have serious negative effects on an individual's health, social and occupational routine, as well as health care resource utilization. The incidence of this oft ignored medical condition may be as high as 3% in patients presenting to primary health care settings.² Diagnostic and Statistical Manual of Mental Disorders³ has categorized hypochondriasis as a somatoform disorder. Hyped fear about the presence of disease, concern about already being affected by the disease, health checking in the form of seeking repeated reassurance and abnormal perception of somatic sensations and symptoms are four factors by which these patients can be categorized. Even though the exact

Sertraline)⁵ and placebo therapy. Some psychiatrists also support the idea of group sessions and behaviour modification techniques to be a good approach for the treatment of this disease. However, what needs to be realized is that it is a frequently overlooked yet treatable condition. One needs to correctly identify these subjects in order to prevent catastrophic consequences. This simple condition can eventually lead to suicide. General practitioners need to understand that hypochondriasis is not limited to patients presenting at psychiatry wards, rather, it's a ubiquitous problem that a doctor can face at anytime during his clinical practice. Proper referral and treatment should then commence after correct identification.

etiological factors have not yet been proven and various theories attempt at explaining what leads to hypochondriasis. This includes the thought that an illness may be justified due to some previous real or assumed disease. Other factors include self or sibling childhood illness, to gain specific benefits like attention, or as a part of another psychiatric ailment eg. Obsessive Compulsive Disorder, in which it may manifest as a symptom of disease rather than being a disease itself.¹ It is also observed more frequently among those with a family history of this disorder and those who had to go through a severe mental trauma eg. death of a close relative or friend.

Various treatment modalities have been contemplated for hypochondriasis. These include Cognitive behavioural therapy,⁴ Selective Serotonin Reuptake Inhibitors (eg. Fluoxetine, Fluvoxamine,

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