**Health Anxiety Levels in Patients Admitted to Internal Medicine Outpatient Clinic for Several Times**

Dahiliye Polikliniğine Birden Fazla Gelen Hastalarda Sağlık Anksiyetesi Düzeyi

**Internal Medicine Outpatient and Health Anxiety**

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**Özet**


**Anahtar Kelimeler**

Sağlık Anksiyeti; Hastalık; Dahiliye Polikliniği

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**Abstract**

Aim: Health anxiety (HA) in patients consist of incorrect reference to normal bodily sensations as a signs of a serious disease. The aim of this study is to investigate the HA in patients admitted to internal medicine outpatient clinic for several times within one year. Material and Method: 60 patients who admitted more than one time to internal medicine outpatient clinic within one year and the control group consisted of 60 people were enrolled in this study. Short-form of health anxiety inventory (SAE-KF) was given to these groups, The results were compared statistically. Results: SAE-KF scores were significantly higher in the patient group (11.17 ± 6.07) than the control group (10.71 ± 4.44) (Z=-5.96, P<0.001). Discussion: HA in patients admitted to the internal medicine clinic is to be quite high when compared to the healthy control group and this increases workload of internal medicine outpatient clinic excessively. Therefore, a multidisciplinary approach needs including also psychiatrists for this group of patients to reduce health care costs as well as to receive more appropriate treatment of these patients.

**Keywords**

Health Anxiety (HA); Disease; Internal Medicine Clinic

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Introduction
Health anxiety (SA), is defined as feeling fears and concerns about a severe disease, while they are objectively healthy individuals [1]. HA is characterized by an exaggerated fear response as a threat index to physical well-being of individuals when physical and cognitive clues in the presence. These clues motivate the behavior of search security and aims to assurance of good health and to reduce anxious arousal state [2]. There are two important aspects of HA: thinking of a severe disease and having a sense that this severe disease leads to negative consequences [3]. Hypochondriasis is a major psychiatric disorder causes HA and these two conditions are even thought to be continuity of successive state [4]. HA is also important in the development of panic disorder, panic attacks with severe physical symptoms and sensations can be seen and this condition in which they live interpreted as a serious health problem by many cases [5]. In contemporary theoretical models of HA there are advanced disease phobia and disease belief concept which are the significant factors of HA [6].

In hospitals generally, many patients had reasonable and proportionate anxiety due to previous medical history of illness so undetected abnormal HA is thought as 10-20% of all patients. Depending on their focused symptoms, patients often roam between different clinics. Often symptoms tend to self-extinguishing in years [7]. Such patients are typically come face to face with physical medicine professionals at the first time, not to mental health professionals. When patients face with unexplained serious physical symptoms, a high level of distress seek them to often unnecessary and perhaps dangerous or harmful repetitive descriptions and than drive to other treatment modalities. Patients are recommended to go to different specialists when treatment is resulted with uncertainty or the beginning was a promising solution than turned into another dead end. When the doctor could not find a reason for the patient’s complaints, their relationship can focus on help-seeking behavior, and this can cause erosion in the patient-physician relationship [8].

The aim of our study is to investigate the level of HA in patients without chronic diseases who admitted to internal medicine outpatient clinic for more than one time.

Material and Method

Both the control group and the patients group of volunteers were informed according to the Helsinki Declaration. We have received approval from the ethics committee of non-invasive of our faculty.

60 patients were enrolled in the study who admitted to internal medicine outpatient clinic of our hospital in different times within one year. The control group consisted of 60 healthy volunteers. Socio-demographic characteristics of the patient and control groups did not show statistically significant differences (P = 0.73 and 0.61). 43 of patient were women and 17 were men and the ages ranged between 23-59 (37.05 ± 8.33) . The control group, consisting of 34 female and 26 were male and between the ages of 26-47 (36.26 ± 5.62) . Illiteracy; having chronic neurological, psychiatric or any other chronic diseases; alcohol and / or substance use; using drugs which can cause anxiety as an effect or side-effect were excluded from the study. Similar to those exclusion criteria the healthy control groups of patients were selected from among hospital staff and patients' relatives. HAI-SF scale was applied to both patients and healthy control group and this scale scores were statistically compared.

Assessment Tools
Demographic Information Form
We prepared the form according to purposes of our study including age, gender, educational level and marital status of patients.

Health Anxiety Inventory-Short Form (HAI-SF)
Health Anxiety Inventory was developed by Salkovskis and colleagues [9] as a self-report scale containing 18 items. The first 14 items with four choices questions the patient’s mental status with sequential response. In the remaining four items mental status of patients are questioned with the assumption that they may have a serious illness. Scoring for each item is between 0-3. High scores indicate high levels of HA. The validity and reliability of the test for Turkish community conducted by Aydemir et al [10].

Statistics
Statistical analyses were performed using SPSS 17 (SPSS Inc, Chicago, IL, USA) version. The results obtained from SAE-KF scale and socio-demographic data did not show the normal distribution because of these parameters between the groups were compared using the Mann-Whitney-U test. P-values below 0.05 were considered statistically significant.

Results
No statistically significant difference was found between patients and the control group when socio-demographic characteristics evaluated (P = 0.73 and P = 0.61). (Table 1)

<table>
<thead>
<tr>
<th>Table 1. The socio-demographic features of groups</th>
<th>Case Group n=60</th>
<th>Control Group n=60</th>
<th>P</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age(Year)</td>
<td>37.05±8.33</td>
<td>36.26±5.62</td>
<td>0.73</td>
</tr>
<tr>
<td>Cinsiyet</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Kadın</td>
<td>43</td>
<td>34</td>
<td></td>
</tr>
<tr>
<td>Erkek</td>
<td>17</td>
<td>26</td>
<td></td>
</tr>
<tr>
<td>Education</td>
<td></td>
<td></td>
<td>0.61</td>
</tr>
<tr>
<td>Primary school</td>
<td>24</td>
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<td></td>
</tr>
<tr>
<td>College</td>
<td>23</td>
<td>18</td>
<td></td>
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<tr>
<td>University</td>
<td>13</td>
<td>18</td>
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</tbody>
</table>

In our study, in descriptive statistical analysis; SAE-KF scale scores of patients coming to the outpatient department of internal medicine more than one time (11.17 ± 6.07) were significantly higher than the control group (10.71 ± 4.44). When these scores compared, it was statistically significant in the patient group compared to the control group (Z = -5.96, P <0.001 [Table 2, Figure 1]).
Discussion

Mild forms of HA widely seen. Severe forms characterized by a higher level of anxiety seems slightly less although not considered as a disorder. In particular, patients with panic disorders associate their experienced frightening physical symptoms with a serious disease so after a while it turns to somatization and some hypochondriac extreme exertions [11]. As a result more and more health care utilization occurs.

In our study, HAI-SF questionnaire were given and socio-demographical characteristics were asked to both patients and healthy controls admitted to the internal medicine clinic. The obtained results were; HA scores were higher in patients than in healthy controls and it was statistically strongly significant. In the literature, there are only several studies similar to our study. In primary health care, somatoform disorders such as anxiety usually diagnosed after medical disorders being ruled out. Failure to reach a diagnosis, sometimes a psychiatric reference is the next step. The period of up to psychiatrist they go to a lot of doctors so patients think that they do not have an organic disorder but they create all these complaints, senses in their mind. The primary task of the clinician is not psychiatric diagnosis, but to confirm or diagnose physical errors so early diagnosis is necessary in treating patients.

Competing interests

The authors declare that they have no competing interests.

References


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