

Cognitive behavior therapy more effective than standard care for reducing health anxiety

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Cognitive behavioural therapy (CBT) is substantially more effective than standard care at reducing symptoms of health anxiety in medical patients, and can be delivered by non-specialist staff with minimal training at little extra cost.

The findings of the first large-scale trial to test the effectiveness of CBT for health anxiety published in *The Lancet* are good news for the 10-20% of hospital patients who excessively worry that they have a serious, undiagnosed illness.

"Health anxiety or hypochondria is costly for health-care providers, and an effective treatment could potentially save money by reducing the need for unnecessary tests and emergency hospital admissions", explains study leader Professor Peter Tyrer from Imperial College, London.

Earlier studies have shown that CBT, which aims to change thought patterns and behaviour, is an effective treatment for other anxiety disorders. But there is a shortage of specialist clinicians and therapists to deliver CBT and waiting lists can be long.

The Cognitive behaviour therapy for Health Anxiety in Medical Patients (CHAMP) trial randomly assigned 444 people (aged 16 years) with abnormal health anxiety who were being treated in six general hospitals in the UK to receive either 5 sessions of a modified cognitive

behavioural treatment for health anxiety (CBT-HA; 219 participants) or standard care (225), consisting of reassurance and support in secondary and primary care.

Treatment was delivered at outpatient clinics by non-CBT experts who had been trained in just two workshops and then supervised by more experienced CBT therapists. The researchers compared the difference in health anxiety, generalised anxiety, depression, social function, quality of life, and costs between the groups over 2 years.

One year after the start of treatment, twice as many patients given CBT-HA achieved normal levels of health anxiety as those receiving usual care (13.9% vs 7.3%). CBT-HA also significantly improved generalised anxiety and depression compared with standard treatment. Crucially, the improvements were sustained at 2 years, with no significant differences in cost.

According to Professor Tyrer, "Until now, we had no evidence that [health anxiety](#) in medically settings could be successfully treated. Our results indicate that CBT-HA is relatively cheap, can be delivered by general nurses with minimal training, and could be easily rolled out in hospital settings."

Writing in a linked Comment, Chris Williams from the University of Glasgow and Allan House from the University of Leeds in the UK describe the results as intriguing and discuss the importance of developing a comprehensive response to psychological illness in healthcare settings, "Translation of these findings into services is problematic...Health anxiety is only one of the problems noted in medical outpatients—depression, hazardous alcohol use, poor treatment adherence, and other forms of medically unexplained presentation all press for recognition and intervention. To develop multiple parallel services makes no sense, especially since the common emotional

disorders overlap substantially...treatment should be available in general hospital settings, in multi-disciplinary liaison psychiatry or clinical health psychology clinics that can deal with the full range of problems that present."

More information: [www.thelancet.com/journals/lan ...](http://www.thelancet.com/journals/lan...)
 [\(13\)61905-4/abstract](http://www.thelancet.com/journals/lan...)

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