BEHAVIORAL MANAGEMENT OF HYPOCHONDRIASIS
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SUMMARY

In general medical practice, hypochondriasis is present in 3 to 14 percent of patients. This condition is reported as being resistant to treatment. In this paper, behavioral intervention in an adult male with hypochondriasis is outlined. The management involved progressive relaxation, behavioral counselling and bibliotherapy.

MANAGEMENT

The behavioral management was initially aimed at the primary condition, which was an anxiety state in this case. The therapeutic approach was as follows:

i) Progressive relaxation:

The patient was taught Jacobson's Progressive Relaxation (1938), so as to decrease anxiety symptoms. He was instructed to practice relaxation at home twice a day in the morning and at night. To deepen the relaxation, pleasant imagery was added after completion of relaxation.

ii) Behavioral counselling:

It was made clear to the patient to view therapy as a doing and also emphasized client responsibility and capacity for change. For his non restful and disturbed sleep, he was advised to follow "Rules of Sleep Hygiene". He was counselled to cope with and tolerate his chronic symptoms and to live with them as adaptively as possible.

iii) Bibliotherapy:

An attempt was made to change his faculty attitudes through bibliotherapy, as an adjunctive aid in the management. He was given a psychiatry textbook in which hypochondriasis was well described in a nutshell. The matter was discussed in a subsequent session. He was also provided with a textbook description of Relaxation Exercises (Wolberg, 1988).

DISCUSSION

Kaplan (1991) reported that a hypochondriacal person complains of many symptoms and focuses on bodily sensations, misinterprets them, and becomes alarmed by them. Treatment helps significantly; however, some degree of discomfort is likely to persist (Barsky, 1989). It has also been suggested by Floru (1973) that behavioral intervention is helpful, especially in neurotic cases.

The presenting symptoms of the client were present since adolescence: Kaplan (1991) reported that hypochondriasis is particularly present in adolescents. As the anxiety symptoms were predominant, the patient was started on relaxation training. At the end of one month, he did not report palpitations, click in ears, creeping over chest, and was having improvement in sleep. He was able to concentrate better over his studies. After two months, he stopped relaxation and he again developed disturbed sleep, occasional headache and chest pain. He was advised to restart relaxation once a day, preferably at night prior to retiring. This again reduced his anxiety symptoms. Behavioral counselling enabled him to use his personal as-

CASE REPORT

Mr. S, a 23 year old unmarried male engineering student, belonging to a family of middle socio-economic status, was referred for psychiatric intervention from Medical outpatient department. His illness was of 5 years duration characterized by disturbed sleep, creeping over chest, palpitations, left sided chest pain, click in ears, generalized headache, decreasing concentration and weakness. He presented his complaints at length with behavioral gestures, pressure of speech and by pointing to his body parts. His anxiety was observed in his tone of voice, painful facial expressions, manner of speaking, and was unduly preoccupied with the fear of having a serious disease. For his illness he had consulted physicians and E.N.T. specialists, who opined no abnormality. The precipitating factor he attributed to a dream, i.e. five years ago in a dream he felt that someone was pulling out the veins from his brain. This happened four times that night and since then his all problems started.

The patient had been separated from the parents right from the first standard up to engineering education in different states; hence he was unable to form an attachment to parents or significant others. When he was in the fifth standard, he sustained fractures in both shoulders and was unable to move them for six months. He was good at studies and had never failed. Family history was unremarkable. The patient was the sixth and last child to the parents. His premorbid personality was introverted and obsessive. His physical examination revealed no organic basis for the symptoms. On examination, the patient met the DSM-III-R diagnostic criteria for hypochondriasis. He was taken up for treatment in April 1991, at Govt. Medical College, Surat and was followed up for one year. On the completion of his education, he left for his home town, and thereafter he communicated good health once.

Hypochondriasis is an excessive disease concern and a morbid preoccupation with one's health. In general medical practice, hypochondriasis is present in 3 to 14 percent of patients, particularly adolescents (Kaplan & Sadock, 1991). Hypochondriacal persons augment and amplify somatic sensations and they have lower thresholds and tolerance of physical discomfort. Hypochondriacal patients are resistant to treatment; however, treatment helps a significant proportion of patients (Kaplan, 1991).

One such case is reported here. An effective management approach consisting of Progressive Relaxation, Behavioral Counselling and Bibliotherapy is highlighted.

The management involved progressive relaxation, behavioral counselling and bibliotherapy.
CASE REPORTS

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