Case report / *Olgu sunumu*

An extraordinary manifestation of hypochondriasis

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ABSTRACT

Hypochondriasis is described as the demonstration of excessive attention, care or fear against the physical or mental symptoms. A patient with a diagnosis of hypochondriasis is called as a hypochondriac. These patients often present with symptoms of a constant self-examination, self-diagnosis, and preoccupation with their body. Many patients with hypochondriasis reveal a disbelief and doubt in the doctors' diagnosis. They also declare that doctors' reassurance about the absence of a serious disease is unconvincing. Additionally, many hypochondriacs tend to visit numerous different physicians to get what they expect to hear. Although various previously reported hypochondriasis cases exist in the everyday psychiatry practice, such extraordinary case with an extreme manifestation was never reported before. In this paper, a hypochondriasis patient who persistently admits the cardiovascular surgery department claiming to have an unnecessary heart operation is reported. Additionally, it is aimed to take this occasion to review the description of hypochondriasis in the light of current updates. ***(Anatolian Journal of Psychiatry 2018; 19(3):331-333)***

Keywords: *hypochondriasis, heart surgery, unnecessary procedures*

Olağandışı bir hipokondriyazis tezahürü

ÖZ

Hipokondriyazis, fiziksel ve zihinsel belirtilere karşı aşırı aldırış, dikkat veya korku duyulması olarak tanımlanmıştır. Hipokondriyazis tanısı konan hastaya hipokondriyak denir. Bu hastalar sıklıkla, kendini sürekli muayene etme, kendine tanı koyma ve bedenleriyle ilgili endişe duyma belirtileri ile başvururlar. Çoğu hipokondriyazis hastasında, doktorların tanısına güvenmeme ve şüphe vardır. Ayrıca bu hastalar, doktorların ciddi bir hastalıkları olmadığına ilişkin verdikleri güvenceyi de ikna edici bulmazlar. Ek olarak, birçok hipokondriyak kendi istediklerini duymak için çok sayıda hekime giderler. Günlük psikiyatri pratiğinde sıklıkla karşılaşılan birçok hipokondriyazis olgusu bildirilmiş olmasına rağmen, daha önce böylesine aşırı bulguları olan olağandışı bir olgu hiç rapor edilmemiştir. Bu yazıda, sürekli kalp ve damar cerrahisi bölümüne başvurarak ısrarla kalp ameliyatı olmak isteyen bir hipokondriyazis hastası sunulmuştur. Bu olgu aracılığıyla hipokondriyazis tanımının son güncellemeler ışığında yeniden gözden geçirilmesi de amaçlanmıştır. ***(Anadolu Psikiyatri Derg 2018; 19(3):331-333)***

Anahtar sözcükler: *Hipokondriyazis, kalp cerrahisi, gereksiz işlemler*

INTRODUCTION

Hypochondriasis is a somatic symptom disorder (SSD) which is described as the extreme care and attention about a current illness or a health status.[1] These patients are also called as valetudinarian in public. It is recognized since the ancient times.[2] The hypochondriasis is mainly characterized by a misinterpretation of the normal physical symptoms as a serious illness. It is

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It is also described by the presence of an excessive worry about a constituted diagnosis.[1] Among the other somatoform disorders, hypochondriasis is the least studied disorder with many unknowns and many dilemmas.[3]

In this paper, a young male who obstinately insists on requiring an open heart surgery devoiding a serious cardiac pathology is reported. Although the hypochondriasis is frequently considered among psychiatry practice, this is the first case in the available literature concerning the cardiovascular surgery (CVS) overlap.

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CASE

A 21-year-old male patient was referred with an extreme anger and outcry. He was requiring an unnecessary heart operation which has been rejected by the cardiovascular surgery (CVS) department for nearly a year. The main reason for his demand on having a heart operation was the chest pain. In the patient's point of view, this pain was thought to belong to an underlying heart disease. Although no clinical symptoms or signs were present, he never gave up to perform periodical visits to the CVS outpatient clinic with a persistent and aggressive behavior enforcing his heart to be operated. However, the CVS department rejected his constant demand for the operation after a meticulous investigation of the patient’s complaints which have revealed no cardiac origin.

In the physical examination, neither a cardiac nor a neurological abnormality were detected. According to the psychiatric examination, the patient was oriented and cooperated. His affect was distressed and the mood was depressive. His thought content was focused on his chest pain history along with the depressive signs. The reality testing evaluation and intangible judgement were normal. Beck Anxiety Scale test was found as 13 and the Hamilton Depression Scale was found as 21. The Somatosensory Amplification (SSA) Scale was 34. According to the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), hypochondriasis and depression were constituted as the diagnosis. A selective serotonin reuptake inhibitor (SSRI) (escitalopram, 5 mg/day) was initially prescribed and the dose was increased gradually (up to 20 mg/day) in response to treatment. Eight weeks after reaching the maximum dose of escitalopram, an antipsychotic agent (olanzapine, 5 mg/day) was added as an augmentation treatment. The depressive symptoms of the patient were then subsided and his hypochondriac symptoms were decreased. Although the patient was still describing a residual chest pain, he almost never had an urge to visit the CVS clinic anymore.

DISCUSSION

Hypochondriasis is a SSD that is defined as a non-delusional preoccupation with fears or thoughts for having a serious illness. It is usually caused by the misread of bodily symptoms.[3] These symptoms should persist at least six months for the diagnosis. The six-month prevalence of this disorder is reported as 6% to 15% among the population who admitted to the medical clinics with various physical complaints.[2] As the initial admission of the hypochondriac patients is mostly directed to the non-psychiatry medical clinics, the actual prevalence is thought to be higher than expected. Although the symptoms usually begin at the ages of twenty and thirty, it may appear at any age. It is not associated any social position, education level, gender or marital status.[3] The poor tolerance against physical illnesses, as well as the interiorization of a patient role with a social learning model, are the main theories regarding the etiology.

According to the DSM-5, the somatization disorder, hypochondriasis and pain disorder diagnoses were removed. Instead, the whole terminology was assembled under the heading of ‘SSD’.[4] The SSD is described by the presence of an excessive thoughts or behaviors associated with the somatic symptoms.[5] One or more of these somatic symptoms can cause distress and psychosocial impairment by devoting excessive time and energy to the futile health concerns.[3]

The SSD should also be differentiated from the illness anxiety disorder (IAD) which is a new diagnosis in the DSM-5.[6] In contrary to the SSD, the IAD presents with a fear of illness rather

than a complaint of symptoms.[5] In the reported case, the patient was diagnosed as the SSD with comorbid depression rather than the IAD. The main parameter for constituting this diagnosis was the presence of a chest pain complaint rather than a thought of an illness.

The good prognostic markers include the high socioeconomic level, acute onset of symptoms, well-treated comorbid depression or anxiety, lack of a personality disorder and the absence of a nonpsychiatric medical condition.[7] It is reported that the group and personal psychotherapies are also beneficial.[8] Psychiatric comorbidities that often accompany hypochondriasis may further complicate the treatment process.[7] Therefore, early diagnosis and treatment positively influence the prospective quality of life.

On the other hand, the SSA Scale measurements demonstrate an interesting course. The SSA is described as a self-reported sensitivity to somatic and visceral feelings.[9] It also means the misinterpretation of bodily perceptions as well as the development of cognitive and affective components. In hypochondriasis, the SSA Scale tends to be higher than the healthy population as in this case.[10] Although the patient's mood status was improved drastically following the treatment, the SSA Scale measurements demonstrated no satisfactory decrease. This unexpected failure of targeted decrease in the SSA Scale was also reported in the previous studies.[8] Therefore, the SSA Scale should not be considered as a sole criterion for the success of the treatment.

As a conclusion, hypochondriasis is a frequently encountered but rarely diagnosed disorder. It leads life quality impairment if not recognized. The patients may present with a diverse and extreme clinical symptoms. Therefore, the clinicians should be aware of this wide spectrum of clinical appearances and complaints. However, the initial consultation with the nonpsychiatric medical clinics should never be ignored to exclude a real physical entity.

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