

A CASE REPORT OF A LONG TIME UNRECOGNIZED HYPOCHONDRIAC PATIENT WONDERING THROUGH THE HOSPITAL DEPARTMENTS

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INTRODUCTION

Severe health anxiety also described as hypochondriasis according to Diagnostic and Statistical Manual of Mental Disorders, 4th ed. text rev. (American Psychiatric association 2000); or hypochondriacal disorder according to ICD-10 Classification of Mental and Behavioral Disorders (World Health Organization 1992) is a somatoform disorder in which there is a preoccupation with bodily functions and fear that a patient is suffering from some serious disease. The ancient Greeks called this hypochondria ("bellow cartilage, below the ribs") and they have considered it as a special kind of melancholy. American literature uses the term "health anxiety". Up to 9% of patients in general practice meets diagnostic criteria for hypochondriasis (Creed & Barsky 2004, Gureje et al. 1997, Rode et al. 2006, Ghanizadeh & Firoozabadi 2012). Health anxiety not only causes great suffering for the patient and those around him or her but is also costly in terms of higher medical care utilization (Barsky et al. 2001, Noyes et al. 1994) and occupational disability (Mykletun et al. 2009). There is no difference between the sexes. For one third of patients with chronic pain syndrome it is considered them having an underlying hypochondriac disorder (Rode et al. 2006). Common risk factor for hypochondriacal disorder is abuse (usually sexual) in childhood (Creed & Barsky 2004).

Psychological paradigm started from Sigmund Freud who interpreted hypochondria as a result of the routing of sex drive (libido) not to external objects but in the interior of the body. Other psychodynamic experts believe that hypochondria occur in people with low self-esteem. They are choosing model of physical illness because it is less stigmatized than mental illness. Cognitive-behavioral model involves the interrelationship between cognitive and behavioral factors and the attention that is focused on the disease. Exposure to threatening situations helps establishing maladaptive assumptions and beliefs related to health and disease (Marcus et al. 2007).

Hypochondriac disorder occurs together with anxiety disorders, mood disorders and schizophrenia. The patient is overly preoccupied with physical symptoms and have unwarranted fear that he is seriously ill (usually suffering from specific diseases). They describe symptoms that are often bizarre and do not correspond to known and common impairments of specific organ system. Patients over-react to normal bodily sensations and changes. They attach a great significance to the change of heart rate, cough, sweating, nausea etc. Patients with hypochondriac disorder cannot be assured that they are not ill, with no medical treatment or procedure. Conducting medical tests still helps them because they are short-term calmed and it reduces their anxiety. The prognosis is unfavorable. Majority of patients develops chronic type of disorder. Only around 5% of patients recover in full (Frančičković & Moro 2009).

A hypochondriac disorder has to be distinguished from organic illnesses that have similar symptoms. This is especially true for illnesses that do not have specific symptoms and they are difficult to diagnose at their initial phase (multiple sclerosis, myasthenia gravis etc.) (Creed & Barsky 2004, Noyes et al. 1999).

Patients with health anxiety such as hypochondriac disorders have a preference for psychological treatment over drug treatments (Walker et al. 1999).

CASE REPORT

A 50 year old male patient was admitted to the emergency department with headache, nausea and numbness of the left arm for the last couple of hours. Neurologist conducted a full physical examination and found no discrepancies in neurological status, but the patient insisted that he was having a headache like his head is going to explode and that his left arm was going completely numb. Concerning to exclude any acute condition, neurologist indicated an emergency multi-detector computed tomography (MDCT) of the brain that had been performed in a short time. Radiologist and radiology resident found no pathological changes for

this patients brain MDCT, but through detailed analysis of this patients hospital records radiology resident found a few interesting facts. Through the course of the 15 months prior to this urgent admittance the same patient had already been admitted under many different urgent conditions in the same hospital. He had been admitted with a severe chest pain and a shortness of breath 15 months prior. ECG and the blood tests excluded myocardial infarction at that time. The patient became anxious and even started vomiting and said his chest pain was getting even worse. After that, an emergency pulmonary MDCT angiography had been indicated and performed excluding possibility of a pulmonary embolism. Patient had been feeling well the day after and was released from the hospital two days later. Two months after this the same patient referred to his general practitioner with symptoms including neck pain, stiffness of the neck and vertigo. He was again sent to the neurologist for an examination. Neck spine MDCT had been indicated and performed showing only incipient spondylodegenerative changes and no severe discal pathology. Three months later this patient was admitted at the emergency department for a loss of sight in his right eye that lasted for a couple of hours. Ophthalmologist found no pathology but advised MDCT of the orbits to be performed. There were no pathological findings as well in prior examinations. In total, through the course of 15 months this patient had been admitted to the emergency department three times, examined by an ophthalmologist two times, by a neurologist four times, by a cardiologist two times, by a pulmonologist two times and by a radiologist through four MDCT examinations.

Considering everything previously mentioned, this patient had been exposed to a large amount of radiation. In total, he received an effective radiation dose of approximately 12.0 mSv (Mettler et al. 2008). This increases his risk of developing malignancy on a significant level. According to study from 2010 up to 26% of all patients undergoing computed tomography or magnetic resonance imaging examination do not satisfy criteria of American College of Radiology for a specific clinical condition and our patient is definitely in this group (Lehnert & Bree 2010).

The opinion of a radiology resident was that this patient could possibly be suffering from hypochondriac disorder and is in need of psychiatric counseling and therapy. Radiology resident informed the neurologist after these findings and advised him to forward this patient to a psychiatrist. The neurologist conducted further respecting this advice and forwarded the patient to a psychiatrist. An experienced psychiatrist came to a final diagnose through diagnostic criteria for hypochondriac disorder given by ICD 10 (World Health Organization 1992). At this time the patient is undergoing psychiatric therapy while still struggling with a variety of a different illness symptoms.

DISCUSSION

The patient in our previously described case report underwent a series of diagnostic procedures, all caused by his mental disorder. Through the course of 15 month period he was examined by a number of different specialists for 17 times. After each examination and diagnostic procedure he was calmed for a short period of time just like hypochondriac patients described in the literature (Frančišković & Moro 2009). Neither one of previously mentioned specialists had suspicion of mental disorder until the brain MDCT examination. According to literature this is the case in majority of patients with hypochondriac disorder (Creed & Barsky 2004, Noyes et al. 1999).

We believe that this patient should have been suspected of mental disorder earlier, because there was no evidence of physical disorders in this patient from the start, except for his claims. So the question is why nobody had observed this. Thorough conversation with this patient by either previously mentioned specialists would prevent this patient from wondering through different hospital departments and conducting a large number of diagnostic procedures. According to Verhaak, many complaints which present as somatic illness at a medical visit, appear afterwards to be partly psychological in origin and it has been considered important that a MD show attention, interest and concern; have a patient centered attitude; clarify complaints; structure the interview; and have an active seeking attitude (Verhaak 1988). This patient would have avoided unnecessary exposure to radiation through four MDCT examinations that significantly increase his risk of cancer (Mettler et al. 2008, Lehnert & Bree 2010). As data found in the literature patients with anxiety and depression disorders (including hypochondriac disorder) usually present somatic symptoms, whereas emotional symptoms are less likely to be mentioned if they are not specifically asked by the clinician (Kirmayer & Young 1998, Simon et al. 1999). These are definitely subjects to think about and to remind us that a clinical examination, conversation and data we collect from the patient's family members and friends are important in determining diagnosis and providing a correct treatment for the patients. This is sometimes more important than any technical diagnostic procedure.

CONCLUSION

The conclusion is that a hypochondriac disorder is a condition hard to recognize. This patient had been suspected after 15 months of detailed medical examinations and only through the thorough analysis of hospital data by radiology resident and confirmed by an experienced psychiatrist.

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Contribution of individual authors:

Vedran Markotić: Design of the study, literature searches, literature and patient data analyses;

Miro Miljko: Design of the study, patient's data analyses;

Dorijan Radančević: Design of the study, literature searches, patient's data analyses;

Maki Grle: Design of the study, patient's data analyses;

Ines Perić: Literature searches, patient's data analyses;

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Gojko Bogdan: Design of the study, patient's data analyses.

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