

Hypertension Chest pain  
blood pressure symptoms  
serious illness  
x-rays immune system blood tests  
heart disease operation  
brain tumor could it be cancer? MRI  
Taking illness



Illustration by Tina Bela Limer

# off their minds

Renowned BWH psychiatrist delivers first proven treatment for hypochondria

**T**he seeds of hypochondria were

planted in Allen Lowe's\* mind during childhood.

"Whenever my mom couldn't bring me to school, she'd tell me I was sick, even though I wasn't," recalls the 73-year-old retired engineer. "By 25 or 26, I began to focus a lot on blood pressure, heart palpitations and other symptoms. This continued for years. Eventually, my fear of heart disease and death became present 24 hours a day."

One in 20 primary-care patients is just like Lowe. Misunderstood by the general public and hardly researched by doctors, hypochondriacs aren't worrywarts pretending to be sick. According to the American Psychiatric Association, the term applies to patients whose fears that they have a serious disease persist for at least six months and continue even after doctors have reassured them that they're healthy. Their preoccupation with symptoms becomes debilitating, often interfering with daily life.

Lowe has gotten plenty of assurance over the years; he estimates that he's seen 40 psychologists, cardiologists and family practitioners in his lifetime. "I'd visit several simultaneously," he explains. "One wouldn't know I was seeing the other. It was

*\*not the patient's real name*

not to catch them lying; it was to compare diagnoses and confirm what each was saying.”

That’s typical hypochondriacal behavior, says Arthur Barsky, MD, Lowe’s psychiatrist and the director of Psychosomatic Research at BWH. More than 30 years of studying the disorder led Barsky to treat hypochondriacs with cognitive behavioral therapy.

A popular form of psychotherapy used to treat depression, eating disorders and anxiety, cognitive behavioral therapy hadn’t been shown effective for hypochondria until now. “These patients have a cognitive disorder,” Barsky says, “because the problem is with the way they *think* about their symptoms.”

Especially sensitive to normal bodily sensations like hunger pains and rapid heartbeats, hypochondriacs start to think that they’re ill. Fearing that the illness is worsening, they monitor their health more closely and discover new symptoms that “validate” their suspicions. They become convinced that they have a grave disease. Anxiety also causes symptoms to intensify. Sickness and worry spiral out of control.

“We try to reverse the cycle,” Barsky explains. “If you understand that your thoughts about a symptom worsen it, then changing the way you understand a symptom can make it better.”

Lowe, who dubbed this “the Barsky technique,” swears it’s the sole treatment that’s ever worked for him. He’s tried everything from antidepressant pills to a psychological technique that forced him to confront his heart-disease fears by jumping up and down until his heart raced. He panicked and ended up in the emergency room.

“Dr. Barsky’s approach is not to confront the problem, but to readdress it, to try to ignore it. Distract yourself, preferably with a passion of yours, each time your mind goes to a real or imagined problem. See your doctors for routine visits only. Then let the rest go.”

What does “letting go” mean for Lowe? He’s working on an invention, dotes on his grandchildren and asks his wife to dis-

card the health section of the *Boston Globe* every Tuesday before he sees it. He’s also whittled down his collection of hundreds of medical articles by 70 percent. “You don’t cure hypochondria, you control it,” Lowe says.

Barsky recently recruited patients like Lowe for a study that tested his technique; his findings were published in *The Journal of the American Medical Association* in March. Of the 187 participants, 102 received cognitive behavioral therapy and 85 got routine medical care. Among those who completed six 90-minute therapy sessions, nearly 57 percent showed significant improvement in symptoms and quality of life after a year, compared to 32 percent of the comparison group.

However, 25 participants quit before completing all six sessions and almost 14 percent never began treatment. “They say,

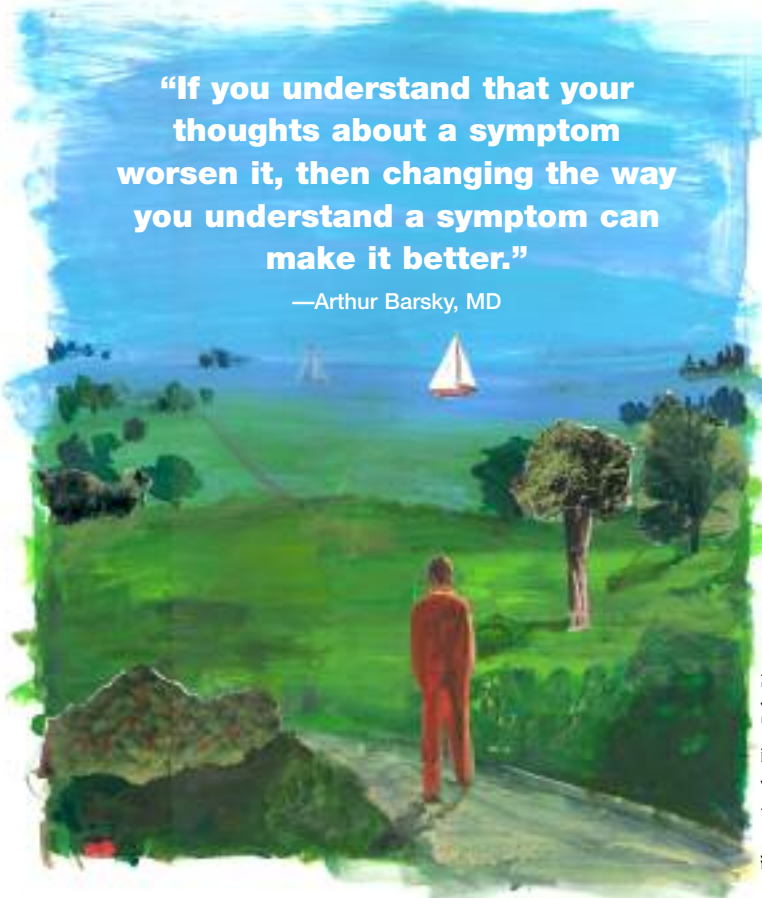
‘Why would I want to go to a psychiatrist? The problem isn’t psychiatric. The problem is that I’m sick,’” Barsky explains.

The solution, he says, is to increase hypochondria awareness among caregivers. Their acknowledgment of the disorder could save primary-care practices time and money: Roughly 30 percent of their patients with physical symptoms have no diagnosable medical illnesses.

That’s exactly why his next trial, slated to begin this year and run until 2008, will take place in a primary-care practice and track 320 participants. “The first study was an efficacy trial to show that, under ideal circumstances, the treatment works,” Barsky says. “Now, we’ll test it in a real-life setting.”

Even so, general acceptance of hypochondria as a serious disorder may be far off. “For decades, depression was considered a character flaw. In the past 10 years, it’s gone from being a joke to an accepted medical diagnosis. The same thing is happening with panic disorder, but that shift hasn’t begun when it comes to hypochondria.”

Whatever the perception, Lowe and others who swear by Barsky’s method are thankful. “He’s done more for me in 10 visits than five years with a conventional psychologist,” Lowe says. “It just works.”◆



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