



FLEMING VIGNA BALMER  
REGISTERED PSYCHOLOGISTS

# The Practical Management of the Hypochondriacal Patient

**Hypochondria is a chronic fear of having, or the idea that one has, a disease based on the individual's misinterpretations of bodily sensations or symptoms.**

Because the fears persist despite appropriate medical evaluation and reassurance, individuals with this disorder seriously tax the medical system in terms of unnecessary testing, medication and surgery. For the primary care physician, these patients can be very time consuming and often present a serious challenge in terms of management. Here are some recommendations to assist in the management of the hypochondriacal patient.

The hypochondriacal patient believes that he is genuinely ill. Direct challenges to his or her beliefs will likely be met with resistance reducing your ability to help. It is important to communicate to the patient that you believe that he or she has symptoms and that you will help him/her to understand the meaning of the symptoms. Patients should be given brief regularly scheduled visits, generally once a week. This makes the patient feel that you are taking his/her complaints seriously and lays the ground work for later interventions. Setting limits is important. If the patient contacts you between visits it is best to validate his/her fears and concerns and let him/her know that you will discuss them in more detail during the next scheduled visit.

The physician's main task is to help the patient with the interpretations of his/her "symptoms." The hypochondriacal patient chooses the most serious but least probable explanation for his/her physical sensations (e.g., a headache is interpreted as a brain tumour rather than stress). These interpretations need to be discussed with the patient. The best approach is to accept the patient's interpretation as a possibility, then to present alternative interpretations. You and the patient can then work together to evaluate the evidence for the various possibilities. The patient will need to decide which explanation has the most support. To help him/her, you could educate the patient about what you are looking for to rule out various possibilities. You may even allow the patient access to the results of investigations, such as blood work and radiology reports, and help him/her to understand the meaning of the results. Without directly challenging symptoms, the patient will begin to recognize that his/her interpretations are incorrect.

At this point, the patient should be open to a discussion about the role of stress and other psychological factors in his or her physical symptoms. It is helpful to educate the patient about how stress effects the body to produce physical symptoms. Once the patient appreciates the role of stress in their symptoms you can recommend a referral to a psychologist. The psychologist will then continue the process of helping the patient understand the role of stress in his or her lives and provide training in the use of stress

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and anxiety management techniques. As well, the psychologist will provide cognitive-behavior therapy which helps patients change thought processes which underlie their stress and emotional symptoms. Studies have

shown that cognitive-behaviour therapy is a very effective treatment for hypochondrias. Working together, the primary care physician and psychologist will be able to effectively treat the hypochondriac patient.

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