Outcome of Group-CBT for severe health anxiety. Preliminary results from the Pilot Study for The CHAG-Trial

Is classical cognitive behaviour therapy delivered solely in a group setting an acceptable and effective treatment for patients with severe health anxiety?

METHODS
14 patients referred from Medical Doctors during 2013 to the Clinic for Liaison Psychiatry in Koege, Region Zealand, Denmark, were included and treated by 2 therapists in 2 groups of 7 patients. The intervention was G-CBT 3 hours a week for 12 weeks and a booster-session for 3 hours at 3 month follow-up.

Outcome measures
Primary
1. WI-7 (Whiteley Index 7, score: 0-100, self-reporting questionnaire for degree of health anxiety)
2. Cure from severe health anxiety at 3 month follow-up (see definitions below)
Secondary
HAI-18 (Health Anxiety Inventory 18 items, score: 0-54, self-reporting questionnaire for degree of health anxiety)
1. GAF-F, Global Assessment of Functioning, score: 0-100
Definitions
Clinical response was predefined as a reduction on WI-7 on min. ½ SD (12.5 points) and a large clinical response as a reduction on min. 1 SD (25 points). Cure was defined as either a WI-7 score < 21,4 or the patient no longer fulfilling the criteria for severe health anxiety at 3 month follow-up.

PRELIMINARY RESULTS
•14% of the patients also had a Depressive Disorder, 43% an Anxiety Disorder and 64% a Personality Disorder (PD) (Table 2)
•Drop-out from G-CBT of 7% (1 of 14 patients)
•50% of the patients were cured from severe health anxiety (Table 3)
•64% of the patients had a clinical response, and 29% had a large clinical response on WI-7 (Table 3)
•Non-significant mean reduction (56 to 46) of health anxiety on WI-7 (Fig.1)
•Significant mean reduction (34 to 27) of health anxiety on HAI-18 (Fig. 2)
•Significant mean increase (55 to 64) of physical functioning on GAF-F (Fig. 3)

Table 1. Demographic data (No. of patients)
<table>
<thead>
<tr>
<th>Age (mean)</th>
<th>Female</th>
<th>Partner (live together)</th>
<th>Children</th>
<th>Education (max. 2 years)</th>
<th>No employment</th>
<th>Social welfare</th>
<th>Network small (&lt;5 friends)</th>
</tr>
</thead>
<tbody>
<tr>
<td>39 years</td>
<td>64% (9)</td>
<td>71% (10)</td>
<td>57% (8)</td>
<td>57% (8)</td>
<td>64% (9)</td>
<td>57% (8)</td>
<td>50% (7)</td>
</tr>
</tbody>
</table>

Table 2. Clinical data
<table>
<thead>
<tr>
<th>Age at debut of HA (mean)</th>
<th>Duration of HA (mean)</th>
<th>Severe HA &amp; Hypochondriasis (ICD-10)</th>
<th>Medications (SSRI, SNRI)</th>
<th>Anxiety Disorders in total</th>
<th>Panic Disorder</th>
<th>OCD</th>
<th>Depressive Disorders (Dysthymia)</th>
<th>Personality Disorders (PD) in total</th>
<th>Obsessive Compulsive PD</th>
<th>Borderline PD</th>
<th>Unspecified PD (obs. and evasive traits)</th>
</tr>
</thead>
<tbody>
<tr>
<td>30 years</td>
<td>9 years</td>
<td>100% (14)</td>
<td>43% (6)</td>
<td>43 % (6)</td>
<td>21% (3)</td>
<td>21% (3)</td>
<td>14% (2)</td>
<td>64% (9)</td>
<td>14% (2)</td>
<td>14% (2)</td>
<td>36% (5)</td>
</tr>
</tbody>
</table>

DISCUSSION
•G-CBT seems acceptable for patients with severe health anxiety, because of low drop-out of 7%
•G-CBT seems effective for patients with severe health anxiety, because 50% of the patients were cured
•The non-significant mean reduction of health anxiety on WI-7 can be explained by the 5 patients with no-response. 4 of these patients had a PD (2 had a borderline PD), and the 5th patient, who had no PD, was cured before entering G-CBT

Table 3. Outcome from G-CBT
| Cured from severe health anxiety | 50% (7) |
| Response (>=12,5 on WI-7) | 64% (9) |
| Large response (>= 25 on WI-7) | 29% (4) |
| No-response (<12,5 on WI-7) | 36% (5) |

Fig.1.WI-7 outcome (ITT)
Fig.2.HAI-18 outcome (ITT)
Fig.3.GAF-F outcome (ITT)

This Study has no conflicts of interest.