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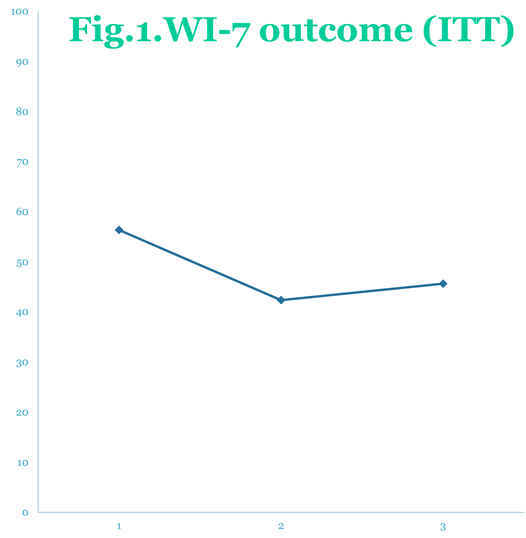

Fig.1.WI-7 outcome (ITT)

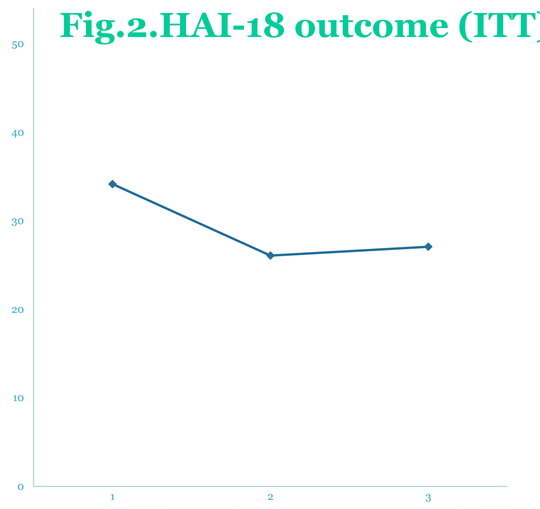

Fig.2.HAI-18 outcome (ITT)

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?

BACKGROUND

No randomised controlled trials of the outcome of classical (2nd wave) cognitive behaviour therapy delivered solely in a group setting (G-CBT) for patients with severe health anxiety (hypochondriasis/ somatic symptom disorder/illness anxiety disorder) has yet been conducted. But it is now being conducted in the CHAG-Trial in The Clinic for Liaison Psychiatry in Koege, Denmark. This poster shows some preliminary results from the Pilot Study for the CHAG-Trial (ClinicalTrials.gov Identifier: NCT02131883).

Aim

Through a Pilot Study to examine the outcome of classical CBT for patients with severe health anxiety (HA) treated solely in a group setting using a newly developed treatment manual. Overall to examine and improve the design and intervention for the CHAG-Trial.

Inclusion criteria

1. Severe health anxiety (dominant mental disorder)
2. Score on WI-7>21,4
3. Age 18-65 years
4. Danish reading and speaking
5. Informed consent

Exclusion criteria

1. Another treatment demanding severe mental disorder
2. Risk of suicide or psychosis
3. Serious somatic disease
4. Dependency of drugs, alcohol or medication.
5. Pregnancy

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.

Assessment

1st clinical assessment before baseline (1st G-CBT session) by interview from the MD responsible for the study using research criteria for severe health anxiety, diagnostic criteria from ICD-10 for general psychopathology and the scale for global assessment of functioning (GAF-F). 2nd clinical assessment by interview from the MD responsible for the study at 3 month follow-up (after booster-session) for GAF-F and cure from severe health anxiety. The self-reporting questionnaires were administered during G-CBT. Intention to treat analysis (ITT) were made from measures at baseline compared to measures 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)

2. 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)

Age (mean)	39 years
Female	64% (9)
Partner (live together)	71% (10)
Children	57% (8)
Education (max. 2 years)	57% (8)
No employment	64% (9)
Social welfare	57% (8)
Network small (<5 friends)	50% (7)

Table 2. Clinical data

Age at debut of HA (mean)	30 years
Duration of HA (mean)	9 years
Severe HA & Hypochondriasis (ICD-10)	100% (14)
Medications (SSRI, SNRI)	43% (6)
Anxiety Disorders in total	43 % (6)
Panic Disorder	21% (3)
OCD	21% (3)
Depressive Disorders (Dysthymia)	14% (2)
Personality Disorders (PD) in total	64% (9)
Obsessive Compulsive PD	14% (2)
Borderline PD	14% (2)
Unspecified PD (obs. and evasive traits)	36% (5)

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)

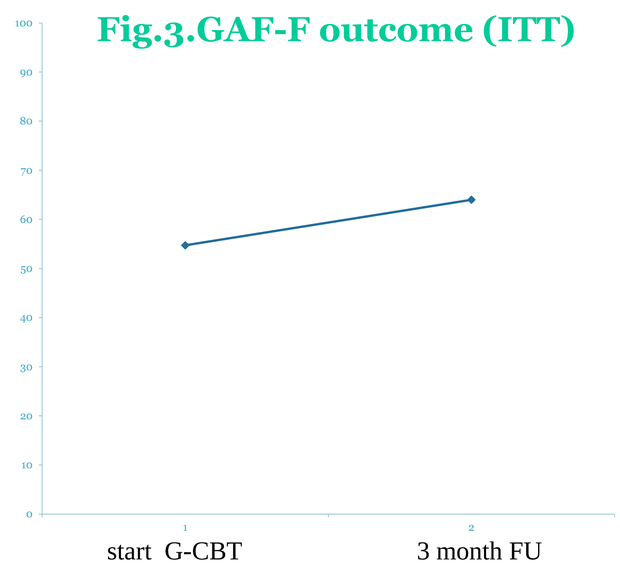

Fig.3.GAF-F outcome (ITT)

This Study has no conflicts of interest.