

The Recognition of Hypochondriasis in General Practice

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In hypochondriasis the patient is pre-occupied with the idea that he is suffering from some serious organic disease, and complains of diverse somatic symptoms for which, on physical examination, no organic basis can be found.

Hypochondriasis may mask various psychiatric syndromes such as schizophrenia, obsessive-compulsive states or depression; sometimes it accompanies some physical disability, such as deafness, or follows a general infection, such as influenza. In the great majority of cases, however, it occurs alone, uncomplicated by the presence of physical illness or mental disorder.

Illustrative Cases.

Many of the symptoms of hypochondriasis may occur during the course of an organic illness. It is, therefore, important for the general practitioner to be familiar with the syndrome of hypochondriasis so that he will not overlook it when he comes across it and will not interpret the ailments of the hypochondriac as belonging to physical illness. In order to facilitate the identification of hypochondriasis, a few illustrative cases recently seen by the writer are given below. The special features that call for attention will then be taken up and discussed separately.

Certain expressions are reproduced in Maltese as uttered by the patients themselves. This has been done for two reasons:—

(1) because they are untranslatable or because if an attempt at translation is made they lose much of their vividness and significance; (2) because in this

way, the reader will familiarise himself with the peculiar language of the Maltese hypochondriac.

Case No. 1. Miss T.C. Onset many months ago with pains in the chest, back and arms; headache; nausea and inability to walk because of pains in lower limbs. Her sleep became disturbed and she developed the idea that she was suffering from T.B. When first seen she complained of "ikkupazzjoni" in the epigastric region, which may come on at any time of the day and may last an hour or days on end; "damd'm" in ears and "debbulizza". In subsequent interviews she said that she had pains in lower limbs, throat and ears; talking made her weak; appetite was poor; there was a feeling of coldness in the legs; "sturdament" and weakness was so great that she could not wash and mend her clothes and cook. She could not even hear Mass on Sundays because of pains in her back. She believes that her condition is due to lack of nourishment "sustanzi" but on the other hand she refrains from eating because "food hurts her head".

Case No. 2. Mrs R.C. Since two years she has been having "tarix" and "rassa" in her stomach, weakness in her legs and pains in all parts of her body — bones, muscles and skin. She also complained of difficulty in breathing, "gas" in the intestines, "sturdament" and "stonku fjakk". These symptoms are not constant but when they disappear they are replaced by others, such as blurred vision, "sikkament frasi", "tingis f'gismi", frequency of micturition, sensation of heat

in the head and coldness in lower limbs, and pains in the veins. She thinks that she is seriously ill and that she must have some lesion in her heart and stomach or intestines or else she is "either too full of blood or anaemic".

Case No. 3. Mr D.F. Onset 10 years ago with pain which started gradually in the left temple and then extended to the whole of the forehead. This pain was accompanied by "ikkupazzjoni" in his head. Neither pain nor "ikkupazzjon" were relieved by rest in bed or analgesics. A few years ago he was referred to S.L.H. for the headache, but he was discharged after a fortnight as no organic cause was found for his complaints. He was admitted a month later because the pain was "unbearable", but he was again discharged from hospital. When seen by me he complained of "uġiegh tremend f'mohhi" and of a feeling of being "haġa mejta". He felt so ill that he was surprised that he was still alive; in fact he had not even got enough energy to moan and weep, and the strength to receive Holy Communion! He holds that his illness is the result of the food restriction of war-time or else it is due to anaemia or shrivelling up of his brain.

Case No. 4. Mr P. V. Since 6 months he has had numbness in the right side of the face, extending to the head on the same side. He feels as if he had "qoxra fuq ohra" in his scalp or as if the right side of the head is swollen. He also complained of "mixi f'rasi", tightness and heaviness in the head, a sensation of "softness" radiating from the right to the left side of the head of "of water collecting in the head" or "of a vein on the point of bursting". He believes that these symptoms are produced by blood or a tumour or "nerv ghajjen" in his head.

The Misuse of Words.

Pain is the commonest symptom which induces a patient to seek medical advice. Since pain may be psychogenic in origin, we find that it figures prominently in

hypochondriasis. If, however, the pain of the hypochondriac is studied closely, it will not be long before the doctor realises that he is not really dealing with the symptom "pain" but with a different sensation. If on the other hand, the physician does not stop to analyse the hypochondriac's "pain" he is bound to form a mistaken opinion as to the real nature of the patient's complaint. It is of the utmost importance to realize that hypochondriacs are very prone to attach meaning to certain words which the latter do not legitimately possess. This is due partly to the patient's ignorance and partly to the fact that he is experiencing new sensations for which there is no exactly corresponding word in the vocabulary of the healthy individual. Hence what appear to be physical ailments must not be taken at their face value if a misdiagnosis is to be avoided. Thus the pain in the chest, back and arms complained of by Case 1 became on closer questioning "fjakk'zza" and "telqa" in her limbs, while the headache turned out to be "hrug" and "toqla" on the top of the head. The temple pains of Case 3 were found out to be "bhal shana u toqla f'rasi", "bhal damdim f'rasi" and "bhal demm miġbur". It is interesting to note how this patient uses a different comparison every time to describe his pain.

Similarly, in other instances, the initial complaint of pain is later on variously described as being "irvellazzjoni f'rasi", "inqwiet f'rasi", "demm ihabbatni", "mohhi niexef" and "tnemnim fil-gilda ta' rasi". Sometimes after the patient has produced these expressions in an effort to better describe his pain, he ends by saying "inhoss affarijiet li ma nistax infissirhom".

"Pain in the stomach" is another tricky phrase, for when the patient is told to describe the pain and when you investigate whether the pain is related to the intake of food or not, the patient answers that what he feels is actually "dwej-

jaq fi-istonku" or "ghoqda" or "tferfir" in the epigastrium.

Another word which is frequently misused by the hypochondriac is "sturdamment" which may stand for anything but a sense of rotation. Thus the complaint of Case 1 changed to "ikkupazzjonj f'ras" when she was asked to state how she felt when "storduta". Other patients qualify it as "hedla f'rasi" and "èpar f'ghajnejja".

"Breathlessness" appears frequently in the hypochondriac's vocabulary. It does not mean dyspnoea, however, but a sensation of tightness in the chest or "dwejjjaq f'sidri" or "ghoqda fi grizmejjja". Occasionally one meets an intelligent patient who adequately describes his "breathlessness" as "in-nifs ma j'tlax mill-ewwel" or "ma nistax nintela bin-nifs meta nipprova niehu nifs fond".

The Description of Symptoms.

The way the patient describes his sensations and feelings is noteworthy. The patient with a physical disorder expresses his complaints in simple and clear-cut phrases such as "pain in the joint", "stiffness", "pruritus", etc. But the sensations of the hypochondriac are so vague and unusual that he resorts to similarities or to a form of paraphrasis in describing them. Case 4 complained of a "qoxra fuq ohra" on his scalp and of a sensation of "water collecting in his head".

Others speak of "dry brain" or "as if their eyes had become sunken in their sockets", or of a feeling "as if they had a worm in the stomach that tickles them" or of impaired vision "as if there were a veil or a bar of iron in front of their eyes" or "bhal haga ippannata f'rasi" or "qiesu ghandi rasi mehjuta min gewwa". Many more examples could be cited but enough has been said to demonstrate the abstruse nature of the subjective manifestations of hypochondriasis and the way they are expressed by the patient.

Intensity of Symptoms.

Hypochondriacs tend to exaggerate the

intensity and severity of their symptoms. While a female patient presents a florid general appearance, she may profess herself to be so weak that she has hardly the strength to walk (Case 1); or else the patient may state that he is so ill that he is surprised that he is still alive (Case 3); the same patient said that he didn't even have the strength to receive Holy Communion. Another patient complained that she was so weak that even the taking of an X-ray sapped the little vitality that had remained.

If there is a pain it is "agonizing and terrible" (cfr. "ugieh tremend f'mohhi" of Case 3); a burning sensation is "unbearable". The patient is certain that no one has ever experienced such an intense headache or throbbing, etc. as he has. Sometimes the patient will say that his vitality is so low that he even lacks the energy to talk, but in spite of this alleged inability he goes on talking uninterruptedly for as long as you will allow him to without feeling any the worse for it.

It is obvious that the hypochondriac's ailments are a caricature of the symptoms met with in organic illnesses.

Grouping of Symptoms.

From the cases reported above, it is apparent that the patient's symptoms are either referred to various parts of the body (Cases 1 and 2) or else predominantly to one part only (Cases 3 and 4). In any case they are always numerous and with no connecting pathological or clinical connecting links, so that when the patient has poured out his chain of complaints it soon becomes evident that they do not "hang together" and do not correspond to any known syndrome or disease with a physical basis. Confirmatory evidence that the patient's symptoms are not the result of an organic lesion is afforded by the absence of correspondence between his complaints and the findings of an exhaustive physical examination, which shows no signs of bodily disorder.

Course of the Illness.

In some cases of hypochondriasis, the patient will date the beginning of his symptoms from the time that he had some minor physical illness. But in many instances no such history of past physical disorder is offered. The patients are rarely seen by the psychiatrist at the onset of their neurosis, so that when they finally reach him they give a history of several months or years duration. During this time they have been to a host of doctors, some of whom have been misled by the patients into a diagnosis of some physical illness such as gastritis or heart disease. Other doctors are baffled by the variety and number of the symptoms presented by the patient. Unfortunately an inadvertent gesture or word expressing doubt on the part of the doctor is enough to make these patients aware of the doctor's dilemma. Such an occurrence is bound to shake their confidence in the medical profession and to increase their prestige in their own eyes and in the eyes of sympathizers.

The range of special investigations to which many hypochondriacs are subjected before the real nature of their illness is detected, has a similar effect. They complain with badly veiled pride that not even the X-ray specialist and the laboratory technician are clever enough to spot what's wrong with them. Sometimes the carrying out of these investigations in hypochondriasis is attended by a different, though equally, undesirable reaction on their part. In his efforts to attach a diagnostic label to his baffling patient, it may happen that the sorely tried physician will give undue weight to some minor variation from the usual norm in an X-ray film or in a blood count or urine examination, and he deceives himself into believing that he has at last clinched the diagnosis. As soon as the patient realizes that something has been found—and these patients have an unlimitable, almost fanatical, faith in X-rays—the

conviction that he does have a physical illness is strengthened to such an extent as to prejudice the outcome of his subsequent psychiatric treatment. This is not to suggest that special investigations have no place in the diagnosis of hypochondriasis, but one must be careful how to interpret the results obtained by this means and how one communicates the findings to the patient. It is important that the patient be given a definite opinion as to the results and the words "suspected so and so" or "doubtful so and so" avoided altogether.

The Patient's Own Diagnosis of His Illness.

By the time an individual makes up his mind to seek medical advice and aid, he has formed some idea as to the nature of his illness. Generally speaking, the way this idea is verbalised varies in the hypochondriac and in the patient with an organic disorder.

The mentally normal but physically ill patient expresses *fear* lest he has such and such a disease, while the hypochondriac will say, with varying degrees of conviction, that he *thinks* that he has heart disease, etc. Besides, while the physically ill patient will evince some *anxiety* about his health, the hypochondriac is not so distressed about his ailments and rather than worry about them, he shows a marked *interest* in his symptoms.

Another characteristic feature is the different attitude that these two types of patients manifest in their approach to the physician. The physically ill patient goes to his doctor with fear in his heart and hoping to be told that there is nothing wrong with him; the hypochondriac, on the other hand, expects his doctor to find some kind of lesion, so much so that when he is told that he is quite healthy he is dissatisfied and does his best to persuade the doctor that there must be some sort of pathological change somewhere in his body. He may go so far as

to confront his doctor with a ready made diagnosis and pathology — "I have a brain tumour" or "I must have gas in my stomach" or "The defect is in my circulation" — and also to suggest the treatment that he needs — "I must have some injections to strengthen me" or "I am certain I need an operation on my stomach".

The reaction of the hypochondriac to treatment is also noteworthy. Thus while the physically ill patient appreciates the doctor's efforts to allay his pains and relieve his discomfort, the hypochondriac turns up for his next visit with "I am just as bad as I was", or, though not so frequently, "The treatment is making me worse". Owing to this critical and nihilistic attitude towards treatment, these patients are dissatisfied with the results of therapy, and in their quest for happiness they go from doctor to doctor and sample the various patent medicines that claim to cure all the ills that flesh is heir to.

Personality of the Patient.

One realizes that the busy general practitioner does not have the time to conduct an exhaustive personality study of his patient, but it is desirable that he should, at least, investigate the personal and family background of his patient for the knowledge thus gained may furnish him

with additional evidence that he is dealing with a case of hypochondriasis.

He will discover that these patients can be classified, roughly into two main groups:— (1) Those that have led an active and useful life and who break down at or after middle age. These are usually fathers and mothers who feel unwanted and neglected by their children and whose illness is an unconscious attempt at regaining a lost position in the family circle. (2) Those who break down earlier in life and who have never "made good". Their past life is one of failure in establishing themselves securely in the labour market and in their social milieu. Their illness is but an expression of their inadequacy and a compensatory effort at ensuring attention and gaining sympathy.

Summary.

Hypochondriasis is missed by the general practitioner: (1) because it presents itself with somatic symptoms and shows no gross manifestations of its real nature in contrast to other forms of neuroses; (2) because of the failure to bear in mind the diagnosis.

This paper aims at calling attention to these features of hypochondriasis and at establishing certain clinical criteria that can help the practitioner in making a correct and early diagnosis of the condition.