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He Is Living In Fear, but Indifferent To COVID-19: A Case Report

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ABSTRACT

Illness anxiety disorder (IAD) or previously known as hypochondriasis in DSM-IV is a psychiatric disorder characterized by excessive preoccupation with acquiring a serious illness. In the midst of COVID-19 pandemic, it could have exaggerated one's pre-existing anxiety symptoms. We intend to report a person with IAD, but indifferent to COVID-19. This is a middle-aged man with multiple medical conditions who often attribute his physical symptoms to malignancy or life-threatening illnesses, resulting in frequent visits to multiple hospitals and consulting many physicians for his physical symptoms. Despite correlations of clinical findings and investigations that revealed no abnormalities as explained by his attending doctors, he was still not assured or convinced, and was often preoccupied with his physical symptoms. This paper aims to highlight the patient's indifferent attitude towards the ongoing pandemic given that his preoccupation towards his physical complaints can be debilitating.

Keywords

Illness anxiety disorder, Hypochondriasis, COVID-19 pandemic, Indifferent.

Introduction

Illness anxiety disorder (IAD) is classified under Somatic Symptoms and Related Disorders in DSM 5 [1]. IAD is characterized by disproportionate, excessive preoccupation with acquiring a serious illness, with or without mild somatic symptoms. It is usually associated with a high level of anxiety concerning one's health status, together with frequent preoccupation of a specific illness. A person with IAD could either perform excessive health checking to seek for repeated reassurance (care-seeking type) or maladaptive avoidance to avoid any health consultation (care-avoidant type) [1]. The diagnosis of IAD and somatic symptom disorder in DSM 5 corresponds to hypochondriasis (HC) in DSM IV previously [2].

In the era of COVID-19 pandemic, it could have exaggerated one's pre-existing mental health condition, particularly disorder of the anxiety spectrum. A person with IAD may exhibit hypervigilance to any somatic symptoms related to the COVID-19 illness [3]. Mental health professionals are anticipating worsening symptoms of IAD due to its nature of illness. However, we intend to present a unique case of IAD, whose clinical presentation has not been influenced by the current pandemic and is indifferent to COVID-19.

Case Report

A 47-year-old single man, previously working as an e-hailing driver who lives with his brother, has multiple medical conditions such as gastritis, diabetes mellitus, hypercholesterolemia, cholelithiasis, gallbladder polyp and hemorrhoids. His illnesses are well controlled and under regular follow ups. He had never undergone any major operation except colonic polyp excision in 2020. He is an ex-smoker but had never abused any illicit drugs. There is no family history of psychiatric illness but a strong family history of medical illnesses. His father who previously suffered from pulmonary tuberculosis and had completed treatment is currently on regular dialysis for kidney failure. The patient sought second opinion at our centre three years ago and was diagnosed with IAD.

For the past 14 years, he had been under different psychiatrists' care. There was no history of psychiatric admissions. He was initially diagnosed with generalized anxiety disorder and prescribed

with multiple antidepressants such as duloxetine, mirtazapine, quetiapine, escitalopram and vortioxetine. However, his anxiety symptoms fluctuated over time without achieving full remission.

On multiple different occasions, he had been complaining of abdominal discomfort, fatigue, muscle tightness, palpitations, chronic cough, cold feet, neck swelling, blood in his stool, and right arm pain respectively. He constantly worried about his own wellbeing as he related these symptoms to serious physical illnesses like malignancies or even heart and kidney diseases. To alleviate his own worrisome thoughts, he would browse through the internet for at least an hour a day to search for medical conditions, which best fit his current symptoms. He would then seek medical advice from respective doctors such as cardiologists, gastroenterologists or general surgeons for further assessment. He preferred to seek consultation in private centres as he felt his symptoms would be addressed promptly and given priority for any investigations needed. Some of the investigations did show abnormalities including Helicobacter pylori infection via oesophagogastroduodenoscopy (OGDS) and lung nodules via computed tomography (CT) for thorax. These findings had further strengthened his compulsion to proceed with medical investigations for his symptoms. Although the treating doctors had explained to him that the abnormalities found were insignificant or disproportionate to his somatic complaints, he was still worried about having undetectable underlying illnesses. The preoccupation of being ill usually made him have poor quality of sleep and feeling uneasy during the daytime. Attempts had been made to provide Cognitive Behavioral Therapy to challenge his own thoughts but his rigid preoccupation with illnesses resulted in termination of the therapy. He was then introduced to Acceptance and Commitment Therapy. He was able to accept his health anxiety issues towards a certain extent but was never in full remission.

His most recent concern was the suspected emergence of esophageal cancer in him as he had been experiencing gastroesophageal reflux and sleep disturbances for six months. He had been visiting multiple gastroenterologists for treatment and during one of his consultations, he was found to suffer from cholelithiasis. He was treated with a course of antibiotics and was even counseled for the cholecystectomy. However, he was ambivalent about proceeding with the surgery. He feared knowing any abnormalities in his blood investigations which will be needed prior to the surgery. There were no complaints of mood and perceptual disturbances throughout his preoccupation with his somatic complaints.

Throughout his illness progress, he had visited multiple medical centers and sought consultations from different clinicians, even to the extent of going through multiple investigations repeatedly including both laboratory and imaging in order to ensure he does not have severe illnesses. He had spent a whopping Malaysian Ringgit (MYR) 50,000 equivalent to USD 11,137.10 (USD 1= MYR 4.49 in March 2023) for the doctors' consultations and investigations over the past 14 years. However, despite his attending doctor's reassurance and also providing evidence of clinical and investigational correlation stating that there were no abnormal findings, he did not seem to be convinced and could not accept his doctors' advice.

In the past three years, he had to bring his ailing father to the hospital for hemodialysis three times per week. It corresponded to the onset of the COVID-19 pandemic with further lockdown (known as Movement Control Order in Malaysia). Despite enforcement of more restrictive standard operational policy, daily news reports about the increasing number of new cases, and the lethality of COVID-19 as reported by multiple media platforms, he did not seem to be affected as much as his current preoccupation with his abdominal discomfort. In his perspective, COVID-19 is a global inevitable issue affecting everyone hence he does not need to worry too much about it. He is neither afraid of the needs of frequent hospital visits nor infected by COVID-19. Furthermore, he had contracted COVID-19 one year ago. At that time, he was neither afraid nor worried about his condition. He was suffered from some upper respiratory symptoms but rather stable. He did not worried of getting long COVID syndrome. He is more petrified of being diagnosed with a particular illness which he justified that he needs to suffer from the burden of the illness alone as compared to the global illness-COVID-19.

Discussion

IAD is a health anxiety disorder where an individual has intense fear of acquiring a serious illness in the absence of somatic symptoms or if present, in mild intensity. The exact prevalence of IAD as defined in DSM-5 is not well-known. Hence, its prevalence is based on previous diagnosis of HC. About 26 to 36% of patients diagnosed with HC in DSM-IV-TR correspond to the diagnostic criteria of IAD in DSM-5 [4]. Individuals with IAD predominantly fluctuated between care seeking and care avoidance type (61%), as compared to care seeking (25%) or care avoidance type (14%) [4]. IAD usually runs a chronic course and its onset of illness is in early to middle adulthood [1]. The specific illness may also change over time. This corresponds to our case, where the patient started to be preoccupied with health anxiety symptoms since adulthood, and the specific illnesses of concern kept changing from one to another.

There are very few unique presentations of IAD that have been reported before. Among all, there is a reported case of IAD with frequent visits to the emergency room (ER) concerning various minor physical symptoms and being preoccupied with any side effects of medication [5]. Due to its nature of illness, individuals with or without anxiety issues may be triggered easily by the COVID-19 situation. There is one IAD being illustrated in response to COVID-19 [6]. In comparison to our case, the patient is aware of his own health anxiety issue, which may not be addressed seriously by the treating clinician. Hence, he would perform his own searches about his symptoms and seek consultation accordingly. Instead of frequent visits to the ER, he would seek different specialty consultations in private sectors according to his problems. To the best of our knowledge, there is no reported data on individuals with IAD who were indifferent to COVID-19 as illustrated in this case.

Amidst of the COVID-19 pandemic, new policies or restrictions had been implemented worldwide. Pre-existing IAD may potentially be exaggerated with the new implementation of precautionary measures [3]. Research had shown that individuals with health anxiety tend to misinterpret or exhibit hypervigilance to their bodily sensation as signs of COVID-19 infection, being over cautious about their physical symptoms, afraid of inadequate medical care available, worried about self and family being infected, or obsessed about effective medication [7-11]. When following up with this patient, we are expecting a similar pattern of exaggerated symptoms. However, to our surprise, the patient did not seem to be worried about anything pertaining to COVID-19 despite the need to go to the hospital more frequently due to his parents' health problems. He also did not have any respiratory concerns related to COVID-19 despite having an insignificant lung nodule detected two years ago.

Conclusion

The unique indifferent attitude towards COVID-19 in this patient with IAD is seldom encountered in clinical practice given the nature of the illness. This paper is aimed at highlighting the patient's indifferent attitude towards the ongoing pandemic given that his preoccupation towards his physical complaints can be debilitating.

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Conflict of interest

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Contributors

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