

Which Dysfunctional Beliefs Uniquely Contribute to Health Anxiety?

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INTRODUCTION

Individuals with severe health anxiety



Fear having or acquiring a serious illness



Worry excessively about their health

(Warwick & Salkovskis, 1990)

Previous Research

- Negative affect and generalized anxiety disorder symptoms are associated with health anxiety
(Lee et al., 2011; Noyes et al., 2003)
- Anxiety sensitivity and somatosensory amplification have been established as contributing to health anxiety
(Barsky et al., 1990; O'Bryan & McLeish, 2017)
- Intolerance of uncertainty and metacognitive beliefs about health have also been recently shown to contribute to HA
(Bailey & Wells, 2014; Deacon & Abramowitz, 2008)
- These factors have not been examined together in a single study

Purpose

The present study examined which beliefs uniquely predict health anxiety after controlling for negative affect and generalized anxiety disorder symptoms

Specifically, we were interested in the unique contribution of intolerance of uncertainty & metacognitive beliefs to health anxiety



METHOD

Sample

Non-clinical undergraduate students ($N = 564$)

- 72.3% Female
- 54.4% Caucasian
- *Mage* = 21.83 years

Participants completed an Online Survey via Qualtrics

Self Report Questionnaires

Dependent Variable:

- **Short Health Anxiety Index (SHAI)**
(Salkovskis et al., 2002)

Beliefs of Interest:

- **Intolerance of Uncertainty Scale (IUS-18)**
(Buhr & Dugas, 2002; Hong & Lee, 2015)
- **Metacognition Questionnaire-Health Anxiety (MCQ-HA)**
(Bailey & Wells, 2015)
- **Cognitive Avoidance Questionnaire (CAQ)**
(Sexton & Dugas, 2008)

Established Predictors:

- **Anxiety Sensitivity Index-3 (ASI-3)**
(Taylor et al., 2007)
- **Somatosensory Amplification (SSAS)**
(Barsky et al., 1990)
- **Symptoms and Outcomes Scale (SOS)**
(Marcus, 1999)

Controlled Variables:

- **Positive and Negative Affect Schedule (PANAS)**
(Watson et al., 1988)
- **Generalized Anxiety Disorder-7 (GAD-7)**
(Spitzer et al., 2006)

RESULTS

	SHAI	IUS-18	MCQ-B	MCQ-I	MCQ-U	CAQ	ASI-3	SSAS	SOS-CAT	SOS-MIN	PANAS-NA	PANAS-PA
SHAI	-											
IUS-18	.45**	-										
MCQ-B	.33**	.34**	-									
MCQ-I	.33**	.21**	.37**	-								
MCQ-U	.51**	.44**	.53**	.34**	-							
CAQ	.37**	.50**	.27**	.22**	.36**	-						
ASI-3	.53**	.58**	.38**	.29**	.45**	.47**	-					
SSAS	.36**	.40**	.15**	.19**	.28**	.36**	.40**	-				
SOS-CAT	.09*	.19**	.18**	.06	.18**	.07	.15**	.11**	-			
SOS-MIN	.10*	.14**	-.23	.01	.13**	.12**	.06	.14**	.22**	-		
PANAS-NA	.55**	.59**	.32**	.20**	.44**	.47**	.59**	.33**	.13**	.11**	-	
PANAS-PA	-.17**	-.20**	.01	-.02	-.06	-.10*	-.18**	-.01	.05	.08	-.15**	-
GAD-7	.49**	.61**	.28**	.19**	.38**	.49**	.55**	.32**	.02	.07	.71**	-.24**

* $p < .05$, ** $p < .001$

Pearson Correlations

Most variables had a moderate-strong correlation with health anxiety (SHAI)

Catastrophic thinking (SOS-CAT & SOS-MIN) and positive affect (PANAS-PA) had weak associations with health anxiety (SHAI)

RESULTS

Variable	<i>R</i>	<i>R</i> ² Change	<i>t</i>	<i>pr</i>
Step 1	.574**	.330**		
GAD-7			3.32	.14**
PANAS-NA			8.20	.34**
PANAS-PA			-1.85	-.08
Step 2	.673**	.123**		
GAD-7			1.51	.07
PANAS-NA			4.78	.21**
PANAS-PA			-2.16	-.09*
IUS-18			-0.36	-.11
MCQ-B			-0.58	-.03
MCQ-I			3.55	.15**
MCQ-U			5.23	.22**
CAQ			0.27	.01
ASI-3			3.52	.15**
SSAS			2.96	.13**
SOS-CAT			-0.48	-.02
SOS-MIN			0.80	-.03

Note. *pr* = partial correlation

p* < .05, *p* < .001

Hierarchical Regression

Unique Predictors of Health Anxiety:



Anxiety sensitivity (ASI-3)



Somatosensory amplification (SSAS)



Metacognitive belief that thoughts can cause illness (MCQ-I)



Metacognitive belief that thoughts about illness are uncontrollable (MCQ-U)



Negative and positive affect (PANAS-NA & PANAS-PA)

Nonsignificant Variables



Intolerance of uncertainty (IUS-18)



Catastrophic beliefs (SOS-CAT & SOS-MIN)



Cognitive avoidance (CAQ)



Metacognitions about biased thinking (MCQ-B)



Generalized anxiety disorder symptoms (GAD-7)

Conclusion & Implications

First study to explore the relationship between health anxiety and both intolerance of uncertainty and metacognitions about health

Also included established dysfunctional beliefs, while controlling for positive and negative affect and generalized anxiety disorder symptoms

Dysfunctional Beliefs That Contribute to Health Anxiety



Anxiety sensitivity



Somatosensory amplification



Metacognitive belief that thoughts about health can cause illness



Metacognitive belief that thoughts about health are uncontrollable

These results indicate that researchers and clinicians may wish to further explore the role of metacognitive beliefs about health in the development and maintenance of health anxiety

