

Background

We examined if metacognitive beliefs about health remain associated with health anxiety (HA) when controlling for obsessive-compulsive disorder (OCD) and anxiety sensitivity

- Dysfunctional metacognitive beliefs about health have been associated with HA, even when controlling for depression, state anxiety, and anxiety sensitivity (Melli et al., 2016)
- OCD overlaps with HA, but OCD symptoms have not been accounted for in prior studies that examined metacognitive beliefs about health (Bailer et al., 2016)

We hypothesized metacognitive beliefs would remain a unique predictor of HA while controlling for anxiety sensitivity and OCD symptoms

Method

400 undergraduates completed online surveys

(*Mage* = 21.0, 72.0% Female, 23.0% Male, 3.8% Non-binary)

Short Health Anxiety Inventory

(SHAI; Salkovskis et al., 2002)

Obsessive Compulsive Inventory-Revised

(OCI-R; Foa et al., 2002)

Anxiety Sensitivity Index-3

(ASI-3; Taylor et al., 2007)

- Physical concerns (ASI-P)
- Cognitive concerns (ASI-C)
- Social concerns (ASI-S)

Metacognitions Questionnaire-Health Anxiety

(MCQ-HA; Bailey & Wells, 2015)

- Thoughts can Cause Illness (MCQ-CI)
- Beliefs about Biased Thinking (MCQ-BT)
- Thoughts about Illness are Uncontrollable (MCQ-IU)

Metacognitive Beliefs Uniquely Predict Health Anxiety, even when Controlling for OCD and Anxiety Sensitivity



Results

Correlations	OCI-R	ASI-P	ASI-C	ASI-S	MCQ-CI	MCQ-BT	MCQ-IU
SHAI	.56**	.68**	.59**	.52**	.38**	.51**	.66**

Regression	R	R ² Change	t	pr
Step 1.	.561	.315**		
OCI-R			13.45**	.56**
Step 2.	.745	.240**		
OCI-R			5.33**	.26**
ASI-P			9.87**	.45**
ASI-C			1.60	.08
ASI-S			2.48*	.12*
Step 3.	.780	.053**		
OCI-R			3.50**	.18**
ASI-P			7.58**	.36**
ASI-C			1.39	.07
ASI-S			1.47	.07
MCQ-CI			-0.49	-.03
MCQ-BT			1.06	.05
MCQ-IU			6.32**	.31**

Note. *pr* = partial correlation. **p* < .05, ***p* < .01.

Discussion

Metacognitions that Thoughts about Illnesses are Uncontrollable predicted HA symptoms, even when controlling for OCD and anxiety sensitivity

A valuable direction for future research could be investigating how ASI-P and MCQ-IU may interact to contribute to HA

Clinicians treating HA may wish to incorporate targeting Thoughts about Illness being Uncontrollable into practice

Abstract & References

Scan here to see the abstract, a copy of the poster, and full references

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