

# COVID-19 Anxiety

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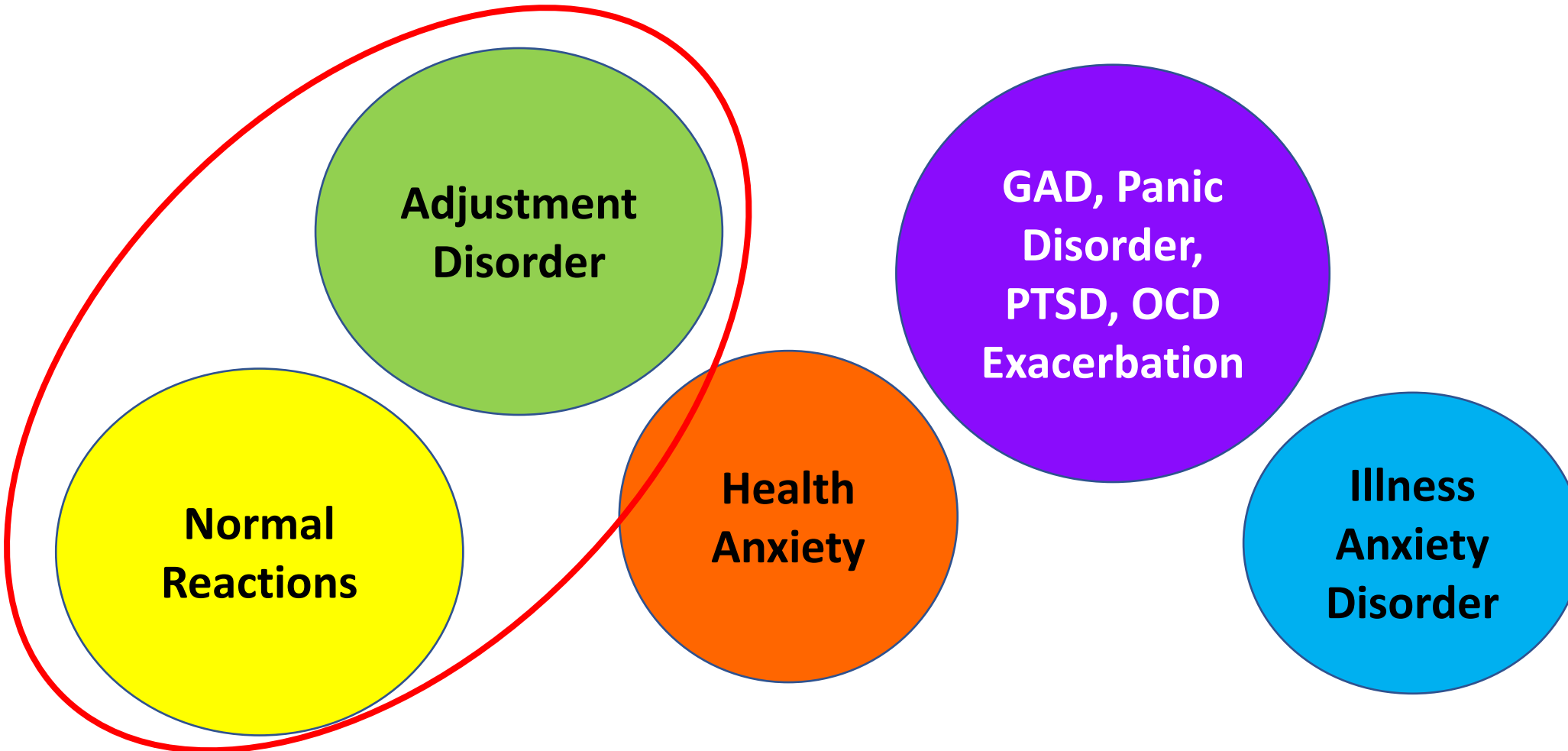
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  - Patients: None

## What are people seeing in response to COVID-19?



## Treatment Approaches - Normal Reactions & Adjustment Disorder

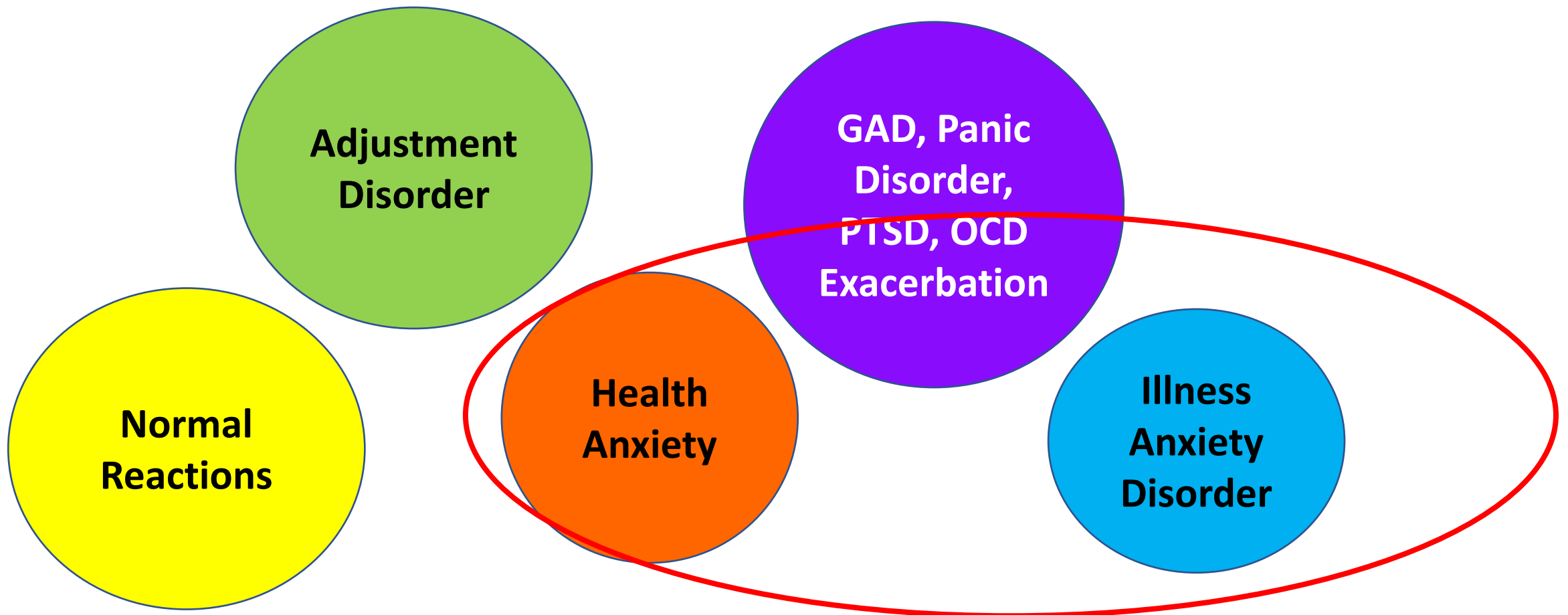
Specific guidance	Number of documents recommending the approach
Minimize the amount media exposure	6 <sup>3-8</sup>
Use trusted sources to access information about the COVID-19 pandemic	6 <sup>3-8</sup>
Connect with friends and family online and via telephone	6 <sup>3-8</sup>
Help and support others in the community	3 <sup>4,5,8</sup>
Practise meditation and mindfulness	3 <sup>3,4,7</sup>
Look after your body: eat healthily/ implement sleep hygiene advice/ exercise regularly	5 <sup>3-6,8</sup>
Avoid unhealthy coping strategies, such as alcohol, smoking tobacco and taking drugs	5 <sup>3-6,8</sup>
Do activities you enjoy	3 <sup>3,4,8</sup>

## COVID19 Pandemic Specific Research

- Zheng, M., Yao, J. and Narayanan, J., 2020. **Mindfulness Buffers the Impact of COVID-19 Outbreak Information on Sleep Duration**
  - Randomized Trial, n=97
  - Mindfulness reduced daily **anxiety**
  - **Sleep duration** of participants in the mindfulness condition was less impacted by the increase of infections in the community than controls

Zheng, M., Yao, J. and Narayanan, J., 2020. Mindfulness Buffers the Impact of COVID-19 Outbreak Information on Sleep Duration. Pre-print published 20 March 2020.

## What are people seeing in response to COVID-19?



## Illness Anxiety – Core Features

- An excessive concern about **acquiring or a preoccupation with having** a serious medical illness
- despite a normal physical examination, negative tests, and reassurance
- Somatic symptoms are minimal or nonexistent

## Illness Anxiety – Management Principles

- Schedule regular visits
- Attempt to establish a collaborative therapeutic alliance with the patient
- Acknowledge health fears
- Communicate and coordinate care with other clinicians
- Evaluate for and treat diagnosable general medical disease

## Illness Anxiety – Management Principles

- Limit diagnostic tests and referrals to specialists
- Reassure patients that serious medical diseases have been ruled out
- Assess for and treat comorbid psychiatric disorders (e.g., anxiety disorders, depressive disorders, and substance use disorders)
- Educate patients about coping with health anxiety
- Explicitly make functional improvement the goal of treatment

# COVID-19 ANXIETY

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# Health Anxiety

### Also in this section

Overview

Looking After Yourself



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For Clinicians



To worry about your health is a normal human experience. Health anxiety refers to the excessive concern that there may be a threat to your health which triggers your anxiety (fight/flight) response. Health anxiety is problematic when it is excessive, out of proportion to the realistic chances of having a serious problem, persists despite negative tests and reassurance from health professionals, leads to excessive unhelpful behaviours such as body-checking and medical test-seeking, and causes you significant distress or impacts on your functioning. Health anxiety can exist in people who are “healthy”, in people who are experiencing real yet unexplained medical symptoms, and in people who have an existing and diagnosed medical condition. In health anxiety the issue is not whether your physical symptoms are real, but whether you are responding to and coping with your symptoms in a helpful or unhelpful way.

Workbook - Helping Health Anxiety



Information sheets - Health Anxiety



Some people with health anxiety can be very attuned to noticing sensations in their body, and may become highly anxious when they notice a change. If this is an issue for you, you might find our [resources about panic attacks](#) helpful.

## Illness Anxiety – Treatment

- First line – Cognitive-behavioural therapy
- Second line – A different psychotherapy
- Third line – Antidepressant medication

## Illness Anxiety – Treatment

### Psychopharmacology

Fluoxetine	2 RCTs, (102,103), 1 open-label trial (20)
Paroxetine	1 RCT (37), 1 open-label trial (104)
Fluvoxamine	1 open-label trial (36)

### Psychotherapy

CBT (individual)	1 meta-analysis (105), 9 RCTs (41,106–112), and 2 open studies (113,114) <i>Mixed HC and elevated HA:</i> 2 meta-analyses (115,116) <i>Elevated HA:</i> 4 RCTs (117–120)
CBT (group)	1 RCT (121) and 2 open trials (122,123)
CBT (Internet-based)	1 RCT (124) <i>Elevated HA:</i> 2 RCTs (125,105) <i>IAD:</i> 1 RCT (126)
ACT (group)	<i>Elevated HA:</i> 1 RCT (124,127)
MBCT	<i>Elevated HA:</i> 1 RCT (128) and 1 open study (50)
Behavioral stress management	<i>Elevated health anxiety:</i> 1 RCT (127)
Explanatory therapy	1 RCT (126)

### Treatment comparisons

Fluoxetine versus CBT	1 RCT; fluoxetine equivalent to CBT, combined treatment superior to either treatment alone (104)
Paroxetine versus CBT	1 RCT; paroxetine equivalent to CBT (39)
Cognitive therapy versus exposure therapy	1 RCT; cognitive therapy equivalent to exposure therapy (114)
CBT versus STPP	1 RCT; CBT superior to STPP (109)

CBT = cognitive behavioral therapy; ACT = acceptance and commitment therapy; MBCT = mindfulness-based cognitive therapy; STPP = short-term psychodynamic psychotherapy; HA = health anxiety; RCT = randomized controlled trials.

All trials, unless otherwise noted, used HC criteria to select participants.

Scarella, Timothy M. MD; Boland, Robert J. MD; Barsky, Arthur J. MD  
Illness Anxiety Disorder,  
Psychosomatic Medicine: June 2019 -  
Volume 81 - Issue 5 - p 398-407

**Don't underestimate the impact of ongoing support from family physicians for all these conditions**

