

Treating Health Anxiety: A Cognitive-Behavioral Approach

by Steven Taylor, Ph.D., and Gordon J. G. Asmundson, Ph.D.
Guilford Press, New York, N.Y., 2004, 299 pages, \$35.00.

Health anxiety, incorporating hypochondriasis, disease phobia, and somatic delusions, is a common issue in primary care. It is disruptive to family members and medical providers as well as to sufferers and results in significant personal and medical costs. *Treating Health Anxiety* is an excellent resource for cognitive-behaviorally oriented psychotherapists who encounter such patients.

Treating Health Anxiety is a comprehensive volume, covering diagnosis, etiological factors, a review of the treatment literature, and a focused treatment approach using the techniques and theory of cognitive-behavioral therapy (CBT). As the authors point out in their literature review, CBT approaches have had the most success in treating health anxiety (with the caveat that few non-CBT controlled trials have been done). In fact, a study published just after this book used similar concepts with significant success.¹

The basic formulation for health anxiety discussed here is as follows: First, predisposing factors, such as earlier learning experiences, lead to the development of maladaptive beliefs about health, body sensations, and one's ability to cope with illness. Second, a trigger situation occurs, usually consisting of a benign body sensation. Humans have bodily sensations all the time (the authors tell their patients that some may have "noisier bodies" than others), but autonomic arousal due to stress or mild illness may contribute as well. After noticing the sensation, the person misjudges the threat and assumes the sensation is indicative of a major health problem. The person then begins to worry and ruminate about the potential disaster of the trigger sensation, and concludes that the trigger sensation is related to some dangerous impending health crisis. This process is then followed by dysfunctional coping strategies, such as eliciting reassurance from trusted others, getting various medical exams, or investigating medical information (especially on the Internet), which reduce anxiety in the short term but don't result in long-term benefit. These strategies fail over the long term because they do not address the underlying cognitive and behavioral styles that get reactivated with each trigger situation.

To break this cycle, the authors focus on cognitive restructuring and behavioral exposure (with response prevention as indicated), and several excellent chapters discuss in detail the procedures to be used. The authors list several techniques drawn from motivational interviewing to enhance treatment engagement. They then discuss a number of classic CBT strategies to elicit and challenge problematic beliefs, including thought records, and include some mindfulness and imagery activities to modify attention. Cognitive changes are bolstered by behavioral experiments designed to gather data on the seriousness of the trigger sensation, and anxious arousal is extinguished through exposure to feared activities (such as introducing physical activity to the person who refuses to exercise for fear of inducing a stroke). Other chapters include stress management concepts and relapse prevention.

Treating Health Anxiety has some limitations. First, the book is written with such a pro-CBT slant that non-CBT practitioners or medication providers may have a negative reaction to the early chapters and never get to the useful treatment section. In addition, the authors' conceptualization of "health anxiety" does not include somatization disorder or some of the other somatoform diagnoses, so treatment options for those patients are

still lacking. Furthermore, the approach requires the cooperation of medical professionals and the patient's support network, which may not be possible to ensure. Finally, the therapeutic strategies represented here are based on physicians' having firmly concluded that the patient's concerns are not supported. Until it is clear that health anxiety is not justified by an actual physical diagnosis, which with some disorders (like multiple sclerosis) can be difficult to determine, a modified version of the approach could be used.

In conclusion, *Treating Health Anxiety* is a valuable summary of background and treatment information on a disruptive condition. It is highly recommended, particularly for the CBT-oriented practitioner.

REFERENCE

1. Barsky AJ, Ahern DK. Cognitive behavior therapy for hypochondriasis: a randomized controlled trial. *JAMA* 2004;291:1464-1470

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Handbook of Essential Psychopharmacology, 2nd ed.

by Ronald W. Pies, M.D. American Psychiatric
Publishing, Inc., Washington, D.C., 2005, 554 pages,
\$65.00 (paper).

This is an outstanding book filled with practical information on the rapidly expanding field of psychopharmacology. In the 6 years since the publication of the first edition of this book, the art and science of psychopharmacology have undergone many changes, with substantial refinements and elaboration. As a practicing clinician and psychiatry educator, I have long enjoyed Dr. Pies' articles and clinical vignettes published in his *Psychiatric Times* columns. I have frequently used his published vignettes as a springboard for discussion with psychiatric residents in supervision. Following in that vein, the *Handbook* is an indispensable guide to the most current information in the rapidly expanding field of clinical psychopharmacology.

This book provides a quick, current, and easily accessible guide to basic facts about current psychotropic agents, including dosages, costs, indications, mechanisms of action, pharmacokinetics, drug-drug interactions, potentiation strategies, and uses in special populations. It is very well written and easily read.

This 5-chapter guide starts with an introductory chapter that equips the reader with a basic understanding of pharmacodynamics and pharmacokinetics. This chapter is then followed by 4 main chapters that cover the 4 main groups of psychotropic medications: antidepressants, antipsychotics, anxiolytics, and mood stabilizers. As this is a single-authored text, there is a consistent format for all 4 chapters; critical information about each class of medications is summarized, including specifics about individual agents. Within the chapters, there are numerous tables and graphs that are easy to follow and very useful for making comparisons and gaining quick clinical information.

At the end of each chapter is a set of questions and detailed answers covering important clinical principles. These are then followed by a set of clinically oriented vignettes/puzzlers that provide the readers with an opportunity to further test their ability to apply clinically the information provided. In addition, there are extensive references for further reading as well as

an appendix of 50 multiple-choice continuing medical education (CME) questions and answers, with credit given by the American Psychiatric Association's Department of CME.

In sum, this is a very practical, clinically useful guide to clinical psychopharmacology. It serves as a useful clinical reference for experienced clinicians, an ideal teaching tool for educators, and a mandatory resource for psychiatric residents.

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**Trance and Treatment:
Clinical Uses of Hypnosis, 2nd ed.**

by *Herbert Spiegel, M.D., and David Spiegel, M.D.*
*American Psychiatric Publishing, Inc., Washington, D.C.,
2004, 545 pages, \$57.00 (paper).*

It was a true pleasure to read the second edition of *Trance and Treatment* by Herbert Spiegel and David Spiegel. Since the publication of the first edition more than 25 years ago, there has been much clinical research and some neurobiological research in the field of hypnosis. The authors have incorporated both and much more. Moving from history to philosophy, psychosomatic medicine, and other clinical topics, the book is a comprehensive, well-written tour de force.

Hypnosis is not presented as a therapy in itself. It is more an adjunct to aid in diagnosis and treatment planning. Rather than something imposed upon patients, all hypnosis is essentially self-hypnosis. This point is emphasized throughout the volume and is buttressed by an existential philosophical position endorsing the freedom of individuals to control much of their therapy.

From the time of Mesmer, hypnotic phenomena have been difficult to characterize and define. The authors make clear their concept of hypnosis' entailing a balance between focal and peripheral awareness, its relationship to personality types that vary in hypnotizability, and the measurability of trance capacity. Various myths about hypnosis are dispelled, such as that hypnosis is only sleep, that it is projected onto the patient, that it can be used only by the doctor, that it leads to symptom substitution after successful treatment, and that it is dangerous.

The technique of hypnosis is described in enough detail that this becomes an eminently practical guide, as well as a scholarly

treatise. Rationale for the test called the Hypnotic Induction Profile (HIP) is presented and is followed by a chapter on administration and scoring of the HIP, including a review of the eye-roll sign for hypnotizability.

Succeeding chapters include fascinating depictions of the personality styles that have emerged from the Spiegels' research, the hypnotic capability of each style (Dionysians have the most, Apollonians have the least, and Odysseans are between these extremes), severe psychopathology indicated by a lack of hypnotizability, and the neurophysiology of hypnosis. Of particular psychobiological interest is that hypnosis seems to alter perceptual processing and involves the anterior cingulate gyrus and the dopamine system.

The largest section of the book deals with treatment themes. The chapter "Formulating the Problem" emphasizes collaboration between patient and clinician in developing an effective treatment strategy. Formulation can lead to restructuring of the problem such that the patient sees it from a new perspective. With harmful, addictive habits, such as smoking, this means less emphasis on injunctions to stop smoking and more on the value to be given to one's body. Ideally, mind and body can find integration in successfully treated patients. The psychotherapeutic approach advanced is neither analysis nor behavior therapy, but it is well suited for concurrent use with hypnosis. Control of weight, anxiety, insomnia, phobias, and pain are presented using this approach. Pain management especially seems to be supported by empirical data. A recent meta-analysis is described wherein a moderate effect size in reduction of pain by hypnosis was found. Hypnotic analgesia is induced and patients concentrate on a competing sensation such as warmth, coolness, tingling, lightness, or heaviness. The "hurt" is filtered out of the pain, and anxiety control is explained to the patient in preparation for practicing self-hypnosis.

The treatment of psychosomatic disorders, conversion symptoms, asthma, and numerous other similar disorders is elaborated in subsequent chapters. Hypnosis is shown to have a significant role to play in consultation-liaison psychiatry, as found in that literature. The authors address effectively the challenge of treating the low hypnotizable patient and how to utilize the technique for diagnostic clarification, as well as treatment. For general psychiatrists and psychopharmacologists, this book provides a wealth of additional clinical tools.

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