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Case Report

A Rare Case of Illness Anxiety Disorder: Fear of Developing Appendicitis

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ABSTRACT

Illness anxiety disorder (IAD) is a psychiatric condition marked by excessive concern about having or developing a serious, undiagnosed medical issue. It is a well-known condition for psychiatrists and most other physicians. However, this diagnosis is often considered in cases such as cancer, multiple sclerosis (MS), or acquired immune deficiency syndrome (AIDS). Regarding IAD, we found a case with a fear of appendicitis, which is very rare and interesting. In this report, we have documented an unusual and rare case of a 31-year-old married woman with a specific fear of developing appendicitis. The patient had overrated thoughts that have interfered with her life. Examinations by surgeons and gastroenterologists have not confirmed anything. Instead, the patient was experiencing a series of psychological issues and mental conflicts. She underwent clinical assessments for evaluation of other possible physical disorders, including irritable bowel disease. Fear of appendicitis can be considered a rare case of IAD, which will create a challenge between gastroenterologists and general surgeons.

Keywords: Illness anxiety disorder, Appendicitis, Hypochondriasis

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INTRODUCTION

Illness anxiety disorder (IAD), previously referred to as hypochondriasis, is characterized by an excessive and disproportionate preoccupation with having or acquiring a serious medical condition. Despite the absence of significant medical findings or the presence of mild somatic symptoms, individuals with IAD experience increased anxiety about their health, often leading to frequent medical consultations, self-examinations, and constant reassurance-seeking behaviors. This persistent fear significantly impairs daily functioning and quality of life (1).

The disorder, classified within the broader spectrum of somatic symptoms and related disorders in the DSM-5, affects approximately 1-10% of the general population, though its true prevalence may be underreported due to overlap with other anxiety disorders. While the etiology of IAD is not fully understood, it is believed to involve a combination of cognitive, emotional, and behavioral factors. Cognitive models suggest that individuals with IAD may misinterpret benign bodily sensations as signs of severe illness, reinforcing a cycle of health-related anxiety (2).

Understanding the clinical presentation and underlying mechanisms of IAD is critical for developing effective interventions. Treatment typically involves cognitive-behavioral therapy (CBT) aimed at addressing maladaptive health beliefs and reducing reassurance-seeking behaviors (3). Pharmacological interventions, particularly selective serotonin reuptake inhibitors (SSRIs), have also shown efficacy in managing the anxiety symptoms associated with IAD (4). Despite these treatment options, many patients continue to experience chronic symptoms, highlighting the need for continued research into more targeted therapies and early detection methods.

CASE REPORT

Patient Case Overview

The case involves a 31-year-old woman who came in for a psychiatric evaluation after being referred by a psychologist. She had developed a strong fear of appendicitis, which started when she learned about her cousin's experience with the condition. As time went on, her fear grew more intense and became difficult to manage. She often felt persistent pain in the right lower side of her abdomen, especially during her menstrual cycle. The patient never had an appendectomy, so stump appendicitis was not a concern in her case.

Psychological and Behavioral Manifestations

The patient described having extreme beliefs and behaviors caused by her phobia. She explained that her fear of potentially getting appendicitis had led her to make significant changes in her daily life. For instance, she avoided common activities like napping, exercising after breakfast, and wearing tight clothing.

Emotional and Social Impact

The patient often felt overwhelming sadness and signs of a depressed mood. Her preference for solitude and frequent crying spells underscored her distress. It was difficult to communicate about her condition because she was hesitant to share her fears with others. Despite maintaining a generally positive relationship with her spouse and his family, she experienced moments where she perceived their presence as unbearable.

Medical Assessments and Family History

The patient had experienced somatic symptoms, including constipation, weight loss, and hair loss, and vegetative symptoms such as insomnia. A thorough medical evaluation ruled out irritable bowel syndrome. The patient's preoccupation with her health concern led to a reported decrease in attentiveness to her daily responsibilities. Although she exhibited a tolerance for blood tests, she had a strong dislike for injections, particularly in the dorsal region of her body. Her physical, neurological, and gastrointestinal assessments showed no abnormalities. Laboratory tests confirmed these results, all falling within normal ranges. The patient denied any history of sexual abuse and reported no significant family history of mental health disorders. Additionally, there was no indication of malingering or financial motives related to her symptoms.

Progress and Prognosis

Follow-up assessments showed some signs of recovery, but her irrational thoughts continued to be present. There was a concern that her escalating fears may eventually lead to an apprehension of more severe conditions, such as gangrene or appendiceal perforation.

Therapeutic Approach

The cornerstone of her treatment was a multifaceted support system encompassing familial, social, and therapeutic elements, complemented by cognitive-behavioral therapy, which focused on helping her cope with and reduce her irrational fears related to her specific phobia.

DISCUSSION

The case of a 31-year-old woman with a fear of appendicitis adds a novel dimension to the spectrum of IAD, which is typically characterized by an irrational, excessive worry

about having a serious illness despite having little or no symptoms. Her case is particularly intriguing as it not only involves a rare subject of IAD but also presents with somatic symptoms that mimic the feared condition itself. The patient had no history of appendectomy, and stump appendicitis was not considered for her.

This case highlights the complex interplay between psychological factors and physical symptoms in IAD, particularly when the fear is centered on a specific condition like appendicitis. The patient's intense fear of developing appendicitis, despite the absence of any medical evidence, underscores the profound impact that psychological distress can have on physical well-being.

The patient's avoidance behaviors, such as refraining from napping, exercising after breakfast, and wearing tight clothing, are indicative of the maladaptive coping mechanisms often seen in IAD. (5). These behaviors can significantly impair daily functioning and quality of life. Cognitive-behavioral therapy (CBT) has been shown to be effective in addressing these maladaptive behaviors by helping patients reframe their irrational thoughts and gradually confront their fears (6).

Similar studies have also reported the effectiveness of CBT in treating IAD. For instance, a review by Kikas et al. emphasized the role of CBT in reducing health anxiety and improving coping mechanisms (5). Another study by Higgins-Chen et al. demonstrated the benefits of integrating CBT with medical care to minimize reassurance-seeking behaviors (6).

The emotional toll of IAD is evident in our patient's symptoms of depression and social withdrawal. The reluctance to share her fears with others further exacerbates her isolation and distress. Social support and family involvement are crucial components of the therapeutic approach, as they provide the patient with a sense of security and understanding (7). Encouraging open communication within her support network can help alleviate some of the emotional burden. A study by Lebel et al. found that health anxiety and illness-related fears are prevalent across various chronic illnesses, highlighting the importance of addressing these fears to improve patients' emotional well-being (7).

While the patient showed some signs of recovery, the persistence of irrational thoughts indicates the chronic nature of IAD. Continuous monitoring and follow-up are essential to prevent the escalation of fears to more severe conditions, such as gangrene or appendiceal perforation. Long-term therapeutic strategies, including ongoing CBT and possibly pharmacotherapy, may be necessary to manage the patient's anxiety and prevent relapse.

The multifaceted support system, encompassing familial, social, and therapeutic elements, is a cornerstone of effective treatment for IAD. In particular, The CBT has been instrumental in helping the patient cope with and reduce her irrational fears. Future treatment plans should continue to focus on these elements, with an emphasis on enhancing the patient's coping mechanisms and resilience.

In the context of our patient, it is important to note that the differential diagnosis did not include malingering. Malingering refers to the deliberate exaggeration or feigning of symptoms for external gain. Unlike factitious disorders, where the gain is a psychological secondary benefit, malingering involves the intentional production or exaggeration of physical or psychological symptoms. Factitious disorder was not also considered for this patient. Factitious disorder involves intentionally feigning or exaggerating symptoms for psychological reasons, often seeking attention or assuming a "sick role." However, in this case, the patient did not simulate symptoms or engage in deceptive behavior. Instead, her fear centered around the development of appendicitis, which is distinct from factitious disorders (8).

In the study of IADs, most research focus on well-known fears, like those related to cancer, multiple sclerosis (MS) and Acquired immunodeficiency syndrome (AIDS). However, this case report highlights a lesser-known type of fear: a fear of a medical condition that is unlikely to affect the patient. The rarity of fear related to appendicitis presents a challenge for healthcare professionals. They must differentiate between pain caused by psychological factors and pain stemming from a physical condition.

Similar studies have documented cases where patients present with chronic abdominal pain that is initially attributed to common conditions like irritable bowel syndrome or even misdiagnosed as tropical infectious diseases, only later to uncover an underlying chronic appendicitis (9). Another case report discusses amebic appendicitis, a rare etiology of appendicitis, which highlights the importance of considering unusual causes in the differential diagnosis (10). These cases emphasize the complexity of diagnosing abdominal pain and the need for a thorough evaluation to avoid misdiagnosis.

This case report adds to our understanding of IAD by highlighting a rare case of fear related to appendicitis. It emphasizes the need for thorough assessments to distinguish between psychological and physical sources of abdominal pain. Additionally, it shows that CBT can be effective in treating these disorders. Future research should investigate the causes of rare IADs further and assess the long-term effectiveness ofDifferent types of treatments .

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CONFLICT OF INTEREST

The authors declare that the research was conducted without any commercial or financial relationships that could be construed as a potential conflict of interest.

ETHICAL APPROVAL

Current study was approved by Shahid Sadoughi University of Medical Sciences ethics committee, Yazd, Iran with code of IR.SSU.REC.1403.086. Also the patient's consent was obtained.

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