



Contents lists available at ScienceDirect

Journal of Behavior Therapy and Experimental Psychiatry

journal homepage: www.elsevier.com/locate/jbtep



Treatment acceptability and preferences for managing severe health anxiety: Perceptions of internet-delivered cognitive behaviour therapy among primary care patients



Joelle N. Soucy, M.A., Heather D. Hadjistavropoulos, Ph.D. *

Department of Psychology, University of Regina, Regina, Canada

ARTICLE INFO

Article history:

Received 25 October 2016

Received in revised form

26 January 2017

Accepted 17 February 2017

Available online 20 February 2017

ABSTRACT

Background & objectives: While cognitive behaviour therapy (CBT) is an established treatment for health anxiety, there are barriers to service access. Internet-delivered cognitive behaviour therapy (ICBT) has demonstrated effectiveness and has the potential to improve access to treatment. Nevertheless, it is unknown how patients perceive ICBT relative to other interventions for health anxiety and what factors predict ICBT acceptability. This study investigated these questions.

Methods: Primary care patients ($N = 116$) who reported elevated levels of health anxiety were presented three treatment vignettes that each described a different protocol for health anxiety (i.e., medication, CBT, ICBT). Acceptability and credibility of the treatments were assessed following the presentation of each vignette. Participants then ranked the three treatments and provided a rationale for their preferences.

Results: The treatments were similarly rated as moderately acceptable. Relative to medication and ICBT, CBT was perceived as the most credible treatment for health anxiety. The highest preference ranks were for CBT and medication. Regression analyses indicated that lower computer anxiety, past medication use, and lower ratings of negative cognitions about difficulty coping with an illness significantly predicted greater ICBT acceptability.

Limitations: Health anxiety was not assessed with a diagnostic interview. Primary care patients were recruited through a Qualtrics panel. Patients did not have direct experience with treatment but learned about treatment options through vignettes.

Conclusions: Medication and CBT are preferred over ICBT. If ICBT is to increase treatment access, methods of improving perceptions of this treatment option are needed.

© 2017 Elsevier Ltd. All rights reserved.

1. Introduction

Severe health anxiety is a chronic and debilitating psychological problem, characterized by the fear that one has or will acquire a serious illness (Warwick & Salkovskis, 2001). In an attempt to reduce anxiety that is evoked by illness-related triggers (e.g., experiencing certain bodily sensations; Warwick & Salkovskis, 1990), individuals with severe health anxiety frequently request medical tests and procedures (Hart & Björgvinsson, 2001). Consequently, health anxiety is associated with increased health care use and, in turn, inflated societal costs (Fink, Ornbol, & Christensen,

2010). Given that prevalence rates reach as high as 20% in medical outpatient clinics and the personal and societal costs associated with the condition (Tyrrer et al., 2011), effective and accessible treatments for managing symptoms of severe health anxiety are required.

Cognitive behaviour therapy (CBT) and selective serotonin reuptake inhibitors (SSRIs) are promising approaches to treating severe health anxiety (for a review, see Taylor, Asmundson, & Coons, 2005). Nevertheless, barriers to service access are evident in clinical practice limiting the number of individuals who seek help for severe health anxiety. Long waiting periods, geographical constraints, stigma associated with treatment use, and high treatment costs have been identified as barriers to accessing psychological treatments (e.g., Sunderland & Findlay, 2013), and poor compliance and negative side effects have been acknowledged as limitations of

* Corresponding author. 3737 Wascana Parkway, Regina, SK, S4S 0A2, Canada.
E-mail address: hadjista@uregina.ca (H.D. Hadjistavropoulos).

pharmacological treatments (Taylor & Asmundson, 2004). Providing therapy over the Internet may address treatment barriers and provide clients who are uncertain about their need for psychological treatment a safe method for accessing services.

One approach to delivering treatment online is Internet-delivered cognitive behaviour therapy (ICBT), which involves sharing CBT techniques used in face-to-face therapy through structured web-pages (Andersson, 2010). To date, the efficacy of ICBT for severe health anxiety has been demonstrated in several randomized-controlled trials (i.e., Hedman et al., 2011, 2014, 2016). For example, Hedman et al. (2011) found that participants who received 12 modules of ICBT, with minimal therapist contact (i.e., on average, 9 min per week via a secure online forum), reported substantial reductions in health anxiety relative to no treatment controls following completion of the program and at 6-month follow-up. Furthermore, Hedman et al. (2014) established that ICBT was significantly more efficacious than Internet-delivered behavioural stress management at post-treatment, with gains maintained at 6-month follow-up. These findings are comparable to results from randomized-controlled trials examining the efficacy of face-to-face CBT for severe health anxiety (e.g., Olatunji et al., 2014).

Despite evidence suggesting that ICBT is an efficacious treatment for severe health anxiety, other factors may influence treatment uptake and adherence if ICBT were to be available on a wider scale. Diller, Brown, and Patros (2013) underscore the importance of investigating treatment preference among clients, as patients may not adhere to the protocols of interventions that are effective but regarded as unacceptable. In support of this assertion, research suggests that ICBT credibility is significantly associated with larger improvements in symptoms of health anxiety (Hedman, Andersson, Lekander, & Ljotsson, 2015). To date, one research team has investigated the acceptability of treatments for severe health anxiety among individuals seeking help for the problem. Walker, Vincent, Furer, Cox, and Kjernisted (1999) recruited 23 individuals with hypochondriasis who were interested in participating in a pharmacological or a psychological treatment study, with assignment to either treatment partly determined by participants' preferences. Participants were first presented with descriptions of the protocols, including advantages and disadvantages, then asked to rate their acceptability and predicted effectiveness and to rank the treatments in order of preference. Relative to medication, CBT was rated as more acceptable ($d = 1.23$) and was expected to be more effective in the short- ($d = 0.61$) and long-term ($d = 1.13$). Moreover, three-quarters of the sample selected CBT as the treatment of choice, with only 4% having a preference for medication. Findings reported by Walker et al. (1999) indicate that CBT is perceived as an acceptable and effective treatment for severe health anxiety in comparison to medication, at least among those who are seeking treatment for severe health anxiety.

It remains unclear how individuals with severe health anxiety perceive ICBT and more importantly, if the service would be broadly accepted if offered in clinical practice. The only empirical evidence regarding the acceptability of ICBT for health anxiety comes from examination of attrition rates in the randomized-controlled trials for health anxiety. For example, Hedman et al. (2011) reported that out of the 40 participants assigned to the ICBT condition, 35% completed the 12-module treatment. Given that lack of time was cited as the main reason for withdrawing, it is possible that the participants perceived ICBT as acceptable, but could not commit due to time constraints. Examining the acceptability of ICBT is an important next step in understanding its potential as a treatment option for health anxiety.

Also recognized as important for advancing uptake of mental

health services is identifying predictors of treatment acceptability, which may afford mental health workers the opportunity to identify groups that are likely to be more or less interested in ICBT (Hazlett-Stevens et al., 2002). In the ICBT literature, Schneider and Hadjistavropoulos (2014) found that initial interest in ICBT for chronic pain was associated with lower levels of computer-related anxiety as well as being female. Symptom severity has also been identified as an additional factor related to ICBT adherence and interest, although the direction of the relations has varied across studies. In some instances, higher symptom severity (Schneider & Hadjistavropoulos, 2014) and in other instances lower symptom severity (Gun, Titov, & Andrews, 2011) is related to adherence and interest in ICBT. Beyond these variables, it is quite possible that specific health-related cognitions and safety-seeking behaviours related to health anxiety could be predictive of interest in ICBT. From a theoretical perspective, for instance, it could be that elevated reassurance seeking or lack of trust in medical providers would be a predictor of interest in ICBT.

In order to assist with implementation efforts, the present study was designed to understand whether ICBT is perceived as an acceptable treatment for severe health anxiety among primary care patients and to determine whether specific factors influence perceptions of ICBT. Given that individuals who are health anxious are known to seek treatment initially from physicians (Hart & Björngvinsson, 2001), the study focused on examining acceptability of and preference among primary care patients (defined as patients who reported a recent visit to a physician). The study included individuals with and without self-reported medical conditions as research shows that both groups can experience significant health anxiety (e.g., Janzen-Claude, Hadjistavropoulos, & Friesen, 2014). In particular, the aims were to answer the following three research questions: (1) is ICBT perceived by primary care patients as an acceptable and credible treatment for severe health anxiety relative to face-to-face CBT or medication?; (2) how do primary care patients rank ICBT for health anxiety as a treatment option compared to face-to-face CBT and medication?; and (3) what are variables that predict ratings of ICBT acceptability?

Given that individuals with health anxiety have been found to seek reassurance online by comparing their perceived symptoms to those described on the Internet (Abramowitz, 2008), it was predicted that ICBT would be seen as an acceptable and credible method of receiving treatment comparable to face-to-face CBT and greater than medication. The predicted ratings of acceptability and credibility across the vignettes were hypothesized to correspond with rank ordering of the three treatments, with face-to-face CBT and ICBT emerging as the preferred interventions. Lastly, given the exploratory nature of the third research question, no directional hypotheses were made regarding predictors of ICBT acceptability with the exception that being female and reporting lower levels of computer anxiety were hypothesized to predict greater ICBT acceptability.

2. Method

2.1. Participants and recruitment

Participants were recruited through Qualtrics Panel System (Qualtrics, Provo, UT). Qualtrics Panel System is an online survey platform that offers access to a plethora of individuals across North America with diverse backgrounds who are interested in contributing to research. It has become a popular recruitment method for researchers interested in assessing attitudes and perceptions (e.g., Bertrand, Sen, Otake, & Lee, 2014; Rolison, Hanoch, & Miron-Shatz, 2012; van Wagenen, Magnusson & Neiger, 2015), and is advantageous as it gives access to a broader more representative national

متن کامل مقاله

دریافت فوری ←

ISIArticles

مرجع مقالات تخصصی ایران

- ✓ امکان دانلود نسخه تمام متن مقالات انگلیسی
- ✓ امکان دانلود نسخه ترجمه شده مقالات
- ✓ پذیرش سفارش ترجمه تخصصی
- ✓ امکان جستجو در آرشیو جامعی از صدها موضوع و هزاران مقاله
- ✓ امکان دانلود رایگان ۲ صفحه اول هر مقاله
- ✓ امکان پرداخت اینترنتی با کلیه کارت های عضو شتاب
- ✓ دانلود فوری مقاله پس از پرداخت آنلاین
- ✓ پشتیبانی کامل خرید با بهره مندی از سیستم هوشمند رهگیری سفارشات