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PREVALENCE OF HEALTH ANXIETY IN OUTPATIENTS AT PUBLIC AND PRIVATE HEALTHCARE FACILITIES IN KABUL, AFGHANISTAN

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Abstract

This study examined the prevalence of health anxiety among patients attending general outpatient departments in both public and private hospitals in Kabul. To facilitate this investigation, the Health Anxiety Questionnaire (HAQ), originally developed by Lucock and Morley (1996), was translated and adapted into Urdu to cater to the linguistic needs of the population. The reliability and validity analyses affirmed that the Urdu version of the HAQ is a standardized instrument for assessing health anxiety in this demographic. In the second phase of the research, 176 patients were sampled, with ages ranging from 21 to 60 years (M = 44.93; SD = 8.44). Data was collected through a demographic information sheet and the Health Anxiety Questionnaire. Statistical results indicated that most patients experienced moderate levels of health anxiety. Notably, women reported higher levels of anxiety related to their health compared to men, particularly in terms of health concerns, preoccupation with illness and death, reassurance-seeking behavior, and the impact on daily life. The findings suggest a need for integrating psychological assessments and interventions when addressing physical health complaints among patients.

INTRODUCTION

Health anxiety is defined by excessive worry and concern over one's health, often accompanied by the belief that one is suffering from a chronic illness or disease. Individuals with health anxiety tend to misinterpret bodily sensations and are preoccupied with fears of serious medical conditions (Abramowitz et al., 2007). It is a prevalent issue reported by patients attending primary healthcare facilities, arising from a range of contributing factors (Gedik et al., 2023). When health anxiety is linked to dysfunctional beliefs and excessive health-related behaviors, it can become maladaptive, leading to personal distress and societal costs (Asmundson & Fergus, 2019). The consequences of health anxiety can include psychological distress, impaired functioning, and overutilization of healthcare services (Lee et al., 2015).

Among young individuals, health anxiety is associated with increased distress, impaired daily functioning, and a higher likelihood of seeking excessive healthcare, often co-occurring with emotional disorders (Rask et al., 2024). In the post-COVID-19 era, health anxiety has become a widespread concern, driven by heightened fears of illness (Tyrer, 2020). Health anxiety shares similarities with illness anxiety disorder and somatic symptom disorders, as outlined in the Diagnostic and Statistical Manual of Mental

Health Disorders (Bailer et al., 2016). Persistent health worries are often referred to as health anxiety or hypochondriasis (Taylor & Asmundson, 2004, as cited in Melli et al., 2018). The prevalence of health anxiety in the general population ranges from 6% to 13%, with an increasing trend among the elderly (Creed & Barsky, 2004). In Pakistan, studies have found a notable presence of hypochondriacal concerns among medical students (Zahid et al., 2016; Mehmood & Yasin, 2023). Health-related anxiety may be part of broader mental health disorders, contributing to significant distress (Fava et al., 2006). It is recognized as a mental health condition that affects an individual's personal, social, and occupational functioning and can lead to somatic health issues (Berge et al., 2016).

Health anxiety reflects an individual's thoughts and behaviors regarding their health and how they perceive potential threats. While a certain level of health concern can be adaptive, excessive anxiety can be detrimental (Tene et al., 2020, as cited in Jungmann & Witthöft, 2020). In today's digital age, individuals often turn to the internet to seek reassurance about their health, a practice that has replaced traditional methods such as reading medical books (Brown et al., 2019; Singh & Brown, 2014). Uncontrolled thoughts, particularly related to physical complaints, are often predictive of health anxiety symptoms, overshadowing other disorders such as depression and generalized anxiety (Meili et al., 2018). Chronic focus on physical symptoms can exacerbate anxiety, impair daily functioning, and contribute to greater distress. Previous research has highlighted the role of both physical and mental health conditions in the development of health anxiety (Aziz et al., 2023).

This study was designed to assess health anxiety among patients with various physical complaints. To achieve this, an Urdu version of the Health Anxiety Questionnaire (HAQ) was developed to ensure better understanding and accurate responses from participants. The primary objectives of this research are:

1. To standardize the Urdu version of the Health Anxiety Questionnaire (HAQ).
2. To estimate the prevalence of health anxiety among general medical outpatients with physical health complaints.
3. To examine gender differences in health anxiety among general medical outpatients.

****Methodology****

****Sample****

Initially, a sample of 50 participants (25 males and 25 females) was selected from the general outpatient departments of public and private hospitals in Faisalabad to estimate the reliability of the translated questionnaire. For confirmatory factor analysis, 150 patients were included in the study. To assess the prevalence and gender differences in health anxiety, a final sample size of 176 patients (88 males and 88 females) was selected using convenience sampling. These patients, aged between 21 and 60 years (M = 44.93; SD = 8.44), were all suffering from various physical complaints such as headaches, persistent coughs, body pain, fluctuating blood pressure, and general weakness, but had not been diagnosed with any chronic diseases. They were frequent visitors to general physicians for their ongoing health concerns.

Instruments

Personal Information Sheet, covering demographic characteristics and physical complaints participants were suffering from, was used to have required information. Then, another instrument Health Anxiety Questionnaires (HAQ), developed by Lucock and Morely (1996) was used to examine health anxiety. It consisted of 21 items which have been divided into four subscales naming a) Health Worry and Preoccupation, b) Fear of Illness and Death, c) Re-assurance Seeking Behavior, and d) Interference with Life. All these items are scored on 4-point likert scale (Not at all or rarely = 0, Sometimes =1, Often =2, Most of the time = 3). Internal consistency of Original/English

version is .92, whilst test-retest reliability is .87. Authors also have reported good discriminate validity of this measure that based on cognitive-behavioral model explaining health anxiety.

Procedure

Following steps have been taken to complete the present study

A. Translation of the Health Anxiety Questionnaire (HAQ)

For translation and validation purpose, three copies of Health Anxiety Questionnaire (HAQ) copies were given to three different subject experts who translated the measure into Urdu. Afterwards, translated versions were given to other three different experts who translated back them in English. Having received 3 different sets of both English and Urdu versions, closeness of the concepts and appropriateness of the item writing were checked by comparing original English version with translated English version. In last, with the help of seventh expert, most appropriate items from three different Urdu versions were selected for the final draft of HAQ.

B. Determining Reliability of Health Anxiety Questionnaire (HAQ)

Final Urdu draft of Health Anxiety Questionnaire (HAQ) was administered on fifty participants (n =50) taken from general outpatient departments of public and private sector hospitals to check the application of translated version. Reliability of Urdu version was determined through Cronbach's alpha.

RESULTS

Table 1: Summary of Internal Consistency among Items of Urdu Version of HAQ

Measure	K	A	M	SD
Health Worry and Preoccupation	8	.75	1.42	.15
Fear of Illness and Death	7	.79	1.33	.09
Re-assurance Seeking Behavior	3	.59	1.36	.18
Interference with Life	3	.79	1.16	.10
Health Anxiety	21	.83	1.34	.16

Summary of Cronbach's alpha (**Table: 1**) indicated good internal consistency among items of the full questionnaire (**α** = .83). On the other hand, alpha value ranged from .59 to .79 on all four subscales of HAQ. Items allocated to the subscales were also found to be internally consistent with each other proving the HAQ Urdu version as reliable measure for examining health anxiety.

Determining Validity of Health Anxiety Questionnaire (HAQ)

Before computing the Bartlett 'test and KMO, further one hundred participants were selected from the general OPD of the same hospitals. In that way, further analysis was done on total one hundred and fifty participants (n =150) to determine HAQ Urdu version as valid measure.

Results:

Table: 2 Summary of Bartlett's and KMO pertaining to Urdu Version of HAQ

Scale	KMO	X^2	Df	P
Health Anxiety Questionnaire (HAQ)	.76	1043.07	210	.000

Bartlett 'test and KMO determined the suitability of applying confirmatory factor analysis on translated version of HAQ that is evident by the value of KMO (.76) with (X^2 =1043.07, df = 210, p =.000). In last, confirmatory factor analysis was done for validation purpose.

Table 3: Summary of Confirmatory Factor Analysis

Item No	Factor 1	Factor 2	Factor 3	Factor 4
HWP4	.710			
HWP7	.696			
HWP18	.682			
HWP9	.660			
HWP1	.627			
HWP6	.616			
HWP11	.603			
HWP8	.580			
FID16		.770		
FID17		.730		
FID15		.628		
FID14		.594		
FID10		.535		
FID2		.492		
FID3		.450		
RSB5			.757	
RSB13			.612	
RSB12			.589	
IWL20				.835
IWL19				.779
IWL21				.769
Eigen Value	5.486	2.277	1.399	1.764
% Variance	26.122	10.842	6.660	8.400

Factor 1: Health Worry and Preoccupation **Factor 2**: Fear of Illness and Death

Factor 3: Re-assurance and Seeking Behaviour **Factor 4**: Interference with Life

Validity analysis was done with confirmatory factor analysis (**Table:3**). Factor loading on all items (allocated to four subscales) of Urdu Version of HAQ ranged from .450 to .835 which seemed satisfactory. Eigen values, greater than 1 on four subscales respectively, retained the items, while observations noted on all four factors of Urdu version HAQ and its theoretical constructs found to be statistically correlated.

Discussions

For meeting the present objectives, first HAQ was translated and standardized by determining reliability and validity. Health Anxiety Questionnaire (HAQ-21) sounds reliable and valid instrument to assess the problem of health anxiety in Pakistan as well. Full questionnaire along with subscales demonstrated good internal consistency in respect to all of its items (Table: 1). Studies from other societies also reported Cronbach's alpha value (α = 0.92; α = 0.87) for Koren and Arabic version of HAQ respectively (Hwang et al., 2018; Taha 2021). In the context of test construction and use, Cronbach's alpha is recommended as a significant test to determine the items related internal consistency (Cortina, 1993). Confirmatory factor analysis revealed the present model of Urdu version of HAQ reasonably fit to be

applied on the participants whose first language is Urdu (Table: 3).

Urdu version of HAQ seemed fit to assess the health anxiety among patients having physical problems as evident by the prevalence and gender comparison made among them. Most of the participants experienced moderate level of health anxiety in terms of healthy worry and preoccupation, fear of illness and death, re-assurance and seeking behaviour and interference with life (Table: 4). However, females significantly suffered more from health anxiety than males (Table:5). The present findings specified females with more concerns regarding their physical health. As the basis of health anxiety, measured by HAQ, lies in cognitive-behavioural model of analysis, therefore, it can be interpreted that beliefs and thoughts people having regarding health are cogent determinants of their anxiety. Accordingly, dysfunctional beliefs, experience of illness symptoms and allied consequences constitute healthy anxiety (Lucock & Morely, 1996). Participants, especially females, in the present study, made negative interpretation of their bodily complaints, with the help of dysfunctional beliefs, that might have induced more apprehension and worry related to health. A previous study also has shown the connection of metacognition beliefs such as: biased thinking and uncontrollable thoughts related beliefs with cyberchondria and as well as health anxiety cyberchondria (Nadeem e t al., 2022). In adults, disturbance also occurs owing to the anxious ruminations pertaining to the physical complaints they have (Fink et al., 2004). Women suffer more from anxiety and depression as compared to men (Shawon et al., 2024). In both disorders, negative thinking and beliefs contribute a lot.

Women of the present study experiencing health anxiety might have more worrying thoughts and took actions accordingly than men. They seemed to interpret their bodily complaints as the indication of having serious illness. Somatic sensations are misinterpreted and considered as underlying problem (Tenne et al., 2020). Probably, because of these underlying factors, gender difference in health anxiety was emerged among present sample.

Conclusion

Health Anxiety Questionnaire (HAQ)-Urdu is also a reliable and valid instrument to examine the anxiety pertaining to health status. People with bodily complaints experienced health anxiety in terms of health worry and preoccupation, fear of illness and death, re-assurance and seeking behavior and interference with life. However, females experienced more health anxiety than male counterparts. Females are more likely to interpret their apparent physical symptoms as the indication of having serious illness or disease.

Limitations and Recommendations

Besides, translation and standardization of research instrument, examination of prevalence and gender difference were the focus of present study excluding correlates from the circle of investigation. Role of other demographics (e.g, age, socio-economic status, marital status, family illness history, etc.) were also out of scientific discussion. Future researchers should examine the problem of health anxiety considering essential contributing factors and correlates as well.

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