

Guideline 11: Hypochondriasis

11A. Diagnosis of Hypochondriasis^{Question 9}

The features that the experts considered most important in diagnosing hypochondriasis in an older patient agree closely with the DSM-IV criteria. The experts considered persistent fears of having a serious disease that persist despite appropriate medical evaluation and reassurance the most important discriminating feature. The presence of multiple medically confirmed problems was not considered important in ruling out the diagnosis.

(bold italics = features rated “extremely important” by at least 50% of the experts)

Most important discriminating features	Also consider
<p><i>Persistent fears of having a serious disease based on a misinterpretation of bodily symptoms</i></p> <p><i>The preoccupation persists despite appropriate medical evaluation and reassurance</i></p> <p>Although the person may not recognize that the concern is excessive, the belief is not of delusional intensity (as in delusional disorder)</p>	<p><i>(None)</i></p>

11B. Selecting Treatments for Hypochondriasis^{Question 23}

There was no first-line consensus among the experts on the most appropriate treatment for hypochondriasis. High second-line options they would consider are supportive therapy, CBT, or an antidepressant. The experts did not recommend the use of an antipsychotic to treat hypochondriasis.

Preferred	Also consider
<p><i>(None)</i></p>	<p>Supportive therapy</p> <p>CBT</p> <p>An antidepressant</p>