Has Cyberchondria Become a Medical Trend to Concern the Healthcare Community?

Karil Davidson

In an age with an abundance of information available to us via the internet, there has been a growing medical trend towards self-diagnosis that has been termed "cyberchondria." Have you ever used the internet to research your symptoms and self-diagnose? There are a vast number of websites available to provide medical information in layman's terms, eager to lead us to our own medical conclusions. The information in this research paper will explore the safety and effects of this trend, along with related effects on the healthcare community. It will provide the answer to the question: "Has Cyberchondria Become a Medical Trend to Concern the Healthcare Community?" Background information will be presented to indicate the depth of self-diagnosis in our society, and around the world.

By human nature alone, a person using internet symptom checkers, will most likely choose to believe the worst case scenario (Markoff, 2008). What follows then is a tendency towards anxiety. For some, this can be normal and motivate a person to visit their physician. For others, it jump starts an abnormal cycle of searching and escalating anxiety which equates to obsession. Cyberchondriacs are so consumed with their compilation of information, that they convince themselves that every little bump, itch, cough or headache is the symptom of a terminal disease. The obsession can become so severe that the activity of online searching interferes with normal day-to-day life.

As early as the 1990s, it was obvious to people in the medical community that there was an increase in the use of health-information websites. The term cyberchondria was first used publicly in 2001 in a BBC News story. This new trend was observed, not only in the United Kingdom, but in other countries. Starcevic & Berle (2013) describe cyberchondria as going "viral," arguing that "A view that cyberchondria defines the times in which we live is embodied in a decision to declare it one of Webster's New World Dictionary's words of the year." They note some reasons for using the internet for medical information are that it is free (or low cost), anonymous, quick, avoids embarrassment, and gives a sense of empowerment (Starvcevic & Berle, 2013).

Cyberchondria can refer to anyone responsibly looking for health information on the internet, or to an anxiety related disorder (Aiken, Kirwan, Berry & O'Boyle, 2015). More often the term refers to the latter. Similar to hypochondriacs, cyberchondriacs possess the same symptoms, but use the internet to try to relieve their anxiety. Instead of relieving it, the information available only

escalates their anxiety, adding fuel to the flame. Cyberchondria can have dangerous health risks. Without a physician's knowledge, a patient will stop taking potentially life-saving medication after reading online information about its side effects. Segal (2012) writes, "lately, my patients have been making unilateral decisions … they have not been consulting with me, their doc, prior to changing or stopping their medications or other treatments." This creates a very dangerous health risk, often with fatal results. There are several ways to avert and/or treat cyberchondria, for example: patients can discuss their concern with a physician and have regular checkups; view only credible websites; distract themselves from health concerns; and limit time on the internet. Cognitive behavior therapy may also help to treat the disorder (Crane, 2014).

  Furthermore, the medical profession must respond to this trend to improve patient outcomes. In healthcare, providers follow two major principles. The first principle involves respect of the patient's autonomy (self-determination), and the second is based on the patient's well-being. The positive aspect to online medical searches by a patient is that it enhances the patient-physician relationship. Sometimes the patient has very good information and the physician and patient can review the information together, as a partnership in treatment. Internet resources are often used by physicians during an appointment for immediate access to medical research, medical journals, case studies, or treatment plans. In such cases, the patient becomes more proactive in their medical care (MacPhail, 2015). In other cases, online medical searches create roadblocks in the patient-physician relationship. They arrive at their appointments with their anxiety, their presumed diagnosis and stacks of printouts from their online research. The physician must try to reduce their anxiety, explain the information and alleviate concerns. The patient may still insist they are ill, demand more time with the physician and insist on unnecessary diagnostic tests. If the tests are negative, patients may lose faith in the physician and seek a second opinion (Moyer, 2012).

  While it is important and encouraging that the patient take an active role in his/her treatment, how much of the information online is accurate? This has created a new role for the physician, to teach their patients that to be self-empowered, they first need to ensure their online information sources are reliable and trustworthy. In "Self-diagnosis," Jake Miller (2015) writes that according to research, "symptom checkers are part of a larger trend of both patients and practitioners using online platforms…to aid the diagnosis and triage of patients." The research, funded by the U.S. National Institute of Health, revealed a large variation in the accuracy of online symptom checkers. The symptom checker websites that provided the most accurate diagnosis included: Isabel, iTriage, Mayo Clinic, and Symcat (Miller, 2015). It was concluded that although web-based symptom checkers may get it wrong, sometimes they can help guide seriously ill patients to find needed care. To determine which sites are trustworthy, and which are misleading, or inaccurate, there are some questions to ask: who wrote the article? When was it written, or updated? Who reviews the information? Does the website provide a privacy policy? Sometimes a website address may indicate its trustworthiness (National Institute on Aging, 2015).

In conclusion, it is apparent that cyberchondria is a trend that does in fact affect the healthcare community. Along with positive factors of knowledge, empowerment, and improved patient-physician relations, there are negative factors to be addressed. People with unexplained symptoms, real or imagined, are vulnerable and become an open target for cyber quackery (Segal, 2014). Many internet users who are responsible in their web searches question the integrity of the website, and discuss the results with their physicians. For other cyberbondriacs, it is an extremely negative experience, causing an escalation of anxieties and difficulties in the flow of physician-patient dialogue. It is important for the patient to realize that the internet can never replace the physician. The internet cannot perform a clinical evaluation, and cannot ask the patient pertinent questions in order to reach a diagnosis. The internet does not know the patient, cannot make in-person observations, and does not care about the patient or their health.

References

Aiken, Mary, Kirwan, Grainne, Berry, Mike, O'Boyle, A Claran (2012). The Age of Cyberchondria. *Royal College of Surgeons in Ireland Student Medical Journal*; 5:717.

Crane, Kristine (2014) Cyberchondria: How the Internet Can Afflict Your (Mental) Health. *U.S. News and World Report*. Retrieved from http://health.usnews.com/health-news/patient-advice/articles/2014/06/16/cyberchondria-how-the-internet-can-afflict-your-mental-health.

MacPhail, T. (2015).WebMD knows Best? How the digital era is changing the way we make medical decisions. *Slate.* Retrieved from http://www.slate.com/articles/technology/future_tense

Markoff, J. (2008) Microsoft Examines Causes of 'Cyberchondria'. The New York Times. Retrieved from http://www.nytimes.com/2008/11/25/technology/internet/25symptoms.html?_r=0

Miller, J. (2015). Self-diagnosis on Internet not always good practice. *Harvard Gazette.* Retrieved from http://news.harvard.edu/gazette/story/2015/0

Moyer, C.S. (2012). Cyberchondria: the one diagnosis patients miss. *American Medical News* Retrieved from http://www.amednews.com/article/20120130/health

National Institute on Aging. (2015). *Online health information: can you trust it?* U.S. Department of Health and Human Services. Retrieved from https://www.nia.nih.gov/health/publication/online-health-information

Segal, S. (2012). Establishing, Managing, and Protecting Your Online Reputation: A Social Media Guide for Physicians and Medical Practices. Retrieved from http://www.kevinmd.com/blog/2012/02/saving -patients-internet-health

Starcevic, V., & Berle, D. (2013, February). Cyberchondria: Towards a better understanding of excessive health-related Internet use. *Expert Review of Neurotherapeutics 13*(2), 205. Retrieved from Academic OneFile.