

(REVIEW ARTICLE)



Cyberchondria and Dental practitioners: A review

Ibrahim Fazal *

Department of Periodontology, Faculty of Dental Sciences- Ramaiah University of Applied Sciences, Bangalore, Karnataka, India.

International Journal of Biological and Pharmaceutical Sciences Archive, 2022, 04(01), 021–024

Publication history: Received on 01 June 2022; revised on 20 July 2022; accepted on 22 July 2022

Article DOI: <https://doi.org/10.53771/ijbpsa.2022.4.1.0073>

Abstract

Cyberchondria or Internet Derived Information Obstruction Treatment (IDIOT) is the unfounded escalation of concerns about common symptoms based on review of search results and literature online. Self-diagnosis based on information obtained from the Internet can be hazardous to your health. Laymen lack the necessary education and training to make accurate diagnosis, unlike dental professionals. There are also subtleties in diagnosing oral problems that only dentists and other dental professionals are aware of. The cyber platform nature is imprecise, and the information provided may vary from one website to next. Relying on forums is even worse because most of these provide with incorrect information. Even if the article or blog post appears to be legitimate, it is insufficient because in self-diagnosing, there is a risk of trivializing or exaggerating the symptoms you are experiencing due to personal bias. Those experiencing persistent or recurring symptoms, as well as excessive anxiety, can seek professional assistance.

Keywords: Internet Derived Information Obstruction Treatment; Cyberchondria; Dental Professional; IDIOT syndrome; Mindful based Cognitive Therapy

1. Introduction

Patients are gradually using the internet to self-diagnose their health and dental conditions, with Dr. Google being many people's first port of call when they have a health problem. Patients who conduct internet searches about their health conditions may or may not be less anxious about treatment and may be well informed about their treatment and outcome options. Some people experience increased anxiety as a result of internet searches and may develop Cyberchondria. This can cause healthy people to become prejudiced to doubt and to experience increased anxiety about their health. As a result, it is critical for dental professionals to be open to listening to information patients find online and to respond in an open, non-judgmental, and positive manner in order to build rapport with patients while also establishing yourself as the dental expert with the correct information your patients require [1].

During the pandemic, access to online information was especially important for providing patient education and information virtually when face-to-face care was limited. In-person health appointments are ideal for detailed explanations, discussions, and more time for consideration of multiple factors, including the patient's medical health. Many services, including dental care, now provide video or phone consultations. These can help to ensure that information is easily accessible for patients who need to clarify questions or discuss information they found online.

Due to anxiety, some people may choose to avoid visiting the dental office in person and instead use Dr. Google or even virtual consultations. It is critical to convey the patients that nothing can replace in-person care because there is a risk of missing oral health conditions, which can have serious consequences.

* Corresponding author: Ibrahim Fazal

Department of Periodontology, Faculty of Dental Sciences- Ramaiah University of Applied Sciences, Bangalore, Karnataka, India.

1.1. Definition

Numerous definitions of cyberchondria have been proposed and they all include unnecessarily or repeated online searches for health-related information and anxiety about health [2].

IDIOT syndrome is also recognized by means of cyberchondria, and expands with 'Internet Derived Information Obstruction Treatment'. When a person blindly trusts the information provided on the internet, and stops treatment, it is called cyberchondria, or IDIOT (Internet Derived Information Obstruction Treatment) Syndrome [3].

1.2. Triggering Factors for Cyberchondria

Triggers for cyberchondria can come from a variety of sources, ranging from single traumatic events to chronic unmanaged stresses [4].

- Bad experience with a dental/medical professional that caused a lack of trust and confidence in dental/medical professionals
- Prone to anxiety in general
- Heightened awareness of bodily sensations
- Close relative affected by cyberchondria
- History of chronic or acute trauma or tragedy
- Requiring more attention from family members or friends
- Long-term unmanaged stress
- Any significant life stressors

1.3. Signs and Symptoms of Cyberchondria

The main characteristics of cyberchondria are that the person is concerned about having a serious illness despite having only minor (EMADS) or no symptoms [5].

- E: Excessive time used to search online
- M: Mistrust of medical professionals whose advice could be obtained in person.
- A: A compulsive, unwanted searching for information
- D: Distress caused by the searching behavior, including worry and panic
- S: Seeking reassurance from a qualified person or source.

1.4. Coping Strategies for Cyberchondria

Adjusting to cyberchondria necessitates self-compassion and a willingness to respond to health anxiety in novel ways [6] those who have persistent or recurring symptoms or excessive anxiety can seek professional help. In addition to seeking professional assistance, there are numerous coping skills that can help you get through a cyberchondria episode.

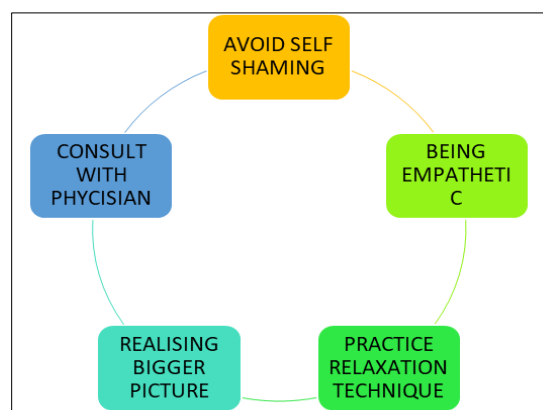


Figure 1 Coping Strategies for Cyberchondria

1.4.1. Avoiding Self Shaming

Many people with cyberchondria are embarrassed or embarrassed about their tendency to believe they have a serious illness. This awkwardness can exacerbate anxiety and even worsen physical, stress-related symptoms.

1.4.2. Be Empathetic to Yourself

Health-related fears are more likely to cause a panic attack. Such fears can be difficult to comprehend, but they are valid emotions.

1.4.3. Using Relaxation Techniques:

Self-taught relaxation techniques such as deep breathing exercises, guided imagery, muscle-tension relaxation exercises, among others are far more effective in dealing with Cyberchondria.

1.5. Seeking Professional help

Psychologists, psychiatrists, and social workers are among the healthcare professionals who can diagnose and treat cyberchondria. To rule out underlying physical causes, the individual should consult their primary care physician first. If the doctor notices any significant symptoms, he or she may refer you to a medical specialist.

It is possible to suffer from both cyberchondria and a legitimate medical condition. This can happen when a person's anxiety about a medical condition outweighs the severity of the illness [7] following treatment of any presenting symptoms, the primary care physician will most likely refer the patient to a mental health specialist. That provider will make recommendations regarding the type of therapy that will be beneficial.

1.6. Helping out a Cyberchondriac

- Encouraging them to speak up about real problems.
- Encouraging to seek help from mental health professionals.
- Provide the services of a skilled therapist.
- Remind them yourself of therapist appointments.
- Recognize that online surfing is a common occurrence.
- According to PEW data, 61 percent of the population has done some online research⁷.

2. Cyberchondria and Related Conditions: Treatment Options

The effectiveness of psychotherapy for the symptom known as "health anxiety" has been studied. The following are some types of therapy that have been proven to be effective in treating health anxiety.

2.1. Therapy for Rational Emotive Behavior

Rational Emotive Behavior Therapy can help you learn to respond appropriately to body's harmless or ambiguous signals. Distraction techniques are taught to patients in order to help them refocus on thoughts unrelated to their health anxiety or symptoms. They are also taught relaxation techniques to help cope with their anxiety and its physical manifestations [8].

2.2. Pharmacotherapy

Medications such as selective serotonin reuptake inhibitors (SSRIs) have proven to be effective in treating the obsessive thoughts associated with Cyberchondria and Anxiety Disorder. The similarity between Cyberchondria/Illness Anxiety Disorder and OCD serves as the foundation for this treatment [9]

The same medications that are used to treat OCD may also be used to treat the obsessive and compulsive aspects of cyberchondria.

2.3. Mindfulness Based Cognitive Therapy:

Mindfulness Based Cognitive Therapy (MBCT) has been shown to be an effective supplement to "usual services" for patients suffering from health anxiety.

Patients who received MBCT in addition to standard care had significantly lower health anxiety than those who received only standard care [10]. This improvement was visible both immediately after treatment and at a one-year follow-up assessment

3. Conclusion

Internet information could be phrased as double edged word. No online resource can replace a visit to the dentist, but it can be a useful tool for collaboration between the dental team and the patient to help improve oral health.

Patients should seek professional help rather than using Dr. Google because there is a high risk that they will misdiagnose themselves, purchase inappropriate drugs, or use home remedies for treatment without having all of the facts. When seeking medical assistance, the Internet should not be your first port of call; rather, it should be used to gather additional information about your dental condition after it has been properly diagnosed by your dentist.

Compliance with ethical standards

Funding

No Funding from any external sources.

References

- [1] Bound F. Hypochondria. *The Lancet*. 2006 Jan 14;367(9505):105.
- [2] Starcevic V, Berle D: Cyberchondria: an old phenomenon in a new guise? in Aboujaoude E, Starcevic V (eds): *Mental Health in the Digital Age: Grave Dangers, Great Promise*. New York, Oxford University Press. 2015; 106-117.
- [3] Belling C. *A condition of doubt: The meanings of hypochondria*. Oxford University Press; 2012 Jun 28.
- [4] Gillespie RD. *Hypochondria*. Routledge; 2018 Jan 16.
- [5] McElroy E, Shevli M. The development and initial validation of the Cyberchondria Severity Scale (CSS). *Journal of Anxiety Disorders*. 2014; 28(2): 259-265.
- [6] MS Balaji, R Ramya, CD Keshavamurthy, HC Chandrashekhar, Maithi D. A BREVILOQUENT REVIEW ARTICLE ON IDIOT SYNDROME. *INTERNATIONAL JOURNAL OF SCIENTIFIC RESEARCH*. 2022; 11(3): 1-2.
- [7] Lovas DA. Mindfulness-Based Cognitive Therapy for Severe Health Anxiety or Hypochondriasis. In *Mindfulness-Based Cognitive Therapy 2016* (pp. 105-111). Springer, Cham.
- [8] Williams MJ, McManus F, Muse K, Williams JM. Mindfulness-based cognitive therapy for severe health anxiety (hypochondriasis): An interpretative phenomenological analysis of patients' experiences. *British Journal of Clinical Psychology*. 2011 Nov;50(4):379-97.
- [9] Jeffers AJ, Benotsch EG, Green BA, Bannerman D, Darby M, Kelley T, Martin AM. Health anxiety and the non-medical use of prescription drugs in young adults: A cross-sectional study. *Addictive behaviors*. 2015 Nov 1; 50:74-7.
- [10] McManus F, Surawy C, Muse K, Vazquez-Montes M, Williams JM. A randomized clinical trial of mindfulness-based cognitive therapy versus unrestricted services for health anxiety (hypochondriasis). *Journal of consulting and clinical psychology*. 2012 Oct;80(5):817.