UNDERSTANDING YOUR DIAGNOSIS

Health Anxiety

Also called Illness Anxiety Disorder

Your fear of being seriously ill is real and exhausting - not imaginary. This is one of the most treatable conditions there is.

HOW COMMON	OFTEN STARTS	TREATABLE	YOU ARE NOT ALONE
About 1 to 5 in 100 adults	Early to middle adulthood	Yes - therapy works well	Millions of US adults

What this is

- Start here: this is real. The fear you feel, and the sensations you notice, are not made up and not a character flaw.
- Health anxiety means worry about having a serious illness takes over, even after tests keep coming back clear.
- It is not faking, and it is not attention-seeking. Your body's alarm system is stuck on the illness channel.
- Nobody is saying it is all in your head. Anxiety happens in the body too: racing heart, tight gut, sore muscles.

What it can look and feel like

- You spend hours worrying about cancer, heart disease, or some other illness you fear you already have.
- You check your body often: pressing lymph nodes, taking your pulse, or studying moles, marks, and lumps.
- You search symptoms online and end up far more frightened than you were before you started looking.
- You ask family or doctors for reassurance, and the relief it brings lasts only hours or a few days.
- Or the opposite happens: you avoid doctors and scans entirely, because you cannot face hearing bad news.
- Hearing about someone else's illness or death can set the worry off for days or even weeks afterward.
- The worry crowds out work, sleep, and time with people, and those closest to you feel worn out too.

What is happening in your brain and body

- Your brain predicts danger from ordinary body signals. It weighs old fears more heavily than fresh evidence.
- The amygdala, the brain's alarm, fires fast, and the calming front part of the brain struggles to switch it off.
- Anxiety itself creates real sensations: a pounding heart, upset stomach, tight muscles, tingling, and dizziness.
- Those sensations then look like proof of disease, which raises the fear, which makes still more sensations.
- Serotonin, a brain chemical that steadies mood and worry, is involved. That is why certain medicines help here.

What can make it more likely

- Growing up with serious illness in the family, or with a very worried parent, teaches this pattern early.
- A missed or late diagnosis in someone you love makes it much harder to trust reassurance afterward.
- Anxiety and obsessive-compulsive disorder run in the same families and share genes with health anxiety.
- Not being able to tolerate uncertainty is the engine. No test can ever promise you will never get sick.

What to expect

- Left alone, this tends to come and go for years, often flaring after a health scare or a stretch of big stress.
- With treatment, most people improve a great deal. **Therapy** shows large gains that still hold a year later.
- Recovery means living well while some uncertainty remains, not finally reaching total certainty about your health.
- Progress usually starts with cutting the checking and searching, and the worry quiets down after that.

What helps

Treatment works. Most people get better.

Talking therapies

- **Cognitive behavioral therapy** is the first choice, usually 6 to 16 sessions, with strong and lasting results.
- **Exposure and response prevention** helps you sit with the worry without checking, searching, or asking again.
- Behavioral experiments show how checking itself creates sensations, which beats arguing about test results.
- **Mindfulness-based therapy** changes your relationship to scary thoughts instead of trying to disprove them.
- Online **therapy** with a therapist checking in works about as well as meeting in person and is easier to get.

Medicines

- **SSRIs** such as fluoxetine or sertraline are first line. Give one at least 12 weeks for a fair, honest trial.
- Starting low helps, because you watch body sensations closely and side effects can feel alarming at first.
- Higher doses, like those used for obsessive-compulsive disorder, are often needed. Your prescriber sets this.
- An **SSRI** plus **therapy** works better than either one alone for severe or long-standing health anxiety.
- Avoid sedatives such as benzodiazepines. They ease worry briefly and make the fear stronger over time.

Everyday things that help

- Agree with your doctor on scheduled check-ins and a clear testing plan, so visits stop depending on fear.
- Stop searching symptoms online. Delete the apps and bookmarks; that search never ends in real reassurance.
- Set a shrinking reassurance budget with family: fewer questions each week, agreed together and kindly.
- Keep your normal screenings and vaccines on schedule, especially if you have been avoiding doctors.
- Sleep, movement, and less caffeine lower your baseline anxiety, which makes body sensations quieter.

Get help right away if

- If you think about ending your life, call or text **988** now, or go to the nearest emergency room.
- Call 911 for chest pain with sweating, trouble breathing, or sudden weakness or slurred speech.
- Tell your care team if worry has stopped you eating, sleeping, working, or leaving the house.

Questions to ask your care team

- *How do we decide together which tests I need and which I do not?*
- *Can you help me set a reassurance plan with my family?*
- *Would therapy, medicine, or both work best for me right now?*
- *How long should I wait before we know this medicine is helping?*

Where this information comes from

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NOTE

Sources are listed in APA 7th edition style. This handout is general health information, not medical advice, and it does not replace talking with your own doctor, therapist, or prescriber. Medicine choices and doses are decided with your prescriber. If you are in danger or thinking about hurting yourself, call or text 988 in the United States, or go to your nearest emergency room.