

DIAGNOSTIC CRITERIA
OF
HYPOCHONDRIASIS

The ICD-10 defines hypochondriasis as follows:

A. Either one of the following:

- A persistent belief, of at least six months' duration, of the presence of a minimum of two serious physical diseases (of which at least one must be specifically named by the patient).
- A persistent preoccupation with a presumed deformity or disfigurement (body dysmorphic disorder).

B. Preoccupation with the belief and the symptoms causes persistent distress or interference with personal functioning in daily living, and leads the patient to seek medical treatment or investigations (or equivalent help from local healers).

C. Persistent refusal to accept medical advice that there is no adequate physical cause for the symptoms or physical abnormality, except for short periods of up to a few weeks at a time immediately after or during medical investigations.

D. Most commonly used exclusion criteria: not occurring only during any of the schizophrenia and related disorders (F20–F29, particularly F22) or any of the mood disorders (F30–F39).

The DSM-IV defines hypochondriasis according to the following criteria:

- A. Preoccupation with fears of having, or the idea that one has, a serious disease based on the person's misinterpretation of bodily symptoms.
 - B. The preoccupation persists despite appropriate medical evaluation and reassurance.
 - C. The belief in Criterion A is not of delusional intensity (as in Delusional Disorder, Somatic Type) and is not restricted to a circumscribed concern about appearance (as in Body Dysmorphic Disorder).
 - D. The preoccupation causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.
 - E. The duration of the disturbance is at least 6 months.
 - F. The preoccupation is not better accounted for by Generalized Anxiety Disorder, Obsessive-Compulsive Disorder, Panic Disorder, a Major Depressive Episode, Separation Anxiety, or another Somatoform Disorder.
- In the fifth version of the DSM (DSM-5), most who met criteria for DSM-IV hypochondriasis instead meet criteria for a diagnosis of somatic symptom disorder (SSD) or illness anxiety disorder (IAD).



Saddam Hussein was a severe hypochondriac. He would have doctors check him every two or three days and was known to react to a small cut or bruise as if he were going to die.

CLASSIFICATION

The classification of hypochondriasis in relation to other psychiatric disorders has long been a topic of scholarly debate, and has differed widely between different diagnostic systems and influential publications.

In the case of the DSM, the first and second versions listed hypochondriasis as a neurosis, whereas the third and fourth versions listed hypochondriasis as a somatoform disorder.

The current version of the DSM (DSM-5) lists somatic symptom disorder (SSD) under the heading of "somatic symptom and related disorders", and illness anxiety disorder (IAD) under both this heading and as an anxiety disorder.

The ICD-10, like the third and fourth versions of the DSM, lists hypochondriasis as a somatoform disorder. The ICD-11, however, lists hypochondriasis under the heading of "obsessive-compulsive or related disorders".

There are also numerous influential scientific publications which have argued for other classifications of hypochondriasis. Notably, since the early 1990s, it has become increasingly common to regard hypochondriasis as an anxiety disorder, and to refer to the condition as "health anxiety" or "severe health anxiety".

ETYMOLOGY

Among the regions of the abdomen, the hypochondrium is the uppermost part. The word derives from the Greek term ὑποχόνδριος hypokhondrios, meaning "of the soft parts between the ribs and navel" from ὑπό hypo ("under") and χόνδρος khondros, or cartilage (of the sternum). Hypochondria in Late Latin meant "the abdomen".

The term hypochondriasis for a state of disease without real cause reflected the ancient belief that the viscera of the hypochondria were the seat of melancholy and sources of the vapor that caused morbid feelings.[self-published source?] Until the early 18th century, the term referred to a "physical disease caused by imbalances in the region that was below your rib cage" (i.e., of the stomach or digestive system). For example, Robert Burton's *The Anatomy of Melancholy* (1621) blamed it "for everything from 'too much spittle' to 'rumbling in the guts'".

Immanuel Kant discussed hypochondria in his 1798 book, *Anthropology*, like this: The disease of the hypochondriac consists in this: that certain bodily sensations do not so much indicate a really existing disease in the body as rather merely excite apprehensions of its existence: and human nature is so constituted – a trait which the animal lacks – that it is able to strengthen or make permanent local impressions simply by paying attention to them, whereas an abstraction – whether produced on purpose or by other diverting occupations – lessen these impressions, or even effaces them altogether.

- *Anthropology* by Immanuel Kant, 1798 *Journal of Speculative Philosophy* Vol. XVI edited by William Torrey Harris p. 395-396