ABSTRACT

The present investigation is centered on the “A study of health anxiety and stress-related symptoms among diabetic, hypertensive and coronary artery disease (CAD) patients”. There are several components of health anxiety, including diseases conviction, disease fear, disease preoccupation, body checking and reassurance seeking, and disease related avoidance, and escape behaviors. Health anxiety disorders include full and abridged hypochondriasis and delusional disorders (somatic type). Excessive health anxiety is common, costly, and often debilitating.

Stress is a systemic biological response of an individual to a variety of situations. A stressor of any kind first acts on the mind and its effect is observed on the somatic structure of the individual. Studies have reported that any change in psychological functioning under stressful state precipitate at the metabolic level, through an integrated series of neurohumoral and endocrinal alterations. Stress response consists of sequence of physiological changes involving almost all body parts and systems.

The cognitive-phenomenological perspective, with its focus upon goal directed behavior, the self-involvement of human life and the conscious quality of human striving, offers a new conceptualization of stress. A person’s life consists of the totality of their transactions with the environment and stress consists of those transactions with the environment which have not gone quite as that person wanted, planned and expected (Bartlett, 2010).

There are many physiological and psychological symptoms that can be experienced with stress. However, the exact definition of stress varies from person to person and impacts one’s life differently, according to his or her circumstances.
The present research is systematically designed in accordance with the following main research objectives:

1. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on health worry and preoccupation factor of health anxiety.

2. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on fear of illness and death factor of health anxiety.

3. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on reassurance seeking behavior factor of health anxiety.

4. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on interference with life factor of health anxiety.

5. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on overall scores of health anxiety.

6. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on mental symptoms of stress.

7. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on physical symptoms of stress.
8. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on *emotional symptoms*. 

9. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on *social symptoms* of stress. 

10. To examine the main effects of gender (male and female), type of diseases (diabetes, hypertension and CAD) and the interaction between them on *overall stress symptoms*. 

The present study was conducted on 300 patients. These were selected from the Out Door Patients (OPD) of the Jawahar Lal Nehru Medical College Hospital, Aligarh Muslim University, Aligarh through random purposive sampling. There were 100 diabetics, 100 hypertensives, and 100 coronary artery disease (CAD) patients. Two measures, namely, Health Anxiety Questionnaire (HAQ) and Stress-Related Symptoms Checklist were used in the present study. 

Health Anxiety Questionnaire developed by Lucock and Morley (1996) was used to identify individuals with levels of concern about their health. The HAQ was found to have a good internal consistency (coefficient alpha and split-half reliability) and short-term temporal stability (test-retest reliability). Long-term stability (one year) was modest but predictably responsive to external events. Analysis of the structure of the HAQ (cluster and factor analysis) revealed four factors: *interference with life, fear of illness and death, health worry and preoccupation and reassurance seeking-behavior*. The current version of HAQ comprised of 22 items that assess *interference with life, fear of*
illness and death, health worry and preoccupation and reassurance seeking behavior.

The HAQ items are rated on a 4-point scale. The four points “not at all or rarely”, “sometimes”, “often” and “most of the time” were scored from 0 to 3 respectively.

Stress symptom Checklist developed by Husain (2006) was used in the present study. The checklist comprised 59 items for measuring different types of stress, namely, physical, social, emotional and mental. These items express the intensity or the changes that patients found to occur after the exposure to different kinds of illness. Stress symptoms were assessed on five-point scale i.e., “very low”, “low”, “moderate”, “much” and “very much” and were scored from 1 to 5 respectively. The Stress Symptoms Checklist has demonstrated good internal consistency, $\alpha = .930$ for diabetics, $\alpha = .907$ for hypertensive and $\alpha = .936$ for coronary artery disease (CAD).

The investigator explained the purpose of the study to the subjects and established rapport with the respondents (patients) and assured them that their responses would be kept strictly confidential and would be utilized for the research purpose only. After establishing rapport with the respondents, the data were collected individually according to their convenience. The data was analyzed with the help of two-way ANOVA (Analysis of Variance).

The main findings of the present study were:

From the results it may be inferred that the main effect of gender was found to be statistically significant on fear of illness and death, and interferences with life factors of health anxiety and overall health anxiety. The main effect of type of diseases (diabetes, hypertension and CAD) was also found to be statistically significant on reassurance seeking behavior.
The main effect of gender was found to be statistically significant on mental, physical, emotional, social and overall stress symptoms. On the social symptoms of stress, the main effect of type of disease (diabetes, hypertension and CAD) was also found statistically significant.