

Fear in the Patient with Undiagnosed Symptoms

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The effect of fear and anxiety on patients with undiagnosed symptoms is relatively unexplored in the medical literature. Fear can cause patients to react in various ways to the proposed plan of medical evaluation, including resistance or noncompliance. Many patients with undiagnosed symptoms are referred to nuclear medicine departments and technologists must competently perform the tests as well as provide emotional support to the patients. Patient support includes: providing information (patient education), encouraging patients to state their feelings and report symptoms to the physician, and providing a relevant distraction.

Key Words: patient fear; undiagnosed symptoms; therapeutic approaches

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Imagine the physician tells the patient, "Your blood test indicates your hemoglobin and white blood cell count are very low. What we do not know is why your bone marrow is not producing white blood cells. On the one hand, it could indicate a lymphoma. On the other hand, it could be the combination of a viral infection and anemia. I want you to have an abdominal CT scan in the morning to give us more information. Then we will do a gallium scan."

All health professions have instrumental and expressive components (1,2). The instrumental aspect of a profession is concerned with tasks and things; the expressive aspect is concerned with the caring roles of professionals. In any technical profession, the danger exists that getting the job done will take precedence over caring for people (3,4). Most of the research and technical articles found in the nuclear medicine technology literature focus on procedures. More articles and research need to focus on patients' emotional needs. The patient in the introductory scenario probably will be anxious, possibly fearful and may react maladaptively to the thought of undergoing medical tests. The physician may or may not have given the patient sufficient explanation to proceed rationally with the plan of diagnosis.

Articles have addressed the emotional needs of patients once diagnosed with an illness (5,6). Few have discussed the emotional needs of patients with undiagnosed illnesses and how imaging professionals can help address those needs. However, Draucker (7) has noted that this topic has received increased attention in the popular literature, such as women's magazines. Hanner et al. (8), in a book for patients with undiagnosed illnesses, entitle their first chapter, "The Hardest Part is Not Knowing." Doka (9) calls this the diagnostic divide, the period of time of not knowing one's illness during which tests are conducted to determine the cause of the symptoms. This is a time of great stress.

A common thread in the literature focuses on patient's anxieties and fears and how those fears may be addressed (10-12). Most authors describe procedures such as cardiac catheterization and mammography; none were identified specifically related to nuclear medicine.

Patient education is basic to the proper practice of any health profession. Although fear and anxiety are often cited as a reason for patient noncompliance or cancellation of examinations (13), the effect of fear and anxiety on the patient remains unstudied in medical imaging, despite the fact that patients often have undiagnosed symptoms that may cause anxiety or fear.

This article prospectively discusses the effects of fear and anxiety on the nuclear medicine patient with undiagnosed illness and describes therapeutic approaches.

ANXIETY AND FEAR

Anxiety is the most universal of human emotions and is experienced by all individuals on occasion. Anxiety serves the important function of signaling that an individual is experiencing stress and having difficulty maintaining equilibrium. It can be a positive emotion by motivating an individual to action. For most people, exposure to the health care system causes normal anxiety and realistic apprehension of a previously unencountered situation (14).

In contrast to anxiety, fear is "an unpleasant often strong emotion caused by anticipation or awareness of danger" (15). While anxiety is generalized and often a response to a nonspecific threat, fear is a response to a real stressor, which presents

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a specific threat to the individual's existence. Fear is an unpleasant, activating and excited affect with psychologic and physiologic components (16). Direct expressions of fear include: facial expressions of fright or terror, attempts to reduce or eliminate the threat, verbal acknowledgment of affect and source, and aggressiveness (commonly called the fight or flight response). Indirect expressions of fear include hypervigilance, movement away from the threat and verbalized wishful fantasies that the fearful situation would be different.

FEAR AS A REACTION TO UNDIAGNOSED ILLNESS

Many patients are implicitly trusting and believe that their doctor will cure them. Other patients with undiagnosed symptoms react with fear, perhaps mixed with anger, believing that these tests are performed to prevent a malpractice suit. Other patients may have had previous experience with chronic illness or a personality disorder that makes them fearful. A number of scenarios may run through their minds: Has the physician made an incorrect plan for evaluating the symptoms? Will time be lost that could jeopardize my life? Is the plan overly cautious, expensive, painful and time consuming? Should the tests be refused and another opinion solicited? Can the physician be trusted?

Patients tend to forget and may not comprehend all the information given to them by the physician (17). Consequently, when trying to reconstruct what was communicated to them, the patient's recollection often is not clear and may exaggerate the worst option. Even when patient discussion is in the presence of a relative or significant other, the patient may only hear the worst scenario and may fail to keep in perspective that tests are often done as a precautionary measure to rule out serious illness. Also, physicians do not take patients as seriously when another person attends the medical interview, especially when that person does a majority of the talking (8).

THE PATIENT WITH A PERSONALITY DISORDER

Symptoms of an undiagnosed illness can be especially threatening for the patient with a personality disorder, whose anxiety level is normally high and with hypochondriacal fears of having a serious disease. Hypochondriasis may be evidenced by preoccupation and unrealistic interpretation of bodily signs and sensations (18). Patients with hypochondriasis seem to have an increased incidence of childhood medical illness and more extensive past medical histories (19). This childhood exposure can facilitate the patient's ability to translate psychological distress into physical expression.

On the other hand, individuals who are classified as somatizers, hypochondriacs or overutilizers, may actually have a medical problem that is difficult to diagnose (7). The primary question that such patients are asking is "why?" and "why me?" Technologists should be sensitive to the fact that such individuals often blame themselves for the illness.

A person who has paranoid tendencies may react to the threat of an undiagnosed illness by pervasive and unjustifiable suspiciousness and hypervigilance. The patient may demonstrate hypersensitivity to anything that is said or done. They

tend to react to events and people in the environment with suspicion and mistrust. This patient works hard to figure out what is happening and why things are occurring as they are. They give distorted explanations to events or to what is said and give special meanings to what happens in their surroundings. A paranoid person makes a mountain out of a molehill and is likely to overreact in a personalized manner with high levels of anxiety and fear (20). Unfortunately, for the patient with undiagnosed symptoms, a real threat may be present and the boundary between appropriate concern and exaggerated concern is less clear (21).

REACTIONS TO FEAR: FIGHT OR FLIGHT

A patient may react to a medical evaluation plan for undiagnosed symptoms with a pattern of fight or flight (2,14). While this can be a therapeutic way to cope with a stressor, it can also cause reactions that contradict appropriate medical care. A reaction of fight may be to resist the physician's plan, to question the plan or to be angry about some aspect of treatment. A reaction of flight may cause the patient to refuse the treatment plan and leave the medical evaluation setting altogether. In other cases of flight, the patient may refuse to accept any part of the present situation and deny symptoms and the possible cause. In other situations, the patient may cope with devastating prospects by creating a mental state under her personal control, such as a psychotic thinking process where reality is given a totally personalized interpretation.

Health care professionals often view resistance to the medical plan as abnormal and something to be confronted. Actually, resistance is a normal "defensive action which serves to preserve self-esteem and ward off the invasiveness of intervention" (22). It is a sign of strength, not weakness, and requires modifications to the approach taken with most patients.

THERAPEUTIC APPROACHES TO THE PATIENT WITH UNDIAGNOSED SYMPTOMS

When technologists encounter the patient with undiagnosed symptoms, fear is often a significant dynamic. Therapeutic approaches should be used even when encounters with the patient are brief and when a minimum of verbal interaction occurs.

Technologists must also be careful about *not* providing information that appears to be a diagnosis. Patients may mistake many innocent comments as an indication that something was amiss. In most cases, reflective support is the best strategy.

BE AWARE OF FEELINGS OF ANXIETY AND FEAR AND RESPOND SUPPORTIVELY

Fear may be present even for the patient who does not voice fear or does not appear fearful. Support can be verbal or nonverbal. Some patients feel reassured by a pat on the shoulder, a supportive smile or a lingering touch while waiting for the procedure to begin. Touch is a valuable method of patient communication (23), but it is important to assess the patient's

reaction to touch, since some research has indicated that not all patients are relaxed by touch (24).

Awareness of feelings of anxiety and fear and using patient-oriented methods to be supportive can help the patient tolerate the procedure and can reduce patient apprehension during the diagnosis process. It can also reduce resistance to the procedure and minimize the amount of time needed to complete the examination.

Gould and Krynicki (25) found that suggestive techniques, such as those that promote relaxation, had the greatest effect in combating anxiety. Such techniques set up an opposite physical state from the intense arousal of fight or flight responses. Examples of suggestive techniques include: encouraging the patient to take regular breaths, to focus on an object in the room, to visualize a favorite location or to listen to music during the examination.

ENCOURAGE THE PATIENT TO EXPRESS FEELINGS

The simple question, "How are you feeling today?" can be extremely therapeutic. For the patient who appears fearful, you can facilitate discussion of feelings through statements, such as, "You look nervous, are you concerned about this test?" While technologists do not have time to become involved in long conversation (26), it comforts the patient to know that others recognize this is an anxious time for them. Technologists cannot provide patients with the answers they want ("no, you do not have cancer") but they can provide patients with the support they need during the procedure (2).

ENCOURAGE THE PATIENT TO REPORT SYMPTOMS TO THE PHYSICIAN

When a patient is being diagnosed for symptoms of an undetermined cause there is often hypervigilance to other symptoms that occur. A patient may say, "Oh, that hurts to move that way." While care should be taken in moving the patient and the reaction noted, it is appropriate for the staff member to say, "You should report that symptom to your physician when you see him again." If the complaint is frequently heard, it can be reassuring to say, "Patients often have difficulty getting in the positions that are required for this test. We'll be done in a minute if you can just hold that position a little longer."

SUGGEST THAT MANY SYMPTOMS DO NOT HAVE SERIOUS CAUSES

If the patient says, "I'm really worried about why my doctor ordered all these tests," it can be reassuring to state known facts. Most procedures are performed to rule out diagnoses and most results are negative. Patients have a right to know this, but state it in a way that does not indicate that the technologist is practicing medicine or has some inside information about the patient.

DISTRACT THE PATIENT FROM DWELLING ON MORBID OUTCOMES

Distraction can be useful to help the patient avoid dwelling on potentially morbid outcomes to diagnostic procedures. In cardiac catheterization, one successful means of reducing anxiety and fear identified by Beckerman et al. (10) was to have the patient focus on an object in the room, such as a clock, during the procedure. Posters, pictures or other art serve a similar purpose.

PROVIDE SIMPLE INFORMATION ABOUT THE PROCEDURE

Although patients should be provided with as much information as possible, it is important to know what types of information are the most valuable. For example, a study by Hartfield et al. (27) found that sensory information such as, what the patient will feel, is more important than procedural information, such as basic facts about the examination.

Telling the patient what to expect during the procedure can reassure the patient. For example, how long the procedure will take, what positions must be assumed and if a technologist will stay in the room with the patient during the entire procedure. Patients may sometimes assume something is amiss when the technologist leaves the room.

Providing the patient with information about the length of time it takes to get the results of the procedure can also be reassuring by providing the patient with a sense of control. For example, in a department with teleradiology and modem faxing of reports, stating, "I can see how worried you are about this test. We will be doing the evaluation of the scan right away and the results will be faxed to your doctor. This new equipment enables us to do the evaluation right away so you won't have too long to wait." Of course, such statements must reflect facts.

Patients are often fearful about procedures that use ionizing radiation, even though this fear may be unstated (28). There is no simple way to deal with such fears except to make sure that the information provided about the examination is understandable, truthful and does not minimize the patient's concerns.

CONCLUSION

An investigation for potentially serious illness can be terrifying for the patient. While the nuclear medicine department is often thought of as a place where diagnostic procedures are of the highest priority, the interpersonal approach taken with patients is also important and can have a significant effect on the patient's psychological state and on how the department is remembered.

Technologists should support all patients who come for diagnostic procedures. For the patient who comes with symptoms that have not been diagnosed, however, therapeutic approaches can be extremely meaningful and can assist the patient in dealing with the intense fear that is part of the diagnostic process.

The approaches described here are common sense and based on research from other areas such as psychiatry, counseling and nursing. Nuclear medicine professionals should engage in research and discussion of ways to meet patients' emotional needs, including those patients with undiagnosed illness who are a significant percentage of the patients seen in a nuclear medicine department.

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