HASLAM'S VIEW



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Minor symptoms can cause major anxiety

I'VE LONG ENJOYED A CARTOON IN WHICH A DOCTOR IS SAYING TO A patient: 'No, you're not a hypochondriac. You only think you're a hypochondriac.' Well, I quite often think that I'm a hypochondriac.

I don't know how medical school was for you, but I well remember that almost every symptom or sign of serious disease that I heard or read about, with the probable exception of haemorrhage and convulsions, made me panic. 'I think that I've had symptoms like that,' I thought to myself.

As a male, it was a massive relief whenever we did obstetrics or gynaecology. I could sit back and relax, whatever we were studying couldn't happen to me.

Despite this, I've actually been incredibly lucky with my personal health. There was a spell a few years ago when I went to see my GP with severe shoulder pain. He told me he wanted to inject it. With panic, I replied: 'Lay one finger on me and you're dead!' His entirely appropriate caring, sharing and empathetic response was: 'Oh, for heaven's sake, you wimp!' And he simply got on and injected it.

He was absolutely right. The injection didn't hurt half as much as I feared. It didn't help. But at least it didn't hurt.

It's when it comes to dentistry that my fear of clinicians - and hypochondria - really come to the fore. I was born in a generation when dentists over-drilled on each and every occasion, and before the benefits of fluoride had been discovered. As a result I now have more amalgam in my mouth than teeth, and it's my fillings that typically need fillings.

A few weeks ago I thought my teeth had finally reached the end of the road. Three lower teeth had developed a curious discoloration, and the more I scrubbed the worse it seemed to be getting.

'We often don't understand the major concern that may lie behind the symptoms'

A couple of weeks before this my gums had bled slightly. So – putting two and two together – I panicked, assumed mass extraction was absolutely inevitable, and with a sense of greatly increasing anxiety I booked into the dentist.

The dentist took one look at my discoloured teeth and asked me if I had been using chlorhexidine mouthwash. 'Yes,' I said. 'I used it to treat the gingivitis.'

'Well, that's the cause of the discoloration,' she said. 'Very common. Nothing at all to worry about.' And with a few minutes of scaling and polishing, all my visions of dentures, embarrassment, and the start of a slippery slope of deterioration and age were completely eradicated. I felt a curious combination of total stupidity and intense relief.

But despite feeling really, really stupid I also recognised something that affects our patients every single day. The level of anxiety that can be triggered by relatively minor symptoms can be astonishing.

The fact that we see thousands of patients every year doesn't mean that what's trivial to us is trivial to the patient. The whole concept of minor illness means that we often don't understand the major concern that may lie behind the symptoms.

Those last-minute requests 'before I go, could you just have a look at this spot' are often the only presenting sign of anxiety that may have caused countless sleepless nights. So many people think their spot is a cancer, and cancer is a killer, and a killer means that their funeral is nigh.

It's completely illogical, but that doesn't stop them being terrified – just as I was absurdly terrified by my dental symptoms.

As clinicians it's really important that we remember that.

Tell us what you think?

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