PAGING DR. GOOGLE

A patient’s cyberchondriasis causes a physician to rethink her relationship with the web

BY JULIE ANDERSON, MD, FAAFP

T he woman came to me complaining that she had started having paresthesias in her arms and legs. The sensations would come and go, and—as she had previously been bothered by hand numbness—she didn’t pay it much attention. However, after a few weeks she had begun to feel seriously ill. She was experiencing not only worsening paresthesias but also fatigue, muscle weakness, muscle twitching, balance problems and decreased appetite. She feared a worst-case scenario—her mind immediately racing to ALS and MS, and then to cancer.

She had spent days worrying and hours searching the internet about each and every symptom before she finally saw me. Only after lots of normal results from imaging, labs and EMGs, and an exam with a neurologist, was she reassured that her worries were unsupported. Her symptoms appeared to be the result of a viral syndrome, perhaps brought on by stress. Yet although she felt better with time and encouragement, she continued to have new symptoms, and she returned to the web to research them. It seemed that with every search, another symptom would emerge and a new diagnosis would need to be considered, sparking further searches and more angst.

Given the access to information we have on the internet, it is no wonder that some of us compulsively search the web for information about our real or imagined symptoms of illness. In fact, roughly 5 percent of all Google searches—millions daily—are medical in nature. Hits on health-oriented sites are second in volume only to pornography. The range of results from an online query about a medical concern is enough to turn the most rational person into a raging hypochondriac. There is actually a dictionary term for this: cyberchondriasis.

Those who are already anxious about their health are particularly prone to this condition. Research published in 2012 in the Journal of Anxiety Disorders found that people with high levels of health anxiety sought information online more frequently, spent more time searching, and found searching more distressing and anxiety-provoking than did those with lower levels of health anxiety. The research results further showed that online health information searches worsen underlying anxiety.

A recent Pew Research Center survey noted that one in three U.S. adults (and nearly half of college students) use the internet to diagnose themselves, most using a search engine to reach their result. (Interestingly, only 10 percent of people link to a health site first.) Caucasians, females, the college-educated, and people who make more than $75,000 annually are more likely than others to go online for medical advice. Nearly half of those who conduct such searches say that what they found online prompted them to see a physician. Probably most important: When they saw their physician, 41 percent said that their internet diagnosis was confirmed.

There are certainly pros to patients going online for medical information. The internet can privately, conveniently and inexpensively provide advice and education. Yet many sites offer information that is not medically sound, and individuals may be led to believe they have a much more—or much less—serious condition than they really do. Probably the most important concern is whether internet searching leads people to avoid seeking professional medical attention. Relying on the internet for a diagnosis, rather than seeking medical attention, can be dangerous and potentially life-threatening.

Working with the web

The reality is, Dr. Google is here to stay. And while some believe she is encroaching on our practice of medicine, I think there’s room for both of us. Two British doctors, who looked at 26 complex patient case histories and used Google to diagnose the causes, found the search engine to be correct about 60 percent of the time. We human physicians are more accurate than that; and we have the capacity to have a more nuanced understanding of complex diagnoses—and of patients themselves. There is still value in the one-on-one contact between us and those who seek care.
I surmise that many of us are already working with Dr. Google. We have become masters of medical internet searches, tailoring them to our patients’ needs. As a family physician, I see a plethora of patients with complaints ranging from pyloric stenosis to atrial fibrillation. Although I know what I know, I can very efficiently find a proper website to verify that my logic is sound and current. I can Google a picture of the eustachian tube to instruct parents on why their child’s ear aches, or pull up a physical therapy video to demonstrate best stretches for tennis elbow.

We need to recognize that there’s value for patients as well. Search engines have beefed up the quality of their symptom-checkers over the past few years. Recently, Google announced a new mobile health symptom checker that supposedly provides improved, medically accurate information. IBM’s Watson computer spent just 10 minutes “studying” a leukemia patient’s medical information and was able to cross-reference her condition against 20 million oncological records uploaded to its system by doctors from the University of Tokyo’s Institute of Medical Science. Watson discovered that the patient had a form of leukemia different than that previously considered, and prescribed a treatment option that proved far more effective than original methods. Perhaps online search tools are not being used enough in medicine.

**Pointing patients to reliable resources**

As physicians, we spend much of our time reassuring patients about their symptoms, including those found on the internet. Perhaps we need to do more than simply tell them not to search online. (For one thing, they won’t listen to us, as web access is too easy and too tempting.) We need to educate our patients about where to search, and explain that some sites may have hidden agendas that prey on the fears of readers in order to sell a medication or service. I now send patients to specific websites, such as uptodate.com and familydoctor.org, which offer accurate information.

While we accept that many of our patients will access the internet for medical advice, we need to be on the lookout for signs that they have been misinformed, are over-searching, or meet the criteria for cyberchondriasis, as it’s an under-recognized condition that will likely become more prevalent with time. We physicians need to start viewing the web not as a threat or a disruptor, but as simply another factor affecting patients today. They are buried in information. We need to help them sift through it.

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