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Hypochondria - the lost diagnosis?

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Background & Aim: Among the many changes that we found in the DSM-5 we can verify the exclusion of Hypochondria, partly because of the pejorative nature that involves the diagnosis. The Hypochondria term may have been lost forever in the current classification but, with this or other name, it is important to early diagnose and treat it because of its prevalence and psychosocial impact. The aim of this work is to review that pathology in order to help the GP (General Practitioner) identify, evaluate and guide this patients.
Method: This work is based in a literature review using the Mesh term 'hypochondria', carried out using textbooks, published review articles in scientific databases and clinical standards websites.
Results: It is defined as a misinterpretation of one or more body sensations or symptoms that lead the patient to persistently believe that he/she has or will contract a serious illness, despite adequate medical evaluation. The prevalence of hypochondriasis is 0.02%-7.7%. Onset is most common in adults and rarely starts after 50 years. The disorder occurs in both sexes in a ratio of 1: 1 and is not associated with marital status. It is more common in people with less education and is often accompanied by depression or anxiety. The pathophysiology of Hypochondria is not well known and psychosocial etiologies have been better studied than the biological/genetic ones. It's considered pathological when the concern for health causes clinically significant distress. The gold standard treatment is psychotherapy (cognitive behavioural therapy) and the main objective is to improve the way the patients deal with the symptoms rather than to eliminate them. Additionally, patients should feel that their concerns are understood.
Conclusions: The GP generally plays a central role in the management of these patients and the Mental Health physician, as the medical consultant, guides the pharmacotherapy/psychotherapy required.