



Scared Sick

Shopping for diagnoses online has spiraled out of control, sending scads of women down a virtual rabbit hole of “medical” information. It’s spiking anxiety and emptying wallets—yet it might just save your life. How to navigate the maddening new world of cyberchondria.

By Jennifer Abbasi

DAN SAELINGER/TRUNK ARCHIVE; SHUTTERSTOCK (SWIRL)

Your hiccups just won't quit. Like, it's been two days. You could head to your M.D.'s office. But, groan. So inconvenient. And Dr. Interwebs is faster, simpler, and cheaper. It takes mere seconds to type symptoms into a search engine...and just a few more to learn that those persistent throat spasms could be a sign of a pulmonary embolism. Or a stroke. Or, holy shit, cancer.

We know you know the drill. Almost 80 percent of women pursue wellness intel online, and around 60 percent of quests are done specifically to diagnose a medical condition. These days, the average gal sees an M.D. just three times a year—but spends almost 52 hours prowling the 'Net for health help. Psychologists have given this tech-enabled obsessing over real symptoms or imagined ills a name: cyberchondria. It can build slowly or strike suddenly, but it always starts the same way.

"Everybody googles their symptoms, their diagnoses, and their treatments—and that's enabled people to be a lot more knowledgeable," says Lyle Dennis, M.D., chief of neurology at Bon Secours Charity Health System in Suffern, New York. "But the flip side is people are getting scared." Nearly half of all virtual health seekers end up more anxious than they were before they logged on, and it's easy to see why: Millions of medical sites, blogs, and Wiki pages can, intentionally or not, spew out confusing, overwhelming, or panic-inducing information—or, in too many cases to count, misinformation.

This digital-age version of hypochondria, and the sketchy content that fuels it, has gotten so bad that Google recently stepped in. Together with the Mayo Clinic, it created doctor-vetted e-cards that pop up in hundreds of health searches. (Type in, say, *pinkeye* or *tennis elbow*, and a concise graphic surfaces, with legit illustrations, symptoms, and treatments.) The cards may

help ease cyberchondria, which—as the three examples below (all based on stories from real doctors) prove—can range from mild to extreme and can manifest in myriad unsettling forms.

CINDY HAD BEEN TIRED FOR WEEKS. A WEB SEARCH FOR "FATIGUE" BROUGHT UP SITE AFTER SITE DESCRIBING HER EXACT SYMPTOMS AND POINTING TO A LIKELY DIAGNOSIS: SYSTEMIC

EXERTION INTOLERANCE DISEASE (A.K.A. CHRONIC FATIGUE SYNDROME). SHE ORDERED SCORES OF SUPPLEMENTS THAT PROMISED RELIEF. WHEN THEY DIDN'T—SEVERAL MONTHS AND HUNDREDS OF DOLLARS LATER—A BLOOD TEST FROM HER M.D. REVEALED THE REAL, EASILY TREATABLE CULPRIT: ANEMIA.

"Anxiety often motivates us to find answers," says Thomas Fergus, Ph.D., a clinical

psychologist at Baylor University. It's human nature to identify any and all perceived threats, which makes online health hunting a loaded endeavor. Research shows that nearly one-third of people who type in medical terms start calm, then quickly escalate; *cramps* becomes *ulcers* becomes *internal bleeding*. Even common symptom-checking sites like WebMD or Healthline could lead you down a disquieting path: Per a Microsoft study, relatively harmless words like *coughing* are just as likely to

Fifty percent of smartphone owners say they use their gadget to look up health info.

DANGER ZONE

Some folks may be especially prone to cyberchondria. Namely, those who stress when feeling anxiety-related symptoms like sweaty palms—even if the cause is something as harmless as caffeine. If that's you, or you see yourself in these clues, you may need therapy to break the search-and-spaz cycle.

> You are generally uncomfortable with uncertainty and usually fear the worst.

> You skip enjoyable activities to spend more time tracking down health info online.

> You google health conditions, even if you have zero symptoms.

> Visits to the doctor only make you want to do more research, even if she finds nothing.

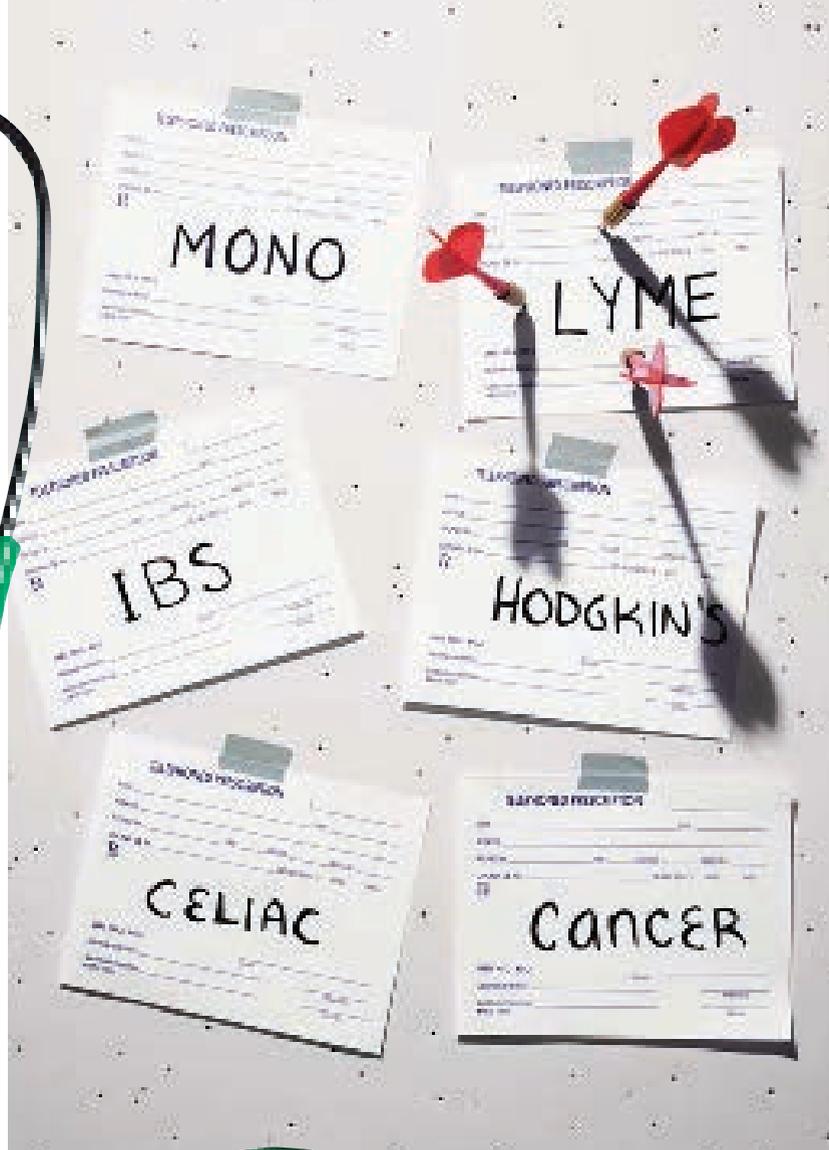
Healthy Dose

bring up pages about serious problems as benign ones. “Based on Web searches, I’ve had patients with common headaches come in thinking they have brain tumors,” says Sandra Fryhofer, M.D., an internist in Atlanta.

But many don’t even make it that far. Of all the people who scour the Internet for diagnoses, nearly 30 percent fail to follow up with a doctor. “Some women are convinced they have an illness and decide to treat it themselves,” says Michele Curtis, M.D., an ob-gyn in Houston. “Others become paralyzed by denial and don’t want to hear an official diagnosis.” Either way, some cyberchondriacs delay care—which can lead to serious consequences. For example, if sudden vaginal bleeding does turn out to be cervical cancer, early treatment can be lifesaving. (But, for real, you probably don’t have cervical cancer!)

90

PERCENT OF WIKIPEDIA ARTICLES REPRESENTING THE 10 MOST COSTLY MEDICAL CONDITIONS CONTAIN ERRORS.



MARIA WAS SCROLLING THROUGH FACEBOOK WHEN SHE SAW A FRIEND HAD BEEN DIAGNOSED WITH MULTIPLE SCLEROSIS (MS). A LINK SENT MARIA TO A SITE THAT SAID MS HAS NO CURE. ANOTHER LINK TO A MESSAGE BOARD WAS FULL OF PATIENTS’ DESCRIPTIONS

OF EARLY SYMPTOMS, INCLUDING TINGLING IN THE HANDS AND FEET. OMG. MARIA HAD TOTALLY FELT THAT BEFORE! SHE DIALED HER DOC, DEMANDING A

BATTERY OF EXPENSIVE AND INVASIVE TESTS (READ: SPINAL TAP). EVERYTHING CAME BACK NEGATIVE.

Thing is, you don’t have to have a single symptom for cyberchondria to suck you in. Reading “real life” stories, in particular, can be a catalyst for a “what if?” frenzy that leads to “me too!” Without context or professional 411, social media–shared stories can seem almost too relatable, says Curtis. “It’s the narrative that matters to people, often more than the facts.”

Take, for example, last summer’s ubiquitous Ice Bucket Challenge to raise awareness and money for ALS. The campaign, says Dennis, led to an increase in people calling their physicians, concerned that they, too, had the fatal—and very rare—condition. And while some cyberchondriacs shun the doctor’s office at all costs, others rush in for every available exam.

TOO LEGIT, DON’T QUIT

It’s not a total Wild West out there...if you know where to look. Stop clicking on any old link and start a valid search right here.

1 / LOOK FOR GOVERNMENT AGENCY URL’S.

Sites that end in “.gov” are reviewed by experts. Also accurate: those that carry the red and blue “HONcode” seal from Health on the Net Foundation.

2 / IF YOU’RE BEGINNING WITH SEARCH ENGINES,

tack on “site:.gov” or “site:.edu” after your keywords to automatically narrow your results to medical and academic institutions. Even better, make Medline-Plus—sponsored by the National Institutes of Health—one of your defaults (nlm.nih.gov/medlineplus).

3 / BOOKMARK MAYOCLINIC .ORG.

This go-to spot is updated as soon as science shifts on a topic. As a rule, authentic sites should draw from studies done within the past five years.



Few medical conditions can snowball as fast as an online health investigation—but in some cases, a little cyberchondria can lead you in the right direction. To wit, one survey found that 40 percent of digital diagnosers said a professional confirmed their suspicion. As Sara discovered, doing some homework can jump-start the healing process.

So...is cyberchondria wrecking your life—or saving it? The best advice is to learn how to channel your instincts and know when to bring in an M.D. (um, always). These strategies will put you on the path to saner, savvier searching:

>**GET** some perspective.

“Just because you share a symptom with a disease doesn’t mean you have the disease,” says Fryhofer. There’s probably a simple, non-life-threatening explanation for your aches or pains. Don’t ignore symptoms, but don’t immediately assume the worst.

>**COOL** the self-diagnosing.

Repeat after us: *I will write down symptoms and questions and bring them to my doctor.* She’ll do an exam, suggest tests, and come to a diagnosis based on factors you may not have considered, such as your age and family history.

>**KEEP** psychology in mind.

One study found that you’re more likely to believe you have a condition if you see all your symptoms listed in a row, rather than broken up by unfamiliar ones. Read through symptom lists completely, without skipping anything. If many don’t apply to you, you can probably breathe easier.

>**BE** all about action.

Booking an appointment is useful; worrying yourself sick isn’t, says Brad Schmidt, Ph.D., director of the Anxiety and Behavioral Health Clinic at Florida State University. If you still find yourself wiggling out, limit searches to no more than 20 minutes each, or put a total ban on googling until you see your doctor. ■

Docs know they shouldn’t order tests sans red flags, but many cave in anyway. The results: higher out-of-pocket fees (insurers often don’t cover unnecessary scans, even if an M.D. prescribes them) and, potentially, lots more angst. “Some women are so convinced they have a certain ailment that it’s hard to dissuade them, even with proof,” says Curtis.

SARA HAD A DULL ACHE IN HER RIGHT SIDE. A QUICK GOOGLE SEARCH SUGGESTED IT WAS INDIGESTION OR A PULLED MUSCLE. SHE KEPT CLICKING AND LANDED ON A SITE THAT MENTIONED APPENDICITIS.

ALARMED, SARA FERRETED OUT MORE ON THE CONDITION AND FOUND A SELF-TEST: PRESS AND RELEASE ON THE AREA TO SEE IF THAT HURTS. OUCH! SARA CALLED HER DOCTOR, WHO SENT HER TO THE ER—RIGHT

BEFORE HER APPENDIX BURST. ➔

#BREAKTHEINTERNET

No wonder we’re becoming a nation of cyberchondriacs: Check out how many results you’d have to slog through for some of 2014’s most frequently googled conditions.

1/ALS 2 billion	2/DIABETES 267 million	3/EBOLA 142 million	4/FLU 125 million	5/RESPIRATORY VIRUSES 27.8 million
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