

Chapter 10

Cyberchondria in the Time of the COVID-19 Pandemic

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ABSTRACT

The appearance of a new and unknown disease, COVID-19, provides a fertile ground for the rise of cyberchondria, an excessive online searching about coronavirus transmission, COVID-19 symptoms, and its long-term health-related effects, which is followed by more anxiety. The purpose of this chapter is to review and discuss new findings on cyberchondria in the context of the COVID-19 pandemic. This chapter presents research findings on aspects of the pandemic which may give rise to cyberchondria, potential risk factors for cyberchondria during the pandemic, the role of cyberchondria in the development of pathological anxiety in the pandemic period with an emphasis on health anxiety and OCD, and possible impacts of seasonality of the pandemic on cyberchondria. Finally, this chapter discusses possible treatment options for cyberchondria in the time of the pandemic.

INTRODUCTION

In December of 2019, a new virus was identified in Wuhan, China - Severe Acute Respiratory Syndrome Coronavirus 2 (SARS-CoV-2) - which caused the coronavirus disease 2019 (COVID-19). The disease varies greatly in its clinical presentation; some experience no symptoms at all, other experience fever, cough, and shortness of breath, while some develop a severe, life-threatening form of illness needing a ventilator to breathe. In January of 2020 first deaths due to COVID-19 were reported in China. The virus quickly spread around the world causing the World Health Organization to declare a pandemic in March 2020. At the time this chapter was being written there were almost 220 million confirmed cases and 4.5 million deaths worldwide.

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Governments around the world initiated protective measures to contain the infection from spreading, closing cities into lock-down, restricting travel, closing borders, closing businesses (cafes, restaurants etc.), prohibiting mass gatherings, and introducing mandatory wearing of facemasks in public. People were advised to stay at home as much as possible, limit contacts, maintain a 2 meters' distance when in public, clean hands more often, and disinfect items and surfaces. These measures, aimed at stopping an uncontrolled spread of the virus and burden the health system, changed our everyday lives to an unimaginable degree.

Due to being confined at home, people started to use the internet even more (Feldmann et al., 2021; Nimrad, 2020) to satisfy a range of different needs. People were working online and communicating with friends and family online. The internet was used for entertainment and as a much-needed distraction. The internet also became an important source of information about this unknown virus providing statistics on its spread, information on preventative measures, symptoms of disease, testing options, constantly changing restrictions, and the process of vaccine development. It was not surprising that people believed that the internet was mostly a good thing for both themselves and the society as a whole during the pandemic (Vogels, 2020).

Although the internet helped people stay informed and continue with their daily lives, at least to some degree, for some vulnerable individuals there may have been unwanted consequences. There was a marked rise in pornography use (Awan et al., 2021) and for some individuals a rise in online gambling (Håkansson, 2020). The waves of misinformation and conspiracy theories of SARS-CoV-2 appeared online, on its prevention, treatment, and its true origin. It is estimated that around 800 people died and almost 6 thousand were hospitalized after drinking methanol due to the belief that it cures the coronavirus infection (Islam et. al, 2020). Since COVID-19 is still a new disease with unknown long-term health consequences some people engage in repeated and compulsive online health information seeking which leads to more anxiety (Starcevic et al., 2020).

Repeated and excessive researching of symptoms online fueled by health anxiety (HA) is usually followed by even more distress due to often frightening, conflicting, and ambiguous information found online (Starcevic & Berle, 2013; Bagarić & Jokić-Begić, 2019). This phenomenon is called cyberchondria. Cyberchondria is not considered a distinct mental disorder by the DSM-5 or ICD 11, but it is found to be associated with existing mental disorders, such as problematic health anxiety (Starcevic et al., 2019) and OCD (Norr et al., 2015). Cyberchondria has been linked to increased distress and health care utilization (Mathes et al., 2018).

The context of the pandemic is characterized by several factors which could give rise to cyberchondria, such as dealing with an unknown and in some cases deadly disease making the health topic very prominent wherever we go and being instructed to stay at home minimizing outdoor activities. It is not surprising that some researchers started to focus on a specific type of cyberchondria – pandemic related cyberchondria – where people search for COVID-19 symptoms and long-term health consequences. Cyberchondria may be a risk factor for developing pathological anxiety during the pandemic.

This chapter will present research on aspects of the pandemic which may give rise to cyberchondria, potential risk factors for cyberchondria during the pandemic, the role of cyberchondria in the development of pathological anxiety in the pandemic period with an emphasis on HA and OCD, and possible impacts of seasonality of the pandemic on cyberchondria. Finally, this chapter discusses possible treatment options for cyberchondria in the time of the pandemic.

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