

Anxiety UK
Here for you since 1970

Avoiding medical gaslighting and diagnostic overshadowing when consulting people with anxiety





Introduction

Anxiety UK's survey on medical gaslighting and diagnostic overshadowing revealed that the majority of general practitioners (GPs) surveyed recognised that diagnostic overshadowing and bias, whether conscious or unconscious, may impact how people with generalised anxiety disorder (GAD) receive care. Additionally, people with GAD who faced challenges in accessing care for non-anxiety conditions, reported they were more likely to experiencing medical gaslighting compared to those without anxiety.

The survey also explored what resources and tools would be useful to GPs and people living with GAD for them to communicate effectively. 75% of GPs responded that more training on engaging and communicating with people living with GAD would be helpful.¹

It is recognised that GPs play a pivotal role in facilitating and delivering healthcare support for those with GAD; often supporting individuals with complex presentations whilst working in very challenging circumstances.

This resource has, therefore, been developed to provide guidance on avoiding medical gaslighting and diagnostic overshadowing when consulting people with anxiety. This accompanies our guide for people with anxiety 'Helping people with anxiety to receive the best from their GP: avoiding medical gaslighting and diagnostic overshadowing.'



Medical gaslighting (MG) definition²

Medical gaslighting describes a behaviour in which a **physician or other medical professional dismisses or downplays a person's physical symptoms** or attributes them to something else, such as a psychological condition. This may happen due to conscious or unconscious bias.



Diagnostic overshadowing (DO) definition³

The failure to see a problem **because the symptoms are common to more than one condition and incorrectly attributed to another condition.**

In people with anxiety this could be, for example, failing to investigate raised heart rate as an indicator of a heart condition as it is attributed to the person's anxiety. Slightly different, but related, is when anxiety could be a 'symptom' of a wider condition, such as thyroid disease, and this is not properly investigated.

Having a successful consultation

A successful consultation is an interaction between the patient and GP in which the patient presents their complaints and concerns, the GP utilises their skills and knowledge to address those complaints and concerns, and together they have an agreed plan that aims to maximise the health and well-being of the patient.





How to use the toolkit

Within this document you will find guidance and best practices on how to avoid bias, medical gaslighting and diagnostic overshadowing when treating people with anxiety for non-anxiety related issues or concerns.

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The ACT principles

In this section you will find guidance on how to adopt the ACT principles outlined by Anxiety UK. These principles have been developed to help GPs avoid bias, medical gaslighting and diagnostic overshadowing from impacting on how they provide care to people living with anxiety.

A

Assess Objectively

- **Medical history:** Take a comprehensive medical history, focusing on the current non-anxiety related issue, including the person's symptoms, their duration, severity, and impact.
- **Symptom evaluation:** Evaluate the symptoms independently and consider other potential causes other than anxiety. Refer for testing or specialist evaluation where relevant to rule out conditions systematically.
- **Physical examination:** Conduct a thorough physical examination to rule out any physical health conditions that may be causing the symptoms.
- **Comorbidities and medicine review:** Review any existing comorbidities for a holistic treatment plan and conduct a medicine review to understand potential side effects.

C

Challenge Bias

- **Self-awareness:** Be aware of your own biases and how they might influence your perception and treatment of people with anxiety. Challenge your own thinking to consider all possible causes of symptoms. Listen fully before making an assessment.
- **Education:** Consider all non-anxiety related causes of symptoms, including conditions where anxiety may be a symptom itself. Keep up-to-date with the latest research on anxiety or seek help from a practice specialist to help differentiate between anxiety and non-anxiety symptoms.
- **Perspective:** Take time to listen to the person's perspective, allow them to explain and clarify where needed. Consider asking them to book a double-appointment. Listen without interrupting and do not speak over them.

T

Think and rule out underlying conditions

- **Differential diagnosis:** Consider other physical health conditions that could be causing or contributing to the person with anxiety's symptoms.
- **Referral to specialists:** If needed, refer the person to a specialist for further evaluation.
- **Follow-up:** Regularly follow-up with the person to monitor their symptoms and response to treatment, if prescribed. Encourage them to use the symptom tracker found in the corresponding Patient Dialogue Toolkit, found on Anxiety UK's website. Let them know where they can seek further information and how they can ask further questions after the appointment.

Challenges to be faced when consulting people with anxiety



People with anxiety may present with more symptoms which will mean that consultations may require to be longer.



People with anxiety may try to help you by writing down their symptoms for you. Utilise this help as part of the consultation and copy their written notes for the medical record.



People with anxiety may not be so readily reassured when their symptoms are trivial. Therefore:

- They may require more detailed explanations about their complaints.
- They may require a lower threshold for investigation.
- They may require a lower threshold for an appropriate second opinion.

If investigating or referring, give a prediction of the likely result.

"I am expecting the tests to show that there is nothing worse than perhaps you are low on iron."

"I am anticipating that the cardiologist will give your heart the all clear."

Summarising the consultation

Try to explain physiologically every symptom and if possible, attribute each symptom either to a condition, e.g., Irritable bowel syndrome or to a tissue.

"This sounds like a pain coming from the muscles in the stomach wall."

Reviewing test results

Go through each test in turn.

"The test showing whether you are likely to develop diabetes in the next 5 years (HbA1C) was perfectly normal."

"Your cholesterol was mildly elevated, but this would not cause any of your complaints."

"One of the two tests on your thyroid gland (TSH) was elevated. This tells me that you have an underactive thyroid gland. So, you are correct, your lethargy is due to a new physical condition."

Additional guidance

To help manage people living with anxiety for their non-anxiety related conditions, the following steps can be implemented.



Foster open, empathetic communication by employing active listening, a practice of fully focusing, reflecting, and responding thoughtfully to ensure the speaker feels heard.



Recommend they request a double appointment.



Suggest the use of a symptom tracker to help them record their symptoms over time.



Take an integrated multi-disciplinary approach to complex cases seeking advice from specialists in the practice.



Schedule follow-up appointments during the consultation to prevent anxiety-induced delays and ensure continuity of care.



Provide people with avenues for post-appointment advice or clarification, such as email or a practice messaging system, and refer to a specialist if necessary.



Questions to consider asking people with anxiety

These questions are designed to help GPs foster a deeper understanding of the experiences of people with anxiety experiencing physical symptoms and build a trusting relationship that validates their concerns.

- Can you explain the symptoms and/or concerns you have? Are these new symptoms or have they worsened? What frequency are you having them? Would you like our symptom tracker leaflet to record the symptoms over the next 7 days and send them in.
- Have there been any significant changes in your life events lately that may have caused or exacerbated symptoms?
- Are there any health concerns that you feel we haven't adequately addressed?
- Do you understand the information and explanations I've provided? Is there anything you'd like me to clarify or ask?
- Is there anything else you would like to discuss that we haven't covered yet?

Self-reflection tool

This is a simple tool that GPs can use to reflect on their approach to treating people with anxiety, for their non-anxiety related conditions.

Regular use of this tool is essential as it promotes continuous self-awareness, fosters professional growth, and ultimately leads to improved outcomes for people with anxiety.

Questions to ask yourself

Consideration of non-anxiety conditions

How often do I consider non-anxiety related causes when a person with anxiety presents new symptoms?

Communication

How effectively do I communicate with people with anxiety? Do I give them enough time to voice their concerns?

Active listening

How well do I practice active listening during consultations with people with anxiety? Do I maintain eye contact, avoid distractions, provide non-verbal cues to show that I am following along, respond empathetically?

Bias awareness

How aware am I of any potential biases that may impact my treatment of people with anxiety?

Continuity of care

How well do I ensure continuity of care for people with anxiety, including scheduling follow-up appointments and providing avenues for post-appointment advice?

Referral practices

How confident am I in knowing when to refer a person with anxiety to a specialist? Do I reach out to specialists when I am uncertain about how to proceed?

Feedback

How often do I seek and incorporate feedback from people with anxiety who I consult to improve their care?

Self-education

How often do I engage in self-education or professional development activities? Including, staying up-to-date with the latest research, understanding other potential causes of symptoms that overlap with anxiety and side-effects of medications.



References

- 1 [Anxiety UK](https://www.anxietyuk.org.uk/projects-campaigns/), Medical Gaslighting and Diagnostic Overshadowing in those with Anxiety. <https://www.anxietyuk.org.uk/projects-campaigns/> [last accessed 05.02.2024]
- 2 [Medical Gaslighting](https://www.bupa.com.au/healthlink/mental-health-wellbeing/mental-health/medical-gaslighting-what-is-it-and-how-to-be-heard) Definition: Margerison, S. (2023, May 30). Medical gaslighting: What is it? And how to be heard. <https://www.bupa.com.au/healthlink/mental-health-wellbeing/mental-health/medical-gaslighting-what-is-it-and-how-to-be-heard> [Last accessed 30.01.2024]
- 3 [Diagnostic Overshadowing](https://doi.org/10.1111/inm.13034) Definition: Hallyburton A. Diagnostic overshadowing: An evolutionary concept analysis on the misattribution of physical symptoms to pre-existing psychological illnesses. *Int J Ment Health Nurs*. 2022 Dec;31(6):1360-1372. doi: 10.1111/inm.13034. Epub 2022 Jun 19. PMID: 35718951; PMCID: PMC9796883.

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