

*Anxiety UK*

# Is it just my anxiety?

Presenter: Dave Smithson  
Anxiety UK

# Anxiety UK: 'Medical Gaslighting and Diagnostic Overshadowing' Survey Research



# Research background & aims

Anxiety UK had received anecdotal feedback that some people living with anxiety had experienced issues accessing healthcare services related to either 'medical gaslighting' or 'diagnostic overshadowing', when seeking healthcare advice for conditions other than their anxiety.

## **Medical Gaslighting (MG) Definition**

Medical gaslighting describes a behavior in which a physician or other medical professional dismisses or downplays a patient'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) Definition**

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

# Research background & aims

The research aimed to further explore these reported issues in people with Generalised Anxiety Disorder (GAD) relative to the general population. In addition, research was conducted to understand if GPs were aware of such issues.

We conducted a survey among the UK general public and Anxiety UK members from 11<sup>th</sup> May – 31<sup>st</sup> May 2023.

# Patient survey methodology



## Included in the survey were:

- **259** people aged 18+ without diagnosed Generalised Anxiety Disorder (GAD) who were recruited from a market research company sample panel
- **328** people aged 18+ who are Anxiety UK members and were contacted by the charity to complete the survey, out of which **237 reported living with GAD.**

# Overall findings (people with GAD)

**44%** of people with GAD reported that they have or may have **experienced problems\* getting professional medical help for a physical health condition or disease because of their GAD.**

The survey then aimed to further understand exactly what issues people with GAD face when it comes to accessing medical help for a physical health condition or disease unrelated to their GAD.

\*\* 44% defined as the number of respondents who answered yes (34%) and maybe (10%) to the following question: Have you ever experienced problems getting professional medical help for a physical health condition or disease (not your GAD or another mental health problem) because of your GAD?

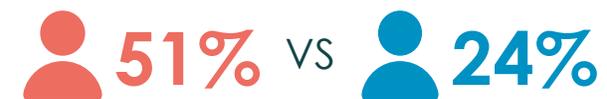
# Overall findings (people with GAD)

At least half of people with GAD who experienced issues accessing care reported experiences of what may be perceived as **medical gaslighting**, including:

Not having their symptoms taken seriously

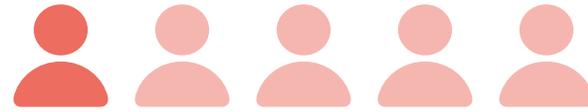


Having their symptoms ignored / denied / dismissed by their healthcare providers



 GAD  non-GAD

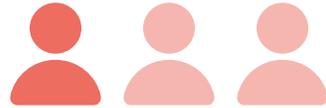
# Overall findings (people with GAD)



Approximately **1 in 5** people with GAD who experienced issues accessing care reported experiencing what would be considered **diagnostic overshadowing**.

**23%** of respondents with GAD who experienced issues accessing care reported **having symptoms of a physical condition (e.g., increased heart rate, sweating, breathing issues) mistaken for their GAD** compared to **7% of non-GAD** respondents who reported that their physical condition was not properly investigated because the symptoms were the same as the symptoms of another physical condition.

# Overall findings (people with GAD)



Nearly **1 in 3** people with GAD who experienced issues accessing care reported that GAD complicated their ability to get an **accurate diagnosis**.

Additionally, **20%** of respondents who experienced issues accessing care cited **that their HCPs were not aware that anxiety could be a symptom of an underlying physical condition**.

# Impact on Quality of Life

The survey also evaluated how experiencing difficulties accessing healthcare (GAD n=105; non-GAD n=259) impacts the quality of life of people with GAD.



**People with GAD who reported experiencing issues accessing care pay a bigger financial price** as a result of their issues getting care — they are more than **three times as likely as those without GAD to report that their job prospects were impacted (at 32% vs 10%, respectively).**

**People with GAD aged 18-24 and 55-64 who reported experiencing issues accessing care often cited that their job prospects were impacted** (42% and 48% respectively, compared to 32% of overall GAD patients who reported experiencing issues accessing care).

# Lack of access to care has greater impact on QOL for people with GAD compared to the general public



People with GAD who reported experiencing issues accessing care are also more than **twice as likely to report being compelled to seek private care** as a result (43%, compared to 19% of people without GAD).

Similarly, **people with GAD aged 18-24 and 55-64** who experienced issues accessing care were more **likely to report seeking private care** as well (58% and 61% respectively, compared to 43% of overall GAD patients).

**Women** with GAD who experienced issues accessing care were also **more likely than men to report seeking private care** (46% women, compared to 30% men).

# GP survey methodology

We fielded a survey among UK-based GPs from 25<sup>th</sup> August - 6<sup>th</sup> September 2023.

## Included in the survey were:

- **200** GPs, all of whom had reported having a consultation with at least one patient who had been diagnosed with Generalised Anxiety Disorder (GAD) for a condition other than their GAD within the past two years.
- This sample included **154** GPs without extended roles/special interests and **46** with extended roles/special interests.



# Executive summary



Nearly **70% of GPs** believe that bias (including unconscious bias) often, very often, or always makes it more challenging for patients with GAD to receive diagnoses and/or to access care for their non-GAD conditions.

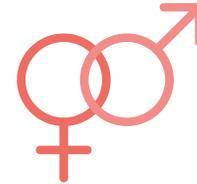


In fact, **over 95% of GPs** report that bias may at least occasionally make it more challenging for patients with GAD to receive diagnoses and/or to access care for their non-GAD conditions.

**By contrast, no GPs** claim that bias never impacts GAD patients' ability to receive diagnoses and/or care for non-GAD conditions.

# Executive summary

**Female GPs are more likely than their male peers to report that bias** often, very often, or always makes it more challenging for patients with GAD to receive diagnoses and/or to access care for non-GAD conditions (75%, compared to 64% among male GPs).



On the other hand, **GPs with over 25 years of experience report this bias less often than other GPs.** Less than half (48%) believe bias often, very often, or always makes it more challenging for patients with GAD to receive diagnoses and/or to access care for non-GAD conditions—compared to 70% of GPs overall.



# Executive summary



**Most GPs (72%) report that diagnostic overshadowing** is more challenging for GPs when diagnosing and/or treating a patient with GAD — compared to the general population.

**The majority of GPs (66%) also believe insufficient time** to engage with the patient and understand their symptoms complicates care for people with GAD.

**Female GPs are more likely to cite insufficient time** (74% vs 60%) and **lack of continuity of care** (57% vs 39%) as key challenges, compared to their male peers.

# Executive summary

Over half of GPs (55%) report that the shift from face-to-face consultations to telephone consultations has impacted patients living with GAD more negatively, compared to the general population.

- Additionally, **GPs with 11-15 years of experience** more often (65%) reported that the shift to telephone consultations negatively impacted patients with GAD.
- However, **most GPs aged 65+** (60%) report that patients with GAD have not been impacted more negatively or more positively than the general population.



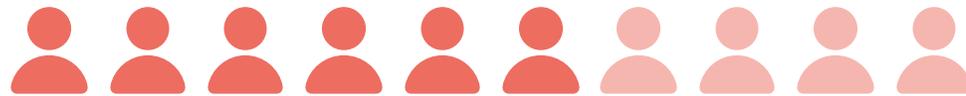
Most GPs (68%) also report that anxiety can always, very often, or often be a symptom of an underlying physical condition. In fact, over 90% report that anxiety can at least occasionally be a symptom of an underlying physical condition.



# Overall findings (GPs)



**More than 9 in 10 GPs (95%) believe that patients with GAD at least occasionally experience difficulty or delays accessing care for non-GAD conditions due to bias** (including unconscious bias).



**Nearly 6 in 10 GPs (58%) report that this bias often, very often, or always leads to difficulty/delays accessing care for people with GAD.**



The majority of **GPs** stated that **all tools/resources/support detailed in the survey would be helpful when treating patients with GAD**—especially support from **Extended Role GPs, tools translated into different languages, and extended appointment times** .

Overall, findings from our GP survey parallel much of what we found in the patient survey—including that **people with GAD experience diagnostic overshadowing and other biases that prevent them receiving quality care, and that further tools/resources/support are needed.**

# Key messages

**1. Medical gaslighting and diagnostic overshadowing are phenomena experienced by those with GAD** (supporting anecdotal reports made previously to Anxiety UK)

- 44% (n=105) of those with GAD (n= 237) reported that they have or may have experienced problems getting professional medical help for a physical health condition or disease because of their GAD.
- Additionally, 1 in 5 of this group (20%) reported experiencing what would be considered diagnostic overshadowing with 23% citing their symptoms of a physical condition were mistaken for their GAD.

**2. 70% of GPs believe that bias (including unconscious bias) often, very often, or always makes it more challenging for people with GAD to receive a diagnosis and/or access to care for their non-GAD conditions.**

**3. Both those with GAD and GPs believe action needs to be taken to improve health outcomes for those with GAD experiencing non-GAD conditions.**

# Recommendations

**Anxiety UK is therefore recommending** that guidelines should be developed for clinicians to improve the detection, diagnosis, and treatment of non-GAD conditions in people with GAD.

Resources and support for people with GAD seeking care for non-GAD conditions in primary care settings should also be developed to reduce the likelihood of being affected by medical gaslighting and/or diagnostic overshadowing. This could include, for example, production of a conversational tool for people with GAD to use when consulting with HCPs, including their GP.

Training and awareness initiatives should similarly be developed to address bias and diagnostic overshadowing in people with GAD, especially targeting male GPs and those with more than 25 years' experience.

# For more information:

**A copy of the toolkits can be found here:**

**For those living with anxiety**

**<https://www.anxietyuk.org.uk/wp-content/uploads/2024/05/Toolkit-for-people-with-anxiety.pdf>**

**For healthcare professionals supporting someone with anxiety**

**<https://www.anxietyuk.org.uk/wp-content/uploads/2024/05/GP-toolkit.pdf>**

**A copy of the full report**

**[https://www.anxietyuk.org.uk/wp-content/uploads/2024/01/AUK23\\_Medical-Gaslighting-Report-1.pdf](https://www.anxietyuk.org.uk/wp-content/uploads/2024/01/AUK23_Medical-Gaslighting-Report-1.pdf)**

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