

PSYCHOSOCIAL CORRELATES OF HEALTH ANXIETY IN A HEALTHY ADULT POPULATION

Karácsony I¹, Balázs-Teke B², Ferenczy M², Boncz I³, Szabó L², Komlósi K¹, Pakai A²

¹University of Pécs, Faculty of Health Sciences, Institute of Basic Health Sciences, Midwifery and Health Visiting, Szombathely, Hungary,

²University of Pécs, Faculty of Health Sciences, Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, Szombathely, Hungary,

³University of Pécs, Faculty of Health Sciences, Institute of Health Insurance, Pécs, Hungary,

OBJECTIVES

Health anxiety can be described as excessive, persistent concern about one's health, often in the absence of objective health risks. The aim of this study was to examine the extent and characteristics of health anxiety among healthy adults and to explore the relationship between sociodemographic factors, general well-being, and social support and health anxiety.

METHODS

We conducted a quantitative, cross-sectional study using online data collection involving adults aged 25-65 who did not suffer from chronic diseases (N=116). Data collection was performed using a self-designed questionnaire and validated measurement tools (SHAI, MSPSS, WHO-5). Statistical analysis of the data was performed using SPSS 28.0 software, applying a two-sample t-test, one-way analysis of variance, and correlation calculation (p<0.05).

RESULTS

The majority of participants had secondary or higher education. The presence of health anxiety was confirmed, and its extent did not differ significantly from the results of previous studies. The highest levels of anxiety were associated with increased perception of physical sensations and the perceived quality of life-destroying effects of serious illness. Most sociodemographic variables (age, gender, educational attainment, number of children) did not significantly influence the level of health anxiety (Table1), but married individuals showed lower anxiety scores than divorced individuals (Figure1) (p<0.05). A more favorable subjective health status (p<0.05), higher general well-being (p<0.05) (Table 2, Figure 2), and greater social support (p<0.05) (Table 3) were associated with lower health anxiety.

CONCLUSIONS

The results confirm that health anxiety is a phenomenon that is also present among healthy adults and is closely related to psychosocial factors. Strengthening social support and general well-being may play an important role in preventing and reducing health anxiety.

Health anxiety	age	r=-0,032 p=0,73
	gender	t(114)-1,036 p=0,302
	marital status	F(3,111)1,21 p=0,03
	educational background	F(2,113)0,26 p=0,765
	place of residence	F(3,111)0,75 p=0,521
	whether there are children in the family	t(114)-1,317 p=0,190

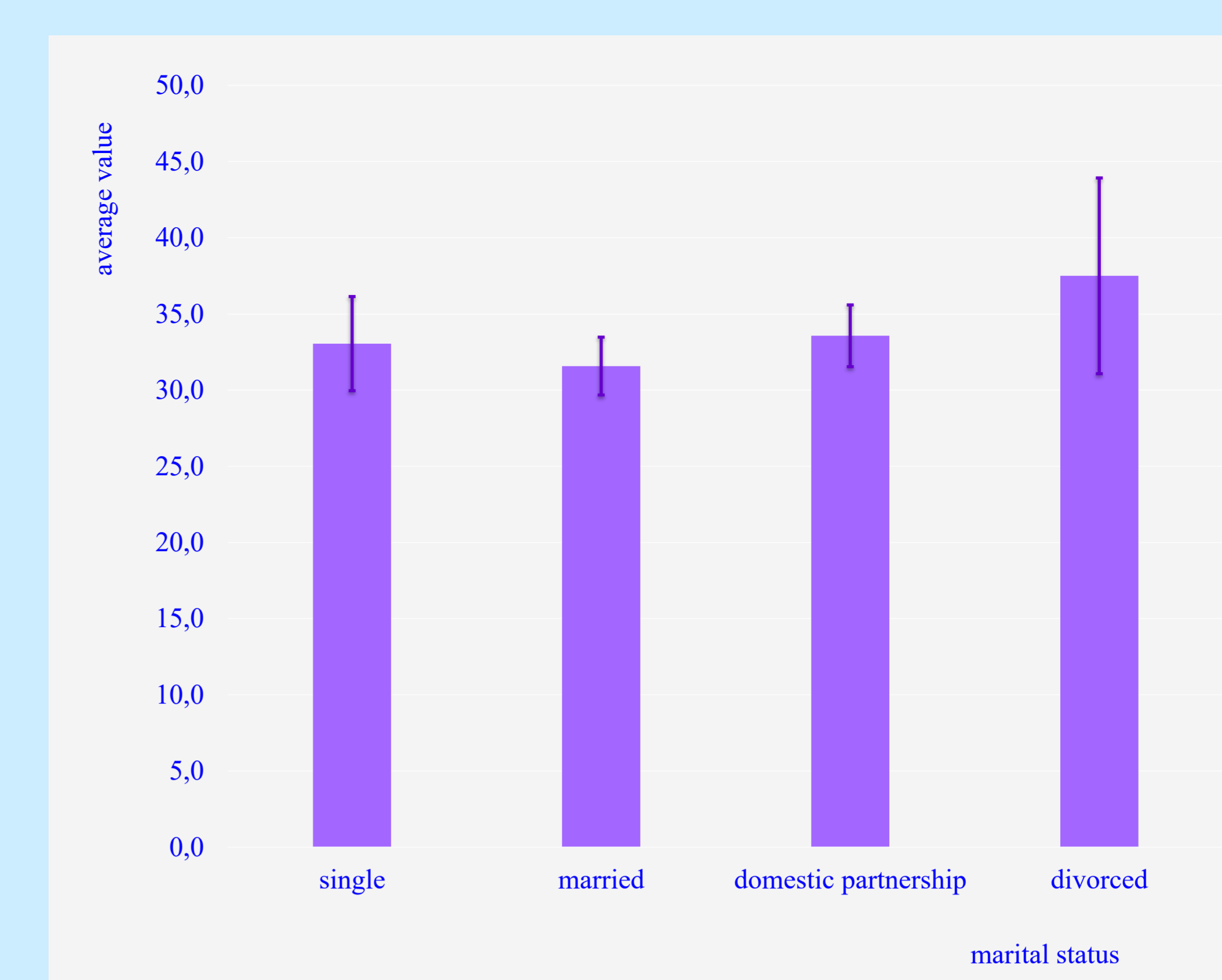


Figure 1. Average scores for health anxiety by marital status (n=116)

Table 1. The Relationship Between Health Anxiety and Sociodemographic Factors (N=116)

Health anxiety	r=-0,32 p<0,001
Health anxiety - Observed consequence of the disease	r=-0,38 p<0,001
Health anxiety - Probability of becoming disease	r=-0,23 p=0,01

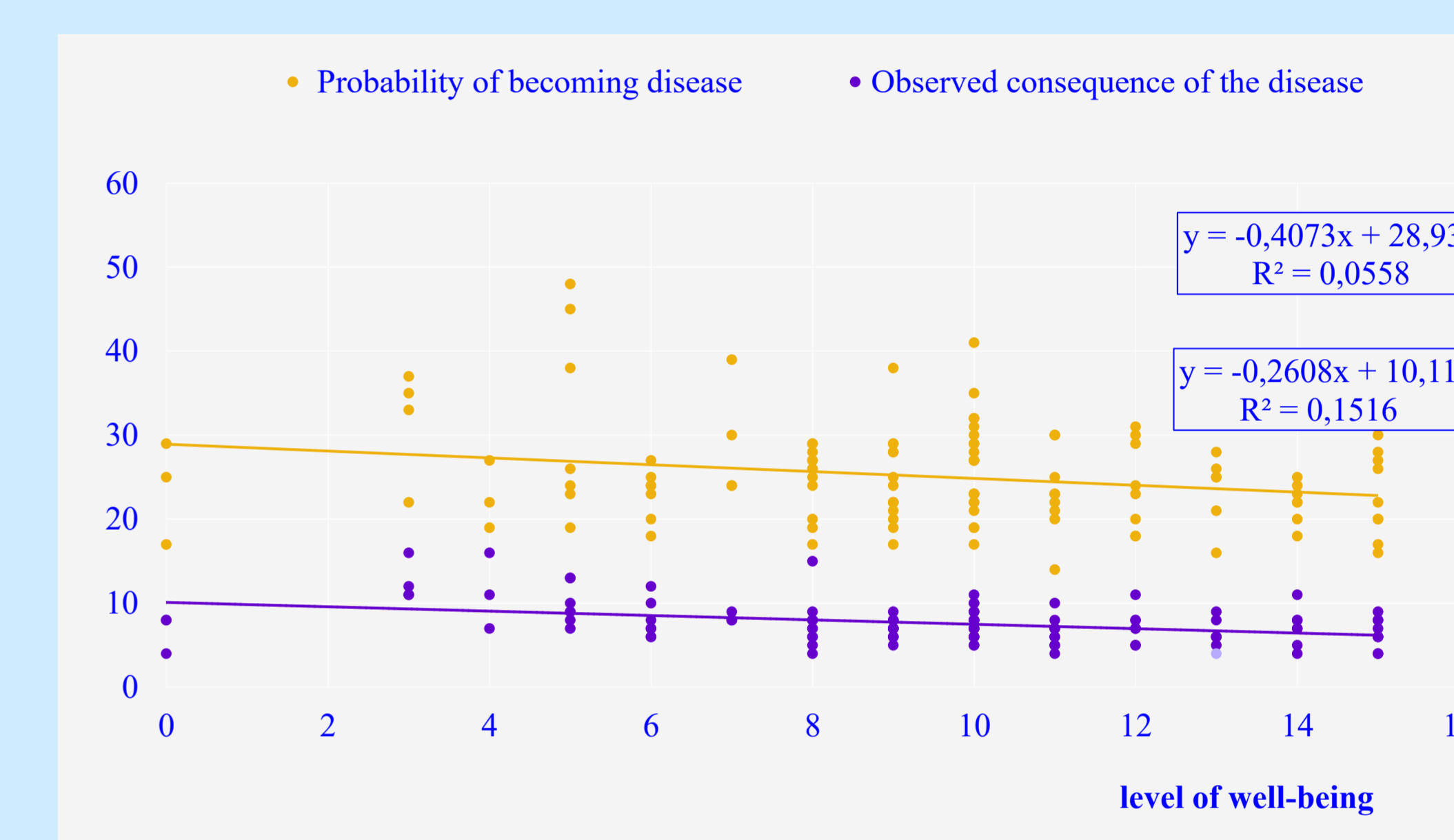


Figure 2. The Relationship Between Health Anxiety and Well-Being (N=116)

Table 2. The Relationship Between Health Anxiety and Well-Being (N=116)

	MSPSS significantly different	MSPSS family	MSPSS friends	MSPSS total
Health anxiety	r=-0,285* p=0,002	r=-0,410 p<0,001	r=-0,438 p<0,001*	r= -0,452 p<0,001
Health anxiety - Observed consequence of the disease	r=-0,193 p=0,038	r=-0,301 p=0,001	r=-0,381 p<0,001	r=-0,354 p<0,001
Health anxiety - Probability of becoming disease	r=-0,270 p=0,003	r=-0,379 p<0,001	r=-0,382 p<0,001	r=-0,409 p<0,001

Table 3. The Relationship Between Health Anxiety and Social Support (N=116)

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Corresponding author:
Dr. Annamaria PAKAI, MSc, RN, PhD, Habil
University of Pécs, Faculty of Health Sciences, Institute of Emergency Care, Pedagogy of Health and Nursing Sciences, Pécs, Hungary E-mail: annamaria.pakai@etk.pte.hu

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