Reviewer's report

Title: Hypochondriacal attitudes comprise heterogeneous non-illness-related cognitions

Version: 1 Date: 4 June 2012

Reviewer: Laura Sirri

Reviewer's report:

Dear Editor,

I carefully read the article titled “Hypochondriacal attitudes comprise heterogeneous non-illness-related cognitions”. I found it a very interesting contribution on the cognitive features of hypochondriacal fears and beliefs. Most of the studies on cognitive processes in hypochondriasis and health anxiety have been focused on illness-related cognitive biases (e.g., overestimation of dangerousness of bodily changes or sensations), while non-illness-related cognitive biases have received poor attention, despite preliminary studies suggesting a significant role in hypochondriacal fears and beliefs. This study examines the relationship between hypochondriacal attitudes and social fears, reduced cognitive capacity to associate positive appraisal and familiarity, and self-esteem. The findings may provide important implications for the clinical management of subjects with hypochondriacal symptoms (e.g., time-scheduled consultations), as described in the Discussion section. Furthermore, the study of such non-illness-related cognitive biases may allow a better understanding of both similarities and boundaries between the hypochondriacal spectrum and other disorders (e.g., social phobia). However, Authors should make some minor revisions before publication.

Minor Essential Revisions:

1. Page 3, line 9 of the Background section: Authors suggested how professionals may start treatment before all ICD-10 or DSM-IV criteria for hypochondriasis are satisfied. As to the importance of subsyndromal hypochondriacal symptoms, Authors could mention how the Diagnostic Criteria for Psychosomatic Research (DCPR; see Fava GA, Freyberger HJ, Bech P, Christodoulou G, Sensky T, Theorell T, Wise TN: Diagnostic criteria for use in psychosomatic research. Psychother Psychosom 1995, 63: 1-8.) concerning disease phobia, tanathophobia and health anxiety may occur in the absence of DSM-IV hypochondriasis and they entail important clinical implications (see Porcelli P, Rafanelli C: Criteria for psychosomatic research (DCPR) in the medical setting. Curr Psychiatry Rep 2010, 12: 246-254.).

2. Page 4, line 5 and last line: the word “mistrust” after the colon should begin with a small letter (from “Mistrust” to “mistrust”).

3. Page 5, line 4: the term “disorders” should be replaced by “features”.

4. Page 7, line 8 of the Measures section: “Sirri and Grandi” should be replaced
by “Sirri et al.”.
5. Page 7, line 3 from the bottom: the mark after the word “stranger” should be put after the quotation mark.
6. Page 14, line 14 and page 15, line 3: “according ICD-10” should be replaced by “according to ICD-10 or DSM-IV”.
7. Page 14, last sentences: as Authors stated, the findings of this articles suggest the importance of repeated consultations in the clinical management of patients with hypochondriasis. This confirms Kellner’s work (see reference 9 and Fava GA, Grandi S, Rafanelli C, Fabbri S, Cazzaro M: Explanatory therapy in hypochondriasis. J Clin Psychiatry 2000, 61: 317-322.) on explanatory therapy for hypochondriacal fears and beliefs, which was based on adequate medical reassurance, information and explanation after an accurate medical evaluation (see Kellner R: Diagnosis and treatments of hypochondriacal syndromes. Psychosomatics 1992, 33: 278-289.).

Discretionary Revisions:
1. Page 3, line 2: “to safety signals” could be added after “To compensate for reduced susceptibility”.
2. Page 4, line 4: reference 29 (which included the Illness Attitude Scales in appendix) may be listed together with reference 9.
3. Page 5, lines 6 and 7: the meaning of the sentence “Interpersonal goals were appreciated from persons with and without hypochondriacal attitudes” could be clarified.
4. Page 6, Participants section: Authors could list the diseases included in the interview to classify subjects as afflicted or not afflicted with a disease.
5. Page 7, line 11 of the Measures section: Authors could specify that according to Kellner a score of either 3 (corresponding to “often”) or 4 (“most of the time”) to at least one item of the Hypochondriacal Beliefs and Disease Phobia scales identify patients with hypochondriasis (see reference 29).
6. Page 13, lines 10 and 11: the sentence “This model assumes that it is more likely that one cause induces two independent consequences (illness concern # social fears and reduced cognitive capacity) than vice versa” could be replaced by “This model assumes that it is more likely that one cause (illness concern) induces two independent consequences (social fears and reduced cognitive capacity) than vice versa”.

**Level of interest:** An article of outstanding merit and interest in its field

**Quality of written English:** Acceptable

**Statistical review:** No, the manuscript does not need to be seen by a statistician.

**Declaration of competing interests:**
I declare that I have no competing interests.