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Validation of the Russian version of the Cyberchondria severity scale

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Background and aims. Cyberchondria is defined as an excessive online search for health-related information, which causes or strengthens anxiety about health (Starcevic, Berle, 2013). Although there is the measure to assess this construct, it is a matter of dispute, is the cyberchondria a part of hypochondria or of problem internet use. The aim was to validate Russian version of the Cyberchondria Severity Scale (CSS) and to compare cyberchondria with both the problem user activity and behavior typical for hypochondria disorder.

Methods. 126 adults (18-70 years old, M = 37.6; SD = 11.8) filled The Cyberchondria Severity Scale (McElroy, Shevlin, 2014), Chronic Internet Addiction Scale (Chen et al., 2003), Scale for Assessing Illness Behavior (Reif et al., 2001), Cognitions About Body and Health Questionnaire (Reif et al., 1998).

Results. 5-factor structure explained 61.97% of variance with an excellent reliability for the overall measure (Cronbach α = .93) and good to excellent for subscales (.85-.94). All but one subscales of CSS correlated to Internet Addiction Scale (r = .37). Cyberchondria was related to autonomic sensations (r = .23), bodily weakness (r = .23), intolerance of bodily complaints (r = .29) and somatosensory amplification (r = .29). Illness behavior was related to “Reassurance” scale (r = .16-.33).

Conclusions. Results support reliability and validity of the Russian version of the CSS. Cyberchondria is related to both excessive internet use and illness behavior but relationships are medium. Research is supported by the Russian Foundation for Basic Research, project No. 18-013-01222.

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The seven steps of the clinical-qualitative content analysis: a data-processing technique for research into clinical care settings

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Background and aims. Qualitative research procedures are not always well understood or correctly applied in the health context, especially in the data analysis step. Our methodological proposal considers that one of the steps of qualitative research applied in the health field can acquire an analogous perspective to clinical practice. The Clinical-qualitative Content Analysis aims to explore emotional meanings through individual interviews.

We aimed to present a systematized and concise technique of step-by-step procedures for certain refined content analysis in the assistance health field: The Clinical-qualitative Content Analysis.

Methods. Methodologically, the qualitative research design, when applied to the field of health, can have a way analogous to the traditional approach in professional clinical practice. Thus, the denomination: clinical-qualitative content analysis. This kind of analysis is a section of the Clinical-qualitative Method, such as it was developed in the Brazilian environment academic.

Results. The Clinical-qualitative Content Analysis technique comprises seven steps: 1) Editing material for analysis; 2) Floating reading; 3) Construction of the units of analysis; 4) Construction of codes of meaning; 5) General refining of the codes and the Construction of categories; 6) Discussion; 7) Reflexivity.

Conclusions. As final considerations, we state it is a proposal for systematization qualitative content analysis procedures in order to bring clarity to the researcher who intends to do qualitative research in clinical settings and ensure quality of the analysis. It is a technique indicated for questions arising in an assistance setting and that seek to encourage reflections an interventions for professionals faced with the life experiences of their patients.

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When a neurological condition is interpreted as psychiatric disorder

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Background and aims. It is common knowledge that many neurological conditions manifest with psychiatric symptoms, such as cognitive impairment, mood disorders, personality changes or even psychotic symptoms, either on the early or on the late stages. Some of those diseases are of infectious or autoimmune cause, others are related to seizures, stroke or trauma. Additionally, the neuropsychiatric symptoms may be due to hormonal or metabolic disorders,