



THIS IS ONLY A (MEDICAL) TEST...

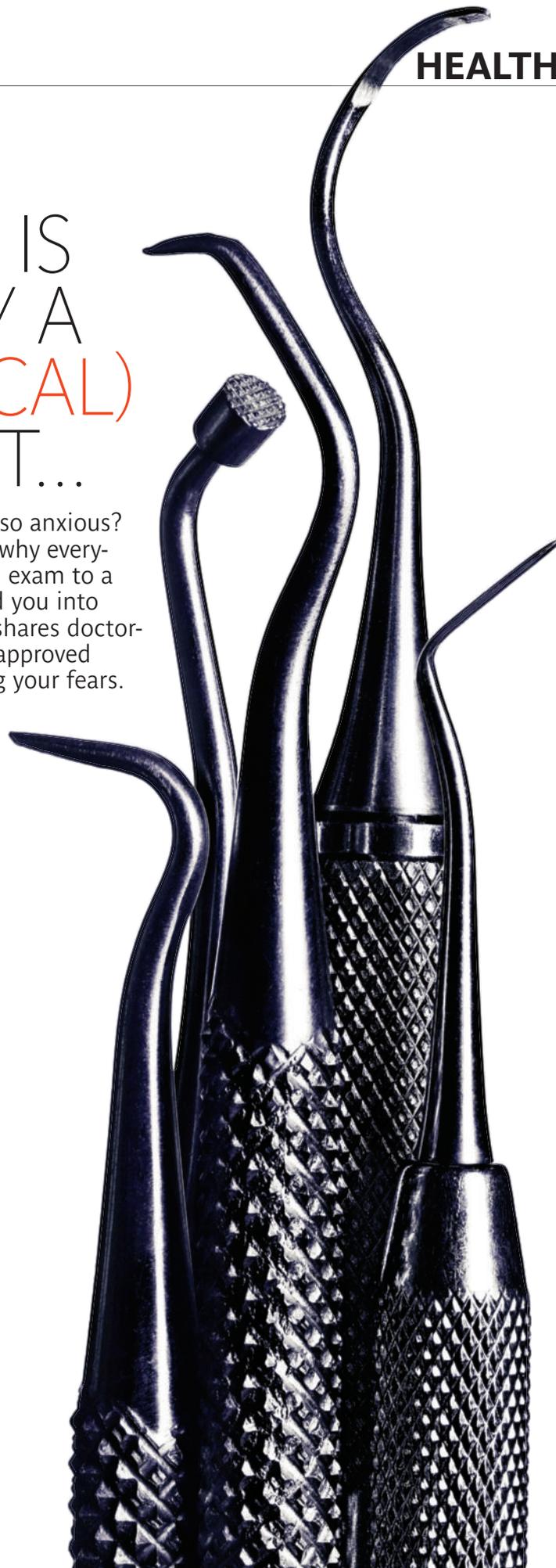
So why do you feel so anxious? *Real Simple* reveals why everything from a dental exam to a Pap smear can send you into panic mode—and shares doctor-tested and patient-approved strategies for easing your fears.

The SATs may be a distant memory, but your test-taking days are far from over. In fact, you probably have a few on your calendar now: a cholesterol check, a glaucoma assessment, a (gulp) colonoscopy. And chances are, those adolescent jitters were nothing compared with your current anxiety. When it comes to medical testing, many adults are too nervous to show up.

A 2013 study by the Centers for Disease Control and Prevention revealed that one in three people ages 50 to 75 have not undergone recommended colorectal cancer screenings, and the American Cancer Society reports that 29 percent of insured women shirk recommended mammograms. Doctors think that anxiety—about the results as well as the discomfort of the exams themselves—is often to blame. In a 2012 paper published in the *Journal of Health Communication*, about half of the people surveyed said that they had not wanted to hear health information at some point in the past and 30 percent said that they had avoided it (by, say, putting off a test). Why the emotional holdup, and what can you do about it?

WRITTEN BY Julia Edelstein

PHOTOGRAPHS BY Jamie Chung





if you're scared of the results...

There's a presumption in Western society that seeking information about our health is something that we all should do and *want* to do, says Joshua Barbour, an assistant professor of communication at Texas A&M University, in College Station. But that's not always human nature, especially if the information is potentially threatening. "In other parts of the world, this hesitation is understood," says Barbour, pointing out that in Asia, it's not unusual for family members to obtain test results for their loved ones. In the United States, only the patient has access to that information. But according to experts, many of us harbor an inherent tendency to search out only information that fits what we want to believe and to avoid (consciously or not) information that contradicts it. In other words, why would you want to

get the results of a medical test if you risk being told that your good health isn't, in fact, so good? There's also a biological reason for putting off a test. According to a 2003 study published in the *Personality and Social Psychology Bulletin*, changing your viewpoint requires energy. It takes less time and requires less cognitive effort to just go about your business than it does to process bad news.

If you need some help to work against these forces and convince yourself to schedule a doctor's appointment, do the following. (After all, the most effective way to control your reality is to keep your health in check.)

LIST THE PROS AND CONS.

Among subjects who were asked to list four reasons for and against learning their risk

of heart disease, 72 percent wound up getting a cardiac assessment, compared with only 45 percent in a control group, according to a 2013 study in *Psychological Science*. Contemplating a procedure's advantages and disadvantages encourages you to weigh the knee-jerk need for short-term comfort (*I don't want to find out that I'm sick*) against the more compelling long-term consequences (*If I don't catch the cancer early, I might not meet my grandchildren*).

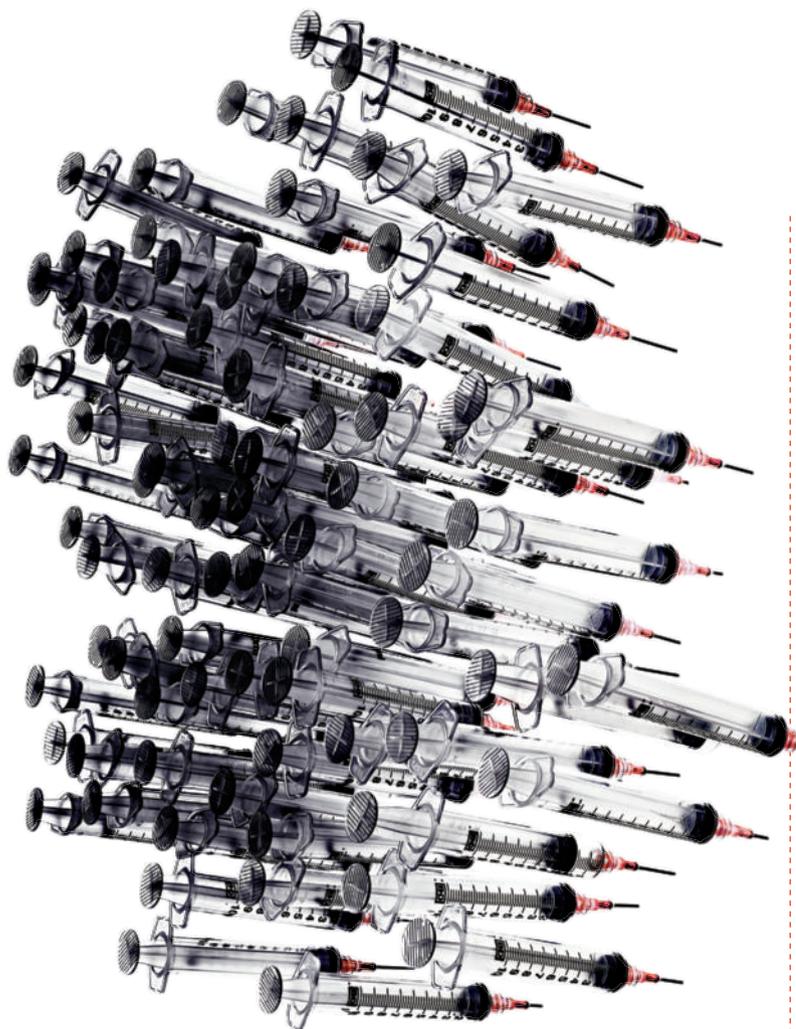
LEAN ON YOUR LOVED ONES.

Telling a friend about an upcoming test creates a feeling of accountability, making you less likely to cancel at the last minute. Also, a 2010 study in the *Journal of Health and Human Services Administration* found that the more often people at risk for HIV infection interacted with family and friends, the more likely they were to get tested. The reason: "If you have someone to turn to

if the news is bad, you may feel more inclined to seek information," says James A. Shepperd, a professor of psychology at the University of Florida, in Gainesville.

DEVISE A PLAN FOR THE WORST-CASE SCENARIO.

People often avoid tests to keep hope alive. (*If I don't have a mammogram, there's still a chance I don't have cancer.*) But it's essential to acknowledge that even with bad news, hope can persist. Consider the actions you may take if you receive disappointing results. For example: *If I have cancer, I'll find the best treatment options available and still enjoy my life.* It may also help to seek out like-minded friends who have received bad health news and persevered. By learning how they coped, you'll more easily envision yourself achieving the same recovery.



if you're scared of the procedure...

The fear of physical discomfort can be as big a hindrance to test-taking as the fear of hearing bad news. One effective way to thwart your anxiety is to call your doctor to ask how much discomfort the test can possibly cause, suggests Martin Antony, a professor of psychology at Ryerson University, in Toronto, and a coauthor of *Overcoming Medical Phobias*. In most cases, says Antony, the pain will probably “be manageable and soon be over.”

And remember: Your fate isn't only in the hands of your doctor. Here are steps you can take to soothe your mind and body before and during some of the most common exams.

BLOOD TEST: A blood analysis gives your doctor insight into a range of conditions, from nutritional deficiencies to disease risks. If you loathe the sharp prick of a needle, ask the nurse for one that's 22- or 23-gauge. “This will typically cause less pain than 20- or 21-gauge needles, which are larger and used more often,” says Amy Baxter, a pediatric emergency physician in Atlanta, who studies needle phobia in children and adults. You can further reduce pain with a

topical anesthetic; buy LMX 4 over the counter or, when you make your appointment, ask your doctor to prescribe EMLA, a numbing cream. “After two hours, the skin on your arm will feel numb and your veins will dilate, making it easier for the needle to be inserted correctly,” says Baxter. Another way to decrease pain is to expose your arm to vibration. For this specific purpose, Baxter has developed a vibrating armband called Buzzy (\$40, buzzy4shots.com), which you can get in advance of your appointments.

Constantly getting stuck (ha!) with a practitioner who just can't get that needle into your vein? Adopt a “Two tries and you're out” rule, suggests Hollye Jacobs, a breast cancer survivor and a nurse based in Santa Barbara, California, who is the author of *The Silver Lining: A Supportive and Insightful Guide to Breast Cancer*. Politely tell the person, “I have a ‘two-stick maximum’ policy. I'd like another nurse to give it a try, please.”

COLONOSCOPY: This exam detects abnormalities in your large intestine and is recommended every 10 years beginning at age 50 (and more frequently for those who have symptoms of, or are at high risk of, diseases of the bowel). The most difficult part for many patients is the preparation before the test, which entails sticking to a clear-liquid diet for about 24 hours and drinking a laxative that empties the colon.

The secret to a painless prep is choosing the right laxative and pacing yourself as you drink it. A split-dose preparation of polyethylene glycol powder, which you can ask for by name, is the most tolerable option for many people, says David Rubin, M.D., the chief of gastroenterology at University of Chicago Medicine. Be sure to let the prep liquid sit in the refrigerator for a few hours before you start to drink it. (It tastes best when cold.) You should also use a straw and chase each sip with a tasty beverage, like lemonade, says Douglas Yakich, who has Crohn's disease and runs a support group for patients in Los Angeles through the Crohn's & Colitis Foundation of America. Whatever you do, don't chug the prep; that might bring on cramps and queasiness. In fact, to avoid nausea, it's wise to wait longer between glasses than the recommended 15 minutes. If you find that you can't stomach the last few gulps, don't torture yourself. “Most doctors will not send you away if you don't finish,” says Rubin. “However, cutting the prep short can lead to an inadequate examination.” A good barometer for knowing that your prep is sufficient: “What you're passing should look like water,” says Rubin.

For the actual procedure, as long as you're OK with sedation or anesthesia, you'll be “asleep” and won't feel a thing. If you don't like the idea of going under, it's possible to do the test with a mild sedative that keeps you awake and comfortable. The most



you'll probably feel is some moderate cramping, and your gastroenterologist can keep anesthesia on standby in case you change your mind.

Listening to music may help if you go this route. A 2006 study in *Gastrointestinal Endoscopy* found that people require less sedation during a colonoscopy when music that they have selected is playing. **DENTAL CHECKUP:** This biannual exam has three main sources of discomfort: the sharp instruments that can make gums bleed, the ultrasonic cleaner that zings sensitive spots, and the bulky X-ray machine and mirrors that can make you gag. To ease discomfort during the cleaning, ask the hygienist to first apply an anesthetizing gel, such as Oraqix, suggests Jerry Gordon, a dentist in Bensalem, Pennsylvania, who specializes in dental phobia. You can also ask the hygienist to hand scale the old-fashioned way instead of using the ultrasonic cleaner. This should cut down on noise, vibration, and sensitivity, says Rhonda P. Sonson, of Cleveland, who is a fellow at the International Society of Dental Anxiety Management (ISDAM) and a reformed dental phobic. As for the gag reflex, ask for a topical anesthetic spray, and remember that "it is impossible to breathe and gag at the same time," says Mike Gow, a dentist in Glasgow and the founder of ISDAM.

"Long, continuous breaths through your nose work well." Another distraction technique: Lift your leg and focus on holding it there until the X-ray is over. If you still can't handle the stress? Ask your doctor for oral anesthesia or nitrous oxide, says Gordon.

GLAUCOMA ASSESSMENT: This test, recommended as part of your usual eye exam, looks for the elevated eye pressure and the optic-nerve changes that

are associated with glaucoma, a condition that, if left untreated, can lead to vision loss. Many patients know this screening as a startling puff of air shot at the eyeball. But there are many other ways to measure eye pressure, says Andrew Iwach, an ophthalmologist in San Francisco who specializes in glaucoma and a spokesperson for the American Academy of Ophthalmology. Ask about your options. It can entail applying a drop of anesthetic to the eye, so "patients often aren't even aware that doctors are checking it," says Iwach. If the idea of anything coming close to your eyes, numbed or not, still unsettles you, it may help to keep your mind focused on the sensations in a different part of your body (say, your forehead) during the test.

MAMMOGRAM: The timing and the effectiveness of this breast cancer screening remain hotly debated. The American Cancer Society recommends annual mammography for women starting at age 40, while the U.S. Preventive Services Task Force recommends biannual mammography starting at age 50. To feel less exposed during the exam, wear pants or a skirt, not a dress. Otherwise you'll be standing naked at the machine (except for your gown and undies), instead of from the waist up. You'll also ease discomfort by avoiding scheduling your test right before or during your period, when the breasts tend to be tender, says Laurie Margolies, M.D., the director of breast imaging at Mount Sinai Hospital, in New York City.

MAGNETIC RESONANCE IMAGING (MRI): This painless procedure, which provides high-resolution images of tissues inside your

body, requires you to lie still inside a tube surrounded by a giant magnet, usually for 30 to 60 minutes. Prescription anti-anxiety medication is an effective way to combat the infamous claustrophobia that results. If you prefer to go drug-free, bring an eye mask. That way, you won't be able to see just how close you are to the equipment, says Jacobs. Depending on the screening, you may be able to wear your street clothes (but nothing with metal, like a belt or jeans) in the machine. So if you don't want to be in a flimsy hospital gown, sport cotton leggings or sweatpants. When you're in the machine, you'll hear loud banging in varying sequences. Earplugs can help to tune this out; playing mind games can also stop it from bugging you. Jacobs suggests counting backward from "an unreasonable number that will actually make you think, like 1,359,112." Elizabeth Cluff, a five-year breast cancer survivor from Gilbert, Arizona, thinks about the cities that she has visited, using each change in noise patterns as a cue to switch to another city.

PELVIC EXAM: To make this 10-minute annual procedure less uncomfortable, while waiting, do a few Kegel exercises (by tightening your pelvic-floor muscles as if you were stopping the flow of urine). This may fatigue the pelvic muscles, so they won't clench up, says Kat Wentworth, the executive director of Project Prepare, an organization in Oakland that trains medical students in administering sexual-health exams. Request lubricant on the speculum, then take a deep breath and exhale deeply as your doctor inserts it. Exhaling should relax your pelvic muscles, resulting in less discomfort.

the waiting game

*There's no torture quite like waiting for results from a medical test. According to a 2009 study in the journal *Radiology*, the stress of waiting can lower your immune system so much that wounds (from a biopsy, in the study's case) may actually take longer to heal. To keep your mind and body in top form, use these strategies to relax.*

1 | Get immersed in an activity. "The more engaging it is, the better it is at distracting you," says Kate Sweeny, an associate professor of psychology at the University of California, Riverside. Since new hobbies are tough to become absorbed in, it's best to tackle something that you already enjoy and can do easily, whether it's knitting a scarf or making a scrapbook.

2 | Expect the best—until the last minute. "People who are optimistic suffer less emotional stress during the waiting period," says Sweeny. "But it's a good idea to brace for the worst at the last moment—say, the hour before you see the doctor. This will make the bad news feel less bad and the good outcome feel even better." Briefly preparing for disappointment also allows you to have a quicker rebound. If you're not caught off guard, you may be able to engage in a meaningful conversation with the doctor about what's next.

3 | Hang out with pals. In the days leading up to getting your results, a friend (unlike a family member) can usually help you through anxiety without becoming distracted by her own fears of your diagnosis, says Sweeny.



stress on the rise?

The next time you're anxious in a waiting room, try the calming techniques at realsimple.com/breathe.