

Exploring the relationship between cyberchondria and suicidal ideation: Cross-sectional mediation analysis

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Abstract

Background: The proliferation of online health information has intensified cyberchondria, anxiety from excessive health-related searches. While linked to heightened health anxiety, its association with severe outcomes like suicidal ideation remains underexplored. Understanding this relationship is critical, given rising digital health-seeking behaviors, to inform mental health interventions and mitigate potential psychological risks.

Objective: Cyberchondria (CYB) has been associated with various mental health issues and has been demonstrated to have harmful consequences. This study aimed to explore the association between CYB and suicidal ideation in a sample of the general Chinese population.

Methods: Data were obtained from a cross-sectional and web-based survey conducted in 2024. Structural equation modeling analysis was used to assess the hypothesized model. Standardized (?) estimates, along with their 95% confidence intervals, were calculated for all structural paths, adjusting for participants' background characteristics.

Results: A total of 2,415 individuals completed the questionnaire (response rate = 98.5%). Structural equation modeling revealed a significant association between CYB and psychological distress (? = 0.281, $p < 0.001$), between psychological distress and suicidal ideation (? = 0.504, $p < 0.001$) and between CYB and suicidal ideation (? = 0.107, $p < 0.001$). The indirect effect of CYB on suicidal ideation through psychological distress was also significant (? = 0.142, $p < 0.001$).

Conclusions: The main contribution of the present study is that it highlights an important relationship between CYB and suicidal ideation, with a direct and statistically significant association between these variables. Their relationship is also mediated by psychological distress, which reflects the role of depressive and anxiety symptoms.

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Original Manuscript

Exploring the relationship between cyberchondria and suicidal ideation: Cross-sectional mediation analysis

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Abstract

Background

The proliferation of online health information has intensified cyberchondria (CYB), anxiety from excessive health-related searches. The relationship between CYB and suicidal ideation remains underexplored, although there are indications that people with high levels of CYB may also be suicidal. Understanding this relationship is critical, given rising digital health-seeking behaviors and need to mitigate suicide risk. Emerging evidence suggests that psychological distress can mediate the relationship between CYB and suicidal ideation. However, to the best of our knowledge, no research has directly examined these associations.

Objective

This study had two aims. The first was to examine the relationship between CYB and suicidal ideation in a sample of the general Chinese population. The second aim was to investigate a possible role of psychological distress, reflecting the symptoms of depression and anxiety, as a mediator in the relationship between CYB and suicidal ideation.

Methods

Data were obtained from a cross-sectional and web-based survey conducted in 2024. Structural equation modeling (SEM) analysis was used to assess the hypothesized association between CYB and suicidal ideation, as well as the mediating effect of psychological distress on this association. The Cyberchondria Severity Scale (CSS-12), the Suicidal ideation Attributes Scale (SIDAS), and the Kessler Psychological Distress Scale (K-10) were used to measure CYB, suicidal ideation, and psychological distress, respectively. Standardized (β) estimates, along with their 95% confidence intervals, were calculated for all structural paths, adjusting for participants' background characteristics.

Results

A total of 2,415 individuals completed the questionnaire (response rate = 98.5%). Scores on the CSS-12 ranged from 12 to 60, with the mean score being 40 (SD = 7.9). The mean score on the SIDAS was 12.7 (SD = 9.9). Scores on the K-10 scores ranged from 10 to 50, and the mean score was 22 (SD = 6.9). CYB, suicidal ideation, and psychological distress were significantly correlated. SEM revealed a significant association between CYB and psychological distress ($\beta = 0.281$, $p < 0.001$), between psychological distress and suicidal ideation ($\beta = 0.504$, $p < 0.001$) and between CYB and suicidal ideation ($\beta = 0.107$, $p < 0.001$). The indirect effect of CYB on suicidal ideation through psychological distress was also significant ($\beta = 0.142$, $p < 0.001$).

Conclusion

The main contribution of the present study is that it highlights an important relationship between CYB and suicidal ideation, with a direct and statistically significant association between these variables. Their relationship is also mediated by psychological distress, which reflects the role of depressive and anxiety symptoms.

Keywords: cyberchondria; suicidal ideation; distress; structural equation modeling

Introduction

In today's digital age, the cybertechnology has had a mixed impact on suicidal tendencies [1]. On one hand, online platforms can provide access to mental health resources, suicide prevention websites, crisis interventions and peer support networks to help alleviate feelings of isolation and despair [1,2]. On the other, vulnerable individuals can be exposed to cyberbullying and harmful content, including pro-suicide websites, which tend to increase the risk of suicidal ideation and behavior [1,3]. This reflects the complex interactions between the digital environments and psychological processes, with additional changes in the way that psychological distress and mental disorders manifest themselves.

Cyberchondria and suicidal ideation

Cyberchondria (hereafter, CYB) is a good example of this transformative effect of the cybertechnology on mental health. CYB refers to the anxiety-inducing practice of spending a substantial time engaged in online health information seeking (hereafter, OHIS) [4]. CYB is characterized by compulsive OHIS and high levels of health anxiety and therefore bears resemblance to hypochondriasis [5,6]. Factors that drive repeated and excessive OHIS in CYB include reassurance seeking and intolerance of uncertainty [7]. However, reassurance might never be experienced through OHIS, and uncertainty is not abolished, which only intensifies health anxiety and psychological distress. The experience can be overwhelming. For individuals caught in this cycle, the flood of conflicting online information and the inability to find definitive answers can create a sense of helplessness, further amplifying their emotional and mental strain.

No study has investigated a relationship between CYB and suicidal ideation. The potential link between them is rooted in a combination of psychological, behavioral, and emotional mechanisms that emerge from excessive and anxiety-driven OHIS. Central to this connection are self-reinforcing cycles of distress. CYB traps individuals in futile loops of searching, worrying, and repeated reassurance-seeking, which fail to resolve health concerns.[8,9] This cycle fosters helplessness and hopelessness, core components of suicidal thinking, as individuals perceive their situation as not improving, alongside a sense of entrapment, a recognized precursor to suicidal ideation.[10] The psychological toll of CYB extends to cognitive overload, [11] where the overwhelming volume of online health information leads

to mental exhaustion, impairing individuals' ability to process what they find online. The resultant frustration and despair are compounded by CYB's role in exacerbating chronic anxiety and depression,[12] both well-established mediators of suicidal thoughts. Research indicates that anxiety and depression may amplify CYB's negative impact, as unresolved health worries and emotional dysregulation deepen feelings of inescapability. [13,14] Furthermore, individuals engaging in excessive OHIS may inadvertently stumble upon misinformation, exaggerated health risks, or even pro-suicide material that normalizes or romanticizes ending one's life.[15] These mechanisms create a pathway whereby CYB heightens vulnerability to suicidal ideation.

Further support for the link between CYB and suicidal ideation comes from some of the theories of suicidality. For example, the Cry of Pain model attributes suicidality to defeat entrapment, and lack of rescue.[16] In the context of CYB, a defeat may be experienced as an ongoing, relentless health anxiety despite efforts to mitigate it; entrapment may refer to unavoidable, compulsive cycles of OHIS; and lack of rescue may be experienced via perception that there is no support to show a way out. Likewise, the Three-Step Theory posits that pain, hopelessness, and disconnection are causally related to suicidal ideation.[17] With regards to CYB, ineffective or frustrating OHIS may contribute to emotional pain and hopelessness, while disconnection may arise from social isolation stemming from excessive time devoted to OHIS at the expense of in-person interactions.

Objectives

The present study aims to examine the relationship between CYB and suicidal ideation in a sample of the general Chinese population by means of a structural equation modeling (SEM) analysis. We also examined a possible role of psychological distress, reflecting the symptoms of depression and anxiety, as a mediator in the relationship between CYB and suicidal ideation. On the basis of the aforementioned research findings and theoretical considerations and observations [18], we hypothesized that CYB and suicidal ideation would be related directly, and that psychological distress would also mediate this relationship.

Methods

Study design, participants and data collection

Data were collected using a cross-sectional web-based survey that was conducted between

April 2024 and May 2024. Participants were recruited from Wenjuanxing, a Chinese survey platform with an online panel of 2.6 million members. The company targets users by demographic, geographic, or behavioral criteria, matching survey needs and engaging panelists via email, in-app alerts, and reward campaigns (e.g., cash, vouchers). Quality is ensured through dynamic filtering, fraud detection, and panel segmentation to optimize representative sampling. Individuals who were 18 years or older, permanent residents of China, could read Chinese, and were able to provide informed consent, were eligible to participate in the survey. All eligible panelists were invited to complete a series of questionnaires. The first section of the survey was about informed consent. The participants were required to read this section and agree to it if they wanted to proceed with the survey. The panelists who provided their consent were then asked to complete four questionnaires collecting information on demographics and socioeconomic status, CYB, psychological distress and suicidal ideation. All instruments used in this study were validated for online administration [19–21]. The research team collaborated with the survey company to implement a series of techniques to ensure the quality of the data. This included using CAPTCHA (Completely Automated Public Turing test to tell Computers and Humans Apart) to prevent bots from submitting responses, conducting time analysis, excluding responses submitted quicker than a reasonable time (less than 5 minutes), allowing only one submission from a single IP address within a given timeframe and identifying and filtering out any response patterns that appeared to be generated in parallel.

Measures

Cyberchondria

The severity of CYB was measured using the Cyberchondria Severity Scale-12 (CSS-12). The CSS-12 has been found to have as good psychometric properties as the original version and has been validated among Chinese populations [22]. The items on the CSS-12 are scored on a Likert-type scale ranging from 1 (“never”) to 5 (“always”). The total score ranges from 12 to 60, and higher scores indicate higher levels of CYB. The internal consistency of the CSS-12 in the present study was very good (Cronbach alpha = 0.85).

Suicidal Ideation

Suicidal ideation was assessed using the Suicidal Ideation Attributes Scale (SIDAS). The SIDAS

is an instrument that screens individuals for suicidal thoughts and assesses the severity of those thoughts [23]. It comprises five items, each focusing on a specific aspect of suicidal thoughts: frequency, controllability, closeness to attempt, level of distress associated with the thoughts and impact on daily functioning. The items are rated on a 11-point scale, from 0 ("never") to 10 ("always"). Total scores range between 0 and 50, with higher scores indicating more severe suicidal thoughts. The SIDAS is valid and reliable to be used among the Chinese population [20]. The internal consistency of the SIDAS in the present study was good (Cronbach alpha = 0.83).

Psychological Distress

Psychological distress was measured with the Kessler Psychological Distress Scale (K-10). This tool is used to screen for psychological distress, including anxiety and depressive symptoms [24]. It comprises 10 items assessing symptoms from the past month or the worst month of the past year. The items are rated on a 5-point Likert scale ranging from 1 ("none of the time") to 5 ("all of the time"). The total score ranges from 10 (indicating no distress) to 50 (indicating severe distress). The K10 has been found to have good psychometric properties among the Chinese population [25]. The internal consistency of the K-10 in the present study was very good (Cronbach alpha = 0.88).

Data analysis

Descriptive statistics were used to describe participants' demographic characteristics. Continuous variables (e.g., age) were denoted using means and standard deviations (SDs). Categorical variables (e.g., sex) were denoted using frequencies and percentages. Pearson correlation coefficients (r) were used to determine associations between variables, with $r \geq 0.3$ and $r \geq 0.5$ indicating moderate and large effects, respectively [26]. We used a backward elimination approach with the linear regression model to examine direct association between CYB and suicidal ideation, and standardized coefficients (beta) and 95% confidence intervals (95% CIs) were calculated.

The hypothesized model was assessed using SEM analysis with the maximum likelihood estimation method. CYB was identified as the observed variable (exposure) and suicidal ideation was the outcome variable. The magnitude of the mediating effect (of psychological

distress) was also estimated. Standardized (β) and unstandardized (B) estimates, along with their 95% confidence intervals (95% CIs), were calculated for all structural paths, after adjusting for demographic characteristics (potential confounders), including sex, age, education level, marital status, employment status, and family registry (urban or rural dwelling). Errors for mediator and outcome variables were added to the model as covariates. Model performance was assessed using the Comparative Fit Index (CFI, >0.95), Tucker-Lewis Index (TLI, >0.95), Root Mean Square Error of Approximation (RMSEA, <0.05), and Standardized Root Mean Squared Residual (SRMR, <0.08) [27]. All statistical analyses were performed using the R software, and a two-sided p value below .05 denoted statistical significance.

Ethical considerations

The study protocol and informed consent process were approved by the Institutional Review Board of blinded for review (Ref ID: HSEARS20230502006) on May-15-2023. Informed consent was obtained from all participants. All data are de-identified, and no compensation was provided to participants by the research team.

Results

Participants' characteristics

Table 1 presents the demographic characteristics of the participants. A total of 2,415 individuals (response rate = 98.5%) completed the questionnaires and provided valid responses. Among them, 51.4% were female, 76% were married, and 82.5% had completed tertiary education. Respondents' ages ranged from 18 to 80 years, with the average age being 32.9 years. Additionally, approximately 77.1% of respondents reported a perceived socioeconomic status equal to the local average.

Scores on the CSS-12, SIDAS and K-10 and correlations among variables

In this study, scores on the CSS-12 ranged from 12 to 60, with the mean score being 40 (SD = 7.9) (Table 2). The mean score on the SIDAS was 12.7 (SD = 9.9). Scores on the K-10 scores ranged from 10 to 50, and the mean score was 22 (SD = 6.9). Furthermore, CYB, suicidal ideation, and psychological distress were significantly correlated. The Pearson correlation coefficient between psychological distress and suicidal ideation was the highest at $r = 0.46$

($p < .001$). Additionally, higher levels of CYB were found to be associated with increased levels of distress and suicidal ideation ($r = 0.23$ and $r = 0.21$, respectively, both $p < .001$).

Direct association between CYB and suicidal ideation

Table 3 displays the results of the multivariate linear regression analysis. The models revealed a statistically significant association between CYB and suicidal ideation ($\beta = 0.166$, 95% CI = 0.135, 0.197), even after adjusting for participants' demographic variables ($\beta = 0.165$, 95% CI = 0.134, 0.196). Older age was associated with lower level of CYB, while higher education level was associated with higher level of CYB.

Model performance and factor loadings

The hypothesized mediation model demonstrated an acceptable fit (Table 4), with CFI = 0.913, TLI = 0.904, RMSEA = 0.046 and SRMR = 0.045. All items loaded significantly onto the latent variables. The β ranged from 0.578 to 0.716 ($p < .001$) for psychological distress, from 0.471 to 0.652 ($p < .001$) for CYB, and from 0.173 to 0.904 ($p < .001$) for suicidal ideation.

Results on the hypothesized mediation model

The SEM model is shown in Figure 1. After adjusting for sex, age, education level, marital status, employment status, and family registry, all direct effects were found to be statistically significant. There was a significant direct relationship between CYB and psychological distress ($\beta = 0.281$, $p < .001$), between psychological distress and suicidal ideation ($\beta = 0.504$, $p < .001$), and between CYB and suicidal ideation ($\beta = 0.107$, $p < .001$). The indirect effect of CYB on suicidal ideation through psychological distress was also significant, with a β of 0.142 ($p < .001$). This suggests that psychological distress increased the impact of CYB on suicidal ideation.

Discussion

The rapid increase in Internet use, coupled with the widespread availability of health information online, has made CYB a relevant topic for Internet users worldwide. Although studies have demonstrated that CYB has negative effects on mental health [28,29], to the best of our knowledge, this is the first study to explore the direct relationship between CYB and suicidal ideation. With a large sample, this study provides empirical evidence of the

association between high levels of CYB and a high risk of suicidal ideation. This finding is novel and crucial, with important clinical implications. The key issue, however, is understanding the mechanisms that may account for the relationship between CYB and suicidal ideation, in particular, to what extent these mechanisms involve the other psychopathology as opposed to involving CYB itself.

One mechanism may implicate health anxiety, which typically accompanies CYB. Studies in individuals with hypochondriasis, a condition characterized by high levels of health anxiety, are also relevant here because of the close link between CYB and hypochondriasis [4]. Mataix-Cols et al. found that individuals with hypochondriasis faced an increased risk of unnatural death, particularly suicide, compared to those without hypochondriasis [30]. Similarly, Noyes et al. reported a higher prevalence of lifetime suicide attempts in individuals with hypochondriasis than in those without hypochondriasis [31]. Thus, the relationship between CYB and suicidal ideation might be explained, at least to some extent, via high levels of health anxiety that usually characterize CYB.

The present study found a direct and statistically significant association between CYB and suicidal ideation, prompting a question as to whether there is something about CYB itself that might explain this association. Although we could not investigate this question directly, it is possible that repetitive, frustrating and at times exhausting online health searches lead to suicidal ideation. Finding frightening online health content might have the same effect by inducing a sense of hopelessness, given that hopelessness is a well-established risk factor for suicide [32]. Furthermore, intolerance of uncertainty that often drives OHIS [7] may also act as a risk factor for increased suicidal ideation because intolerance of uncertainty has been linked with suicide [33].

Some studies have indicated a significant association between CYB and online misinformation, which can significantly increase suicide risk. For instance, misinformation about mental health treatments can lead individuals to pursue ineffective or harmful interventions, which can exacerbate their condition and heighten their feelings of hopelessness and despair [34]. Misinformation can also perpetuate mental health stigma, making individuals less likely to seek help or openly discuss their struggles [35]. Yet another

explanation for the association between CYB and suicidal ideation may involve problematic Internet use, which has been demonstrated to have an important relationship with CYB [36]. Problematic Internet use encompasses online behaviors that may increase the risk of self-harm and suicide, for instance, cyberbullying [37] and problematic use of social networking sites [38].

Our mediation analysis revealed that depression and anxiety, represented by the construct of psychological distress, mediated the relationship between CYB and suicidal ideation. This is not a surprising finding, considering that depression and anxiety are well-known risk factors for suicidal ideation and suicide [39]. The temporal relationships between CYB, depression and anxiety may be complex, but their interplay is likely to cause or exacerbate suicidal ideation.

Implications for public health, clinical practice and further research

Our results confirm that CYB represents a significant public health problem and that it portends further challenges for mental health. In view of the relationship between CYB and suicidal ideation and the role played by other psychopathology in this relationship, we recommend early screening for CYB and co-occurring mental disorders to facilitate their identification and treatment. Healthcare providers should regularly follow up individuals with CYB and reassess their suicide risk over time. Our findings also support public health campaigns to raise awareness of CYB and its negative consequences. Finally, clinical practice should incorporate the notion that prevention and management of CYB may also help suicide prevention efforts.

We present the following directions for future research. First, any causal relationship between CYB and suicidal ideation should be explored. Although CYB may be more likely to heighten suicidal ideation, the latter may also contribute to CYB. Prospective studies and longitudinal analyses are necessary to clarify these relationships. Second, this study found a significant mediating effect of psychological distress. Given that psychological distress is a broad construct that refers to a state of emotional suffering and is associated with various mental disorders, it is crucial to carefully assess all relevant, co-occurring psychopathology, not only depression and anxiety. This would allow a better understanding of the interplay

between CYB and these domains of psychopathology and how that interplay relates to suicidal ideation. Third, future research should focus on the direct links between CYB and suicidal ideation, controlling for the effects of other conditions. Finally, research should be conducted in individuals with CYB across different ages and education levels, as these variables may affect the relationship between CYB and suicidal ideation.

Limitations

Several limitations should be addressed. First, the cross-sectional design restricted the exploration of temporal changes in CYB levels and suicidal ideation. This made it challenging to establish causal relationships among the variables. Despite this, our findings established a critical foundation for future longitudinal studies to investigate directionality and underlying mechanisms. Second, mostly younger and highly educated individuals participated in the survey. This could introduce a selection bias and complicate the generalization of our findings. However, this demographic represents a key population for studying online health resource utilization, as they are major users of such platforms. While broader sampling is needed, this study establishes an initial framework for investigating this relationship in more diverse cohorts. Last, the K-10 was used to assess psychological distress, which is not a specific construct nor a clinical diagnosis. Also, several relevant variables, such as levels of depression and anxiety and intensity of problematic Internet use, were not assessed directly in the present study. However, although our use of the K-10 as a proxy for assessment of depressive and anxiety symptoms was not ideal, we had to ensure that the number of instruments administered online did not have a major impact on the willingness to participate in the survey. Despite these trade-offs, the study advances theoretical understanding and offers practical insights, such as leveraging brief distress screenings to identify at-risk individuals, while indicating the need for future work with specific instruments.

Conclusions

The study's key contribution lies in its identification of a direct, statistically significant association between CYB and suicidal ideation, mediated by psychological distress (e.g., depressive and anxiety symptoms). Its key limitations include a cross-sectional design, use of a broad measure of psychological distress and skewed demographic characteristics of study

participants. Despite these limitations, the present study reveals a hitherto unknown relationship and points to future research that should have a longitudinal design and be conducted in diverse samples and with more specific instruments. The findings of the study hold immediate relevance by highlighting CYB's detrimental effects and advocating for its prevention, early detection, and management. Finally, by raising awareness of CYB's link to suicidality, this research provides a critical foundation for addressing an urgent public health issue.

Declaration

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Data availability

The datasets generated during the current study are available from the corresponding author on request.

Conflict of interest

None.

Author contribution

RHX: Conceptualization, Project administration, Methodology, Visualization, Formal analysis, Writing – original draft, Writing – review & editing.

SL: Data curation, Writing – review & editing.

VS: Methodology, Writing – review & editing.

Declaration of generative AI

No generative AI was used in manuscript writing.

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Table 1. Respondents' demographic characteristics (N = 2415).

	n	%
Sex		
Male	1173	48.6
Female	1242	51.4
Educational level		
Secondary or below	423	17.5
Tertiary	1992	82.5
Family registry		
Urban	1200	49.7
Rural	1215	50.3
Marital status		
Married	1836	76
Non-married	579	24
Employment		
Active	2182	90.4
Non-active	233	9.6
Perceived socioeconomic status		
Lower than local average	225	9.3
Equal to local average	1861	77.1
Higher than local average	329	13.6
	Mean (Range)	SD
Age	32.9 (18-80)	7.7

SD: Standard deviation

Table 2. The profiles of measures and the correlations between measures.

	Mean	SD	Median	Range	Cronbach's Alpha	Pearson's correlation coefficient		
						CSS-12	SIDAS	K10
CSS-12	40	7.9	41	12-60	0.85	-	-	-
SIDAS	12.7	9.9	8	5-54	0.83	0.21***	-	-
K-10	22.0	6.9	21	10-50	0.88	0.23***	0.46***	-

Note: K-10: Kessler Psychological Distress Scale- 10 item;

CSS-12: Cyberchondria severity scale-12 item;

SIDAS: Suicidal Ideation Attributes Scale;

SD: Standard deviation

*** p<.001

Table 3. The relationship between cyberchondria and suicidal ideation.

	Beta (95% CIs)	
	Model 1	Model 2
Suicidal ideation	0.166 (0.13, 0.19)	0.165 (0.13, 0.19)
Age		-0.07 (-0.12, -0.03)
Education level		
Secondary or below		Ref
Tertiary		1.41 (0.58, 2.25)
Marital status		
Married		Ref
Non-married		1.02 (0.20, 1.85)

Note: Model 1 = univariable model that only suicidal ideation is included as independent variable;

Model 2 = Multivariable model that suicidal ideation and all the demographic variables are included in the model using stepwise method.

95% CIs: Confidence Interval

Table 4. Factor loadings for measures and model performance.

Measure	Items	β	Standard Error	95% CIs	
K-10	K10-1	0.577	0.015	0.548	0.606
	K10-2	0.599	0.014	0.57	0.627
	K10-3	0.692	0.012	0.668	0.716
	K10-4	0.717	0.011	0.695	0.74
	K10-5	0.585	0.015	0.556	0.614
	K10-6	0.684	0.012	0.66	0.708
	K10-7	0.655	0.013	0.629	0.68
	K10-8	0.708	0.012	0.686	0.731
	K10-9	0.624	0.014	0.597	0.651
	K10-10	0.685	0.012	0.661	0.709
CSS-12	CSS1	0.553	0.016	0.522	0.584
	CSS2	0.579	0.015	0.549	0.609
	CSS3	0.546	0.016	0.514	0.578
	CSS4	0.652	0.014	0.626	0.679
	CSS5	0.464	0.018	0.429	0.498
	CSS6	0.595	0.015	0.565	0.624
	CSS7	0.593	0.015	0.564	0.623
	CSS8	0.616	0.015	0.588	0.645
	CSS9	0.613	0.015	0.584	0.642
	CSS10	0.553	0.016	0.522	0.584
	CSS11	0.47	0.018	0.436	0.505
	CSS12	0.488	0.017	0.454	0.522
SIDAS	SIDAS1	0.904	0.005	0.895	0.912

	SIDAS2	0.173	0.02	0.133	0.213
	SIDAS3	0.871	0.006	0.86	0.882
	SIDAS4	0.934	0.004	0.927	0.941
	SIDAS5	0.891	0.005	0.881	0.901
CSS-12	Sex	-0.035	0.022	-0.078	0.008
	Age	-0.107	0.026	-0.158	-0.057
	Family registry	-0.034	0.023	-0.079	0.011
	Employment	-0.012	0.026	-0.062	0.038
	Marital status	0.053	0.027	0	0.106
	Education	0.057	0.023	0.012	0.102
Model fit					
CFI	0.909				
TLI	0.903				
RMSEA	0.047				
SRMR	0.052				

Note: CFI: Comparative Fit Index;

TLI: Tucker-Lewis Index;

RMSEA: Root Mean Square Error of Approximation;

SRMR: Standardized Root Mean Squared Residual;

95% CIs = 95% confidence interval;

K-10: Kessler Psychological Distress Scale- 10 item;

CSS-12: Cyberchondria severity scale-12 item;

SIDAS: Suicidal Ideation Attributes Scale.

Figure 1 The structural equation modeling of the association between cyberchondria and suicidal ideation mediated via psychological distress with adjustment for sex, age, education level, marital status, employment status and family registry. The standardized coefficients of structural paths are shown; all paths were statistically significant. Error covariances are not presented for clarity.

Supplementary Files

Figures

The structural equation modeling of the association between cyberchondria and suicidal ideation mediated via psychological distress with adjustment for sex, age, education level, marital status, employment status and family registry. The standardized coefficients of structural paths are shown; all paths were statistically significant. Error covariances are not presented for clarity.

