A STUDY OF PSYCHIATRIC DISORDERS OTHER THAN PSYCHOSIS IN THE REFERRED CASES WITH SOMATIC COMPLAINTS

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SUMMARY

The study was designed to explore the non-psychotic morbidity amongst the referred cases with somatic symptoms. After excluding all organic, psychotic and mentally retarded cases 81 patients were assessed by General Health Questionnaire-36. Physical Illness Items removed (GHQ-36P) and diagnosed according ICD-9, 39 matched subjects were taken as control and was assessed also by GHQ-36P. Anxiety neurosis was more common among these patients who were suffering for less than 6 months whereas depression was more common among patients who were suffering for more than a year. Referred cases had significant differences in GHQ-36P scoring.

Introduction

The major psychiatric disorders, the Psychoses are easily recognised by a manifestation of symptoms unique to them. On the other hand, there are certain psychiatric disorders which pose problems for diagnosis, e.g. Psychiatric disorders due to anxiety on account of early traumatic life experiences in childhood or too much stress and strain during formative periods of life. "It has also been shown that 15 to 20% of the people who visit general health services such as medical outpatient department or of private practitioner or a primary health care centre have infact emotional problems appearing as physical symptoms?" (Sethi and Chaturvedi 1984). Culturally, somatisation during mental stress are prevalent among outpatients (Bagadia et al 1985). They manifest mainly in the form of a number of somatic complaints such as headache, pressure sensation in chest, palpitation in cardiac area and the throbbing sensations in the extremities and in some cases respiratory distress. Reports of routine clinical examinations and laboratory investigations fail to explain somatic complaints in these patients. Indian studies (Carstairs and Kapur 1976; Gautam and Kapur 1977; Srinivasan et al 1986) have also observed that patients presenting with somatic symptoms of psychogenic origin are quite common and are more likely to consult general practitioners. Thus they create problems to the attending non-psychiatric health professionals. These health professionals without any cross consultation and investigation of the psychiatric disorders make an attempt with their little knowledge in psychiatry, to alleviate the symptoms. Also, with the use of various psychotropic drugs they create further problems in the treatment. In such cases, the patients suffer till they are referred to a psychiatrist. The present study has therefore, been conducted to assess that the patient with somatic complaints attending the non-psychiatric health professionals require psychiatric assessment or not.

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Material and Methods

The study was conducted in the psychiatry outpatients department of Calcutta National College & Hospital from January 1985 to June 1985. Out of the 659 new cases 312 consecutive referred cases, from other departments of the same hospital and general practitioners not attached with this hospital, were examined. All organic, psychotic, mentally retarded, conduct, personality and sex disorders, drug and alcohol dependence and abuse were excluded. Thus, 81 patients having only somatic complaints not explained by any physical disorders after extensive clinical workups were considered for the study. All of them were above 15 years of age and were suffering at least for a month, and referred for the first time to a psychiatric O.P.D. These 81 patients were at first assessed with the General Health Questionnaire (GHQ-36P).

Thereafter, they were assessed separately by two consultant psychiatrists and were diagnosed independently according to I.C.D.-9. In case of difference in opinion the consultants discussed and arrived at the diagnosis.

A control of 39 subjects matched properly for age, sex, marital and educational status, income etc. with those of the study group was taken. Friends and relatives of the patients having no blood relation with the study group formed the control group. Subjects in the control group had no psychological complaints and were assessed also by the General Health Questionnaire.

Data thus obtained were tabulated and statistically evaluated.

Results & Discussions

The patients suffering from neurotic disorders comprised of 22.8% of the total 312 referred cases. This figure is comparable to the findings of Torem et al (1979) and Malhotra (1984) where neurosis accounted for 42.5% and 31% of the cases respectively. The difference in figures may be accounted for difference in methodology. It is worth mentioning that the most common somatic symptoms that we have come across in this study were headache followed respectively by pain abdomen, aches and heaviness all over the body and a feeling of pressure on the chest wall.

Males comprised of 50.6% and female 49.4% of the total 81 cases. Maximum number of cases (62.9%) were from the age group of 15-29 years. Frequency of the cases diminished with the advancement of age in years. 56.7% of the cases were ever married and 60.4% came from the urban area, 77.8% of the cases belonged to Hindu community, the rest are Muslims. 71.6% of them were literates and 50.6% had some source of income. Maximum number of cases (51.9%) had been referred from Medicine and allied specialties and minimum number (22.2%) from Surgery and the allied specialties. The rest 25.9% had come from the general practitioners. The fact of largest referrals from the departments of Medicine and allied specialties is consistent with the findings of Malhotra (1984). Though, the study of Malhotra (1984) was conducted only on the patients referred from indoor departments. There, Medicine and allied specialties accounted for 58% of the cases followed by Surgery and the allied specialties (31.3%), Obstetrics and Gynaecology (6.8%). The commonest reason for referrals (51.9%) was the help sought in diagnosis. These findings do not agree with those of Taylor and Doody (1979) (27.7%), Fava & Pawan (1980) (32.4%) and Malhotra (1984) (29.2%). The difference may be ascribed to methodology.
Table 1 shows the assessment of the cases with General Health Questionnaire (GHQ-36P). There is a significant difference in scoring between the study and the control groups.

| Referred Group (N = 81) | Male | Female | Male | Female |
|-------------------------|------|--------|------|--------|
| Male (41)               | 4    | 4      | 37   | 36     |
| Female (40)             | (9.8)| (10.0)| (90.2)| (90.2) |
| Control Group (N = 39)  |      |        |      |        |
| Male (20)               | 12   | 16     | 8    | 3      |
| Female (19)             | (19.0)| (84.2)| (40.0)| (15.8) |

x² = 44.15; P value < 0.01. Parentheses indicates percentage.

Table 2 shows the diagnostic breakdowns according to I.C.D-9. Depression accounted for 33.3% of the cases followed respectively by cases of Anxiety Neurosis (22.2%) and Hysteria (17.3%). 26.8% of the males had been diagnosed as suffering from Anxiety Neurosis whereas 27.5% of the females were seen to be suffering from hysteria. Depression was comparable in either sex.

Table 3 shows the relationship between duration of illness and the Non-Psychotic Disorders. Anxiety Neurosis was predominant in patients (18.5%) who were suffering for last 6 months but was absent among those patients, who had been suffering for more than a year. However, it was found that the number of depressives increased with the increase in the duration of illness. Depression was predominant in those patients (14.8%) who were suffering for more than a year. The above review demonstrates that a large number of patients (33.3%) suffering from depression could...
not be diagnosed by health professionals without intervention by the psychiatrists. Other psychiatric disorders such as Anxiety Neurosis also posed a similar problem to the attending physicians.

**Conclusion**

This study, therefore, clearly indicates the importance of cross consultation between other specialities and psychiatry, specially in case of patients who present themselves with somatic complaints.

Thus, cross consultation and investigation help the health professionals by early detection for the cause of the symptoms. It helps the patients to minimise their period of suffering by early intervention.

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