IDENTIFICATION AND MANAGEMENT OF SOMATIZATION IN THE PRIMARY CARE SETTING, IN TERMS OF ILLNESS BEHAVIOUR AND RISK OF PSYCHIATRIC ILLNESS.

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ABSTRACT

This doctoral thesis presents a study of the phenomenon of 'somatization' as it occurs in the primary care setting. The 'somatization' phenomenon was studied in terms aspects of illness behaviour and risk of psychiatric morbidity. The first purpose of the study was to investigate and compare aspects of the illness behaviour and risk of psychiatric morbidity in patients who present to General Practitioners with physical symptoms associated with an organic illness, with psychological problems, and with physical symptoms for which no adequate organic explanation could be established. Secondly, the study proposed to develop and evaluate the efficacy of a treatment protocol for somatizing patients, suitable for administration by General Practitioners.

The first study in this thesis reports the results of a pilot study of illness behaviour and risk of psychiatric morbidity in two groups of patients attending General Practitioners: namely, patients presenting with physical symptoms for which an adequate medical explanation could be established, and patients presenting with physical symptoms for which there was no adequate medical explanation. The primary aim of this study was to assess the feasibility of conducting such a study in the primary care setting. The results of the study showed that, while male patients presenting with physical symptoms for which an adequate cause could be found differed on several aspects of illness behaviour from male patients with physical symptoms for which there was no medical explanation, there were no comparable differences between female patients presenting with physical symptoms with or without organic pathology. It was found however, that with some minor modifications, a study of this nature could be conducted in the primary care setting, without causing a major disruption to the doctor's practice

The second study therefore presents the results of a much larger project in which 23 General Practitioners participated. In this study, comparisons in the illness behaviour and risk of psychiatric illness were made between three groups of primary care patients; that is, patients presenting with physical symptoms with or without organic pathology, and patients presenting with psychological problems. The results showed that the groups differed in the risk of having a psychiatric disorder, with patients presenting with medically explicable physical symptoms being at a significantly lower risk of psychiatric illness than patients presenting with psychological problems or with medically inexplicable physical symptoms. Patients in the latter two groups were found to be at an equivalent risk of having a psychiatric illness. Patients in the three presenting groups were also found to be distinguishable on several aspects of illness behaviour. Most strikingly, somatizing patients with inexplicable physical symptoms were found to be characterized by a significantly stronger belief that the symptoms were attributable to the presence of a physical disease, and more strongly denied having any psychological stressors in their lives, in comparison with patients in the other two groups.

The third study presents the results of an examination of patients at risk of having a psychiatric illness in each of the three patient groups, in terms of the illness behaviour of each group. This study addresses the difficulty of detecting psychiatric morbidity in the primary care setting, where psychiatric disorders are generally less severe than those in the general hospital or psychiatric hospital setting, frequently occur in patients with concomitant physical illnesses, or are commonly presented in terms of physical symptoms rather than as psychological problems. It was found in each presentation group, patients at low risk of psychiatric morbidity could be distinguished from patients in the group at an increased risk of psychiatric illness by

their beliefs and attitudes about the symptoms. These beliefs were characteristically associated with illness phobias and inability to be reassured by the doctor.

The fourth study presents the preliminary results of the administration of a treatment protocol for somatizing patients. Because of the preliminary nature of the study, the results are tentative. However, this study highlighted the difficulties of conducting such projects in the primary care setting, and these are discussed further.

In conclusion, it is suggested that abnormal illness behaviour in the form of somatization may be an important factor in the non-recognition of mild non-psychotic psychiatric illnesses in the primary care setting, resulting in disproportionate costs in the management of somatizing patients, to the health care system in financial terms, and to the patient in terms of disability and suffering. The results of the study indicate that an assessment of the patients' attitudes and beliefs about symptoms and an exploration of psychosocial issues may lead to a better understanding of why the patients has sought medical help, and may lead to early identification and appropriate treatment of somatizing behaviour and the psychiatric morbidity underlying such behaviour.