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Patients Presenting with Multiple Somatic Complaints to a Rural Health Clinic (Sakalawara) - A Preliminary Report

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Abstract

Recognizing the psychosocial nature of the large number of patients presenting to Primary Health Care facilities with multiple somatic complaints is important for appropriate management. This paper discusses the identification of such patients using the standardized case identification tool of WHO/SEARO.573 patients who attended the Sakalawara clinic and satisfied the intake criteria were administered the identification tool. 68 patients were thus identified as presenting with somatic complaints in the absence of any organic cause giving a prevalence of 11.8 per cent. There was a female preponderance and the patients by and large presented with 3 or more complaints. The relevant issues have been discussed.

Key words -
Primary health care,
Multiple somatic complaints,
Mental health

A substantial proportion of patients attending primary health care facilities present with multiple somatic complaints. The psychological nature of these patients' problems often go unrecognised. A WHO Collaborative study on strategies for extending mental health care found prevalence rates of such problems to range from 10.8 to 17.7 per cent [1]. Other studies have reported rates of 15-20 per cent for this group of patients [2], [3].

A range of 10 to 20 percent in reported rates is, however, substantial and could reflect differences in case identification and sampling methods. The NIMH document on Mental Disorder and Primary Medical Care suggests that the case identification method should strive for high sensitivity and specificity [4]. Earlier, the WHO working group [5] had also recommended that standardized methods of clinical psychiatric examination, suitable for application in the primary medical care setting, should be constructed and tested.

For the group of patients being discussed, the need for standardized case identification has been met by the multicentric study coordinated by the Southeast Asia Regional Office of the World Health Organisation [6]. A diagnostic tool was developed as part of this study which, under the circumstances of a scientific exploration, has a specificity of 97.5 per cent and a sensitivity of 80.4 per cent.

This instrument is intended to have a clinical rather than epidemiological orientation and hence the high specificity. This

is to minimize the number of organic cases overlooked and misdiagnosed as 'functional'. Such an orientation is especially important in view of the finding of Keshavan et al [7]. that these patients in developing countries have associated nutritional disorders and neuropathies.

This preliminary report deals with the identification of patients presenting with somatic complaints to a rural health centre, using the WHO/SEARO instrument. The work is part of an ongoing project on identification, psychiatric examination and follow up of these patients.

Methodology

The study was carried out in the out patient clinic of the Rural Health Centre of NIMHANS at Sakalawara, Bangalore. The WHO/SEARO instrument which is in the form of a flow chart was administered to all patients attending the clinic who satisfied the intake critiria. To avoid overrepresentation of patients already registered in the clinic and coming regularly for follow up care, the intake criteria was operationally defined to include

(i) first consultations at the clinic,

(ii) fresh episodes of illness i.e., onset of the current episode of illness in the last one month for which no consultation has been sought.

All patients above the age of 5 were included so that data on paediatric cases could also be obtained. Data was thus available for two groups-patients with somatic complaints and other patents with various medical problems.

Results

Table 1 gives the number and distribution of patients in both the groups. The total number of patients screened over a period of approximately 3 months was 573. Patients identified as presenting with somatic complaints in the absence of any identifiable organic cause were 68 in number, giving a prevalence rate of 11.8 per cent.

Table 1

Table 1

Table 2

Table 2

Table 2 gives differences between the two groups on the number of complaints presented with.

The diagnostic instrument i.e., the flow chart anticipates three different lines of arriving at a decision of caseness [6].

Line 1: Multiple complaints - not resembling physical disease - case

Line 2: Multiple complaints - resembling physical disease - examination negative - stress positive - case.

Line 3: One or two distinct symptoms - examination negative - stress positive - case.

Table 3 gives the distribution of cases having somatic complaints along the 'lines' described above.

Table 3 - N=68

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Discussion

The NIMH document [4] suggests that rates of mental disorder are higher when psychiatrists, rather than primary care physicians, are used as case finders. The Sakalawara clinic is manned by trained psychiatrists, yet the rate of 11.8 per cent falls in the lower range of rates reported in literature. As a scientifically tested instrument has been used for case identification in a population with operationally defined intake criteria, this rate is likely to reflect a fairly accurate prevalence. As the work is ongoing, data will be forthcoming on seasonal variation of rates.

Female preponderance of somatic complaints has been reported earlier in the same centre [8] and is confirmed here. An interesting finding among the paediatric age group of 5-15 years is again the over representation of females. There is scope here for studying the phenomenon from a cultural perspective including child rearing practices. The WHO/SEARO report [6] has highlighted the difficulties in identifying this problem in children.

This report also confirms the finding of Harding et al [1] that patients presenting with three or more reasons for attendance are twice as likely to be suffering from a mental disorder as patients with less than three presenting complaints (see tables 2 and 3). Part of the ongoing work will involve comparing the two groups delineated in this paper (for patients presenting with 3 or more symptoms) on the presenting symptom pattern. This would be to identify if any particular symptom or group of symptoms is discriminatory.

Further work on this project includes psychiatric examination of these patients using standardized interview schedules, studying their course and outcome and development of simple intervention strategies suitable for implementation by the primary health care personnel.

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1.Harding T W, Dearrango M V, Baltzar J, Climent C R, Ibrahim H H A, Ignacio C C, Srinivasa Murthy R & Wig N N, Mental disorders in primary health care: a study of their frequency and diagnosis in four developing countries
Psychological Medicine Page: 10: 231-241, 1980
2.Giel R & Van Luijk J N, Psychiatric morbidity in a small Ethiopian town
British Journal of Psychiatry Page: 115: 149-162, 1969
3.German A, Aspects of clinical psychiatry in sub-saharan Africa
British Journal of Psychiatry Page: 121: 461-479, 1972

4.National Institute of Mental Health, *Series D, No. 5 Mental Disorder and Primary Medical Care: An Analytical Review of the Literature. DHEW Publication No. (ADM) 78-661, Superintendent of Documents. U.S. Government printing office, Washington*1979
5.WHO, Psychiatry and Primary Medical Care, *Report on a working group convened by the Regional Office for Europe of the WHO, Lysebu, Oslo*1973
6.WHO/SEARO, *Mental Health in Primary Health Care - Collaborative study SEARO, New Delhi*1982-85
7.Keshavan M S, Issac M & Kapur R L, III defined somatic symptoms in a South Indian rural clinic -Some preliminary clinical observations
Trop. Geographical Med Page: 32: 163, 1980
8.John C J, Phenemenology of neurosis. A cross sectional investigation in two different treatment settings
*M.D. Thesis submitted to Bangalore University, Bangalore, India*1982