

SUMMARY

The purpose of this study was to examine the hypothesis of patients presenting with multiple symptoms not in keeping with a known organic illness and/or repeated consultations, either to the same or to a separate medical practitioner are likely to have an underlying psychological/psychiatric disturbance contributing to the consultation.

In order to achieve this objective, a prospective case control study of non-duplicating consecutive attenders, was carried out at the OPD of Sri Jayawardenepura General Hospital.

The study group had 100 patients with 5 or more complaints and/or 6 or more visits for the previous 6 months. The Control group comprised 100 patients randomly selected from the total study population of 5767 patients between the ages of 16 to 65 years. All deaf dumb, blind, and very ill were excluded from the study.

A semi-structured primary care assessment schedule designed for the present study was used to assess the patients' psychiatric disturbances. The case finding accuracy of the schedule

was validated by the use of the Sinhala version of the General Health Questionnaire at a cut-off score of 6/7. Patients were rated on the psychiatric disturbance from a scale of 0-4. Patients were categorized into broader diagnostic entities ranging from entirely physical to entirely psychiatric.

In the Study group, there were 76 patients with psychiatric disturbance and in the Control group, there were 22 patients with psychiatric disturbance as agreed by both the primary care assessment and the GHQ. In the socio-demographic data, there was no significant difference. There were, in addition, numerous other findings which do not fall within the purview of this study.

Two important indicators of underlying psychiatric disturbance were revealed. They are multiple complaints and repeated consultations. These indicators could be of immense value in the detection of psychiatric disturbance. The primary care schedule validated in this study could be used in primary care settings for the detection of psychiatric disturbances.