

Psychiatric Morbidity Among Attendants of Internal Medicine Outpatient Clinic in Ismailia General Hospital.

A Thesis Submitted in Partial Fulfillment of Master Degree (M. Sc.) in Psychiatry and Neurology.

By: Ashraf M. A. Tantawy- Supervised by Prof. A. S. El-Akabawy, Lecturers I.M. Yossef, and A. El-Hawary, Faculty of Medicine, Suez Canal University, 1992.

Psychological disorders are amongst the most common problems encountered in internal medicine outpatient clinic. They are usually associated with physical illness. They are usually missed or masked by the physical symptoms and patients are usually dissatisfied with the service. In spite of the above more or less facts, the size of this problem in developing countries including Egypt is not known.

The aim of this study was to find out the ratio of psychological disorders in internal medicine outpatient clinic of Ismailia General Hospital and examine the association of psychiatric symptoms with proved physical illness.

252 patients were taken by a systematic random sample, every other patient, attending the outpatient clinic of internal medicine over a period of time. A two stage screening design was adopted in this study. In the first stage the total sample was screened for the presence or absence of psychological disorders by the General Health Questionnaire (G.H.Q.). In the second stage the GHQ +ve (probable cases) were then interviewed using the Psychiatric Assessment Schedule (PAS). - DSM III-R criteria was used in this study.

A total of 252 patients had been included in the study, out of them 104 had scored above the cut-off point of the General Health Questionnaire - 30, a

prevalence rate of 41.27%. The patients who were +ve for GHQ were more likely to be in females, in adulthood period (21-60 yrs old), married persons. Breaking the GHQ +ve into diagnostic categories by the (PAS) revealed that Mood disorders were the commonest disorders (35.57%), followed by Anxiety disorders (28.84%) and Adjustment disorders (15.38%) with other disorders occupying a less common prevalence. The most common physical symptoms that were associated with psychiatric disorders were abdominal pain, headache, dyspnea, drowsiness, chest pain, backache and palpitation. It was found also that there was no personality disorder among the psychiatric patient on axis II of DSM III -R and about 80% of them had psychosocial stressors on axis IV of DSM III R and about 20% were not adapted to their role function.

The reported prevalence rate 41.27% in agree with most of other studies in the same area which were found to be fluctuating from 10% to 60%. Most of the patients with psychiatric disorders presented by physical symptoms and a minority presented by either a pure psychological or combined physical and psychological symptoms which is explained by the fact that, still the general attitude of patients is to somatize their illness and present to their doctors by an acceptable "Ticket" of physical symptoms and it is the doctor's responsibility to discover the actual reason of patient's presentation which in many times will be a psychological reason.

Psychological disorders could be amongst the most common problems encountered in outpatient clinic of internal medicine in Egypt which have a bad effect on the health care delivery system and to minimize these problems the following recommendations were suggested:

Thesis Review

(1) Initiate further studies in this field to confirm these findings.

(2) Internists specially in developing countries should be trained on early detection of psychological disturbances.

(3) Self administered, easy, short and valid screening instrument such as GHQ should be available to internists to be used when necessary.

A. T.

Types of Schizophrenia. A Clinical Criteria - Oriented Approach.

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By: Zakaria Abdel Aziz Said Halm. Supervised by Prof. Dr. Yehia El-Rakhawy, and Assist Prof. Sanaa S. Salem Department of Psychiatry, Faculty of Medicine, Cairo University, 1992.

This study was mainly concerned with evaluating and comparing two different methodological approaches to classification: the empirical approach or logical empiricism as embodied in DSM-III-R classification of schizophrenia and the ideal type approach as embodied in the classification of schizophrenia proposed by Rakhawy (1991).

Chapter I was mainly concerned with logical empiricism as a scientific methodology since the current influence of operational definitions, the emergence of official operational systems of classification: DSM-III and DSM-III-R and the current emphasis on the reliability of psychiatric diagnosis and classification was deeply shaped and influenced by this philosophy of science. Chapter II dealt with an alternative methodological and scientific approach to classification: "ideal types". Chapter III was devoted to

positive - negative distinction in schizophrenia.

The practical part of this study, was conducted on a convenience sample of 94 male schizophrenic patients. The latter were classified using two different approaches, DSM-III-R and the proposed classification, by Rakhawy, 1991. In addition, each subject was assessed using the Positive and Negative Syndrome Scale (PANSS). Subjects were classified according to DSM-III-R criteria, the diagnosis was initially made by investigator and confirmed by at least on the other hand, the assessment of the different subjects in this study in accordance with proposed classification was carried out by six raters. Each subject received at least two ratings and was classified under the corresponding type on the basis of the ratings obtained. In case of the PANSS rating scale, an initial sample of 66 subjects was assessed simultaneously by two raters while the remaining subjects were assessed by one rater only.

On the other hand, the ratings obtained using the PANSS rating scale were subjected to statistical analysis to identify the principle components which maximally differentiated between the subjects in the whole sample.

Results suggest that the proposed classification demonstrated adequate and acceptable reliability. However, the distribution of the proposed types was found to be not concordant with that of DSM-III-R types.

Results suggest that schizophrenia can be classified on the basis of two major approaches: an empirically oriented approach based on operationally defined concepts as in DSM-III-R classification and a clinically and phenomenologically oriented approach based on ideal type concepts as in the proposed classification.

Thesis Review

Also, operational definitions by outlining precise, clear and specific diagnostic criteria for reaching a psychiatric diagnosis offer the potential advantages of enhancing reliability of psychiatric diagnosis and facilitating communication.

Moreover, this study has shown that defining psychiatric disorders in terms of specified and explicit diagnostic criteria (operational definitions) may hide behind it a lack of validity (inadequate discriminant validity and low coverage) which poses certain limitations on the use of operational definitions in clinical practice.

Furthermore, this study has shown that clinical judgement based on empathic understanding can be a reliable diagnostic method. In addition, this study has shown that ideal types demonstrated acceptable validity, (adequate discriminant validity and high diagnostic coverage) compared to operational definitions.

As regards the positive-negative distinction, although the results of this study support its validity they show that this distinction alone was insufficient to account for the heterogeneity of schizophrenia since the subjects in this study differed significantly on other clinical dimensions.

Z.A.