Psychosomatic and psychiatric disorders

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n Wilson's interests e the anxiety disor-s, chemical depen-nce and the teach-ing of psychiatry.

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Saville Furman has been a family physi-n since 1974. He is a member of the Western Cape Academy of Family ctice/Primary Care mmittee, Part-time Lecturer in mmunity Medicine at UCT and in diatrics, Red Cross Children's Hospital.

Dr Wilson writes:

Quite coincidentally, during 2002, the *BMJ* published a series of articles in their ABC series entitled 'Psychological medicine' while we were in the planning stages for this *CME* edition on psychosomatic and psychiatric disorders. What this emphasised was the importance of psychological factors in the aetiology, manifestations and management of many common disorders in general practice. It also demonstrated the many ways we describe these disorders, varying from psychological medicine, mind-body problems, psychological factors affecting physical disorders, psychosomatics, supratentorial conditions, to the 'thick folder' syndrome and indeed many more. The road to accepting that psychological factors play an extremely important role in clinical medicine has been somewhat arduous over the last several decades, but it appears that we are almost there.

The articles in this edition include Sean Baumann's 'Practical management of chronic pain', where this perplexing concept is discussed and he provides us with a comprehensive approach to management, where one moves from elimination of pain to its modulation and from cure to rehabilitation. Janus Pretorius takes us through the doorway of sleep and describes the many causes of insomnia and provides practical guidelines for tackling this problem. Rob Bothwell, a specialist in cognitive therapy, applies this therapy in managing various psychosomatic disorders. This is an area of medicine to which cognitive therapies have not been routinely applied and so this should be of interest to budding behavioural therapists. Pieter Cilliers tackles a vast area of psychiatry when he explores emergency psychiatry. This subspeciality is one in which the average practitioner often feels a bit overwhelmed and so it is important to have some basic principles on which one can depend when faced with these presentations. Peter Smith in 'Managing the somatoform disorders' looks at this particularly interesting subgroup of psychiatric disorders, reviews the disorders and then provides an approach which involves discrete steps that should be followed to optimise the functioning of these individuals in their families and communities.

There are three short articles in the 'More about... ' section. Two look at women's issues: Debbie van der Westhuizen provides useful information on the safety of various psychotropic agents in pregnancy, and Soraya Seedat looks at 'Psychiatry and the menopause', paying particular attention to the menopause and depression. David Fainman, a community psychiatrist, looks at deliberate self harm in adolescents, an extremely important problem in our community.

We hope that all in all, you will find these an interesting selection of articles.

Dr Furman writes:

I graduated from UCT Medical School in 1973 having been 'indoctrinated' by the specialist tutors that there are two important rules for survival in general practice:

- you have to make a diagnosis
- it is a 'sin' to 'miss'!!

This to me has been the biggest challenge and dilemma in primary care. How far must we investigate before we label a symptom as psychological or psychosomatic?

Psychosomatic is defined in the Oxford dictionary as: 'involving both mind and body; exhibiting physical symptoms but instigated by mental processes.' The Collins dictionary defines it as relating to such disorders as stomach ulcers, thought to be caused or aggravated by psychological stress.

Research in *Family Practice* in the 70s and 80s found that only 50% of patients presenting to their GPs with chest pain were diagnosed. For abdominal pain in males it was only 21% and for headache 27%.

The role of psychological factors in non-cardiac chest pain has also been studied. At least 60% of patients with unexplained chest pain are found to have psychiatric problems, the most common being anxiety disorders, depression and somatisation disorder.

I am sure we all have 'cameos', and my favourite two are Mrs V and Mr G. In my early days of general practice I sent Mrs V to a neurologist for severe vertigo. He told her to come back to me to have her ears syringed!!! I then sent her to the Outpatients Department of Groote Schuur Hospital where an astute young registrar told me I had missed a classic Korsakoff's psychosis (the patient was a known alcoholic). She was treated with vitamins and two days before discharging her home, they X-rayed her chest, as she had developed bronchitis. This revealed classic 'cannonball secondaries' and she died three months later of a 'brain tumour'.

I wasn't going to 'miss' Mr G's diagnosis when he presented with a 'psychotic-like' illness, so I sent him straight to Psychiatric emergencies, where a dip-stix revealed he had a severe urinary tract infection! After the appropriate antibiotic and rehydration he made an uneventful recovery.

As Dr Shamima Saloojee wrote in the Nov/Dec *CME*:
'Remember, dear Doctor
The mad are not always mad
The sad are not always sad
The bad are not always bad
But glad is the doctor who examines the mad, the sad and the bad.'

Lynette Denny and Claire Jamieson are recipients of the CME Guest Editor Award for 2002. Drs Denny and Jamieson were Guest Editors for the issue titled 'Women's health', published in July last year. The award was presented to them as being the Guest Editors who contributed most to CME during the year in the opinion of the Editor, the staff and the Editorial Committee of CME. Our thanks and congratulations go to them for a most useful and practically applicable issue of CME.