

THE PERCEPTION AND ATTITUDE OF PRIMARY CARE PHYSICIANS ABOUT PSYCHIATRIC DISORDERS AND THEIR MANAGEMENT

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ABSTRACT

Objective: Present study was aimed to assess the knowledge and attitude of general practitioners about psychiatric disorders.

Material and Methods: A structured questionnaire adopted from that of Morgan and Killoughry was distributed among all the general practitioners working in Bannu district of Frontier Province.

The participants were requested to fill the questionnaire anonymously and return it to the investigator.

Results: One hundred general practitioners of the total 115, responded to the request. Among them 86% were male. Ninety-three percent showed sensitivity to the importance of psychological factors in the cause and outcome of physical disorders, but only 56% reported frequent or occasional use of antidepressants for their patients. Thirty-six percent of the general practitioners were of the view that patients dislike psychiatric referrals, while 20% thought that psychiatric treatment is usually ineffective.

Conclusion: Doctors working in primary care setting are aware of the psychological needs of their physically ill patients. They are interested to take advice but at the same time want to manage the mentally ill in their own setup.

Key words: General Practitioners, Attitude, Psychiatric Illness.

INTRODUCTION

Psychiatric disorders have been reported as the third most common reason for consultation in primary care.¹ Moreover it has been reported that up to 25% of the patients, seen by the GP suffer from psychiatric problems.^{2,3}

However more than half of the patients, who suffer from psychiatric disorders do not receive proper psychiatric care.⁴ In developed countries, about half of those who receive any psychiatric treatment, have it from their general physicians.⁵ The contact of the mentally ill patients with primary care services helps them to overcome the stigma of being treated in a mental health center. It also facilitates early therapeutic interventions.⁶

The detection and management of psychiatric disorders among mentally ill patients and in general population depends upon the knowledge and attitude of the general practitioners.⁷ There have been many attempts to assess the knowledge and attitude of medical students and hospital doctors towards psychiatry.^{8,9}

There has been no study to address the same in general practitioners (GPs). This is of paramount importance in view of the fact that one in five patients in general practice with psychological problems present to the general practitioners.¹⁰ Present study is aimed to assess the knowledge and attitude of general practitioners towards psychiatric disorders.

MATERIAL AND METHODS

A list of general practitioners working in Bannu district was obtained. It included doctors working in Basic Health Units, District Headquarter Hospital and those involved in private general practice. Those who had worked in any specialty for more than two years continuously and not currently involved in general practice were excluded. Doctors working in administration were also excluded, as the survey was not relevant to their clinical work. One of the investigators (JA) approached the doctors for filling the self-administered questionnaire. The questionnaire for the study is adopted from that of Morgan and Killoughry.⁴ As the original questionnaire was

ATTITUDES OF GENERAL PHYSICIANS TOWARDS PSYCHOLOGICAL PROBLEMS (n=100)

Statement	Percentage in Agreement
Psychological factors can influence the cause and outcome of physical disorder	93
Emotional and social aspects of care enhance job interest	76
Management of emotional issues is primarily a medical responsibility	48
Gp,s are primarily responsible for assessment of emotional problems in new outpatients	82

Table 1

developed for use in hospital doctors, it was extensively modified for use in general practice. The questions not relevant to routine clinical problems in our setting (e.g. alcoholism) were excluded while questions were included for conditions such as hysteria, which is commonly encountered in our hospitals but not in UK where the questionnaire was originally developed. The questionnaire elicits information about the following aspects of psychiatric disorders and their management in general practice.

- Assessment of psychological problems in physically ill patients.
- Attitude towards psychiatric treatment.
- The need for various psychiatric interventions in medically ill patients and
- Stigma of psychiatric illnesses.

All the participants were requested to fill the questionnaire anonymously and return it to the investigator.

Statistical analysis:

The data collected was analyzed by using SPSS version 10. Descriptive statistics were recorded for questions and univariate comparisons were performed using Chi-square or Fisher's exact tests as appropriate. Statistical significance was calculated at P value less than 0.05.

RESULTS

Hundred questionnaires were collected

after distributing them among 115 general practitioners, (response rate, 87.8%). Among all respondents 86% were male while females GPs were only 14%.

Regarding importance of psychological factors in physically ill patients almost all GPs agreed that psychological factors could influence the cause and outcome of physical disorders. More than two third reported that emotional and social aspects of patient's care enhances their job interest while 48% thought that management of emotional issue is primarily a medical responsibility.

Considering the responsibility for the care of common psychiatric problems more than two third (78%) agreed that they have the responsibility for care of patients with depression while in cases of acute confusional state and conversion disorder this figure was 88% and 84% respectively. (Tab. 2)

In case of assessment of psychological problems in physically ill patients, 90% of G.Ps agreed that they would like to have more time to talk to their patients about their psychological problems. Similarly 81% were of the opinion that psychological and social factors should be routinely assessed and recorded for inpatients. 53% of them found it impractical to assess and treat emotional problems of the physically ill patients. (Table 3).

More than 2/3rd of the general practitioners felt that they should be able to use psychological methods of treatment such as listening and

RESPONSIBILITY FOR THE MANAGEMENT OF COMMON PSYCHIATRIC PROBLEMS

Statement	Strongly agree	Agree	Uncertain	Disagree	Strongly disagree
Hospital doctors have the major responsibility for the management of the following problems					
Depression	26%	52%	6%	10%	6%
Acute confusional state	43%	45%	11%	1%	None
Overdoses	47%	33%	12%	8%	None
Anxiety disorder	35%	37%	10%	127%	6%
Hysteria/ Conversion	35%	49%	10%	5%	1%

Table 2

THE ASSESSMENTS FOR PSYCHOLOGICAL PROBLEMS WITH REGARD TO PHYSICAL ILLNESS

Statement	Percentage in Agreement
Would welcome more time to talk to my patients	90
It is impractical for G.Ps to assess and treat emotional problems	53
Psychological and social factors should be routinely assessed and recorded for the patients	81
When psychological factors appear to be an important cause of presenting problem, I confine to physical assessment	27
I should concern myself with emotional care of regular attenders with chronic physical illness	88

Table 3

reassurance (89 %), discussion of anxieties and problems (88%) and discussion with relatives of the patients (72%). Fifty six percent reported occasional and frequent use of antidepressants in their patients, while 85% agreed that G.Ps should be able to use psychotropic drugs. (Tab. 4)

Considering the role of psychiatric services, majority of the GP,s wanted to have more contact with psychiatric services (79%) and to know more about the role of psychiatry in the management of medically ill patients. Only 20% thought that psychiatrist have little to offer in a general practice.

Regarding barriers to psychiatric referrals, 36% thought that patients dislike psychiatric referral, 22% reported stigma for psychiatric illness, while 20% were of the opinion that psychiatric treatment is usually ineffective.

Table 5 shows attitude of G P's towards psychiatric referrals. Depression, Dementia, and diagnostic problems were the most common reasons for referral (72%), followed by Hysteria 64%.

DISCUSSION

Considering the significant psychiatric comorbidity in general practice it is quite important to assess the perception and attitude of the doctors working in primary care and to identify the gaps in their knowledge. There have been attempts to

ATTITUDE OF GP's TOWARDS PSYCHIATRIC REFERRALS

No.	Psychiatric illness	Percentage
1	Depression	72
2	Dementia	72
3	Diagnostic problem	72
4	Hysteria	64
5	Acute confusional state	60

Table 5

know the attitude of medical students towards psychiatry,⁸ but present study is probably the first of its kind in Pakistan. Comparison with the local literature is therefore not possible.

Regarding importance of psychological factors in physically ill patients, general practitioners showed higher level of awareness of the psychological needs of their patients. Almost all GPs (93%) agreed with the statement that, psychological factor could influence the cause and outcome of physical disorders. These figures are in line with those reported by Kumar et al (84%, Indian study).¹¹ Similarly 76% of the GPs reported that emotional and social aspects of care enhance their job interest. These figures are in broad agreement with those of Morgan and Killoughry, who studied attitude of doctors in two teaching hospitals in UK.⁹

Eighty eight percent of general

THE ASSESSMENTS FOR PSYCHOLOGICAL PROBLEMS WITH REGARD TO PSYCHIATRIC ILLNESS

Statement	Percentage in Agreement
General practitioners should be able to use psychological methods such as Listening/ Reassurance	89
Discussion of anxieties and problems	88
I frequently discuss emotional problems with relatives	72
General practitioners should be able to use psychotropic drugs	85
I use antidepressants frequently or occasionally	56

Table 4

practitioners (88%) agreed that they have the primary responsibility for the care of patients suffering from acute confusional states. This was in agreement with that reported by Doron who conducted similar study in primary care units in Israel¹² 84% of the GPs also felt that they have the major responsibility for the care of conversion disorder. In view of the fact that hysteria is one of the commonest psychiatric disorders presenting in our set up,¹³ the reported sensitivity of the GPs is of great help in early detection and therapeutic intervention in this disorder.

It is encouraging to note that 90% of the GPs were in favor of the need to spare more time to talk to their patients about the emotional problems. But at the same time 53% were of the opinion that it is impractical for them to assess and treat emotional problems of their patients. Similar views were expressed by the doctors in a UK study (52%).⁹ This may be due to time constraint and the huge burden of patients with physical disorders in primary care settings.^{9,10}

More than 80% of the GPs thought that they should be able to use psychological methods such as, listening and reassurance and should also be able to make use of psychotropic drugs. Similarly 56% of the GPs reported frequent or occasional use of antidepressants for their patients. These findings are encouraging and show that doctors working in primary settings want to retain the charge of psychologically ill patients.¹² However considering the very high prevalence of depression in primary care² the figures for the use of antidepressants is dismally low and probably reflect the well known finding in psychiatric research that this disorder is often poorly managed in general practice.⁴

A significant proportion of the GPs, (79%) had positive views about their contact with psychiatric services and only 20% of them perceived that psychiatric services are ineffective for providing interventions in physically ill patients. These figures are in broad agreement with those of Cohen and Friedman who reported high level of global satisfaction with consultation among general practitioners.¹⁴ Moreover these reports are quite encouraging in background of almost total lack of psychiatric services outside tertiary care hospitals or their liaison with primary care services in our country.

Reasons for not referring the patients to psychiatric services were similar to those cited by Adeyemi et al in 2002 and Morgan and Killoughry in 2003.^{9,15} The most common reason was that patients disliked psychiatric referrals (36%), followed by stigma of psychiatric illness. This reflects the long-lived belief about the mental

illness in our culture and that of subcontinent in general.¹¹

CONCLUSION

Doctors working in primary care setup have heightened awareness of the psychological needs of their patients. They are interested in taking advice from psychiatrists regarding diagnosis and treatment strategies of psychiatric illnesses but at the same time they want to manage them in their own setup.

LIMITATIONS

Results may reflect the social desirability bias rather than true clinical practice.

The findings may typify local rather than national practice.

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