

Method: A questionnaire including the SCL-25 was applied to patients (n = 191) consecutively consulting their family physician in a catchment area - a part of the City of Aarhus, Denmark. All patients with a high SCL-25 score (n = 44) and a random sample of the low score patients (n = 55) were interviewed by means of SCAN (Schedules for Clinical Assessment in Neuropsychiatry). Further, the Whiteley Index for Hypochondriasis was applied.

Results: The SCAN interview showed that 60.6% of the 99 interviewed patients had at least one medically unexplained physical symptom and 24.2% fulfilled the diagnostic criteria for a ICD-10 somatoform disorder and 59.9% for a DSM-IV somatoform disorder, and 30.3% if excluding the DSM-IV Not Otherwise Specified (NOS) diagnostic group. Using ICD-10 criteria the prevalence of somatoform disorders among all the 191 screened patients was calculated to 22.3% (CI-95%: 16.4–28.1) and 57.5% (CI-95%: 50.5–64.5) using DSM-IV criteria and 30.3% (CI-95%: 23.8–36.9) excluding the NOS group. The internal and external validity of the Whiteley Index were tested by latent structure analysis and ROC analysis, and a short 7-item version of the index including two subscales was developed. At a cut point of zero/one, the Whiteley-7 Scale detected all ICD-10 somatoform disorders and 71% of DSM-IV somatoform disorders

The GP's recognized about half of the patients with a somatoform disorder according to the SCAN interview. The GPs' ability to recognize other mental disorders was not significantly influenced by the presence of a somatoform disorder.

Patients with somatoform disorders used more non-psychiatric health care facilities than other patients (p = 0.01).

Conclusions: Somatization is very prevalent in primary care but frequently not recognized by the GP. The somatizing patients use more health resources than other patients. The Whiteley-7 questionnaire may be helpful for aided recognition.

S64-3

PSYCHIATRIC MORBIDITY IN A MEDICAL DEPARTMENT

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Objectives: To determine the prevalence and character of mental illness and symptoms in an internal medical department, and the association with the type and degree of somatic illness, length of stay, and complexity of care.

Material and Methods: Two hundred and ninety-four consecutive internal medical patients were interviewed the day after admission, at discharge, and by follow-up. A two-step design was employed for the investigation, using *ARSI*, a special interview form developed in connection with the Biomed1 Risk Factor Study in the frame of ECLW (European Consultation Liaison Workgroup), for screening, and *SCAN* (*Schedules for Clinical Assessment in Neuropsychiatry*) for case interviews.

By means of interviews with the patients and the medical and nursing staff, and from medical records, additional information was obtained on sociodemographic data, discharge diagnoses, health perception, compliance, health care utilisation, social support, somatic illness, and on the complexity of care, the concept of which is also developed within the Biomed1 Risk Factor Study.

Results: Preliminary results concerning the prevalence of mental illness in general, and of specific psychiatric diagnoses, will be presented. Comparisons regarding sociodemographics, somatic illness, length of stay, and complexity of care, will be made between the diseased group and the group identified as symptom-free.

S64-4

SCREENING FOR SOMATOFORM DISORDER IN MEDICAL OUTPATIENT CLINICS

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Objective: to test the ability of a screening questionnaire ("SQUASH"), completed by physicians, to predict the presence of somatoform disorder and other psychiatric disorder, clinical outcome, functional status, and healthcare costs in consecutive new patients attending medical outpatient clinics.

Design: Analysis of sensitivity, specificity and positive and negative predictive value of screening instrument compared with "gold standard" interview and outcome measures.

Main Outcome Measures: Screening instrument to identify somatoform disorder. Investigator-based research diagnostic psychiatric interview (SCAN/ICD-10). Functional status (SF-36). Healthcare utilization and costs.

Results: 344 eligible patients attended during the period of study. 249 subjects completed an interview (72%). 66% had clear-cut physical disease sufficient to explain their symptoms, whilst 34% had symptoms not explained fully by disease; 22% received a diagnosis of irritable bowel syndrome. 16% met criteria for a current depressive or anxiety disorder; 22% met criteria for somatoform disorder. Psychiatric disorder was much more common in patients with unexplained symptoms (83%) than in patients with clear-cut physical disease (20%).

The screening instrument was acceptable to and completed satisfactorily by the clinic physicians. Analysis of somatoform disorder prediction revealed that one questionnaire item, the physician's impression of the cause of the symptoms, correctly identified 85% of patients (sensitivity 62%, specificity 92%).

Discussion: The study confirms that medically unexplained physical symptoms are common in this setting, and are strongly associated with psychiatric disorder. The screening instrument enables physicians to identify somatoform disorder patients with a high degree of accuracy, although it requires further evaluation and development.

S64-5

PATIENTS PRESENTING TO CARDIOLOGISTS WITH THE COMPLAINT OF PALPITATIONS

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The symptom of palpitations is one of the commonest reasons for referral to cardiologists. We have conducted a study of 200 consecutive referrals from primary care to cardiologists providing a district service. Patients attended a research assessment 2–3 weeks before the clinic visit at which they completed questionnaires, were interviewed and underwent an assessment of heart rate. The cardiologist's assessment was coded and all patients were sent a postal questionnaire at three months. Eighty subjects with benign palpitations were recruited to a randomised controlled trial of a brief cognitive behavioural treatment-based intervention by a cardiac nurse and assessed in terms of symptomatic, psychological and quality of life outcome.

- Only 34% of subjects had evidence of medically significant arrhythmias, the others were assessed as being either abnormally aware of sinus tachycardia (23%) or of abnormalities of rhythm (such as extra beats) within normal limits (43%). Psychiatric disorder occurred in a minority of subjects and was most frequent in the sinus rhythm group (panic attacks 48%; panic