
DO THE RISK FACTORS FOR MEDICALLY UNEXPLAINED SYMPTOMS DIFFER IN THE DEVELOPING WORLD?

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Objective: To examine psychological distress and quality of life in patients with medically unexplained symptoms (MUS) compared to those with medically explained symptoms (MES) in a primary care setting in Karachi, Pakistan.

Methods: 472 patients attending a GP clinic in Karachi completed questionnaires to assess somatic symptoms, anxiety, depression, and quality of life. The patients' GP recorded whether the complaint was medically unexplained or medically explained.

Results: Patients with MUS were more likely to be employed ($p=0.01$) educated to a higher level ($p<0.001$), have less difficulty meeting day-to-day need ($p=0.05$) and have a higher percentage of people showing concern and interest in what they are doing ($p<0.001$). In addition, they have fewer problems with mobility ($p=0.001$), with usual activities ($p=0.05$), with pain/discomfort ($p=0.004$) and with anxiety/depression ($p<0.001$). They have a smaller number of family members ($p=0.05$), a higher income ($p=0.019$), a lower level of depression ($p=0.05$) and a lower number of life events ($p<0.001$). In terms of significant independent risk factors for medically unexplained symptoms, there were three such risk factors, the number of life events (OR 0.88, $p<0.001$), problems with anxiety/depression as measured on the EQ-5D (OR 0.53, $p=0.003$) and the amount of concern shown by people (OR 1.82, $p=0.006$).

Conclusion: Compared to people with MES, those with MUS had experienced less psychological distress and better health-related quality of life. Furthermore, those with MES had higher scores on the life events checklist and were more likely to come from larger families, be illiterate, unemployed and to have financial problems.