

S. Batmaz<sup>1</sup>

<sup>1</sup>Psychiatry Clinic, Mersin State Hospital, Mersin, Turkey

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**Introduction and Objectives:** Clinical experience and observations state that patients who have gastrointestinal system (GIS) symptoms and directly present to, or who are referred to psychiatry clinics have different clinical features. This study aims to investigate these two different groups.

**Methods:** For the present study patients with GIS symptoms who directly presented to psychiatry (n=61), and who were referred from other clinics (n=54) were compared with each other via chi-square test and independent samples t-test. The patients were diagnosed according to the DSM-IV criteria, and relative risks for the risk groups were computed.

**Results:** Direct presentations to psychiatry were more likely to be women, older, married, and believed that their symptoms had a psychological explanation (RR:2.430). Patient who were referred were more likely to have undergone invasive diagnostic tests, and to have been prescribed drugs for their symptoms (RR:3.150). Direct presentations suffered more from abdominal distention (RR:1.434) whereas those who were referred suffered more from abdominal pain (RR:3.761), constipation (RR:2.298) and swelling (RR:1.674). Patients who directly presented were more likely diagnosed with depressive disorders (RR:1.802), trauma related disorders (RR:1.605) and personality disorders (RR:2.174). Patients who were referred were more likely to be diagnosed with psychotic disorders (RR:2.271). In terms of personality traits, patients who directly presented were more likely to be impulsive (RR:1.629).

**Conclusions:** These results suggest that patients who directly present or who are referred to psychiatry clinics differ from each other on demographic, clinical and psychiatric parameters, and provide some evidence to the clinical experience and observations.