

# When GP's every effort is thwarted



After 837 consultations and a rebuff from the psychiatrist, Dr Jon Garvey asks what can the GP do for a patient with a personality disorder?

**T**HE PATIENT is usually, though not invariably, female. This might be because our chauvinistic society produces the disease only in the subserviated half of the species, but is more likely to be because males become dependent on alcohol or wife-beating rather than doctors.

But the principal distinguishing feature of the condition, which is a common one, is that the casenotes are between one and two inches thick.

A typical history is as follows. The GP and his partners begin to realise that they are getting an extremely large number of consultations, calls and visits from a new patient, whose domestic situation, by her own account, is dire.

Her husband has left her, or won't leave her, her children are in care, or were, or need to be, her tablets are no longer helping her nerves and she may also have a plethora of indefinable physical symptoms. Or just one big one.

Inquiries reveal that she has been thrown off the neighbouring practice's list, and nobody knows how she managed to register without this being realised. Anyway, it is too late now.

The GP spends an increasing amount of his time in supportive psychotherapy, judicious — or desperate — use of psychotropics, and writing letters to the housing manager to provide less crowded/less lonely accommodation, which the patient insists is at the root of the problem.

He pieces together the story of her deprived childhood, faintly wondering why all the other children seem to have done so well, and concludes that unfavourable environment acting



on genetic predisposition must be to blame.

Then one day he reads Mackarness and decides it could be food allergy. It isn't, but her migraines get worse from the time she starts her exclusion diet.

A partner suggests homoeopathy; the trainee tries hypnosis, but she refuses to continue with it.

Eventually, when the patient is found to have been fraudulently

registered with two other local doctors, receiving happy-pills from them all, and having had 837 consultations in the last six months, not to mention night calls and frantic telephone pleas, she is referred to a psychiatrist.

He states that she has a personality disorder, hysterical type, with a great deal of manipulative behaviour, and is therefore not mentally-ill. Nevertheless he suggests Windyline 30mg nocte

and does not propose to see the patient again, since her recovery is really in her own hands.

The GP is taken aback, because he always thought personality disorder *was* a mental illness, which is why they put people in hospitals for the criminally insane instead of prison. In any case, he has already tried Windyline, or at least its proprietary form, Utopion, as well as Marzipam and Narden.

After a few more interesting months, he is able to have her seen by Dr Prettygood at the Institute for Hysterical Personality Disorders at Wapping.

This expert sends a very thorough report on the patient's deprived childhood, says he is arranging a CAT scan and biochemical screen to exclude an organic cause, and will arrange for individual and group psychotherapy and daily visits from their psychiatric social worker.

He will see her in six months,

and in the meantime suggests a morning dose of Windyline, and Marzipam as required.

The next letter is very encouraging — belying the large number of surgery attendances, phone calls, and two overdoses since she was last seen. She now has a much more realistic assessment of her relationships, and developing insight into her own state of mind. He will see her in six months.

Nine months later, a letter arrives to say that the patient failed to attend her last appointment and told the social worker she did not think she needed help any more. He hopes this improvement will continue. It does not.

Meanwhile she becomes involved in a local ho use-church, has hands laid on her, and stops all her tablets.

The GP becomes resigned to spending at least 10 per cent of his working time dealing with her. Sensing a certain lack of en-

thusiasm, she changes to another three doctors and starts the cycle over again, only this time with conversion symptoms which lead to her seeing a selection of 'proper' specialists, Acupuncturists and chiropractors before being started on Utopion.

What is the best thing to do for these people?

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