

### Chronic somatizers and the Government White Paper

I agree with the editorial by Bass & Murphy (April 1990 *JRSM*, p203) in calling for research on somatization before the Government's imposition of the White Paper compounds the problems of coping with chronic somatizers. However, I would like to comment on two challenges to research in this area.

Firstly, abnormal illness behaviour covers a broad spectrum of doctor-patient relationships from malingers who concoct symptoms for their own benefit, to patients who have no conscious control over their functional symptoms and gain no obvious advantage from them. These polar groups illustrate the complexities of attempting to delineate and understand this behaviour. Whether somatization disorder is a useful step in this direction is debatable. We found the arbitrary diagnostic criteria<sup>1</sup> excluded individuals with more severe abnormal illness behaviour than the somatization disorder patients, in terms of frequent GP consultations, multiple hospital referrals, and being poor copers with life in general. We concluded that the concept of somatization disorder had little value in British primary care<sup>2</sup>.

Secondly, somatization disorder does not delineate a group of patients who always present with symptoms in the absence of organic disease. Consultation rates for organic and non-organic problems are highly correlated<sup>3</sup> raising the possibility that these patients often have disease as well as illness, albeit with a lower threshold of symptom tolerance before attending the GP. For example, one of the patients I investigated

had severe asthma from childhood, but also a multitude of other symptoms for which it was very difficult to decide which might be related to her asthma, treatment, or psyche<sup>3</sup>. Patients and their symptoms rarely allow a pure functional or organic classification.

Only a multi-axial classification system, which takes account of psychological, physical, social and personality factors<sup>4</sup> is appropriate to accommodate the diversity in abnormal illness behaviour, and the overlap between functional and organic illness. The place for this research is primary care, as it is the GP who is the most suitable identifier and long-term manager of these patients. The imminent NHS bill makes the need for this research all the more urgent.

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### References

- 1 American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*, 3rd edn, revised. Washington DC: American Psychiatric Association, 1987
- 2 Deighton CM, Nicol AR. Abnormal illness behaviour in young women in a primary care setting: is Briquet's syndrome a useful category? *Psychol Med* 1985;254:3075-9
- 3 Deighton CM. An investigation in abnormal illness behaviour in young women. BMedSci Thesis. University of Newcastle upon Tyne, 1984
- 4 Shepherd M, Wilkinson G. Primary care as the middle ground for psychiatric epidemiology. *Psychol Med* 1988;18:263-7

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## Book reviews

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### Muscle Energetics (Progress in Clinical and Biological Research, vol 315)

Richard J Paul pp 627 \$130 ISBN 0-8451-5165-7  
New York: Alan R Liss 1989

This book will certainly be of value to teachers, students, and research workers with a particular interest in muscle function (at Honours level in an undergraduate course). It is, of course, not a light read, and not for the mildly curious. On the other hand, the contents are not inaccessible to those who need to take the trouble to update their knowledge on the mechanisms of energy transformation in skeletal, cardiac, or smooth muscle (each of which are given significant coverage). While it is unlikely that this distinguished and fully international group of 200 authors (of some 50 articles and 30 abstracts) will have used this opportunity as the sole means of releasing important results, there is much original data included, and it is all in one place. The combination of brief but appropriate review material with hewings from the coal-face of research will be very helpful to anyone attempting to focus upon current developments. The studies reported, while technically very specialized, often give a surprisingly

direct insight into the everyday functions of muscle. It is also interesting to see at just what a detailed level contraction is now being investigated. For example, how far apart are the successive points of attachment for a myosin head on the actin molecule? (Perhaps 20 nm). How rapidly does the crossbridge attachment/detachment cycle occur? (Perhaps 6 Hz). This volume should be stocked by all large medical or biological science libraries, and by any smaller library whose readers undertake advanced coursework or do research on muscle.

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### Effectiveness and Efficiency. Random Reflections on Health Services Archibald L Cochrane £9.95 ISBN 0-727-902822

London: British Medical Journal 1989

This book is a reissue of a monograph written by Archie Cochrane for the Nuffield Provincial Hospitals Trust in 1977. He was commissioned to evaluate the National Health Service. At that time he concluded that two preliminary steps were essential before any cost/benefit analysis could be attempted. A true disciple of Sir Austin Bradford Hill, he advocated the general application of the randomized controlled double blind trial, not only to the evaluation of new drugs and therapies before their usage becomes entrenched in National Health Service practice; but also to evaluate such matters as optimum time of complete bed rest, length of stay in hospital, use of