Psychiatric morbidity in primary health care in Santiago, Chile. Preliminary
findings
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Background. The aims were to determine the prevalence of psychiatric morbidity among primary
care attenders in a poor suburb of Santiago and to study the relationship with health service use.
Method. A cross-sectional survey was made of 163 consecutive attenders to a primary care clinic.
Results. Eleven per cent of the sample gave a psychological reason for consultation and the
prevalence of psychiatric morbidity was 53%, defined using the revised Clinical Interview Schedule.
Women and those of lower socio-economic status were at higher risk. Physicians recognised 14% of
the psychiatric morbidity. Attenders with psychiatric morbidity consulted more frequently.
Conclusions. There is a need to improve the recognition and management of psychiatric morbidity in
primary care in Chile and other less developed countries. This could lead to the more efficient use of
scarce health care resources in primary care.