The Ulster Medical Journal, Volume 54, No. 2, pp. 181 – 184, October 1985.

A review of referrals to the psychosexual clinic at the Belfast City Hospital

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Accepted 1st September 1985.

SUMMARY

The number of patients seen at the psychosexual clinic has more than doubled in eight years. The diagnostic categories of the patients referred have also changed, especially in the area of homosexuality, and now show greater similarity to figures obtained in two reports from Great Britain, apart from a lower referral rate for orgasmic dysfunction. There is also an overall lower rate of referral in Northern Ireland. This raises the question as to whether or not there is a real difference in the prevalence of these disorders in the Province, compared with Great Britain.

INTRODUCTION

The psychosexual clinic has been in existence for approximately twelve years. It is part of the Department of Mental Health at the Belfast City Hospital. It investigates and treats a wide variety of sexual problems. The service is organised by a consultant psychiatrist who either sees the cases personally or supervises the work of others, who include psychiatrists in training, a general practitioner clinical assistant, a senior clinical psychologist, a social worker and a nurse therapist. Quinn et al[1] have described the service provided by this clinic. Since then, the number of patients seen and treated at the clinic has greatly increased. It seemed important to re-evaluate the referral patterns and the nature of the problems referred. All referrals in 1982 were studied with special reference to the referring agent. Because the majority of these came from general practitioners the report focusses particularly on this aspect.

REFERRALS

In 1982, 206 cases were referred to the clinic from all areas of Northern Ireland (the population in the province in 1981 was 1,488,077, with an over-15 population of 1,097,653). The majority of these cases were referred either by their general practitioner or by psychiatrists working in other settings (See Table I). The remaining 21 cases were either self-referrals, or from social work departments or family planning clinics, and some cases were referred through the legal system.

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TABLE I

Sources of referral

		No. of cases	*Percentage*
General practitioner:		137	66.5
Hospital:			
Psychiatrist	18		
Physician	12		
Gynaecologist	10		
Surgeon	7		
Radiotherapist	1		
		48	23.3
Others:		21	10.2
TOTAL		206	100

Referrals from general practitioner principals in the four area boards are shown in Table II. A more detailed analysis of these referrals revealed a wider variation than was apparent between the individual boards, e.g. Newtownabbey and Lisburn showed the highest rate of referrals with seven doctors out of 27 in Newtownabbey referring (25.9%) and ten doctors out of 38 in Lisburn referring (26.3%); whereas there were no referrals at all in 1982 from Omagh and Larne/Carrickfergus, areas with 26 and 27 general practitioners respectively.

TABLE II

Referrals from general practitioner principals in the four area boards

Board	*Total number of general practitioners*	*Number of referrals*	*Number of general practitioners referring*
Northern	185	38	28 (15.1%)
Eastern	370	70	57 (15.4%)
Southern	155	16	16 (10.3%)
Western	141	9	9 (6.4%)
TOTAL	851	133	110 (12.9%)

The diagnostic categories of the patients referred are shown in Table III. Erectile incompetence, premature ejaculation and retarded ejaculation were the dysfunctions most commonly seen in males, while general sexual dysfunction, orgasmic dysfunction and vaginismus were the female presenting conditions.

DISCUSSION

A report on this clinic in 1974[1] showed that 92 cases were referred in the preceding year. The present survey shows that the figure had more than doubled by 1982. The rate of referral is much lower than that reported from Oxford[2] where 200 cases were seen in a 16-month period from an over-15 population of

TABLE III
Diagnosis

Dysfunction	*Number of cases*	*Percentage*
MALE:		
Erectile imcompetence	56	27.2
Premature ejaculation	24	11.6
Retarded ejaculation	6	2.9
FEMALE:		
General sexual dysfunction	52	25.2
Orgasmic dysfunction	5	2.4
Vaginismus	22	10.7
OTHERS:		
Homosexual	10	4.7
Exhibitionist	7	3.6
Sexual trauma	7	3.5
Others (including lesbians, paedophiles, trans-sexuals, transvestites, incest and fetish)	17	8.2
TOTAL	206	100

219,000. A study from the Grampian region in Scotland[3] showed that out of all psychiatric referrals made in a two-year period for a population of 300,000 there were a hundred cases of sexual dysfunction, a referral rate approximately 25% higher.

Sixty-six per cent of cases were referred to the clinic by a general practitioner. This is similar to the 68.5% from the Oxford region. 12.9% of general practitioners in Northern Ireland referred patients in 1982. Comparing referrals from area boards it is apparent that fewer general practitioners referred from the Southern and Western Boards. This may well be related to the distance from the clinic; although it is interesting to note that 17.4% of general practitioners from the Coleraine – Ballymoney – Moyle area referred — a distance of approximately 60 miles from Belfast — while no general practitioners referred from the Larne/Carrickfergus area which is about 20 miles from Belfast. There may be other factors influencing a general practitioner's decision to refer. A survey carried out in 1974[4] to determine attitudes of British and Irish doctors to psychiatric referral asked how they would manage a case of sexual 'frigidity'; 14.2% in the Republic of Ireland and 14.1% in London said they would refer such a case to a psychiatrist, but the vast majority preferred to deal with it themselves or refer the patient to another individual or social agency.

There are other possible reasons for general practitioners not referring these patients, including the following, which were looked at in a paper on referrals to psychiatrists:[5] patients' dislike of referral to a psychiatrist, disadvantages of labelling, lack of readily available facilities, and delay in obtaining an appointment. Delay, which can be up to several months on occasions, may well be a significant deterrent to referral to this clinic. It has also been suggested[6] that resistance to referral may be influenced by a patient not wanting to re-describe an embarrassing

topic, or because sex therapy clinics are the subject of jokes, or because the patient feels that sex is an inappropriate topic to discuss. Cultural factors have also been suggested. These factors could apply to Northern Ireland, and embarrassment could prevent the patient presenting the problem to the general practitioner in the first instance. No information is available as to how general practitioners in Northern Ireland manage psychosexual disorders, though a survey is at present being undertaken. The increase in referrals in 1982 may be a reflection of the continued development of the psychosexual service in the province in the last ten years, or the inclusion of a course on human sexuality for undergraduate students,[7] or an increase in input in psychosexual medicine for postgraduate students and for doctors on in-service courses.

In 1982 the largest number of referrals were for erectile incompetence, and general sexual dysfunction. This was also the experience in Oxford and Grampian. There was a much lower referral rate for orgasmic dysfunction, 2.4%, in Belfast compared with 10% and 9% in Grampian and Oxford respectively. Vaginismus accounted for 10% of referrals in Belfast compared with 4% and 6% in Grampian and Oxford. Belfast still differs very considerably from the Oxford and Grampian regions in the diagnosis of orgasmic dysfunction. It is unclear why this is so. It may be due either to the under-diagnosis of the condition, or to hesitancy of presentation on the part of the patients.

Diagnostic categories in the Belfast study show one major change from 1974 when 22% of patients presenting were homosexual while they constitute only 4.7% of cases in 1982. This change brings the number of homosexuals seeking help more in line with the Oxford and Grampian regions. The reasons for this may be related to changing attitudes towards homosexuality and the setting up of a befriending organisation in Northern Ireland.

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