

ORIGINAL RESEARCH ARTICLE

DIAGNOSTIC STABILITY OF DISSOCIATIVE DISORDER DURING FIVE YEAR FOLLOW-UP IN TERTIARY HOSPITAL OF NEPAL

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ABSTRACT

Background: The stress on unconscious mind converted to physical symptoms or the dissociation of stress into physical symptoms, called dissociative (conversion) disorder. The aim of the study was to identify diagnostic stability of dissociative (conversion) disorder during five years follow-up among patients with dissociative (conversion) disorder attending psychiatry department of Chitwan Medical College Teaching Hospital, Bharatpur, Nepal.

Methods: A prospective follow-up study was conducted among 253 patients with dissociative (conversion) disorder attending in the department of psychiatry of CMC-TH. Consecutive sampling technique was used to select the sample and data was collected through face to face interview method using structured interview schedule. Obtained data were analysed using ICD-10 DCR (Diagnostic Criteria Research). The cases for study were taken during one year period. The follow up were done after 1 month, 1 year, 3 year and 5 year. The ratios and proportions were used for statistical analysis.

Results: After 5 years follow up, 72 patients did not come for regular follow-up visit i.e. Subject absent was 28.46%. out of 181 patients, highest percentage of patients were diagnosed as mania/BPAD I (N-45, 24.86%) followed by depressive disorder (N-37, 20.44%), hypomania/BPAD II (N-24, 13.26%), and conversion disorder (N-8, 3.16%). More than one third (N=64, 35.36%) of the patients were improved (N-64, 35.36%).

Conclusions: Diagnostic stability among patients with conversion disorders is very low after 5 years of follow up. They showed other disorders like mania/BPAD I, depressive disorder, hypomania/BPAD II etc. Hence, regular follow-up and assessment using diagnostic criteria is essential for patients with dissociative (conversion) disorder for their proper treatment.

INTRODUCTION

The dissociative and conversion disorders comprise what used to be called "hysteria". Conversion disorder begins with some stressor, trauma, or psychological distress. Usually the physical symptoms of the syndrome affect the senses or movement. Common symptoms include blindness, partial or total paralysis, inability to speak, deafness, numbness, difficulty swallowing, incontinence, balance problems, seizures, tremors, and difficulty walking. These symptoms are attributed to conversion disorder when a medical explanation for the afflictions cannot be found.¹ Symptoms of conversion disorder usually occur suddenly. Conversion disorder is typically seen in individuals aged 10 to 35² and affects between 0.011% and 0.5% of the general population³

Dissociative disorders are conditions that involve disruptions or breakdowns of memory, awareness, identity, or perception. People with dissociative disorders use dissociation as a defence mechanism, pathologically and involuntarily.⁴ Conversion disorder is defined as an illness associated with either deficits in motor or sensory function as a result of internal psychiatric conflict or secondary gain. It is thought that these symptoms

arise in response to stressful situations affecting a patient's mental health or an ongoing mental health condition such as depression. ICD-10 classifies conversion disorder as motor type of a dissociative disorder. However, DSM-5 categorized it under somatoform disorder. DSM-5 also given conversion disorder as the name of subtitle functional neurological symptom disorder⁵. The concept of conversion disorder came to prominence at the end of the 19th century, when the neurologists Jean-Martin Charcot and Sigmund Freud and psychologist Pierre Janet focused their studies on the subject. Before their studies, people with hysteria were often believed to be malingering.⁶ The term "conversion" has its origins in Freud's doctrine that anxiety is "converted" into physical symptoms. Hippocrates argued that a lack of regular sexual intercourse led to the uterus producing toxic fumes and caused it to move in the body, and that this meant all women should be married and enjoy a satisfactory sexual life.⁷

The dissociative disorders listed in the American Psychiatric Association's DSM-5 are as follows: Dissociative identity disorder (multiple personality disorder),⁸ Dissociative amnesia (psychogenic amnesia),⁹ Dissociative fugue (psychogenic fugue),¹⁰ Depersonalization disorder, Dissociative seizures.¹¹

There is poor diagnostic stability of conversion dissociative disorder, Patients come to emergency or OPD as diagnosed as dissociative disorder or conversion disorder however the follow up study shows other disorder like depressive disorder, mania, hypomania and bipolar disorder etc. The aim of the study was to identify diagnostic stability of dissociative (conversion) disorder during five years follow-up at Chitwan Medical College.

METHODS

A follow-up study was carried out in psychiatry department (OPD and emergency) of Chitwan Medical College Teaching Hospital (CMC-TH), Bharatpur, Nepal. Population of the study comprised of all patients with dissociative (conversion) disorder attending psychiatry OPD and emergency) department of CMC-TH. The cases were followed up total of five-year period (1st January 2015 to 30 th December 2019). A brief explanation about the nature of the study and purposes were explained to the patients and written consent was obtained either from them or their guardians. Those patients were excluded, if there was comorbidity of psychoactive substance or those who did not gave consent.

All patients who met the study criteria and attended in the hospital during data collection period were included in the study. data was collected through face-to face interview method using structured interview schedule containing socio demographic profile (age, sex, caste, , marital status, occupation,) and disease related information. Patients diagnosis was made on the basis of ICD-10 DCR. patients were followed up after 1 month, 1 year, 3 year and 5 year and the diagnosis was revised. Those patients were excluded, if there was comorbidity of psychoactive substance or those who did not gave consent.

A continuous sequential number was given to each subject and available necessary information was kept confidential in a separate file. obtained data were analysed using descriptive statistics such as frequency, percentage mean standard deviation etc.

RESULTS

Among 253 cases, most of the cases were female (N-230, 90.90%), highest percentage of cases 49.71% were between the age group of 21-40 years 67.19% were married, 43.08% completed up to secondary level of education and more than half (52.57%) were farmers (Table 1).

Initially all 253 respondents were diagnosed as dissociative (conversion) disorder through ICD-10 DCR. After 1-month, highest diagnosis was conversion disorder (N-126, 49.80%), followed by depressive disorder (N-49, 19.37%). Similarly follow up after 1 year the highest diagnosis were conversion disorder (N-61, 24.11%) followed by depressive disorder (N-43, 17.00%). Similarly follow up after 3-year highest diagnosis was mania/BPADI (N-46, 18.18%) followed depressive disorder (N-38, 15.02%). Among 253 cases (N-24, 9.49%) were improved

and (N-33, 13.04%) cases were absent after 1 month follow up. Similarly, after 1 year (N-34,13.44%) were improved and (N-49, 19.38%) were absent. Similarly, after 3 year of follow up (N-57, 22.53%) were improved and (N-69, 27.27%) were absent (Table 2)

Data showed that at the end of 5 year the diagnosis on the basis of ICD10,, highest number was diagnosis of mania/BPAD I (N-45,17.79%) followed by depressive disorder (N-37,14.62 %) . Similarly, hypomania/BPAD II (N-24, 9.49%), conversion disorder (N-8, 3.16%) and schizophrenia (N-3,1.19%). Among 253 cases (N-64, 25.30%) were improved and (N-72, 28.46%) cases were absent in 5 year follow up period (Table 2).

Table 1: Socio-demographic characteristics of respondents

Variables	Number (Percent)
Age group in year	
<20	103 (40.71)
21-40	126 (49.80)
41-60	22 (8.69)
>61	2 (0.79)
Marital Status	
Married	170 (67.19)
Unmarried	68 (26.88)
Widow/widower	15 (5.93)
Education	
Illiterate	3 (1.19)
Basic	13 (5.14)
Secondary	208 (82.21)
Bachelor and Above	29 (11.46)
Occupation	
Farmer	133 (52.57)
Housewife	32 (12.65)
Service holder	28 (11.08)
Unemployed	24 (9.49)
Labourer	23 (9.09)
Businessman	13 (5.14)

DISCUSSION

The categories of “dissociative disorder” and “conversion disorder” are unique in the psychiatric nosology, because they are the only syndromes whose label carries etiological significance. On the other hand, the dissociative disorders are caused by dissociation, ostensibly, and the conversion disorders by conversion. In this way, both sets of syndromes continue the line established by the ancient diagnosis of hysteria, which name derives from the attribution of symptoms to a wandering uterus. Common symptoms include sudden paralysis of one limb or loss of vision after a traumatic events or conflicts. Conversion disorder involves symptoms or deficits affecting voluntary motor or sensory function that suggest a neurologic or other general medical condition. Stress which is stored on unconscious mind converted to symptoms called Conversion disorder. Yet, following a thorough evaluation, which includes a detailed neurologic examination and appropriate laboratory

Table 2: Outcome/Diagnosis of respondents during follow-ups on the basis of ICD-10, DCR

Diagnosis/Outcome (ICD 10DCR)	After 1 months (n=220)		After 1 year (n=204)		After 3 years (n=184)		After 5 years (n=181)	
	No.	%	No.	%	No.	%	No.	%
Improved	24	9.49	34	13.44	57	22.53	64	25.30
Absent	33	13.04	49	19.38	69	27.27	72	28.46
Conversion Disorder	126	49.80	61	24.11	16	6.32	8	3.16
Depressive disorder	49	19.37	43	17.00	38	15.02	37	14.62
Mania/BPAD I	14	5.53	38	15.02	46	18.18	45	17.79
Hypomania/ BPAD II	7	2.77	28	11.07	27	10.67	24	9.49
Schizophrenia	-	-	-	-	-	-	3	1.19

and radiographic diagnostic tests, no neurologic explanation exists for the symptoms, or the examination findings are inconsistent with the complaint. In other words, symptoms of an organic medical disorder or disturbance in normal neurologic functioning exist that are not referable to an organic medical or neurologic cause. Common examples of conversion symptoms include blindness, paralysis, dystonia, psychogenic nonepileptic seizures, anaesthesia, aphonia, amnesia, pseudo dementia, unresponsiveness, swallowing difficulties, motor tics, pseudo hallucinations, pseudocycsis and difficulty walking.

In this study occurrence of conversion disorders was found to be higher in females (N-230, 90.90%) than in males (N-23 ,9.09%), and a highest number of cases were age group 21-40 (N-126, 49.71%) followed by age below 20(N-103, 40.71%). This corresponds with the findings by Vyas et al,¹² Bagadia et and Choudhury et al.¹³ This study shows after 1 month follow up highest number of cases were conversion disorder (N-126, 49.80%), followed by depressive disorder (N-49,19.37%). Similarly follow up after 1-year highest diagnosis is conversion disorder (N-61,24.11%) followed by depressive disorder (N-43, 17.00%). However, follow up after 3 year the highest number of cases were mania/BPAD I (N-46, 18.18%) followed depressive disorder (N-38, 15.02%).

The current study shows after 5 year follow up, the highest number of cases were found diagnosis of highest number cases was diagnosed as mania/BPAD I (N-45,17.79%) followed by depressive disorder (N-37,14.62 %) . Similarly hypomania/ BPAD II (N-24, 9.49%) , conversion disorder (N-8 , 3.16%) and schizophrenia (N-3,1.19%). Among 253 cases (N-64, 25.30%) were improved and (N-72,28.46%) cases were absent. These

cases which were absent were not known about the causes of absent. It could be either changed treatment centre, improved and not come to follow up or death.

The current study is not match with that study W. Couprie et al , where four year follow up study of conversion disorder found that 4% cases developed organic deficit¹⁵ Pehlivan Türk B, Unal F., studied conversion disorder for four year showed that thirty-four patients (85%) had completely recovered from their conversion symptoms and two patients had improved (5%), whereas only four (10%) were unchanged. Fourteen (35%) patients received the diagnosis of mood disorder and anxiety disorder¹⁶ The current study shows partially similar result with the studied by Thomas Jansetb al et al in which follow up study of dissociative disorder showed that 82.6% of the patients met the criteria for some form of psychiatric disorder, while 26.1% were still suffering from dissociative disorder. A total of 56.5% presented with an Axis I disorder (especially anxiety, dissociative and somatoform disorders). Personality disorders were seen in 47.8%.¹⁷

CONCLUSION

Diagnostic stability of dissociative (conversion) disorder is poor. The Patients come to emergency or OPD as diagnosed as dissociative disorder or conversion disorder however the follow up after few months or few years found that the criteria fits to the another psychiatric disorder.

CONFLICT OF INTEREST: None

FINANCIAL DISCLOSURE: None

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