Original Article

Depression and anxiety in dissociative (conversion) disorder patients at a tertiary care psychiatric facility

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ABSTRACT

Objective

To estimate the frequency of depression and anxiety in dissociative (conversion disorder) patients reporting at a tertiary care Psychiatric facility of Fauji Foundation Hospital Rawalpindi.

Methods

This descriptive cross-sectional study was carried out in the Department of Psychiatry of a tertiary care facility, Fauji Foundation Hospital Rawalpindi. 100 consecutive patients between ages of 13-60 years, diagnosed as conversion disorder from December 2009 to May 2010 were included in the study. The diagnosis was based on 1CD-10 (International classification of mental disorders, 10th edition) criteria. All underwent detailed assessments which included physical examination, ICD-10 diagnostic criteria of conversion disorder, demographic profile assessment, and Hospital Anxiety and Depression Scale (HAD). The data were analyzed using SPSS package version 10.

Results

Majority of patients were young, female, formally educated, rural residents, unmarried, unemployed, having no family history of mental illness and presented via out-patients

department. Dissociative convulsions (63%) were the most common presentation followed by dissociative motor disorder (24%), mixed dissociative disorder (8%), dissociative anesthesia and sensory symptoms (4%) and trance and possession disorder (1%). HAD scale analysis revealed that both anxiety and depression scores were clinically significant in majority of patients.

Conclusion

Our study showed substantially high rates of depression (61%) and anxiety (60%) in Conversion Disorder patients. Further research involving larger sample size and longitudinal follow up is required to elucidate possible perspective. (Rawal Med J 2010;35:).

Key words

Conversion disorder, depression, anxiety**.**

INTRODUCTION

Conversion disorder is judged to be caused by psychological factors as the illness is preceded by conflicts or other stressors. The symptoms are not intentionally produced, are not caused by substance use, and the gain is primarily psychological and not social, monetary, or legal.[1] As the duration of disorder increases co-morbid psychopathologies and the level of anxiety and especially the prevalence of depression increase.[2] The etiology, pathogenesis, phenomenology and management continues to arouse debate.[3] The proper diagnosis of these patients has important implications for their clinical course.[4]

Conversion disorder patients have been females with average onset age of 25.9 ± 7.5, a maximum of 11 years of education and prominent stress.[2] Another study reported many had motor symptoms, seizures or convulsions, mixed presentations and sensory symptoms.[5] Mixed symptoms were seen in 38% followed by 26% motor symptoms in a study from Pakistan.[6]

Anxiety, depression , borderline personality disorder, somatization disorder and post traumatic stress disorder are very common co morbid illnesses associated with conversion disorder.[2,7-10] Temporal relationship of a stressful event is very common.[2, 3,7,11] The aim of this study was to determine the frequency of depression and anxiety in dissociative (conversion) disorder patients presenting to a tertiary care facility, Fauji Foundation Hospital Rawalpindi.

PATIENTS AND METHODS

This descriptive cross-sectional study was carried out in the Department of Psychiatry of Fauji Foundation Hospital, Rawalpindi a tertiary care facility. 100 consecutive patients (both in-patients and out-patients) of both sexes between ages of 13-60 years, diagnosed as conversion disorder from December 2009 to May 2010 were included in the study. The diagnosis was based on the criteria laid down by 1CD-10 (International classification of mental disorders, 10th edition). The patients suffering from physical illnesses, organic brain disease, psychiatric co morbidity other than depression and anxiety, substance abuse, learning disability, those having language barrier, those who refused to participate in study were excluded from the study. Participating patients underwent detailed assessments which included a consent form, physical examination, ICD-10 criteria of conversion disorder, demographic profile assessment, and Hospital Anxiety and Depression Scale. The data was entered into SPSS package version 10. Different morbid states including anxiety and depression were represented in the form of frequencies.

RESULTS

The demographic factors revealed that majority were young, female, formally educated, rural residents, unmarried, unemployed, having no family history of mental illness and presented through out-patients department (Table 1).

Table 1. Demographic characteristics of study population.

Demographic factors		Total number of patients
Age in years	13-19	33
	20-40	41
	41-60	26
Education status	Formal education (primary, middle, secondary, intermediate, grauadtion or post graduation)	72
	illetrate	28
Residence	Rural	62
	Urban	38
Gender	Male	5
	Female	95
Marital Status	Married	39
	Unmarried	56
	Others (separated, divorced, widow)	5
Employment status	Employed	6
	Unemployed	94
Family history of mental illness	Yes	26
	No	74
Mode of presentation	OPD	69
	Indoor	31

Dissociative convulsions (63%) were the most common presentation followed by dissociative motor disorder (24%), mixed dissociative disorder (8%), dissociative anesthesia and sensory symptoms (4%) and trance and possession disorder (1%) (Table 2).

Table 2. Types of dissociative (conversion) disorders.

Disorder	Frequency	Percentage
Disociative convulsions	63	63
Disociative motor disorders	24	24
Mixed dissociative disorders	8	8
Dissociative anesthesia and sensory loss	4	4
Trance and possession disorders	1	1

Table 3. Hospital anxiety and depression scale-anxiety score.

Total score	Frequency	Percentage
0-7(n0 depression)	26	26
8-10 (borderline)	13	13
More than 10 (clinically significant)	61	61
Total	100	100

Hospital anxiety and depression scale analysis revealed that both anxiety and depression scores were clinically significant in majority of patients (Table 3, 4).

DISCUSSION

The demographic factors identified in current study revealed that majority were young, female ,formally educated, rural residents, unmarried, unemployed, having no family history of mental illness, and presented as out-patients which is consistent with the findings of other studies done nationally and worldwide.[2,6,8,12,13] On the other hand, few studies concluded that this disorder was more common in urban residents and in male patients that is against the findings of current study.[6],[14] The commonest presenting disorder in our study was dissociative convulsions(63%) which is consistent with results of other studies.[2] However, other studies reported that dissociative motor disorder was the most common presentation.[5,8] Mixed dissociative disorder was the most common disorder in study from Pakistan.[6]

There was high frequency of clinically significant scores of anxiety (60%) and depression (61%) in patients presented with dissociative (conversion) disorder in current study that reflects the findings of other studies.[2,7-10] There is an increasing need for screening and interventions for psychiatric co morbidity in Conversion Disorder patients.[15]

Table 4. Hospital anxiety and depression scale-anxiety score

Total score	Frequency	Percentage
0-7(n0 anxiety)	28	28
8-10 (borderline)	12	12
More than 10 (clinically significant)	60	60
Total	100	100

Current study also showed that high proportion of Conversion Disorder patients had clinically significant rates of anxiety and depression, that may have an important implications for the clinical course of primary disorder in terms of presentation, duration, and response to different treatment modalities.

The limitations of this study were the chances of information bias as the screening instrument was administered by different researchers. Psychiatric illnesses other than anxiety and depression should have been studied to find out the burden of psychiatric co morbidities associated with conversion disorder. The study was conducted in a size too small to generalize the conclusion.

CONCLUSION

We found substantially high rates of depression (61%) and anxiety (60%) in Conversion Disorder patients presenting at Psychiatric facility of a tertiary care facility. Further research involving larger sample size and longitudinal follow up is required to elucidate the possible perspective.

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