

Original Research Article

Demographic and clinical characteristics of patients presenting with conversion disorder in a tertiary care hospital in north India

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ABSTRACT

Background: Conversion (functional neurological symptom) disorder refers to patients who have neurological symptoms in the absence of neurological disease, encompassing one or more symptoms of altered voluntary motor or sensory function. Aim of the study was to study the demographic and clinical characteristics of patients with conversion disorder.

Methods: The study population comprised all the patients (both inpatients and outpatients) of conversion disorder attending department of psychiatry, government medical college Srinagar over a period of 6 months who fulfilled the inclusion criteria of the study were evaluated on a semi-structured proforma for demographic variables and clinical characteristics.

Results: A total of 76 patients of conversion disorder were included in our study. Conversion disorder is more common in age group of 20-29 years (52.6%), females (93.4%) and among students (71.1%) belonging to rural background. Motor symptoms were the predominant presentation with pseudo seizure (69.7%) being the commonest. A majority of the patients had an obvious psychosocial stressor, of which family-related (36.8%) and relationship-related (15.8%) problems accounted for the major types.

Conclusions: Conversion disorders are commonly seen in young adult females, students and in those from rural background. They are mostly preceded by psychosocial stressors.

Keywords: Females, Pseudoseizures, Psychosocial stressors

INTRODUCTION

Conversion (functional neurological symptom) disorder (DSM-5) refers to patients who have neurological symptoms in the absence of neurological disease, encompassing one or more symptoms of altered voluntary motor or sensory function.¹ Traditionally, the disorder has been diagnosed in the absence of neurological disease and the “conflicts or other stressors that precede the initiation or exacerbation of the symptom or deficit”.² However, the recent edition of DSM-5 does not include the association with conflicts or other stressors as a necessary diagnostic criterion and emphasized the need to find positive clinical features

such as Hoover’s sign, tunnel vision, positive finding on tremor entrainment test or occurrence of closed eyes with resistance to eye opening in psychogenic non-epileptic attacks.¹ In India, high occurrence of conversion disorder has been reported in young adult females in the age group of 20-39 years and from poor socio economic background.³ This study is an effort to know the various demographic variables and the clinical characteristics in conversion disorder patients.

METHODS

The present study was a descriptive cross-sectional study which was conducted in department of psychiatry,

government medical college Srinagar. The study population consisted of all the patients (both inpatients and outpatients) of conversion disorder who attended the departments over a period of 6 months, from June 2019 to November 2019 who fulfilled the inclusion criteria of the study.

Inclusion criteria

Those who consent and subjects of both sexes of age 6 years and above and fulfilling diagnostic criteria of conversion disorder as per DSM-5 diagnostic criteria were included in the study.

Exclusion criteria

Those who don't consent and subjects having known history of organic disorder, including epilepsy were excluded.

All the study subjects were thoroughly evaluated on the basis of history and mental status examination, and the diagnosis was confirmed by a consultant psychiatrist as per DSM-5 diagnostic criteria.¹ A semi-structured proforma was created to record demographic details, including age, sex, occupation, marital status, residence, clinical characteristics and type of stressor.

The data was entered into excel sheet and tabulated. The data was analyzed using EpiInfo 7.0. Categorical variables were summarized as frequency and percentage. Continuous variables were summarized as mean and standard deviation. The study was approved by the Institutional ethical committee.

RESULTS

The demographic profile of the patients is summarized in Table 1. A majority of the patients were female (93.4%), unmarried (68.4%) and were in the age range of group 20-29 years (52.6%), followed by 10-19 years age group (35.5%). The mean age of study population was 22.46±8.76 years. More than half of the study population were students (52.6%), followed by homemakers (23.7%). Majority of the study population belonged to rural areas (76.3%).

Pseudo-seizure was the most common clinical presentation in 69.7% of patients followed by aphonia (21%) and paresis (15.8%) as shown in Table 2. Multiple patients presented with more than one symptom at the time of presentation.

Assessing the patients for the type of stressors as shown in Table 3, it was observed that psychosocial stressor could be elicited in only 77.6% of patients. The most common type of stressor was family related (36.8%) followed by relationship problems (15.8%), education related (13.2%), marital discord (5.3%), financial issues (2.6%), physical abuse (2.6%) and death in family (1.3%).

Table 1: Demographic profile.

Variables	Variants	Number (n=76)	Percentage (%)
Age (years)	6-9	3	3.9
	10-19	27	35.5
	20-29	40	52.6
	30-39	5	6.6
	≥40	1	1.3
Sex	Male	5	6.6
	Female	71	93.4
Marital status	Unmarried	52	68.4
	Married	24	31.6
Occupation	Student	40	52.6
	Homemaker	18	23.7
	Business	6	7.9
	Employed	4	5.3
	Unemployed	8	10.5
Education	Primary school	6	7.9
	High school	15	19.7
	Higher secondary	20	26.3
	Graduate and above	24	31.6
	Illiterate	11	14.5
Residence	Rural	58	76.3
	Urban	18	23.7

Table 2: Clinical presentation.

Clinical presentation	Number	Percentage (%)
Pseudoseizures	53	69.7
Paresis	12	15.8
Aphonia	16	21.0
Astasia/abasia	3	3.9
Blindness	2	2.6
Limb paralysis	3	3.9

Table 3: Type of stressor.

Type of stressor	Number (n=76)	Percentage (%)
Family issues	28	36.8
Marital discord	4	5.3
Educational	10	13.2
Relationship issues	12	15.8
Financial issues	2	2.6
Physical abuse	2	2.6
Death in a family	1	1.3

DISCUSSION

The demographic analysis of the patients showed that the mean age of the study population was 22.46±8.76 years. In this study occurrence of conversion disorders was found to be higher among females (93.4%), and a majority of our patients were young adults in the age group 20-29 years (52.6%), followed by those in the 10-

19 years age group (35.3%). This corresponds with the findings by Vyas and Bagadia et al.^{3,4}

The occupational status revealed that conversion disorder was more commonly seen in students (52.6%) and homemakers (23.7%). Deka et al in her study also reported that among conversion disorder patients, 50% were students and 20% were homemakers.⁵ Among the study population about 77.6% of the patients had attained at least high school education and 14.5% of patients were illiterate. These findings go along with the previous studies done by Bagadia, Ray, Subramanian, Ponnudurai and Deka et al, further it was observed that 76.3% of the present study samples were from rural background while only 23.7% had an urban background.^{4,8}

Pseudoseizures was the most common clinical presentation (69.7%) followed by aphonia (21%) and paresis (15.8%). Studies done by Uma and Deka et al have reported pseudo seizure to be the most common presentation in their study sample. In our study multiple patients presented with more than one symptom at the time of presentation.^{5,9}

Psychosocial stressor could be elicited in only 77.6% of patients. The types of stressors noted in the study population were family issues (36.8%), relationship problems (15.8%), education related (13.2%), marital discord (5.4%), financial issues (2.6%), physical abuse (2.6%) and death in family (1.3%). Deka et al in her study found that all of the patients had psychosocial stressor and of them 40% had family-related issues, 30% had school-related problems, and 30% had love-related problems, while studies from the western countries report the common stressors to be sexual abuse, emotional, and physical abuse.^{5,10,11}

Limitations

As this was a cross-sectional study, the pattern of symptom presentation in follow up visits could not be studied thereof. Further research with bigger sample size is needed to replicate and validate our findings.

CONCLUSION

Conversion disorders are more common in young adult females, students, and in those from rural background. They are mostly preceded by psychosocial stressors. Pseudoseizures is the common clinical presentation in our setup.

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Conflict of interest: None declared

Ethical approval: The study was approved by the Institutional Ethics Committee

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