

PSYCHOSOCIAL STRESSORS IN PATIENTS WITH CONVERSION DISORDER PRESENTING WITH NON EPILEPTIC FIT

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ABSTRACT

Objective: To study the psychosocial stressors in patients with conversion disorder presenting with non epileptic fit.

Material and Methods: This descriptive study was carried out at Lady Reading Hospital Peshawar Pakistan from January to June 2009. 101 consecutive patients with conversion disorder satisfying the inclusion and exclusion criteria were selected. They were interviewed by using Holmes and Rahe stress scale for the exploration of stressors and the results were analyzed from the entries in the Proform.

Results: Stressors were clearly identified in all patients. Ninety six (95.04%) out of the total 101 subjects had a history of stressors, while the rest 5 (4.95%) could not come up with any. The commonest stressors were Troubles with in-laws (21.78%), Major change in family get together (17.82%), Death of close family member (12.87%) respectively.

Conclusion: Significantly higher number of the patients presents with the stressor of troubles with in-laws, when assessed on the Holmes and Rahe social scale.

Key word: Psychosocial stressor, Conversion disorder, Holmes and Rahe stress scale.

INTRODUCTION

Conversion disorder is a condition in which psychological stress is shown in physical forms¹. It usually appears suddenly after a stressful event. There is usually a presentation like neurological symptoms such as numbness, paralysis, or non epileptic fits. It is thought that these problems arise in response to difficulties in the life².

The onset of symptoms is usually very sudden and follows a stressful experience and thus conversion disorder may be considered as disturbances of illness perception or need². The nature of symptoms is determined by the personal experience of illness in relatives or friends.

Although, a certain amount of stress is good as it helps to perform better but if the stress levels increase beyond coping point, it becomes problematic and this occurs when people come across experiences which they see as a threat to their physical or psychological well being. Such

experiences may be traumatic, uncontrollable and unpredictable or can be events of challenging the limits of one's capabilities and self concept and the response to these experiences may be termed as stress response³.

The concept of conversion disorder came by the work from Briquet and Charcot. They noted the association of the symptoms with a traumatic event⁴. It is an established fact that conversion disorder develops as a reaction to emotional stress due to a series of environmental, biological and personal vulnerability factors or as a part of the current life situation⁵.

This study was done to identify the psychosocial stressors in patients with conversion disorder presenting with non epileptic fit, using Holmes and Rahe stress scale⁶.

MATERIAL AND METHODS

This descriptive study was conducted at Lady Reading Hospital, Peshawar. The subjects comprised of patients admitted in psychiatry unit LRH presented with non epileptic fit and

diagnosed with Conversion Disorder from January to June 2009. Patients were diagnosed according to the criteria laid down by DSM-IV Tr².

All the patients irrespective of age and gender satisfying the inclusion and exclusion criteria were included in this study by convenient sampling. Patients presented with conversion disorder with underlying co-morbid psychiatric disorder were excluded from the study.

Detail psychiatric history, mental state examination and physical examination were conducted on all patients. Holmes and Rahe scale was administered on all patients. The data was recorded on a semi structured proforma and was analyzed by using Statistical Package for Social Sciences version 12.0.

RESULTS

The study population was 101 patients. The age of the subjects ranged from 15-45 years, with a mean of 23.97 years. Out of 101 patients, 76 were female and 25 were males. Among all the patients 30 (29.70 %) were single and 71(70.69 %) were married. Majority of the patients 74 (73.26%) were illiterate, 15 (14.85%) were primary and 16 (15.84%) were matriculate. By studying the occupation level of the 101 patients, 10 (9.9%) were employed 20 (19.80%) were unemployed and 71 (70.29%) were house wives.

Ninety six (95.04%) out of the total 101 subjects had a history of stressors, while the rest 5 (4.95%) could not come up with any. Based upon the history, the commonest stressors were Troubles with in-laws (n=22, 21.78%), Major change in family get together (n=18, 17.82%), Death of close family member (n=13, 12.87%) respectively. The detailed list is given in Table-1.

DISCUSSION

The results of this study show that conversion disorder can occur at any age being most common in adolescents and young adults although some studies suggest a peak onset in the mid to late 30s^{7,9}.

There is no obvious consensus about the relationship of conversion disorder with marital status but studies have reported that it was married population of India that was more prone^{10, 11}. On the other hand a Libyan study reported that the percentage of married patients suffering from conversion disorder was only 15% and 25% in males and female patients' respectively¹².

It is quite well-known now that conversion disorder is more common in people with limited education and its incidence decreases with increasing level of education^{10, 11}. In a similar study on conversion disorder, only 5% of the patients were university graduates, 21% had secondary school, 44% preparatory school, 22% primary school level education and 8% were illiterate¹².

Although our results show that stressors were present in a large proportion of patients presented with non epileptic fit with a diagnosis of conversion disorder but this may not be considered enough. Identification of the exact nature of stressors is very important for proper management of these patients¹³.

We identified nine categories of stressors which may have been reported earlier too but with different order and frequency¹³. Our study reported only 3 cases of marriage related stress which is in contrast to the work by McConnell et al who reported cases of pseudo seizures (non epileptic fits), occurring on or immediately before the wedding day¹⁴.

Table 1: Stressors in the sample (n=101)

S. No	Stressor	No. of Patients	%age
1.	Troubles with in-laws	22	21.78%
2.	Major change in family get together	18	17.82%
3.	Death of close family member	13	12.87%
4.	Major personal injury or illness	12	11.88%
5.	Major change in living condition	11	10.89%
6.	Major change in health of family	8	7.92%
7.	Major change in arguments with wife	7	6.93%
8.	Marriage	3	2.97%
9.	Fired from job	2	1.98%
10.	Nil	5	4.5%

Kendell and Zeally were of the opinion that generally, conversion disorder is characterized by the sudden onset of symptoms in clear relation with the stress and this is in line with the results of our study¹⁵.

Although this is a single center, small sample, descriptive study lacking follow-up for future outcomes but it has got implication for future research on this important risk factor particularly for its association rather causation of conversion disorder.

CONCLUSION

Psychosocial stressors play an important role in the development of conversion disorder. Both female and male patients have the tendency to develop symptoms of conversion disorder after stressful events. Significantly higher number of the patients presents the stressor of Troubles with in-laws, when assessed on the Holmes and Rahe social scale.

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