

ANXIETY SYMPTOMS IN PATIENTS WITH CONVERSION DISORDER

Javaid Akhtar¹, Ulfat Shah², Safer Zaman³

¹⁻³ Department of Psychiatry,
Khalifa Gul Nawaz Teaching
Hospital, Bannu- Pakistan.

Address for correspondence:
Dr. Javaid Akhtar

Department of Psychiatry,
Khalifa Gul Nawaz Teaching
Hospital, Bannu- Pakistan.

E-mail: javaidr2002@yahoo.
com

Date Received:
September 16, 2015

Date Revised:
December 15, 2015

Date Accepted:
December 20, 2015

ABSTRACT

Objective: To determine the frequency of anxiety symptoms in patients with conversion disorder.

Methodology: This cross sectional study was conducted in Department of Psychiatry, Khalifa Gul Nawaz Hospital Bannu from August 2014 - March 2015. Sixty consecutive indoor patients of conversion disorder, diagnosed on the basis of ICD-10 criteria were assessed in detail. A semi-structured interview was conducted for demographic details.

Results: Among Sixty indoor patients, 52 (86.6%) were females, thirty six (66%) unmarried and more than 80% (n=50) were uneducated. Similarly, about 89% (n=54) belonged to the age range between 10 and 30 years. Large majority (n=56, 93.3%) were residing in the rural areas. All patients (100%) reported somatic anxiety symptoms along with clinical presentation of conversion disorder. Most common symptoms reported were feelings of being light and weak (n=59, 98.3%), followed by palpitation (n=58, 96.6%).

Conclusion: Patients with conversion disorder need to be assessed in detail for somatic anxiety symptoms in order to improve upon intervention strategies in this common psychiatric disorder.

Key Words: Conversion Disorder, Dissociative Disorder, Anxiety symptoms, Co-morbidity.

This article may be cited as: Akhtar J, Shah U, Zaman S. Anxiety symptoms in patients with conversion disorder. *J Postgrad Med Inst* 2015; 29(4): 223-6.

INTRODUCTION

Conversion disorder is a common psychiatric condition in general population and more frequent in hospital setting^{1,2}. It is a disorder in which psychological stress is reflected in physical stress³. It is thought that the symptoms are usually precipitated by social difficulties in life or future concerns⁴.

The most common co morbid illnesses associated with conversion disorder are depression, anxiety, somatization, borderline personality disorder and post-traumatic stress disorder. Temporal relationship of a stressful event is also very common⁵.

Like in other psychiatric disorders, co-morbidity is often found in dissociative disorder. Results of many research studies have shown that anxiety, depression and panic disorder are the most commonly occurring co-morbid disorders with dissociative disorder⁶.

In this background anxiety and depression symptoms are well understandable in patient suffering from conversion disorder. Moreover it is reported that with increasing duration, the underlying psychopathology in

the form of anxiety symptoms may increase in its severity⁷.

To our knowledge, studies have been conducted on mixed depression and anxiety symptoms in conversion disorder and there is less focus on physiological symptoms of anxiety only. The present study aims to evaluate physiological symptoms of anxiety in patients with conversion disorder.

METHODOLOGY

This was a cross sectional study carried out in Psychiatry department of Khalifa Gul Nawaz Teaching Hospital Bannu. Sixty Consecutive indoor patients were included, during the period from August 2014 to March 2015. Socio demographic details were collected through a semi-structured interview. Diagnosis of Conversion Disorder was made according to diagnostic criteria of ICD-10.⁸ Anxiety symptoms were elicited clinically according to the ICD-10 criteria. Statistical Analysis was done by using the statistical Package for social sciences (SPSS) v.16. Patients with learning disability or any other comorbid physical and neurological condition were

excluded. Patients above the age of 50 years were also excluded.

RESULTS

In our sample, there were 52 (86.6%) females and 8 (13.4%) males and 36 (60%) of them were married while 24 (40%) were unmarried. Majority of them (n=50, 83.3%) were uneducated, while 6.66% (n=4) were educated up to Matriculation and Graduate level each. Regarding the age range, 28 (46.66%) patients were in the age range of 10-20 years while 26 (43.33%) belonged to the age range of 21-30 years. Only six patients were older than 30 years. Large majority (n=56, 93.33%) of

them were residing in the rural areas (Table 1).

Most common presentation in Conversion Disorder was in the form of Pseudo-seizures (n=40, 66.66%) followed by motor deficits such as Paralysis or Paresis (n=16, 26.66%) and Sensory symptoms such as Psychogenic blindness (n=10, 16.66%).

Almost all patients had clinical presentation of physiological anxiety symptoms associated with Conversion Disorder. Majority of them, had complaints of weakness and being low in energy (n=59, 98.33%). More than 96.6% (n=57) were complaining of palpitation and racing heart. Around 86.6% (n=52) had chronic fatigue and

Table 1: Demographic details of the patients (n=60)

Variables		No of Patients	Percentage
Age range in Years	10-20	28	46.67%
	21-30	26	43.33%
	31-40	06	10%
Educational Status	Illiterate	50	83.33%
	Primary-Middle	04	6.67%
	Matriculate	02	3.34%
	Graduation and above	04	6.66%
Marital Status	Married	36	60%
	Unmarried	24	40%
Residence	Urban	04	6.67%
	Rural	56	93.33%

Table 2: Frequency of anxiety symptoms (n=60)

Symptoms	No of Patients	Percentage
Weakness, Low in energy, Light	59	98.33%
Palpitations, Racing Heart	58	96.66%
Lack of appetite	56	93.33%
Frequent headaches, Migraines	56	93.33%
Dry Mouth	50	83.33%
Body Aches	46	76.66%
Tremors	44	73.33%
Stomach upset, belching, bloating	46	76.66%
Frequent Urination	34	56.66%
Numbness tingling	30	50%

feelings of exhaustion. More than 80% reported dryness of mouth (n=50, 83.3%) and frequent headache (n=56, 93.3%). About 76.6% (n=46) had complaints of stomach upsets, belching and bloating (Table 2).

DISCUSSION

Sample population consisted of indoor patients only representing moderate to severe level cases, which had either not responded to outdoor treatment or needed admission even at the first contact with mental health facility. Majority of the patients were females (86.6%), which is in line with many previous studies^{6,9}.

More than 80% were uneducated which reflects the overall literacy rate of the community, as more than 90% belonged to the rural community. The same has been reported by Khattak et al regarding socio-demographic features of Dissociative Disorder⁶. More than 3/4th of the patients were in the age range of 10-30 years, which is a significant finding and follows the view of early age of onset in Conversion Disorder¹⁰.

Most Common clinical presentation was in the form of Pseudo-seizures which is quite in line with presentation reported in national literature^{11,12}. However sensory symptoms such as Parasthesias (Tingling sensations) were also not very uncommon.

Interestingly more or less all patients reported some sort of somatic anxiety on interview and the same was found by Sayeed et al who reported co-morbid anxiety and depressive symptoms in about 95% of patients with Conversion disorder¹³. However Malik M et al reported anxiety in 60% of cases.⁶

Similarly, Rosenland and Meinlsschmidt¹⁴ also reported in their epidemiological study that co-occurrence of somatoform disorders and anxiety disorder is common, suggesting either the causal relationship or sharing some common etiological factors.

LIMITATIONS

The population included only indoor admitted cases, which usually represent cases with severe psychiatric morbidity. So the findings cannot be generalized to mild to moderate level. Size of the sample was relatively small. There may be information bias due to social desirability and suggestibility.

CONCLUSION

Our study found significantly high frequency of somatic anxiety symptoms in conversion disorder. These patients need detailed assessment in this regard in or-

der to improve short and long term prognosis. Further studies with larger sample size and longitudinal follow-up are hereby suggested.

REFERENCES

1. Lazara A. Current concepts in psychiatry. *N Engl J Med* 1981; 305: 745-8.
2. Meckegney FP. The Incidence and characteristics of patients with conversion reactions. 1. A general hospital consultation service sample. *Am J psychiatry* 1967;124: 542-5.
3. Conversion disorder. [Online] 2009 [Cited on 2009, November 08]. Available from URL: <http://en.wikipedia.org/wiki/conversion-disorder>
4. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 4th edition TR. Washington DC: American psychiatric Association; 2002.
5. Malik M, Bilal F, Kazmi S, Jabeen F. Depression and anxiety in dissociative (conversion) disorder patients at a tertiary care psychiatric facility. *Rawal Med J* 2010; 35: 224-6.
6. Khattak T. Socio-demographic features, affective symptoms and family functioning in hospitalized patients with dissociative disorders. (Convulsion Type). *J Pak Med Assoc* 2007; 57: 23-6
7. Uguz S, Toros F. Socio-demographic and clinical characteristics of patients with conversion disorder. *Turk Psikiyatri Derg* 2003; 19: 61-6.
8. World Health Organization. *International Classification of Diseases*, Geneva: LHO; 1990.
9. Akhtar S, Manzoor A, Yaasmin A. Depression in dissociative (conversion) disorder patients in a tertiary care teaching hospital. *Professional Med J* April 2013; 20: 272-8
10. Deveci A, taskin O, Dine G, Yilmem H, etal. Prevalence of pseudo-neurologic Conversion Disorder in an Urban Community in Manisa Turkey. *Soc Psychiatry Epidemiol* 2007; 42: 857-64.
11. Akhtar J, Mukhtiar M, Awan NR, Irfan M, Shafiullah, Asadullah, et al. Beliefs and attitudes of family members towards patients sufferings from Conversion Disorder. *J Pak Psych Soc* 2013; 10: 21-4.
12. Yousafzai A, Irfan N. A study of symptomatology of Conversion Disorder in patients reporting to Ayub Teaching Hospital. *J Ayub Med Coll* 2000;12:19-20.
13. Khan MN, Ahmad S, Arshad N, Ullah N, Maqsood N. Anxiety and depressive symptoms in patients with conversion disorder. *J Coll Physicians Surg Pak* 2005; 15: 489-92.
14. Lieb R, Meinschmidt G, Araya R. Epidemiology of the

association between somatoform disorders and anxiety and depressive disorder: an update. *Psychosom Med* 2007;69:860-3.

CONTRIBUTORS

JA conceived the idea and conducted the study. US and SZ helped in data collection and analysis. All the authors contributed significantly to the published paper.