Original Article

Association of Life Events in Patients with Conversion Disorder

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ABSTRACT

Objective: To determine the association of life events with patients of conversion disorder
Study Design: Descriptive cross sectional study
Place and Duration of Study: This study was conducted at the Psychiatry department, Chandka Medical College, SMBB Medical University Larkana from October to December, 2021.
Materials and Methods: Diagnosed cases of conversion disorder were enrolled either in-patients or out-patients. For life events in the last 01 months Holmes and Rahe scale was applied on all cases of conversion disorder. Data analyses was done by using SPSS version 22 statistical software package.
Results: A total of 96 female participants, majority 74 (77.1%) were married, and Sindhi by ethnicity 94 (97.9%). Among all participants 57 (59.4%) were not formally educated and were brought in hospital by family. Among all 88 (91.7%) were house-hold by occupation. Among all conversion disorders patients majority were presenting to hospital for first time 64 (66.7%). Among all conversion disorders patients, majority 46 (47.9%) were having less than 150 total life events score on Holmes and Rahe score. The number of presentation or admissions in psychiatric unit were stratified with score of Holmes and Rahe life events scale and were found statistically significant having P values of 0.000.
Conclusion: Life events stresses are found in all conversion disorder patients. They are also significantly associated with hospital presentation or admission.
Key Words: Association, Conversion disorder, Holmes and Rahe scale, life events

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INTRODUCTION

Conversion disorder, also known as practical neurological manifestation disorder[1], is a mental illness in which signs and symptoms affecting voluntary engine or tactile capacity are not explained by a neurological or general clinical condition.[2] Conflicts and stress are among the psychological factors that have been linked to impairments. The phrase "conversion disorder" was coined by Sigmund Freud, who hypothesized that certain symptoms not explained by natural illnesses represent oblivious conflict.[3]

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The term "conversion" refers to the substitution of a substantial side effect for a curtbed idea.[4] Loss of motion, visual impairment, dystonia, PNES, drowsiness, gulping difficulties, engine spasms, problems walking, pipedreams, sedation, and dementia are all common conversion signs.[5] These symptoms are not directly generated by a physiological impact on people with conversion issues; rather, they are the result of a mental conflict. Patients who are certain they have a change problem are not feigning the symptoms. Despite the lack of a convincing natural analysis, the patient's suffering is real, and the symptoms the patient is experiencing can't be managed willingly (i.e., the patient isn't malingering an ailment). For example, according to the Medline Medical Dictionary[6], "...A woman who believes she isn't worthy of having nasty feelings may feel death in her arms after being enraged to the point that she needs to punch someone. Rather than allowing herself to have vicious considerations about hurting someone, she is confronted with the physical evidence of death in her arms." Patients who turn their impassioned concerns into physical manifestations spend three times as much on medical services as those who don't, and 82 percent of adults with mental illnesses do so. The annual conversion bill in the USA is 20 billion dollars, excluding time off work and handicap compensation[7]. In spite of its clinical significance, presently there is minimal advancement in our comprehension of conversion

disorder comparative with numerous additional neurological as well as mental problems[8]. Because research in this area is limited in our setting, the findings of this study will aid in the development of suitable plans and interventions to alleviate the problem, as well as serve as a baseline for others who desire to perform research in this area.

MATERIALS AND METHODS

Cross-sectional study was conducted at Department of Psychiatry, Chandka Medical College, SMBB Medical University Larkana for the period of three months from October 2021 to December 2021 after getting approval from the institutional review board of the institute. A sample size of 96 was calculated by using standard formula. Co-operation rate was 100% as data was filled by primary researcher. Consecutive sampling (Non-probability) was sampling technique.

Inclusion Criteria: All Conversion disorder patients were enrolled. Diagnosis of cases was made by consultant Psychiatrist.

Exclusion Criteria: All those patients of conversion disorder who had other co-morbid psychiatric disorder were excluded such as severe depressive disorder and secondary disease like as Diabetes Mellitus. For life events in the last 01 months Holmes and Rahe scale was applied on all cases of conversion disorder. Data analyses were done by using SPSS version 22 statistical software package.

RESULTS

A total of 96 participants all were females. A large proportion of them 74 (77.1%) were married, while very few 22 (22.9%) were single. Majority of participants were Sindhi by ethnicity 94 (97.9%) while only 2 (2.1%) were Urdu speaking. Among them 57 (59.4%) were not formally educated, primary passed were 10 (10.4%) and 21 (21.9%) were middle passed while 6 (6.3%) were matriculated and only 2 (2.1%) were intermediate. Among all majority of conversion disorders patients were referred to hospital by family 86 (89.6%) while 7 (7.3%) came by self and 3 (3.1%) referred to hospital through other sources. Among all 88 (91.7%) were house-hold by occupation while 2 (2.1%) were students and 6 (6.2%) were doing some other jobs. Among all conversion disorders patients Holmes and Rahe score was 46 (47.9%) were having less than 150 total life events score which is of mild risk while 35 (36.5%) were having score of above 150 but below 300 which is of moderate risk while 15 (15.6%) were having score of above 300 which is high risk. Among all conversion disorders patients majority were presenting to hospital for first time 64 (66.7%) while 17 (17.7%) were admitting twice and 5 (5.2%) had third time and 10 (10.4%) were presenting multiple times as shown in Table I. The number of presentation or admissions in psychiatric unit were stratified with score of Holmes and Rahe life events scale and were found statistically significant having P values of 0.000 as shown in Table 2.

Table No.1: Demographic Characteristics

Characteristics	Frequency	Percent %
Mode of referral		
Self	07	07.3
Family	86	89.6
Other	03	03.1
Marital Status		
Single	22	22.9
Married	74	77.1
Language		
Sindhi	94	97.9
Urdu	02	02.1
Education		
No formal education	57	59.4
Primary	10	10.4
Middle	21	21.9
Matric	06	06.3
Intermediate	02	02.1
Occupation		
Student	02	2.1
House-hold	88	91.7
Other	06	6.2
Holmes and Rahe Score	46	47.9
Less than 150	35	36.5
151 to 300	15	15.6
More than 300		
Number of Admissions due to Conversion disorder	64	66.7
One	17	17.7
Two	05	05.2
Three	10	10.4
Multiple		

Table No.2: Holmes and Rahe score and number of admission due to conversion disorder

Holmes and Rahe Score	Number of admissions					P- Value
	One	Two	Three	Multiple	Total	
Less than 150	39(84.8%)	3(6.5%)	00(00%)	4(8.7%)	46(100%)	
150 to 300	21(60.0%)	9(25.7%)	01(2.9%)	4(11.4%)	35(100%)	
More than 300	04(26.7%)	5(33.3%)	04(26.7%)	2(13.3%)	15(100%)	**0.000**
Total	64(66.7%)	17(17.7%)	05(5.2%)	10(10.4%)	96(100%)	

DISCUSSION

The subjects in this study were all females between the ages of 18 and 45 who had conversion disorder. This finding was comparable to that of a previous Pakistani research, which indicated that 67.1 percent of patients were under the age of 21 and 89 percent were female,[9] whereas all participants in our study were females. Another research from Bangladesh indicated that the

majority of the patients were between the ages of infancy and early adulthood (85.7 percent), with a female predominance.[10] The majority of the patients in this research was married and had no formal education. The majority of them hailed from combined families and referred to hospital by family. Globally, conversion disorder was also shown to be more common among rural populations, those with little education, people with poor IQ, and people from low socioeconomic groups.[11] Current study highlighted that, majority of females were housewives 91.7% and 2.1% were students. In another conducted at Peshawar, Pakistan showed that house-wives were 77.1% while our study showed 91.1% and the reason for difference is that previous study included males and females while current study dealt with only females[12]. In contrast, 71.1 percent of female patients among our sample were married, which was consistent with prior studies showing a high incidence of mental illness in married women.[13] Stressful life events are significantly associated with conversion disorder as evidenced in this study and also same reported in previous studies[14].This study coincides with many previous studies carried out at different times and in different regions[15] showing psychosocial stressors presence among patients of conversion disorders usually stressful life events for example, issue with parents in law, disappointment in examination or study issue, upset connection with life partner, spouse remaining abroad, love issues, work pressure or more responsibility, relationship issue with relatives or guardians, spoiled kid, marriage against will, demise of a nearby relative, actual disease, request of traveling to another country, financial issues and so forth. A substantial number of psychosocial stressors were discovered in individuals with conversion disorder in this investigation. In study, stressor pattern was unique among patients in our community, and the majority of these stressors were fairly treated.

CONCLUSION

Life event stresses are present in all conversion disorder patients. They are also significantly associated with hospital presentation or admission. As a result of the significant undetected psychopathology in this community, mental health therapy for conversion disorder patients is important.

Author's Contribution:

Concept & Design of Study:	Anoop Kumar Juseja
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Conflict of Interest: The study has no conflict of interest to declare by any author.

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