

Relationship of Sociodemographic Variables and Psychosocial Stressors in Dissociative(Conversion) Disorder Patients

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Abstract

Background: To assess the relationship of sociodemographic variables with the psychosocial stressors in dissociative (conversion) disorder patients.

Methods: A descriptive cross-sectional study was carried out on 100 diagnosed patients of conversion disorder. Participating patients underwent detailed assessment which included, application of consent form, physical examination, ICD-10 criteria of conversion disorder, demographic profile assessment and psychosocial assessment based on ICD-10.

Results: Majority of the patients were young, female, formally educated, rural residents, unmarried and were unemployed. Among all variables only adolescent patients between age of 13-19 years were having problems associated with education and literacy and all others were facing difficulties associated with primary support group. p value of significance (<0.05) was found to be non significant in all the variables.

Conclusion: Majority of the patients have difficulties with primary support group including family circumstances,

Key Words: Conversion disorder, Sociodemographic variables, Psychosocial stressors.

Introduction

Conversion disorder is an illness of symptoms or deficits that affect voluntary motor or sensory functions. The symptoms are not intentionally produced, are not caused by substance use and the gain is primarily psychological and not social, monetary, or legal. It tends to start in early adulthood, and usually follows a stress factor. Although dissociative (conversion) disorders have been described and diagnosed for some time, their etiology, pathogenesis, phenomenology and management continues to arouse debate. The proper diagnosis of these patients has important implications for their clinical course.^{1,2} Regarding socio-demographic features of conversion disorder patients, studies reveal

that majority of the patients are young, females, single, unemployed, less educated, belong to urban population and have a prominent stress before the onset of complaints.^{3,4}

Temporal relationship of a stressful event is very common with the onset of conversion disorder. It is only in the recent times that researchers have made some progress by integrating trauma related theories with more contemporary cognitive theories and neurobiology and the most common stress identified in majority of studies is primary support group issues.^{5,6} Individuals adapt to extreme environmental events by responding in a complex and coordinated manner that affects his or her resources, as well as a range of other cognitions, emotions, physiological reactions and behaviours.⁷ Dissociative disorders are trauma related, but the significant part of adult clinical consequences of childhood trauma remains unclear in the mind of mental health professionals and of the overall community.⁵

The diagnosis of dissociative (conversion) disorder is problematic and the psychological mechanism associated with this disorder has remained elusive. These problems highlight serious theoretical and practical issues not just for the current diagnostic systems but for the concept of the disorder itself. The identification of stressful event associated with dissociative (conversion) disorder may have an important implication for the clinical course of primary disorder in terms of presentation, duration, and response to different treatment modalities.

Patients and Methods

A descriptive cross-sectional study was carried out in the psychiatry department of Fauji Foundation Hospital, Rawalpindi a tertiary care facility. One hundred consecutive patients of both sexes, between ages of 13-60 years and diagnosed as dissociative (conversion) disorder from December 2009 to May 2010 were included in the study. The diagnosis

was based on the criteria laid down by ICD-10 (International classification of mental and behavioural disorders, 10th edition).⁸ The patients suffering from physical illnesses, organic brain disease, psychiatric comorbidity other than depression and anxiety, substance abuse, learning disability, those having language barrier and those who refused to participate in study were excluded from the study. Participating patients underwent detailed assessments which included: application of consent form, physical examination, ICD-10 criteria of dissociative (conversion) disorder, demographic profile assessment and psychosocial assessment based on ICD-10. The data was entered into SPSS package version. ¹⁰ To assess the relationship of sociodemographic factors and psychosocial stressors Chi-square test was applied and p-value of significance was calculated.

Results

Majority of the patients were young, female, formally educated, rural residents, unmarried and unemployed (Table 1). Regarding psychosocial stressors majority were having difficulties with primary support group including family circumstances (Table 2).

Table-1: Demographic Variables

Demographic Factors	Patients
Age (Years)	
13-19	33
20-40	41
41-60	26
Educational Status	
Educated	72
Uneducated	28
Residence	
Rural	62
Urban	38
Gender	
Male	05
Female	95
Marital Status	
Married	39
Unmarried	61
Employment	
Employed	06
Unemployed	94

Among all variables only young patients between age of 13-19 years were having problems associated with education and literacy and all others

were facing difficulties associated with primary support group P value of significance (<0.05) was found to be non significant in all the variables (Table 3).

Table- 2:Types of Psychosocial Stressors

Psychosocial Stressors	Patients
No stress	4
Negative childhood events	1
Family history of disease or disability	9
Lifestyle or life management difficulties	5
Education and literacy	14
Primary support group including family circumstances	42
Social environment	7
Housing or economic circumstances	12
Physical environment	1
Other psychosocial circumstances	1
Legal circumstances	4
TOTAL	100

Discussion

The demographic factors identified in current study are consistent with the results of other studies.^{9,10} On the other hand few studies concluded that this disorder was more common in urban residents and in male patients which is against the findings of current study.¹¹

The relationship of sociodemographic variables and psychosocial factors revealed that onset of conversion disorder is temporally related to stressful event and majority were having difficulties with primary support group including family circumstances that supports findings of other studies.^{3,6}

The limitations of current study were the chances of information bias as the screening instrument was administered by different researchers. This was a descriptive cross sectional study. To compare the sociodemographic characteristics with the type of psychosocial stressors in patients with those of normal population, case-control study should be designed. Keeping in view the impact of psychosocial stressors on individuals mental health, this study identified possible avenues which will provide basis for further research regarding this serious issue and highlight the need for future investigations of specific

social, behavioural and other factors associated with the burden of dissociative (conversion) disorder .

Table- 3:Relationship of Sociodemographic factors and Psychosocial Stressors

Types of Psychosocial Stressors	Age			Gender		Residence		Occupation	
	13-19	20-40	41-60	Male	Female	Urban	Rural	Employed	Un-employed
No stress	2	2		1	3	3	1	2	2
Negative childhood events		1			1		1		1
Family history of disease or disability	3	2	4		9	3	6	1	8
Lifestyle or life management difficulties	3	2			5	3	2		5
Education and literacy	9	4	1	1	13	6	8		14
Primary support group including family circumstances	8	20	14	2	40	13	29	2	40
Social environment	3	4		1	6	5	2	1	6
Housing or economic circumstances	3	5	4		12	1	11		12
Physical environment		1			1	1			1
Other psychosocial circumstances			1		1		1		1
Legal circumstances	2		2		4	3	1		4
TOTAL	33	41	26	5	95	38	62	6	94
Chi square value	27.771			6.516		17.445		17.539	
P value	0.115			0.770		0.065		0.063	

Conclusion

An understanding of the precipitating psychosocial factors that overwhelm the patients' coping abilities have implications for treatment and enable the clinicians to devise specific strategies for early intervention and prevention.

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