

Common Psycho-social Stressors and Stressful Life Events in Conversion Disorders Subjects of KPK Pakistan

1. Naveed Irfan 2. Gulnawaz Khan 3. Ehsen Naveed

1. Asstt. Prof. of Psychiatry, FMC, Abbotabad / Consultant Psychiatrist, King Abdullah teaching hospital Mansehra
2. Pharmacist, Irfan Neuro-Psychiatry and General Hospital, Mansehra 3. Medical Officer, Irfan Neuro-psychiatry and General Hospital Mansehra

ABSTRACT

Objective: Evaluating the frequency of major Psycho-social stressors and stressful life events in conversion disorders subjects of Khyber Pakhtun khwa, Pakistan.

Study Design: A descriptive study

Place and Duration of Study: This study was conducted in the King Abdullah teaching hospital Mansehra from September 2013 to September 2014.

Materials and Methods: The sample size consists of total 112 patients with 87 in-patient and 25 out- patients (74 females and 38 males) with conversion disorder. Interviews were conducted with open and close ended questions and results were analyzed from the questionnaire. The Social Readjustment Rating Scale (SRRS) and presumptive stressful life events scale (PSLES) were administered during the interview to evaluate the major psycho-social stressors and life events in past 12 month.

Results: we identified fifteen (15) different Psycho-social stressors and stressful life events in conversion disorders, in all subjects at least one stressor being clearly identified. Among the patients there were (46.7 %) social and family stressors, (18%) work, (10%) broken marriage and love affairs, (7%) health, (6.3%) Bereavement, (6%) Finance, marital and sexual (3%), (2%) health, and (1%) legal.

Conclusion: we conclude that all patients that were included in our sample size were having at least one psycho-social stressor and stressful life event. Female patients prevails more compared to male patients.

Key Words: Hysteria, Conversion Disorders, Psycho-Social Stressors, Stressful Life Events

Citation of article: Irfan N, Khan G, Naveed E. Common Psycho-social Stressors and Stressful Life Events in Conversion Disorders Subjects of KPK Pakistan. Med Forum 2015;26(3):44-46.

INTRODUCTION

Conversion disorders were known by the term 'hysteria' or hysterical conditions and was mostly tied to females, but the concept has been changed after finding its instance in male subjects though the proportion varies among the two genders, the fact is that its occurrence is observed higher in females¹. Conversion Disorder or hysterical conditions develops due to emotional stress that is governed by environmental, social and life events stressor in life¹. Freud introduced the term Conversion for a hypothetical mechanism by which psycho-social stress or a life event converts into physical symptoms². In the diagnostic and statistical manual of mental disorders of the American Psychiatric Association, 4th edition (DSM-IV-TR), conversion disorders are included in somatoform disorders category³. The international

classification of diseases 10th revision (ICD-10) put conversion disorder as a dissociative disorder under the classification category of F44 (somatoform disorders, stress-related & neurotic)⁴.

The conversion disorder is an apparent neurological functioning, or physical symptoms showings a medical condition. In both classification systems DSM-V and ICD-10 symptoms are to be differentiated from other medical conditions. DSM-V classification enlists four subcategories of conversion disorder: motor, seizures, mixed and sensory. Classically, the symptoms include motor and sensory problems include blindness, swallowing difficulties and non-epileptic seizures^{5,6,7}.

Studies have shown a female dominance in conversion disorder^{8,9}. Studies show that conversion disorder is more prevalent in adolescents and young adults^{10,11}. In a study females were more prone to develop conversion disorder at ages less than 35 years¹¹.

Stressful life events can impair the sense of control in the patient causing a marked incapacitation and psycho-social stress¹². In a previous study finance was a minor stressor¹³. Conversion disorders in female were being reported with problems related to family and finance¹¹.

Correspondence: Naveed Irfan,

Asstt. Prof. / Consultant Psychiatrist, King Abdullah teaching hospital Mansehra / FMC, Abbotabad

Cell No: 0333388933

Email: drnaveedirfan84@gmail.com

MATERIALS AND METHODS

Participants: The study was conducted at King Abdullah teaching hospital Mansehra and its allied centers. The study included 112 patients from in and out-patient departments of psychiatry through purposive convenient sampling technique.

Instruments: The Social Readjustment Rating Scale (SRRS)¹⁴ and Presumptive Stressful Life Events Scale (PSLES) were administered during interview to evaluate the major psycho-social stressors and stressful life events in past 12 months. Social readjustment life scale was developed by Holmes-Rahe to measure the effect of life changes. In the scale the stressors were developed according to the severity of impact on life. Patients of conversion disorders were diagnosed as per criteria of DSM-V¹⁵.

Procedure: The participants were approached in the above mentioned places and briefed about the study, informed consent was taken, DSM-V criteria was applied on them in an interview format. The participants who fulfilled the criteria were administered Social Readjustment Rating Scale (SRRS) and Presumptive Stressful Life Events Scales (PSLES). After the collection of the data, scales were scored and data was entered in SPSS to draw descriptive statistics

RESULTS

Majority of the patients were in the age range of 15–40 years, with a mean age of 22 years.

Table No.1: Descriptive statistics of the demographic details of the participants

Demographics value (Sample size = 112)	Characteristics	Percentage (%)
	Gender	
	Females (n=74)	66.1 %
	Male (n=38)	33.9%
	Age Distribution	
	15-20 (n=18)	16.5%
	20-25 (n=35)	31.2%
	25-30 (n=36)	32%
	30-35 (n=14)	12.2%
	35-40 (n=09)	8%
	Locality	
	Urban (n=50)	44.7%
	Rural (n=62)	55.3%
	Financial Condition	
	Low (n=32)	28.5%
	Middle (n=50)	44.6%
	High (n=30)	26.7%
	Education	
	Educated (n=75)	66.9%
	Illiterate (n=37)	33.1%
	Occupation	
	Employed (n=28)	25%
	Unemployed (n=35)	31.2%
	At home (house wife) (n=19)	16.9%
	Student (n=30)	26.7%

Total sample size was 112 Out of which 78 patient (66.07%) were females and 38 (33.92%) were male. 28 (25%) were employed and 35 (31.2%) were unemployed, 19 (16.9%) of them were house wives and 30 (26.7%) were students (table 1). 75 (66.9%) of the participants were educated and 37 (33.1%) were uneducated. 28.5% patients were from low income families, 44% from medium income families, and 26% of the patients were from high income families.

Every participant reported at least one stressor. 46.7% of the conversion disorder patients had social and family related problems while 18% reported problems in Marital and sexual life. Other reported stressors were related to Work, Education, Finance, Legal domain, Courtship, Cohabitation and bereavement (table 2).

Table No.2: Descriptive statistics of the stressors

Sr No	Stressors (major and sub stressors)	Sub stressor % age	Total %age
1.	Social and family Conflict with in laws Family conflict Lack of son Birth of daughter	15.68% 14% 13% 4.67%	46.7%
2.	Marital and sexual Issueless marriage Marital life problems	11% 07%	18%
3.	Courtship and cohabitation (broken marriage/ love affairs problems)		10%
4.	Education (failure in exams)		7%
5.	Bereavement Death of spouse/ child/wife Death of a friend / close one	4.3% 2%	6.3%
6.	Finance		06%
7.	Work Conflict on work / finances		03%
8.	Health Illness/ disease of self or close one		02%
9.	Legal (Detention in jail of self or close one)		1%

DISCUSSION

Our study findings show that conversion disorders with psycho-social stressors prevail both in male and female but frequency is higher in females. The condition is usually augmented by psycho-social stressors and life event stress. Psychological Stress has been the cause of concern from a long time; Stressful life events can impair the sense of control in the patient causing a marked incapacitation and psycho-social stress¹². Our study reported a higher prevalence of female subjects affected from conversion disorders in contrast to male patients; same finding has been reported by some other studies^{8,9,12}. Evaluating the significant findings of our study like age, gender, marital status, education and socio-economic status in other studies we concluded that conversion disorder can appear at any age but

different studies show it is more prevalent in adolescents and young adults^{10,11}.

In our study there has been presence of depressive and Anxiety symptoms in hysterical condition subjects, same condition has been reported from another study^{16,17}. In our study both gender scored mix result on the scales for anxiety and depression. To some extent they got benefits from treatment for anxiety and depression. Another study reported almost same results¹⁷.

In our finding social and family (46.7%) stressor was higher as compared with others. Previous research confirmed these findings¹³. The social and family stressors that we identified and were evaluated are conflict with in laws (15%), lack of a son (13%), family conflict (14%), and birth of daughters (4.6%). Findings of the study showed that finance had been the major problem of 6% people but in a previous study finance was a minor stressor¹³.

There have been hurdles with classification continue to slow down novel finding and research in this area. The area of hysterical or conversion condition in psychiatric distribution rely on its assumed psychological process and so depends on clinicians' decision which are hard to validate¹⁸. This hypothetical presumption has led to raise a question about the importance of differentiation of conversion with factitious disorders^{19,20}.

We identified mainly 15 different psycho-social and life event stressors that mostly prevail in the Khyber Pakhtun Khwa region, in our previous study we were able to identify ten stressors at that time but in this study we identified certain new stressors that had not been reported before for example issueless marriage, birth of daughter, lack of son⁹.

CONCLUSION

The findings concluded that psycho-social stressors and stressful life events are found in a large proportion of our conversion disorder patients. Identifying these stressors is very crucial for proper and complete management of these patients. Extensive exploratory research is still required to explore all the possible reason behind conversion disorders.

REFERENCES

- Kendell RE. A new look at hysteria. *Medicine* 1974; 30:1780-1783
- Pu T, Muhammad E, Imam K, El-Roey AM. One hundred cases of hysteria in Eastern Libya: A socio-demographic study. *Br J Psych* 1986; 148: 606-609
- Diagnostic and Statistical Manual of Mental Disorders. 4th ed (TR). Washington DC: American Psychiatric Association; 1994.p.445-69.
- The International Statistical Classification of Diseases and Health Related Problems, 10th Revision. 2nd ed. World Health Organization, 2006.
- Allin M, Streeruwitz A, Curtis V. Progress in understanding conversion disorder. *Neuro-psychiatric Disease and Treatment* 2005;1(3): 205-209. C
- Jon S, Roger S, Alan C, Steff L, Robin P, Charles W, et al. Systematic review of misdiagnosis of conversion symptoms and "hysteria". *BMJ* 2005;331:989.
- Aamir S. Stressful Life Events in the onset of Dissociative (Conversion) Disorders. *J Pak Psych Soc* 2005;2(2):65.
- Maqsood N, Akram B, Ali W. Patients with conversion disorder; Psycho-social stressors and life events. *Prof Med J* 2010;17(4):715-720.
- Irfan N, Badar A. Top ten stressors in the hysterical subjects of Peshawar. *J Ayub Med Coll Abbottabad* 2002; 14(4):38-41.
- Carson AJ, Ringbauer B, Stone J, McKenzie L, Warlow C, Sharpe M. Do medically unexplained symptoms matter? A prospective cohort study of 300 new referrals to neurology outpatient clinics. *J Neurol Neurosurg Psych* 2000;68:207-10.
- Khan F, Bhimani M, Afreen T, Zaman M. Conversion disorder in young people of Karachi, A 20 years retrospective review. *ISRA Med J* 2014; 6(4).
- Nizami A, Mariam H, Minhas FA, Najam N. Social Stressors In Patients with somatoform Disorders. *J Pak Psych Soc* 2005; 2(1):20-3.
- Nazar Z, Awan NR, Akhtar J. Psychosocial stressors in patients with conversion disorder presenting with non epileptic fit. *JPMI* 2010; 24(02):108-110.
- Holmes T, Rahe RH. The Social Adjustment Rating Scale. *J Psychosomatic Res* 1967;11:213-18
- American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, fifth edition. (DMS-5). American Psychiatric Association, Arlington. VA 2013.
- Khan MN, Ahmad S, Arshad N, Ullah N, Maqsood N. Anxiety and depressive symptoms in patients with conversion disorder. *J Coll Phys Surg Pak* 2005;15(8):489-92.
- Mumford DB, Minhas FA, Akhtar I, Akhter S, Mubbashar MH. Stress and Psychiatric Disorders in Urban Rawalpindi. Community survey. *Br J Psych* 2000;177:557-62.
- Broome MR. A neuroscience of hysteria? *Curr Opin Psych* 2004;17:465-9.
- Austen S, Lynch C. Non-organic hearing loss redefined: understanding, categorizing and managing non-organic behaviour. *Int J Audiol* 2004;43:449-57.
- Shapiro AP, Teasell RW. Behavioural interventions in the rehabilitation of acute v. chronic non-organic (conversion/factitious) motor disorders. *Br J Psych* 2004;185:140-6.