Original Article

CONVERSION DISORDER IN CHILDREN AND ADOLESCENT - A CLINICAL STUDY

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Abstract :

Conversion disorder is one of the most commonly encountered psychiatric condition in child and adolescent population. The present study investigated a consecutive series of 18 boys and 34 girls who fulfilled the DSM-IV diagnostic criteria of conversion disorder. Their age ranged between 4 and 16 years. The study have focused more clinical presentation and related social factors. The most common symptom encountered was conversion with fit. Ticks were more found in boys then that of girls. Recognized psychosocial stressors were found in half of the cases. The result suggested that conversion disorder occurs in the children and adolescent having considerable psychosocial disturbance. Assessment of family influence and study psychosocial stress is important in under standing of psychopathology of conversion disorder in children and adolescent. Findings of the present study can be helpful for focusing on phenomenology, psychosocial stressors and management in large sample of children with conversion disorder.

INTRODUCTION :

The concept of conversion disorder has been extensively written about in the adult literature but in the studies on conversion disorder in childhood is sparse in comparison with that on adult. Opinion differs regarding the definition & prevalence. (Rae 1977, Goodyer 1987). In some studies reported that conversion is equally found in boys and girls.

It occurs usually after 5 years of age (Caplan 1970, Robin 1976), Common in order children between 10-15 year.

In another studies Somasundaram et al found that conversion disorder was the most common illness of children and adult and is seen more among girl. Lal et al found conversion disorder more in both female of children and adult group. Ponnudari et al found high occurrence of conversion disorder in age group above 16 year and illness more common in female, lower socio ecomomic status, lower education and in nuclear family.

A review literature by (Goodyer 1981) suggested importance of repression of

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mental conflict intensive learning experience identification with significant persons cause the formation of symptoms. (Rock 1975) in a study seen that the prominent exacerbation of somatic symptoms due of emotional cause and have an unconscious need. Several studies suggested that most common symptoms are conversion, tremor loss of responsiveness, monoplegia of the upper and lower limbs.

The aim of the study was describe the symptoms of conversion disorder in children and adolescent and to analyze the socio-economic demographic and psycho social factors associated with the illness.

METHOD AND MATERIALS :

The sample of this study consisted of 52 cases. Collected consecutive case from private clinic who came directly or referred from different aspect of medical professional from December 2000 to November 2001 each case recorded provided line information regarding case history, behavior observation and disorder.

RESULTS :

To elicit the clinical picture of a patient a detailed history was recorded from patient & parents interviewed both of them were collected separately as well as together with a semi structured proforma. The different aspect analysed including socio demographic data, symptomatology and other psycho social factor in details associated with illness. Total samples of 52 cases there were 34 girls and 18 boys. Mean age 25.2. The mean age of girl was higher (34.2) than boys (23.8). The pick occurrence was in the age group 8-12 year (59%), 36% of the patient were in age 12-16. Rest of the patient (5%) in ages between 4-8 year. Majority of sample were student of Junior high school. (59.7%) where (19.3%) of sample did not go to school. Majority of the sample belongs to urban area 88.9%, lower middle or poor economic group having monthly income of Tk. 1000 -1500 and unitary family. Duration of symptoms of conversion disorder were varied between few days to a month 43.2% of the patient. In 32.7% of the patient, ranged between 1 month to 6 month.

In case of past history psychiatric illness conversion disorder present in both group were higher than (54.8%) other problems. But fainting attack is more higher than girl.

Precipitating factor was present in 71.1% of the sample and psychological factor were found in 50% of cases mainly psychological stress, at school was found in 28.9% and in familial environment 15.4% Psycho social stress in familial environment were inadequate and inconsistent intra-familial relationship, mental illness, lack or warm relation and rejection of love.

The commonest presenting symptoms in studied sample were (unconsciousness) fainting attack (49%) and more common in girl than boys. Somatic symptoms more in boys (11.1%) than girls (3.9%) other symptoms were almost same in both group. Common associated features were nervousness (37.6%) anxiety

(22.3%) disturbed sleep (16.2%) demanding (18.6%) timid and extremely shy (16.9%) stuborn (15%) overactive (15%) sensitive (9%) disobedient (10.7%), Tempertantrum (7.7%) aggressive and sensitive (7.7%) irregular schooling and poor scholastic performance (10.4%) depressed (8%) headache (9.2%), insensitive for pain (10%) possession attack (2%) anuresis (2.9%) crying spell (3%) and suicidal idea (2%).

Table - 1 : Distribution of Sociodemograpic Variable

	Boys (N-18)		Girls (N-34)		Total (N-52)	
	N	%	N	%	N	%
Age	18	23%	34	26%	5	25%
Mean		24.6%				
Socio Culture Background						
Rural	4	22.2%	2	3.9%	6	2%
Urban	14	77.8%	32	94%	46	88.9%
Education						
Illiterate	2	11%	8	23.5%	10	19.3%
Upto-V	3	33.3%	4	11.8%	6	2%
V-IX	11	61.2%	18	52.9%	3.5	59.7%
IX-XII	2	11.2%	4	11.8%	6	2%
Religion						
Muslim	12	66.7%	25	72.14%	37.5	71.11%
Hindu	5	27.8%	8	22.4%	13	25%
Others	1	5.5%	1	5.5%	2	3.9%
Economic Status						
Tk. 500 - 1000	1	6%	2	3.9%	3	5.9%
Tk 1000 - 1500	8	44.4%	20	38.6%	28	63.9%
Tk 1500 - 2000	4	22.2%	6	7.9%	10	19.1%
Tk 2000 - 2500	3	33.2%	2	3.9%	5	8.1%
Tk 2500 - 3000	2	22.2%	4	11%	6	2%
Type of family						
Unitary	14	77.8%	28	46%	42	80.8%
Joint	4	22.2%	6	17.6%	10	19.2%

Table - 2 : Distribution of Duration of Symptoms

	Boys (N-18)		Girls (N-34)		Total (N-52)	
	N	%	N	%	N	%
Fewdays to one month	5	27.8%	6	48%	21	43.2%
One month to six months	7	38.9%	10	29%	17	37.7%
Six months to 1 year	4	22.2%	5	14.7%	9	14.5%
More than 1 year	2	11.1%	3	8.2%	5	89.6%

Table - 3 : Distribution of past history of psychiatric illness

	Boys (N-18)		Girls (N-34)		Total (N-52)	
	N	%	N	%	N	%
Fainting attack	5	22.2%	3	8.8%	4	14.5%
Pain in abdomen/Tick	3	16.9%	4	11.8%	7	13.5%
School refuseal	2	11.1%	3	8.8%	5	8.6%
Fear	1	5.4%	4	11.8%	5	8.6%

Table - 4 : Distribution of precipitating factors

	N	%
Unknown	15	28.8%
Known	37	71.1%
Physical Factors		
Fever	5	9.6%
Injury	3	5.8%
Others Illness	3	5.8%
Psychological Factors		
Stress specialty in school	15	28.9%
Rejection of love affair & familial problem	8	15.4%
Others	3	5.8%

Table - 5 : Distribution of Presenting Symptom in Conversion disorder

	Boys (N-18)		Girls (N-34)		Total (N-52)	
	N	%	N	%	N	%
Mutism	2	11.1%	3	9.8%	5	8.7%
Fainting attack	7	38.7%	18	52.9%	25	49%
Motor Symptoms	4	22.2%	5	15.8%	9	17.3%
Sensory Symptoms	3	16.9%	6	17.6%	9	17.3%
Somatic Symptoms	2	11.1%	2	3.9%	4	7.7%

DISCUSSION :

Investigation of conversion disorder involved a close study of the human being both somatic and psychological perspective often reveled the intimate relationship they bear to each other. The disorder affected more in both group but the duration of illness before seeking consultation more in boys than girls. Several studies on conversion disorder in childhood have shown that girls more than boys and most of patient in this study were in late adolescent. Gross has noted that this period is vulnerable to conversion reaction because of struggle for self identify and role differentiation is quite stressful for the adolescent.

In present study dissociative reaction were found to be rear. Clinical impression presenting revealed that family influence & psychological stresses both were related to presenting physical complaint and psychological problems. Majority of the patient showed conversion disorder involving sensory and motor symptoms. Present study showed that more number of psychological stresses found in the family's and presence of major physical symptom when they were psychophysically and emotionally distributed. The result suggested that conversion disorders occur in the children who have considerable psychosocial disturbance and direct result of abnormal patterns of family situation.

Other observation made during this studies, that with regular treatment many of these patient showed sudden bouts of increase in symptoms with some event in the environment like, visit by relatives or person with whom patient has strained relationship. In some case disturbed behavior continuous for several weeks, inspite of treatment and then suddenly all the symptoms disappeared almost over night and such dramatic improvement often followed a sudden changed in the environment.

CONCLUSION :

With all own limitation of present study it will be concluded that assessment of family influence and study of psychological stress was important in understanding of psychopathology of conversion disorder in children and adolescent. So there was need to focus on phenomenology as well as to know the contribution psychological and psychosocial factor associated with conversion disorder of different age group in children of adolescent. Finding can be helpful for focusing on phenomenology, psychosocial stress and management in large sample of children with conversion disorder.

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