ANXIETY AND DEPRESSION IN CONVERSION DISORDER PATIENTS

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ABSTRACT

Background: Conversion disorder is a common psychiatric illness. Its prevalence is 5.6% Anxiety and depression co morbidity is associated with severe functional impairment, worsening of outcome and increase in health care cost.

Methodology: This is a descriptive study carried out on 133 patients suffering from conversion disorder admitted in a private psychiatric facility Iftikhar Psychiatric hospital .This study was carried out from June 2013 to August 2014 . Depression and anxiety was assessed by using Hamilton rating scales for depression and anxiety respectively.

Results: Majority of the patients were females 57.9% and 42.1% were males.54.9% of patients were married.75.9 % of patients suffered from anxiety disorder and 61.7% from depressive disorder.

Conclusion: Anxiety and depression co morbidity is high in conversion disorder patients if detected and treated earlier, can improve out come and reduce health care cost.

Keywords: Conversion Disorder, Major Depressive Disorder, Generalized Anxiety Disorder.

INTRODUCTION

The principal features of conversion disorder are physical symptoms occurring in the absence of organic illness. They often seem to represent the patient's concept of physical disorder which may be at variance with physiological or anatomical principals[1].

Conversion disorder is of sudden onset, often preceded by a stressful life event[1]. Conversion disorder patients present with variety of symptoms including convulsions, aphnia, amnesia and sensory symptoms[2,3]. It is more common in young females. Physical and sexual abuse during childhood can predispose an individual to develop conversion disorder[3]. Similarly poor socio-economic status and large family size can contribute to conversion symptoms [2,3,4].

Anxiety and depression can co occur with other medical and psychiatric disorders[5,6,7]. Severe anxiety and depression co morbidity adversely affects health, causes functional impairment and lead to greater number of health care visits, thus increasing the health care costs[8]. Depression interferes with ability of the sufferer to do his job effectively and is responsible for increased number of days lost due to disability. Greatest loss is in those suffering from persistent depression [9].It also causes poor response to treatment, high rate of recurrence and worsens out come[10,11]

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Depression not only affects patient's health but people giving care to such patients also feel stigmatized. Perceived stigma can give rise to depression in the care givers. It causes the family members; friend caring for the patient to withdraw from social interaction and social support .This stress creates a feeling of hopelessness in them. It destroys their morale and adversely affects their ability to cope with the situation. This can also adversely affect the care they are providing for the patient[12]

Studies have shown that they remain undiagnosed in significant number of cases causing increase in symptom load and adversely affecting the outcome[8,13,14,15,16]. Most of these cases are inadequately treated[8].

There is great paucity of data regarding the association of conversion disorder with anxiety and depression in our clinical setting

Present study aims to reduce this gap and help in detecting and treating undiagnosed cases of anxiety and depression in and will cause patients suffering from conversion disorder. This will result in improved outcome and reduction in relapse rate in these cases that will ultimately lead to reduction in the number of health care visits and health care cost.

MATERIAL AND METHOD

This is a descriptive study carried out on patients suffering from conversion disorder admitted in a private psychiatric facility Iftikhar Psychiatric hospital .This study was carried out from June 2013 to August 2014. Subjects were selected through purposive sampling. 133 patients were included in this study. They were diagnosed on the basis of DSM V criteria. Those who refuse to give informed consent were excluded from this study.

They were interviewed in comfortable setting. Data was collected using semi structured proforma. Depression and Generalized Anxiety disorder was assessed by using Hamilton rating scale for depression and Hamilton rating scale for anxiety respectively.

Mean + standard deviation was calculated for quantitative variables like age. Frequency and percentages were calculated for qualitative variables like anxiety, depression and socio demographic variables like gender and marital status. . All the results are presented as tables.

Data was analyzed using SSPS 16.

RESULTS

In this study majority of patients were female (57.9%), males were 42.1%.65.4% belonged to rural areas and 34.5% belonged to urban areas. Majority of patients were married 54.9% while 45.1% of patients were unmarried, divorced or separated.

Anxiety and depression co morbidity was found to high in these patients.61.7% suffered from co morbid major depressive disorder and 75.9 % from anxiety disorder.

Table No: 1 Descriptive Statistics:

FACTORS	FREQUENCY	PERCENTAGE
GENDER		
MALE	56	42.1
FEMALE	77	57.9
RESIDENCE		
URBAN	46	34.58
RURAL	87	65.4
MARRITAL STATUS		
MARRIED	73	54.9
UNMARRIED	51	38.3
DIVORCED	8	6
SEPARATED	1	0.8
COMORBIDITY		
ANXIETY	101	75.9
DEPRESSION	82	61.7

DISCUSSION

In this study 75.9% of patients suffered from co morbid anxiety and 61.7% from depression. These findings are consistent with the results of other studies carried out in Pakistan. According to a study done by Khan et al, anxiety is present in 35% of conversion cases; depression in 29% while 31% of the patients had both anxiety and depressive symptoms. Only 5% were without any co-morbid anxiety or depressive symptoms[7]. Similarly Khattak et al reported anxiety and depression co morbidity to be 43% and 73% respectively[18].

In this study majority of patients presenting with conversion symptoms were women (57.9%) Conversion symptoms were found to be two times more common in women than men. However this ratio is much higher in other studies According to Deveci A et al, for every man suffering from conversion disorder up to 6 women are diagnosed as having conversion symptoms[19]. Sajid et al in his study also reported conversion disorder to be more common in young women[2]

The cause of this difference is thought to be difference in the level of hormones between the two and the way men and women respond to stress; similarly suicide attempts are more frequent in women.[20,21,22]

Majority of the patients were married females. There are many reasons for this assessed difference. In our society women have to face social stressors like disturbed relationship with their husbands and in-laws. Similarly lot of Pakistanis men work abroad and their wives remain with their in-laws. These men visit their families after many months and years. This prolonged separation causes psychological distress and can contribute to the development of conversion symptoms in their wives. Death of the spouse can cause severe mental and psychological stress especially in women with poor social support making them prone to develop psychiatric illnesses. All these factors can contribute to the development of conversion symptoms[23]

Majority of conversion patients included in this study belonged to rural areas (65.4%) . Co morbidity was also higher in these cases. . This finding is consistent with previous research[21]. Most of rural areas of Pakistan are under developed lacking basic facilities. Psychiatric illnesses like depression are common in areas with lower level of education, poor social support and limited access to health facilities. Death rate is higher in younger population of rural areas[24]. Living in such disadvantaged and underdeveloped areas can hamper access to health care facilities and can predispose an individual to develop psychiatric illness[25, 26]

Mean age of individuals included in this study is 25.7 years with standard deviation of 7.07.This is consistent with previous research. According to Maqsood N, et al 2005 the mean age of conversion patients is between 22 and 24 years.[27]

One of the reason for this could be that older individuals can regulate their emotions better than younger patients[28] In our society youngsters have to face Social and emotional problems like marriage against wishes, set back in relationships. They have difficulty communicating their wishes and desire to their parents this lead to conflict with parents' .Similarly they may have difficulty adjusting to their work. Failure in examination and work can also cause psychological distress[23]

CONCLUSION

Anxiety and depression co morbidity is high in conversion disorder patients, especially in young married females belonging to rural areas which if detected and treated earlier, can improve out come and reduce health care cost.

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