

ORIGINAL PAPER

SYSTEMATIC REVIEW ON MANAGEMENT OF CONVERSION
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Abstract

Objective: The aim of review was to find the recent evidence for the management of conversion disorder. **Methods:** The study was conducted at the Psychiatry Unit of Govt. Lady Reading Hospital, Peshawar, Pakistan. A systematic literature search was done using Medline and Extra Medline. A total of 10 articles fulfilled the inclusion criteria. **Results:** In the literature reviewed hypnosis and self hypnosis, psychoanalytical intervention, behavioral intervention, paradoxical intervention, treatment by strong suggestion and transcranial magnetic stimulation were the treatments used by the clinicians for the management of conversion disorder. **Conclusion:** The literature review did not give details concerning the treatment used for conversion disorders adequately. Behavioral interventions were in general found to be more successful treatment course for the management of conversion disorders.

Keywords: Conversion disorder, hypnosis, psychoanalytical, behavioral intervention .

Introduction

Conversion disorder has challenged clinicians throughout the centuries. When neurological disorders are excluded by history, physical examination, laboratory studies including radiographic and imaging studies, therapist search for psychological causes. In fact it has been suggested that the cause of these disorders may be found deeply within ones cultural expectations of how non organic complaints may present in

socially acceptable ways and as such are subject to changes over decades from one syndrome to another.¹

The prevalence of conversion disorder in the general population reported is between 5 and 22 per 100,000 persons.² According to one of the systematic review done in a pediatrics neurology unit in the west of England, the prevalence of conversion disorder was 10%.³ In an Indian study on conversion disorders among children and adolescents, the occurrence was 31%

among inpatients and 15% among outpatients. It was noted that in Asian culture, patients with 'medical'

Conversion disorder is a widespread condition in developing countries. It is one of the commonest diagnoses in Psychiatric Units in Pakistan. Studies conducted at Fatima Jinnah Hospital and Sir Ganga Ram Hospital Lahore in 1995 reported that 12.4% patients admitted to psychiatry units were suffering from conversion disorder.⁵ According to the study conducted at Rawalpindi General Hospital in year 1999, 14.8% patients were diagnosed as conversion disorder.⁶ In the Psychiatry Department of Lady Reading Hospital, Peshawar 27% of all the admitted patients during the years 2002-2007 were diagnosed as conversion disorder.⁷

Conversion disorder is a major reason for visits to primary care practitioners. One study of health care utilization estimates that 25–72% of office visits to primary care doctors involve psychological distress that takes the form of somatic (physical) symptoms. Patients who convert their emotional problems into physical symptoms spend nine times as much for health care as people who do not somatize; and 82% of adults with conversion disorder stop working because of their symptoms. The annual bill for conversion disorder in the United States comes to \$20 billion, not counting absenteeism from work and disability payments.⁸⁻⁹

Hysteria is perhaps one of the oldest psychiatric conditions for which treatment was proposed. Clinicians in the past have stressed more upon the symptomatic treatment of conversion disorders.¹⁰

symptoms are more willingly brought for consultation than those with psychiatric symptoms alone.⁴

Management of Conversion Disorder

The management still remains controversial as it challenges our basic ideas about the concept of disease in psychiatry, illness behavior and perhaps our world view. It is ironic to note that conversion disorder is treated in most inhuman way. Prevalent treatments include use of spirit ammonia in emergency settings, other forms of unsubstantiated treatments are also used. Mostly beating up for taking out the Djinn is the commonly used treatment for conversion disorder by traditional healers in rural areas of Asian sub continent. Overall there is lack of any systematic endeavor or data for the treatment of conversion disorder.

This review paper was concerned with finding and reviewing the recent evidence for the management of conversion disorder.

Methods

We did a systematic literature search on Medline using the following key words

1. Conversion Disorder.
2. Dissociative Disorders.
3. Hysteria.
4. in conjunction with management, outcome and treatment.

The literature search was supplemented with the search from Extra Medline using the same key words and the references sited at the end of the relevant articles.

Results

We found one hundred and thirty seven articles out of them ten were pertinent to our review as shown in Table 1.

Interventions used in the reviewed articles were:

1. Hypnosis and self Hypnosis
2. Psychoanalytical Intervention
3. Behavioral Intervention
4. Paradoxical Intervention
5. Treatment by strong suggestion
6. Trans-cranial Magnetic Stimulation

Table 1: The recent evidence for the treatment of Conversion Disorder from the articles reviewed.

Authors Name/ Country	Study Design	Sample Size	Intervention (s)	Outcome Measures	Findings
Franny C Moene et al/ Netherlands ¹¹	Randomized controlled trail of additional effect of hypnosis	45(24 exp& 21 in control group)	Additional effect of Hypnosis	VRMC, ICIDH, SCL 90, SHCS	Significant symptom reduction found independent of the treatment condition& the additional effect of hypnosis didn't effect treatment outcome
Ahmat Ataoglu et al/ Turkey ¹²	Randomized control	30(15 PI & 15 control)	Paradoxical therapy VS Diazepam Therapy	Scores on HARS, frequency of attacks within the past week.	PI Group 14 (93.3%) responded well at 6 weeks therapy while DT group 9 (60%) responded well .the scores on HARS decreased significantly in both the groups.
Hafeiz H.B ¹³	Group study with no control design	61	Treatment by suggestion	Symptoms reduction	All symptoms were removed after 12 months follow up only 12 patients relapsed

Carlos SL et al/ Germany ¹⁴	Case Report		rTMS	rTMS used in patient with conversion motor type, with a paralysis of the right arm	Complete recovery to regain limb function occurred in 12 weeks
Barbara Milrod/USA ¹⁵	Case Report		Psychoanalysis	Verbal Articulation of unconscious fantasies underlying the symptoms of CD.	4 years of analysis resulted in eradication of the conversion
Peter B.B/ USA ¹⁶	Two Case Reports		Self Hypnosis	Self hypnosis used as the treatment of CD in 2 cases.	Self hypnosis, Hypnotic imagery that would create bodily movement to induce relaxation & insight helped in recovery
Alper S/Turkey ¹⁷	Case report		Threat of Surgical Treatment	Inability to talk and open eyes	The therapeutic power of suggestion improved hysterical conversion reaction in few minutes
Campo J/Vet al/ USA ¹⁸	Case report		Behavior Intervention	Negative reinforcement to treat persistent right arm pain & immobility	After 3 months BI using negative reinforcement helped resolve symptoms rapidly
Amari A et al/ USA ¹⁹	Case report		Behavior Intervention	Treat functional hypophonia	Deferential reinforcement in the form of written and verbal feedback was effective in shaping normal speech
Khattak T et al/ Pakistan ²⁰	Randomized control trial	60(30 BT&30 CG)	Behavior Intervention	Reduction in the number of hysterical	Majority of the patients of

				seizures.	intervention group showed marked reduction in the number of seizures and level of anxiety & depression as compared to control group.
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Discussion

The literature regarding management of conversion disorders was scanty. Only few control trials were conducted in that area. Even control trials had serious methodological limitations, for instance no double blind control trials were found after extensively searching the literature. Most of the studies were conducted with small sample sizes and with inadequate control. In some studies even the comparisons were flawed e.g. Paradoxical Intervention vs Diazepam. The outcome measures (dependent variables) were poorly defined in most of the studies. There was lack of follow up sessions which was very important in the management of conversion disorders. For example, only one study had follow up period of six months. Associated psychopathology such as depression and anxiety were not addressed in most of the studies. Most of the literature did not explain the treatments used for conversion disorders adequately.

Most of the recent literature reviewed was concerned with Behavioral Interventions and Hypnosis as the

management for conversion disorder. Behavioral Interventions were generally found to be more effective treatment program for the management of conversion disorders. Paradoxical Intervention was also established to be successful in reducing both conversion symptoms and associated anxiety. According to the literature regarding management of conversion disorders Hypnosis was not established to be extremely effective for the treatment of conversion symptoms as considered in preceding times and also did not help in the lessening of conversion symptoms and gaining of insight.

The conventional approach towards treatment of hysteria was based on providing the insight to the patient. The literature reviewed rarely addressed that issue. Clinicians considered that conversion patients present as a spectrum, therefore, some patients needed insight before change and others required change before insight.¹⁶ In conversion disorders insight is the outcome of successful control over symptoms and the insight can strengthen and secure change once it occurs.

Limitations

This review is limited to the treatment of adult conversion disorders. As Medline Journals do not adequately cover Journals from developing countries we were unable to get articles from journals that are not available on line that's why only literature published in journals is reviewed. Review is narrow to the recent studies as old studies includes broad concept of hysteria in which somatization disorder was also incorporated. There is lack of Placebo control trials which needs to be conducted.

Future direction

With more than 1/3rd of the population below the poverty line conversion disorder is here to stay in the developing countries of the world. Collaborative efforts are needed between the research centers for devising the effective interventions which are time limited and cost effective. Testing these interventions and building the evidence is of utmost important for the appropriate management of conversion disorders.

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