

DEPRESSION IN DISSOCIATIVE (CONVERSION) DISORDER PATIENTS; In a Tertiary Care Teaching Hospital.

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ABSTRACT... Objective: Prevalence of depression in Dissociative (Conversion) disorder Patients. **Place and Duration of Study:** The study was conducted in the Department of Psychiatry & Behavioural Science / Bahawal Victoria Hospital & Quaid-e-Azam Medical College, Bahawalpur, from February 2012 to May 2012. **Subjects and Methods:** The sample consisted of 100 consecutive in patients (Female 84, Male 16) of Dissociative (Conversion) disorder. They were interviewed and results were analyzed from the entries in a Performa and Hamilton Rating Scale for Depression. **Results:** Majority of the patients were female (84%), uneducated (54%) and unmarried (60%). Mean age of our patients was 21.84 ± 7.29 years. Depression was found in 76% of patients. Out of 76 depressed patients had moderate depression, 24 had severe depression. **Conclusions:** Our study collaborates that depression was present in high proportion in patients with dissociative (conversion) disorder, which shows that co-morbid depression should not be over looked in these patients. It is recommended that every patient presenting with dissociative (Conversion) disorder should be assessed for co-morbid depression and should be managed accordingly.

Key words: Depression, Dissociative Disorder, Hamilton Rating

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INTRODUCTION

Conversion disorder is linked historically to the concept of hysteria. In DSM-III and its subsequent versions, dissociative disorder has been considered a separate group. On the other hand, the latest version of the International Classification of disease, the ICD-10, put all manifestation of hysterical neurosis under the rubric of dissociative disorders. This is in accordance with the findings of modern studies that have revived evidence for the relationship between somatoform symptoms and dissociation¹⁻³.

Conversion Disorder contributes a major proportion of psychiatric patient population in developing countries⁴. Despite the fact that its incidence have been decreasing in western countries⁵. The epidemiological studies conducted in India have found the prevalence to be 31% among in hospitalized children and adolescents⁶. In Turkey the prevalence of dissociative disorder in a semirural area was found to be 27.2%⁷. Various studies reported from Pakistan showed that Dissociative Disorder still account for up to 10% of admissions in psychiatric facilities⁵.

Patients with Conversion Disorder have overall psychiatric symptoms scores close to those of general psychiatric patients², suggesting high psychiatric co-morbidity. As in most psychiatric disorders, co-morbidity is frequently found in dissociative disorder⁸. Several studies have shown that anxiety, depression and panic disorder are the most commonly occurring co-morbidity disorders with dissociative disorder^{9,10}.

Mazhar Malik's study at Fauji Foundation Hospital Rawalpindi showed substantially high rates of depression (61%) in conversion disorder patients¹¹. In a study carried out by Khattak T, it was found that depression was present in 73% of patients with dissociative disorder¹², and more recent study quotes 84% of patients had depression with dissociative disorder¹³.

The aim of this study was to determine the frequency of depression in dissociative (Conversion) disorder patients presenting to a Tertiary Care Facility, B.V Hospital Bahawalpur.

PATIENTS AND METHODS

This descriptive cross sectional study was carried out in the Department of Psychiatry of B.V Hospital, Bahawalpur, a tertiary care facility. 100 consecutive in patients of both sexes between ages of 13-50 years, diagnosed as conversion disorder from February 2012 to May 2012 were included in the study. The diagnosis was based on the criteria laid down by ICD-10 (International Classification of mental disorder, 10th edition). The patients suffering from physical illnesses, organic brain disease, psychiatric co-morbidity other than depression, substance abuse, learning disability, those having language barrier, those who refused to participate in the study, were excluded from the study. Participating patients underwent detailed assessments which included a consent form, physical examination, demographic profile, ICD-10 criteria of Dissociative (Conversion) disorder and the Hamilton Rating Scale for Depression. The data was entered in to SPSS version 16. Mild, Moderate, Sever & Very Severe, types of depression were presented in the form of frequencies.

RESULTS

During the study period 100 patients were recruited. The mean age was 21.84 ± 7.29 years.

Most of the patients (84%) were female.

54% were uneducated and the rest had an education from primary to B.A level.

Married patients constituted 40% while 60% were not married.

The data was analyzed for co-morbid depression. The patients who had clinical depression were 76% (76 patients) and their mean score was 21.26.

24% (24 patients) were not depressed and their mean score was 3.83. The difference in mean score (-17.42) between the depressed and non depressed group was

| | | Age | | | |
|-------|-----|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | 13 | 2 | 2.0 | 2.0 | 2.0 |
| | 14 | 4 | 4.0 | 4.0 | 6.0 |
| | 15 | 10 | 10.0 | 10.0 | 16.0 |
| | 16 | 2 | 2.0 | 2.0 | 18.0 |
| | 17 | 4 | 4.0 | 4.0 | 22.0 |
| | 18 | 26 | 26.0 | 26.0 | 48.0 |
| | 19 | 2 | 2.0 | 2.0 | 50.0 |
| | 20 | 14 | 14.0 | 14.0 | 64.0 |
| | 21 | 2 | 2.0 | 2.0 | 66.0 |
| | 24 | 2 | 2.0 | 2.0 | 68.0 |
| | 25 | 12 | 12.0 | 12.0 | 80.0 |
| | 26 | 2 | 2.0 | 2.0 | 82.0 |
| | 27 | 2 | 2.0 | 2.0 | 84.0 |
| | 30 | 4 | 4.0 | 4.0 | 88.0 |
| | 32 | 2 | 2.0 | 2.0 | 90.0 |
| | 33 | 2 | 2.0 | 2.0 | 92.0 |
| | 35 | 4 | 4.0 | 4.0 | 96.0 |
| 45 | 4 | 4.0 | 4.0 | 100.0 | |
| Total | 100 | 100.0 | 100.0 | | |

Table-I.

significant, P value was less than 0.0001, suggesting the presence of co-morbid depression. Out of 76 depressed patients, 8 had mild depression, 20 patients

| Sex | | | | | |
|-------|--------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Female | 84 | 84.0 | 84.0 | 84.0 |
| | Male | 16 | 16.0 | 16.0 | 100.0 |
| | Total | 100 | 100.0 | 100.0 | |

Table-II.

| Education | | | | | |
|-----------|------------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Educated | 46 | 46.0 | 46.0 | 46.0 |
| | Uneducated | 54 | 54.0 | 54.0 | 100.0 |
| | Total | 100 | 100.0 | 100.0 | |

Table-III.

| MARITAL | | | | | |
|---------|-----------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Married | 40 | 40.0 | 40.0 | 40.0 |
| | Unmarried | 60 | 60.0 | 60.0 | 100.0 |
| | Total | 100 | 100.0 | 100.0 | |

Table-IV.

had moderate depression, 24 had severe depression and 24 patients had very severe depression.

Table no. VI, VII and VIII show the relationship of the demographic characteristics with the scores on rating scale for depression. The relationship of the demographic variables to the level of depression was

| Level | | | | | |
|-------|-------------|-----------|---------|---------------|--------------------|
| | | Frequency | Percent | Valid Percent | Cumulative Percent |
| Valid | Mild | 8 | 8.0 | 8.0 | 8.0 |
| | Moderate | 20 | 20.0 | 20.0 | 28.0 |
| | Normal | 24 | 24.0 | 24.0 | 52.0 |
| | Severe | 24 | 24.0 | 24.0 | 76.0 |
| | Very Severe | 24 | 24.0 | 24.0 | 100.0 |
| | Total | 100 | 100.0 | 100.0 | |

Table-V.

also analyzed and there was no significant difference in the mean scores for depression between males and females, $P=0.74$. Similarly the difference in mean scores for depression for the uneducated and educated, the married and unmarried was not significant, the P-values for these variables were 0.74 and 0.33 respectively.

Number of depressed and un-depressed patients in different age groups are shown in table. no. IX.

And number of depressed and un-depressed patients in different profession are shown in the table no. X.

DISCUSSION

The demographic factors identified in this study revealed that majority of the patients were young females, uneducated and unmarried.

Female patients comprised 84% in our sample, other studies conducted by Tabassum Khattak, Uguzet et al and Sar et al reported figures of 88%, 87% and 80% respectively^{12,9,14}. So proportion of female patients in our study is in broad agreement with other studies. In our study we found a large number of patients (60%)

| Level * Sex Crosstabulation | | | | | | |
|-----------------------------|-------------|--------|------|-------|--------|------|
| Count | | Sex | | Total | % | % |
| | | Female | Male | | Female | Male |
| Level | Mild | 6 | 2 | 8 | 75 | 25 |
| | Moderate | 18 | 2 | 20 | 90 | 10 |
| | Normal | 20 | 4 | 24 | 83 | 17 |
| | Severe | 22 | 2 | 24 | 92 | 8 |
| | Very Severe | 18 | 6 | 24 | 75 | 25 |
| Total | | 84 | 16 | 100 | 84 | 16 |

Table-VI.

| MARITAL * Level * Sex Crosstabulation | | | | | | | |
|---------------------------------------|---------|----------------|------------------|----------------|-------|------------------|----------------|
| Sex | | | Level | | | % | % |
| | | | Undep- ressed | Depr- essed | Total | Undep- ressed | Depr- essed |
| Fe- male | MARITAL | Married | 8 | 24 | 32 | 25 | 75 |
| | | Un- married | 12 | 40 | 52 | 23 | 77 |
| | Total | | 20 | 64 | 84 | 24 | 76 |
| Male | MARITAL | Married | 0 | 8 | 8 | 0 | 100 |
| | | Un- married | 4 | 4 | 8 | 50 | 50 |
| | Total | | 4 | 12 | 16 | 25 | 75 |

Table-VIII.

| Education * Level * Sex Crosstabulation | | | | | | | |
|---|----------------|----------------|-----------------|----------------|-------|------------|------|
| Sex | | | Level | | | % | % |
| | | | Un depressed | Depr- essed | Total | Un Dep. | Dep. |
| Female | Edu- cation | Educated | 8 | 24 | 32 | 25 | 75 |
| | | Un educated | 12 | 40 | 52 | 23 | 77 |
| | Total | | 20 | 64 | 84 | 24 | 76 |
| Male | Edu- cation | Educated | 4 | 10 | 14 | 29 | 71 |
| | | Un educated | 0 | 2 | 2 | 0 | 100 |
| | Total | | 4 | 12 | 16 | 25 | 75 |

Table-VII.

| Age * Level * Sex Crosstabulation | | | | | | | |
|-----------------------------------|-------|-------|------------------|----------------|-------|------------------|----------------|
| Sex | | | Level | | | % | % |
| | | | Undep- ressed | Depr- essed | Total | Undep- ressed | Depr- essed |
| Fe- male | Age | 13-20 | 14 | 44 | 58 | 24 | 76 |
| | | 21-30 | 2 | 16 | 18 | 11 | 89 |
| | | 31-40 | 2 | 4 | 6 | 33 | 67 |
| | | 41-50 | 2 | 0 | 2 | 100 | 0 |
| | Total | | 20 | 64 | 84 | 24 | 76 |
| Male | Age | 13-20 | 4 | 2 | 6 | 67 | 33 |
| | | 21-30 | 0 | 6 | 6 | 0 | 100 |
| | | 31-40 | 0 | 2 | 2 | 0 | 100 |
| | | 41-50 | 0 | 2 | 2 | 0 | 100 |
| | Total | | 4 | 12 | 16 | 25 | 75 |

Table-IX.

who were single. Other studies also have reported a preponderance of single female patients e.g in a Turkish study 24% of patients were married and a Pakistani study revealed 33% married patients^{14,15}.

Our study showed that high proportion of conversion

| Profession * Level * Sex Crosstabulation | | | | | | | |
|--|-----------------|-------------|------------------|----------------|-------|------------------|----------------|
| Sex | | | Level | | Total | Undep- ressed | Depr- essed |
| | | | Undep- ressed | Depr- essed | | | |
| Fe- male | Pro- fession | Embroidery | 4 | 6 | 10 | 40 | 60 |
| | | House Wife | 10 | 34 | 44 | 23 | 77 |
| | | Stiching | 0 | 6 | 6 | 0 | 100 |
| | | Student | 4 | 10 | 14 | 29 | 71 |
| | | Tailoring | 2 | 6 | 8 | 25 | 75 |
| | | Teaching | 0 | 2 | 2 | 0 | 100 |
| | Total | | 20 | 64 | 84 | 24 | 76 |
| Male | Pro- fession | Business | 0 | 2 | 2 | 0 | 100 |
| | | Jeweler | 2 | 0 | 2 | 100 | 0 |
| | | Labourer | 0 | 2 | 2 | 0 | 100 |
| | | Shop Keeper | 0 | 2 | 2 | 0 | 100 |
| | | Student | 2 | 0 | 2 | 100 | 0 |
| | | Tailoring | 0 | 6 | 6 | 0 | 100 |
| | Total | | 4 | 12 | 16 | 25 | 75 |

Table-X.

disorder patients had clinically significant rate of depression. In this study (76) 76% of patients had depression which was supported by findings of study conducted with sample of 100 patients in Wah Cantt. According to which Anxiety and Depression was present in (74) 74% of patients¹⁶. Another study conducted with sample of 100 patients in Peshawar, according to which 73% had clinical depression.¹² In another study of 20 psychiatric patients in Northern Ireland 13 out of 20 patients received diagnosis of dissociative disorder and all dissociative disorder

patients (n=13) had co-morbid depression¹⁷. In Rawalpindi General Hospital 50 patients of dissociative disorder were assessed and 42 (84%) of them were found to have depression.¹³ Other studies also show the similar results^{9,18-21}.

In contrast to the findings of studies mentioned above, a study by Sayeed et al, showed that only 29% of patients were suffering from clinical depression¹⁵.

The high scores on depression and significantly high proportion of patients suffering from depression indicates that the majority of the patients presenting with dissociative (conversion) disorder have an underlying depressive illness. Inability of these patients, in presenting psychological symptoms of depression, results in presentation in the form of dissociative (conversion) disorder which receives more attention. So recognition and treatment of underlying depression needs to be considered for patients presenting with dissociative (conversion) disorder.

In view of the fact that conversion disorder is one of the commonest psychiatric disorder in our set up, there is need for further studies on the subject at community level. In particular the relationship of conversion disorder with depression needs to be explored in these studies.

CONCLUSIONS

Depression was present in high proportion that is in 76 (76%) patients with dissociative (conversion) disorder, which shows that co-morbid depression should not be overlooked in these patients. Every patient presenting with dissociative (conversion) disorder should be assessed for co-morbid depression and should be managed accordingly.

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Glory is fleeting, but
obscurity is forever.

Napoleon Bonaparte