MASSACHUSETTS GENERAL HOSPITAL
PSYCHIATRY ACADEMY

Conversion Disorder

Theodore A. Stern, MD
Chief Emeritus, Avery D. Weisman, MD Consultation Service,
Director, Office for Clinical Careers,
Massachusetts General Hospital;
Ned H. Cassem Professor of Psychiatry in the field of Psychosomatic Medicine/Consultation, Harvard Medical School;
Editor in Chief, Psychosomatics

Disclosures

"Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose."

Introduction

- Define the criteria for Conversion Disorder (Functional Neurological Symptom Disorder)
- Discuss specific example—non-epileptic seizures
- Discuss the evaluation and treatment

Conversion Disorder (Functional Neurological Symptom Disorder)

- One or more symptoms/deficits that affect a voluntary motor or sensory function
  - It suggests a neurologic or general medical condition
    - Blindness
    - Deafness
    - Paralysis
    - Seizure
    - Tremor
    - Difficulty swallowing

Conversion Disorder

- Examination (of signs/symptoms) is incompatible with a recognized neurological or medical condition
- Condition causes significant distress or impairment
  - in social occupational or other important areas of function

Conversion Disorder: Symptom Types

- Weakness or paralysis
- Abnormal movement (tremor, dystonia, gait)
- Swallowing symptoms (globus)
- Speech symptoms (dysphonia, slurred speech)
- Attacks, spells, or seizures
- Anesthesia or sensory loss
- Special sensory symptom (visual, olfactory hearing)
- Mixed features

Conversion Disorder

- *La belle indifference often* present
  - By contrast, malingerers are invested in the diagnosis
- Prevalence:
  - 5% of referrals to neurology clinics
- Women affected > men
- Course:
  - Usually remits within weeks
  - Recurrence rate 20-25% in the first year
  - May be chronic
- May cause significant disability
  - Similar to comparable medical illnesses

Conversion Disorder: Predisposing Factors

-Prior medical illness with similar symptom

- e.g., non-epileptic seizure in person with a seizure disorder

-Pre-existing psychopathology

- Major depression
- Anxiety
- Schizophrenia
- Axis II disorders

-Recent intense psychosocial stress

-Childhood abuse and neglect

Conversion Disorder: Making the Diagnosis

- Rule-out an organic etiology
- Look for normal function in the disabled body part/system
  - Watch patient with functional blindness walk around obstacles
    - Those with conversion usually avoid them
    - Malingerers usually bump into them

Conversion Disorder: Treatment

- Suggest a cure
- Let patient save face
- Examine stressors indirectly
- Confrontation usually not helpful

Non-Epileptic Seizures

- Psychogenic non-epileptic seizures (PNES)
  - Formerly called *pseudoseizures or hysterical seizures*
  - Occur in roughly 10% of patients with intractable seizures
  - 75% occur in women
  - Many have a history of sexual abuse
  - 25% have epileptic seizures

Non-Epileptic Seizures: Distinguishing Characteristics

- Episodes occur with suggestion/provocation
- Gradual onset and offset
- Responsive during the episode
- Weeping, speaking, or yelling during the episode
- Asymmetrical clonic activity
- Head bobbing or pelvic thrusting
- Rapid kicking or thrashing
- Prolonged duration (> 3 minutes)
- No EEG abnormalities during the episode

Non-Epileptic Seizures: Differential Diagnosis

- **General Medical Conditions**
  - Transient ischemic attack (TIA)
  - Complicated migraine
  - Syncope
  - Hypoglycemia
  - Narcolepsy
  - Myoclonus (from metabolic disturbance)
- **Psychiatric Causes**
  - Somatic symptom disorder
  - Dissociative disorder
  - Panic disorder
- **Volitional Deception**
  - Factitious disorder (goal is to maintain the sick role)
  - Malingering (goal is to obtain secondary gain, e.g., disability income)

Non-Epileptic Seizures: Presenting the Diagnosis

- Frame the diagnosis positively
  - (e.g., “no abnormal electrical activity, no need for AEDs”)
- Frame episodes as *functional* problem
- Frame symptoms as improving over time
  - less frequent, less severe
- Introduce the concept that stress and anxiety may make symptoms worse
- Acknowledge their disability
- Describe multi-modal treatment

Non-Epileptic Seizures: Treatment

- Facilitate as much psychiatric care as the patient will allow
  - e.g., weekly therapy, psychoeducation, CBT
- Treat adjunctive symptoms
- Schedule regular appointments with neurology and their PCP
- Conduct physical exam; avoid diagnostic procedures
- Use positive reinforcement when symptoms subside
  - Continue treatment
- Remain vigilant
  - Epileptic seizures may also occur

Conversion Disorder: Conclusion

- The disorder is marked by altered motor or sensory function
- Clinical findings are incompatible with medical or neurological conditions
- Conversion and medical conditions can co-exist
- Treatment is
  - Supportive
  - Non-confrontational
  - Involves suggesting a cure

References

- American Psychiatric Association: *Diagnostic and Statistical Manual for Mental Disorders—Fifth edition* (DSM-5), Arlington, VA, 2013, American Psychiatric Press.
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