Conversion Disorder

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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


