Dissociative (conversion) disorder

Dissociative (conversion) disorder - F44 [Clinical term: Dissociative (conversion) disorders Eu44]

Presenting complaints

Patients exhibit unusual or dramatic physical symptoms, such as seizures, amnesia, trance, loss of sensation, visual disturbances, paralysis, aphonia, identity confusion and 'possession' states. There is no evidence that the patient is intentionally producing the symptom.

Diagnostic features

Physical symptoms that are unusual in presentation and not consistent with known disease.

Onset is often sudden and related to psychological stress or difficult personal circumstances. In acute cases, symptoms may:

- be dramatic and unusual
- change from time to time
- be related to attention from others.

In more chronic cases, patients might appear inappropriately calm in view of the seriousness of the complaint.

Differential diagnosis

Carefully consider physical conditions that might cause symptoms. A full history and physical (including neurological) examination are essential. Early symptoms of neurological disorders (eg multiple sclerosis) may resemble conversion symptoms.

- If other unexplained physical symptoms are present, see Unexplained somatic complaints - F45.
- Depression - F32# (atypical depression may present in this way).

Essential information for patient and family

- Physical or neurological symptoms often have no clear physical cause. Symptoms can be brought about by stress.
- Symptoms usually resolve rapidly (from hours to a few weeks), leaving no permanent damage.

General management and advice to patient and family

- Encourage the patient to acknowledge recent stresses or difficulties (although it is not necessary for the patient to link the stresses to current symptoms).
- Advise the patient to take a brief rest and relief from stress, then return to usual activities.
- Give positive reinforcement for improvement. Try not to reinforce symptoms. Encourage problem-solving for current stresses and difficulties.

- Advise against prolonged rest or withdrawal from activities.
- Discuss plan with patient's family (but care is required because in some instances family problems may have precipitated the episode).

Medication

Avoid anxiolytics or sedatives.

In more chronic cases with depressive symptoms, antidepressant medication may be helpful.

Referral

See general referral criteria.

Non-urgent referral to secondary mental health services is advised if confident of the diagnosis:

- if symptoms persist
- if symptoms are recurrent or severe
- if the patient is prepared to discuss a psychological contribution to symptoms.

If unsure of the diagnosis, consider referral to a physician before referral to secondary mental health services.

Resources for patients and families

BACP (British Association for Counselling and Psychotherapy) 0870 443 5252
Website: http://www.counselling.co.uk.
Provides advice on sources of individual counselling and family therapy in the UK.