PRESENTATION AND PSYCHIATRIC CO MORBIDITY IN PATIENTS PRESENTING WITH DISSOCIATIVE DISORDERS

Tabassum Alvi, Fatima Assad

ABSTRACT

Objectives: To determine the type of presentation of Dissociative Disorders and to estimate the frequency of Anxiety and Depression among patients of Dissociative Disorders.

Design: Cross sectional study.

Place and duration of study: The study was conducted at the Department of Psychiatry and Behavioral Sciences, Pakistan Ordinance Factory Hospital, Wah Cantt from June 2008 to April 2009.

Subjects and Methods: 100 patients of Dissociative Disorders were included in the study that was selected through purposive sampling. Category of presentation of Dissociative Disorders in the participants was determined by using ICD 10 Research Diagnostic Criteria. A subsequent assessment for the presence or absence of Anxiety and Depression was carried out by using Agha Khan University Anxiety and Depression Scale (AKUADS). Frequency of Anxiety and Depression was calculated in patients of Dissociative disorders.

Results: The commonest type of presentation of Dissociative Disorders was Dissociative Anesthesia and Sensory Loss 38 (38%) followed by Dissociative Disorder Unspecified 30 (30%) with features similar to mania and psychosis. Anxiety and Depression was present in 74 (74%) of patients with Dissociative Disorders.

Conclusion: It seems that unspecified variety has been increasing especially with different presentation. Two third of the patients with Dissociative Disorders were found to have Anxiety and Depression.

Key words: Dissociative diorder, Co-morbidity, Anxiety, Depression.

INTRODUCTION

Conversion Disorder constitutes a major proportion of psychiatric patient population in developing countries [1], despite the fact that its incidence have been decreasing in western countries [2]. Various studies reported from Pakistan showed that Dissociative disorders still accounts for up to 10% of admissions in psychiatric facilities [2]. Nevertheless several conceptual changes have occurred during the last few years but the diagnostic validity of conversion disorder is still un established [3]. Conversion symptoms usually differ from population to population [4]; therefore studies focused at the presentation of Dissociative disorder have produced different outcomes in different parts of world. In a study, conversion disorder presented with seizure like symptoms and unconsciousness in 40.3% to 41.3%, 40.3% sensory symptoms, 12.6% mixed symptoms and 5% motor symptoms[5], Where as in another study largest category of presentation have been found to be Dissociative Disorders not otherwise specified (95.2%) [6] and Mixed Dissociative Disorders (36 %) [7]

Moreover, symptoms of Anxiety, Depression and Somatization disorders are common in patients with Dissociative Disorders [8]. In a study carried out by Khattak T, it was found that clinical Anxiety was present in 43% of patients and Depression in 73% of patients with Dissociative Disorder [9] and more recent study quotes 84% of patients had Depression in patients with Dissociative Disorder [7].

The hypothesis of the study was that Presentation of Dissociative Disorder is changing in Pakistan, it varies from culture to culture even within the same country, and especially cases of unspecified variety seem to be increased.

This study was conducted to look at the different presentations of Dissociative Disorders in local setup.

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Also frequency of co morbid Anxiety and Depression was assessed in patients of Dissociative Disorders.

SUBJECTS AND METHODS

The data presented in this study was collected from Psychiatry unit of Pakistan Ordinance Factory (POF) Hospital, Wah Cantt. It is a tertiary care hospital which provides services to the employees and their families, residing in urban or rural areas. This Cross sectional Descriptive study was carried out from June 2008 to April 2009 in the Department of Psychiatry and Behavioral Sciences, Pakistan Ordinance Factory Hospital, Wah Cantt.

All the patients who were diagnosed to have Dissociative disorder, had complete neurological examination conducted by medical officer in the department of Psychiatry. Those patients who were found to have impaired neurological examination findings were referred to medical OPD for further work up. Ten patients were referred to medical OPD, out of which 6 patients were found to have neurological deficits and were excluded from study. Patients included in the study were of age group 16 years or above from inpatients, outpatients, casualty and liaison of Pakistan Ordinance Factory Hospital. Those who had history of organic pathology, mental retardation, psychosis and substance abuse were excluded from the study. Each patient was explained about the rationale of the study and then informed consent was obtained from the patients after ensuring about the confidentiality of information received for research purpose. This research was approved from Ethical Research Committee of Wah Medical College.

Sample of hundred patients was selected through purposive sampling technique. Each patient who was diagnosed to have Dissociative Disorder was further evaluated to establish the type of Dissociative Disorders by using ICD 10 Research Diagnostic Criteria. In all cases questions were posed to the patients and collateral history was obtained from close relatives. Socio demographic details included age, sex, gender, education, marital status; employment status and area of residence were collected. Information regarding presenting complaints, history of present illness, past history of psychiatric illness, family history of psychiatric illness was also collected along with Mental State Examination and Physical Examination of each patient. Then standardized screening questionnaire AKUADS was administered to screen the cases for the presence of co morbid Anxiety and Depression. Patients who scored 19 or greater on AKUADS were considered to be suffering from Anxiety and Depressive disorder. At a cut off score of 19 points, AKUADS has specificity of 81%, sensitivity of 74%, a positive predictive value of 63%, and negative predictive value of 88% [10].

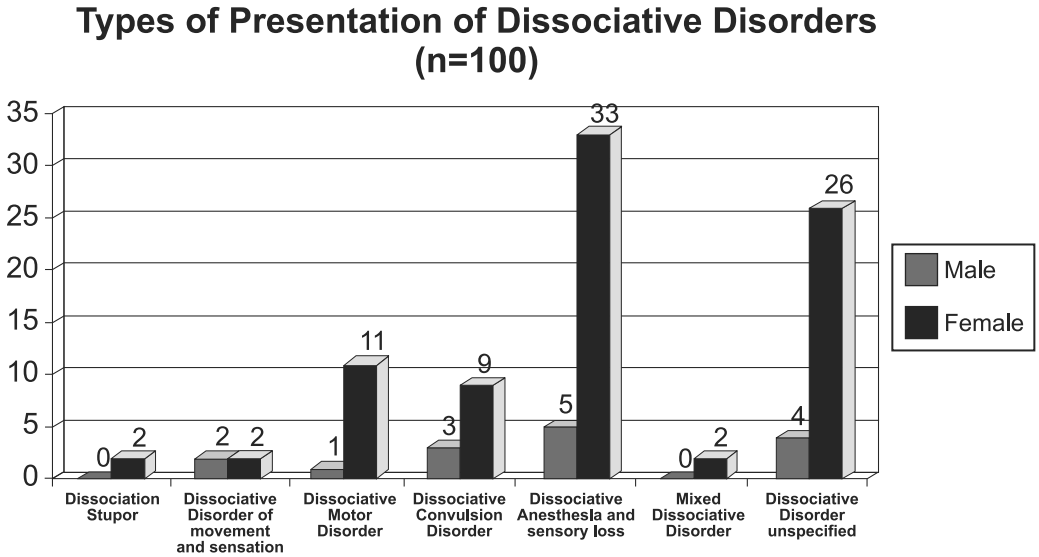
Statistical analysis was carried out by using SPSS version 11. The frequencies and proportions were calculated for presence of Anxiety and Depressive disorder in patients with different types of Dissociative Disorders.

RESULTS

Among 100 patients included in study, 15(15%) were males and 85(85%) were females with the mean age of 31.88 + 11.97 years.

The commonest type of presentation of Dissociative Disorders was Dissociative Anesthesia and Sensory Loss 38 (38%) followed by Dissociative Disorder Unspecified 30 (30%). Other different types of presentation of Dissociative Disorders have been shown in Graph I.

Anxiety and Depression was present in 74 (74%) patients with Dissociative Disorder. Seventeen patients



Graph 1

Table I

Type of Dissociative Disorders along with rate of Anxiety and Depression among Male and Female participants (n=100)

Type of Dissociative Disorders	Male		Female	
	No Anxiety and Depression	Anxiety and Depression	No Anxiety and Depression	Anxiety and Depression
Dissociative Stupor	0 (0)	0 (0)	0 (0)	2 (100%)
Dissociative Disorder of movement and sensation	1 (50%)	1 (50%)	0 (0)	2 (100%)
Dissociative Motor Disorder	0 (0)	1 (100%)	5 (45.4%)	6 (54.6%)
Dissociative Convulsion Disorder	0 (0)	3 (100%)	2 (22.2%)	7 (77.8)
Dissociative Anesthesia and sensory loss	1 (20%)	4 (80%)	9 (27.7%)	24 (72.8%)
Mixed Dissociative Disorder	0 (0)	0 (0)	1 (50%)	1 (50%)
Dissociative Disorder unspecified	2 (50%)	2 (50%)	5 (19.2%)	21 (80.8 %)

with in age range of years, 28 within age range of 25-39 years and 29 individuals developed Anxiety and Depression within age range of 40-55 years. Anxiety and Depression was present in 11 (73.3%) male and 63 (74.1%) female patients.

The type of Dissociation along with frequency of Anxiety and Depression in male and female patients has been shown in Table I.

DISCUSSION

In this study, unspecified type is present in 30 (30%) of patients and co morbid Anxiety and Depression was present in 74(74%) of patients. It shows that it is difficult to make the diagnosis of Dissociative disorders by using current ICD 10 Diagnostic Research Criteria as the presentation is variable and does not fulfill criteria of Dissociative disorder.

Mean age of patients was 31.88 years with SD±11.97, which was near to mean age of 34.8 years in Turkish study [11] but much higher then the mean age of 22.15 years in study conducted in Pakistan [12]. This may have occurred because of the fact that there are more adult referrals at Pakistan Ordinance Factory Hospital and secondly literacy rate was found to be low in patients that might have affected the understanding of stress and conflict resolution in adult population.

As per results of this study, the commonest type of presentation of Dissociative Disorders was Dissociative Anesthesia and Sensory Loss 38 (38 %) which was similar to the study in which 40.3% of patients reported sensory symptoms [5] On the other hand, few studies have different results including a study conducted in Pakistan at Ayub Teaching Hospital on symptomtology of conversion disorder showed that 4 % patients reported with Blindness and 3% with Anesthesia [4]. Another study conducted in Rawalpindi General Hospital reported Anesthesia and Sensory Loss in 10 (20%) patients[7]. Sensory loss is a symbol of loss of control over self and situation andand might be present in increased number because of increase patients of anxiety and depression who have high degree of helplessness.

The second largest category in this study is Dissociative Disorder Unspecified 30 (30%) in which presentation of symptoms were similar to patients with manic features or psychotic features, similar to the another study conducted in Rawalpindi General Hospital where, Dissociative Disorders unspecified was reported in 13 (26%) of patients with similar picture[7] as in the current study. In an Indian study, single largest category of presentation was Dissociative Disorders not otherwise specified (95.2%) although details of presentation are not addressed in the study.

In this study (74)74% of subjects had Anxiety and Depression which was supported by findings of study conducted with sample of 100 patients in Peshawar according to which clinical Anxiety was present in 43% of patients while 73% had clinical Depression [9]. In another study of 20 psychiatric patients in Northern Ireland, 13 out of 20 patients received diagnosis of Dissociative Disorders and all Dissociative disorder patients (n=13) had co morbid Depression [8]. In Rawalpindi General Hospital 50 patients of dissociation were assessed and 42 (84%) of them were found to have Depression [7].

In present study, Anxiety and Depressive disorder was present in 11 (73.3%) of male and 63 (74.1%) of female patients. The rate of Anxiety and Depression in this study was quite high as compared to the findings of Arabian study in which Depression was present in 82 (43.2%) of males and 113 (40.6%) of females and in the

same study Anxiety was reported in 48 (25.3%) of male and 104 (37.4%) of female patients [12]. This could have occurred because there were more female patients presented in this study, which in itself have increased chances of depression.

CONCLUSION

It seems that presentation of unspecified type of Dissociative Disorder is present in large number in this study population with the symptoms similar to manic and psychotic features; therefore it is required to conduct different studies from all parts of Pakistan to study for the type of presentation of Dissociative Disorders. Anxiety and Depression was present in high proportion that is 74 (74%) in patients with Dissociative Disorders which shows that co morbid Anxiety and Depression should not be overlooked in the patients. As a policy dissociative disorders are needed to be looked vigilantly for presence of unspecified variety of Dissociative Disorders to decrease the misdiagnosis of patients. Secondly Government of Pakistan need to look into budget policies for health related research as we are deficient of our own data of disease pattern in Pakistan.

ACKNOWLEDGEMENT

We are thankful to Dr Faiza Aslam, Research Coordinator, Research Support Unit, Rawalpindi Medical College for critical review of study protocol and Mrs. Umara Arshad Hashmi, Computer literate clerk, Department of Psychiatry & Behavioral Sciences, Wah Medical College for technical help.

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