

**Prevalence of Psychiatric Disorders in
the Out Patient Clinic of a University
Hospital- Focus on Conversion Disorder-
A Cross-Sectional Study**

Thesis

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وَقُلْ رَبِّ
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صَدَقَ اللَّهُ الْعَظِيمُ

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List of Abbreviations

Abb.	Full term
ASUIP	Ain-Shams University Institute of Psychiatry
CNS	Central Nervous System
DALY	Disability Adjusted Life Years
DID	Dissociative Identity Disorder
DLPFC	Dorsolateral Prefrontal Cortex
DSM	Diagnostic and Statistical manual
ESEMeD	European Study of the Epidemiology of Mental Disorders
fMRI	functional Magnetic Resonance Imaging
FND	Functional Neurological Disorder
ICD	International Classification of Diseases
OCD	Obsessive Compulsive Disorder
PET	Positron Emission Tomography
PFC	Prefrontal Cortex
PTSD	Post Traumatic Stress Disorder
rCBF	Regional Cerebral Blood Flow
SCID	Structured Clinical Interview for DSM-IV
UAE	United Arab Emirates
USA	United States of America
WHO	World Health Organization
WHO-AIMS	World Health Organization Assessment Instrument for Mental Health Systems
YLD	Years Lived with Disability

ABSTRACT

Background: Common mental disorders are highly prevalent globally, affecting people across all regions of the world. Mental disorders are not only highly prevalent medical conditions but they are also highly disabling. Conversion disorders tend to be poorly understood and can be difficult to diagnose and distinguish from other psychiatric disorders that involve physical symptoms.

Objectives: This study was carried out to study the prevalence and frequency of different psychiatric disorders in a sample of Egyptian patients attending the outpatient clinic of the institute of psychiatry – Ain-Shams university hospital with a focus on hysteria, both conversion and dissociative type.

Patients and Methods: This case control observational study was started from December 2016 till December 2017. The subjects were selected from outpatient clinics of Institute of Psychiatry, Faculty of medicine, Ain Shams University. The first 1000 random patients who present to the above mentioned clinics were recruited. Patients were subjected to Arabic version of Structured Clinical Interview for DSM-IV-TR Axis I Disorders.

Results: Our study reveals that the most common diagnosis was that of mood disorders (24.6%), followed by schizophrenia (23.4%). Somatoform disorders, of which conversion is a subcategory, came as the 5th most common diagnosis with (5.2%).

Conclusion: our study reveals that hysteria, in both conversion and dissociative disorders, is a surviving diagnosis, despite of the separation of both diagnoses into different diagnostic categories

Keywords: Mental disorders, conversion disorder, dissociative disorder, hysteria.

INTRODUCTION

Hysteria has a long and complicated record. The earliest record is probably an Egyptian medical papyrus dating from around 1990 BC recording peculiar abnormalities produced by movement of the uterus, moving upwards from the pelvis, applying pressure on the diaphragm and giving rise to bizarre physical and mental symptoms, the ancient Egyptian medical papyrus, known as the Kahun papyrus, and dating back to about 1900 B.C., defines several conditions which can be clearly recognized as hysterical disorders (*Okasha, 1988*). This is contrary to the statement that the idea of the wandering womb did not originate from Egypt. Some of the methods used in the treatment of these conditions were still carried out and recommended as specifically anti-hysterical remedies in medical textbooks as recently as the beginning of the twentieth century (*Okasha & Okasha, 2000*).

Ancient Egyptians did not differentiate between psyche and soma. All mental illness was attributed to either the uterus or the heart and there was no stigma as both were treated as physical disorders (*Okasha & Okasha, 2000*).

Plato (429 ± 347 BC) continued the descriptive language to evoke what men found particularly irritating or incomprehensible about women “The animal within them is desirous of procreating children, and when remaining unfruitful, gets discontented and angry, wandering in every

direction through the body, drives them to extremity & causing all varieties of diseases”. Hippocrates (460 ± 377 BC) described how the female reproductive parts, moving, convulsing or prolapsing caused dizziness, motor paralysis and sensory disturbance. Galen (AD 129 ± 216) regarded the cause as being due to the retention of excessive menstrual blood (*Illis, 2002*).

In (1965) Elliott Slater reported a 10-year follow-up study of patients admitted with conversion symptoms to the National Hospital for Nervous Diseases, London. He found that over half had developed clear-cut neurological or psychiatric conditions at follow-up. Since that time, several more follow-up studies have suggested an increased prevalence of neurological disorder in those with a diagnosis of hysteria or conversion disorder (*Couprie et al., 1995; Mace & Trimble, 1996*).

In the classifications of psychiatric disorders in (DSM-IV) and (ICD-10), the traditional use of term hysteria, based on the discredited theory of a wandering uterus, has been replaced by conversion disorder, influenced by the psychoanalytical theory of Freud, and by dissociative disorder, influenced by a related analytical theory of Janet (*Reynolds, 2012*).

Conversion disorder is an illness of symptoms or deficits that affect voluntary motor or sensory functions, which suggest another medical condition, but that is judged to be caused by

psychological factors because the illness is preceded by conflicts or other stressors. The symptoms or deficits of conversion disorders are not intentionally produced, are not caused by substance use, are not limited to pain or sexual symptoms and the gain is primarily psychological and not social, monetary or legal (**Kaplan, 2007**).

The diagnosis of conversion disorder has always been controversial. In (DSM-IV) (**American Psychiatric Association, 1994**) it is categorized as a somatoform disorder, along with somatization disorder, hypochondriasis, body dysmorphic disorder and pain disorder. In (DSM-5) (**American Psychiatric Association, 2013**), conversion disorder is replaced by functional neurological symptom disorder to emphasize the importance of neurological examination, and in recognition that relevant psychological factors may not be demonstrable at the time of diagnosis. Confusingly, in (ICD-10) (**World Health Organization, 1992**) conversion disorder falls under the category of dissociative (conversion) disorders, alongside dissociative amnesia and fugue states. In (ICD 10), somatoform disorders fall into a different category entirely (**Owens & Dein, 2006**). And recently in the ICD-11(**World health organization, 2018**), conversion disorder is classified as a dissociative disorder, under the name: dissociative neurological symptom disorder.

It is as if the difficulties of life, instead of being attributed to personal failures, are projected into culturally