Sociodemogaphic Profile of Patients with Conversion Disorder –A Study from Kashmir

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ABSTRACT

Introduction: Conversion disorder receives its name from the "conversion" of anxiety into a physical symptom. The conversion symptom protects the individual from experiencing painful feelings associated with a psychological conflict by keeping the conflict unconscious and simultaneously transforms the same into a somatic symptom that allows the individual to receive a benefit or avoid a particular activity. Objective of the study was to study various sociodemogaphic characteristics of patients with conversion disorder in Kashmir.

Material and Methods: Patients with conversion disorder of age more than 10 years were diagnosed according to DSM-IV-TR criteria and their sociodemographic characteristics were noted by using Kuppuswamy's scale. Data was presented in percentages and chi square was used.

Results: The study findings revealed that females are suffering more with conversion disorders as compared to males. Conversion disorder was reported more by patients in the age group of 10-25years, married, unemployed, illiterates, of higher birth order, belonging to poor socioeconomic status, of nuclear families, with poor social support, and residing in rural areas.

Conclusion: Conversion disorder has association with different sociodemographic variables. Social support was also found as important factor in conversion.There is need to prevent the occurance of conversion disorder in Kashmir by dealing with few such factors like unemployement and illiteracy and to build functional social support.

Keywords: conversion disorder, Sociodemographic, Kashmir.

INTRODUCTION

Conversion disorder is defined as an illness of symptoms or deficits that affect motor or sensory functions which are not intentionally produced, not due to substance use, not limited to pain or sexual symptoms, suggest another medical condition but is caused by psychological factors preceding the illness and gain is primarily psychological but not social, monetary, or legal.[1] The term conversion was first used by Freud and Breuer to refer to the substitution of a somatic symptom for a repressed idea (Freud, 1894). This behaviour exemplifies the psychological concept of 'primary gain', i.e. psychological anxiety is converted into somatic symptomatology, which lessens the anxiety and gives rise to la belle indifference, where a patient seems surprisingly unconcerned about their physical symptoms. The 'secondary gain' of such a reaction is the subsequent benefit that a patient may derive from being in the sick role.[2] Conversion disorder is common in our setting. The studies regarding conversion disorder are yet not reported from Kashmir. For this reason, this study was planned to determine Sociodemographic characteristics of patients suffering from conversion disorder.

MATERIAL AND METHODS

The present study was carried in the Community General Hospital Unit, IMHANS-Kashmir, an associated Hospital of Government Medical College Srinagar from April 2015 to October 2015 after getting approval from ethical committee of Govt.Medical College Srinagar. It was a cross-sectional study. Consecutive patients, attending Community General Hospital Unit, IMHANS-Kashmir, after being diagnosed as conversion disorder by Consultant Psychiatrist according to DSM-IV-TR Criteria and fulfilling the inclusion criteria were included in the study after taking full written informed consent in the language understandable to the them, and those who were considered incapable of consenting participated in the study with the consent of their closest family member or legal guardian and ascent from child had been taken. Patients were informed about the purpose of the interviewing. Sociodemographic characters were noted for each patient such as age, gender, employment, education, marital status and socioeconomic status. Socio-economic status was determined using the Kuppuswamy's Scale.[3] This Scale was developed for use in India and has been used extensively in hospital and community based research in India. This scale takes account of education, occupation and income of the family to classify study groups. Total of 115 patients were recruited in the study. Patients who were diagnosed as conversion disorder according to DSM-IV-TR Criteria, aged greater than 10yrs of both sexs were included in the study. Patients who had organic brain disorders/ endocrinopathies/ severe medical problems and had severe to profound mental retardation were excluded from the study.

STATISTICAL ANALYSIS

Data was described by using Descriptive Statistics like frequency distribution and in percentages. Further, chi-square

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goodness of fit test was used to find significant differences across different socio-demographic variables and difference was taken significant at P value of 0.05.

RESULTS

A total of 115 patients diagnosed with conversion disorder (DSM-IV-TR) were studied between April 2015 to October 2015.

From the table it is clear that out of 115 patients, 84 were females (73.04%), and 31 were males (26.95%) (Female: Male= 2.7:1). The difference was found to be statistically significant (p=0.0001). Total of 84 (73.04%) were married, 28 (24.34%) were unmarried and remaining 3 were divorced/separated/widowed (p=0.0001). 57.39% belong to the age group of >10-25years), 22.60% (26-40years), 14.78% (41-55years) and 5.21% (>55years) (p=0.0001). Majority club in the birth order of 2, 3, &>4 (28.69%, 29.56%, 26.08% respectively (p=0.13). 59.13% were from rural background (p=0.05), 65.21% were illiterates, 70.43% were unemployed with only 8.69% as semi-professional, majority belonging to class-IV (68.69%), and 20.86% belong to class-V (p=0.0001). 88.69% were from nuclear family and most had poor social support (72.17%), the difference was statistically significant (p =0.0001).

DISCUSSION

The aim of the present study was to study various sociodemogaphic characteristics of patients with conversion disorder in Kashmir. The present study findings revealed that females are suffering more with conversion disorders as compared to male with male:female ratio of 1:2.7. Such finding has consistently been reported in past studies in which prevalence of conversion disorder was predominant in female.[4-6] Among different age groups, this disorder was more often reported in the age group of 10-25 years of age (57.39%). Similar findings were reported by Ranjan and Pramod (2010) in their study where majority of the patients (84.5 %) were less than 30 years of age. Similar studies conducted in Saudi Arabia reported majority of patients having less than thirty years of age.[7,8] Patients were more often found to be illiterate (65.21%). Jain et al confirmed the finding in their study in which they found that illness occurred in all education-

Sociodemographic data	Groups	% (N)	Chi-square value	p-value
Sex	Males	26.95% (N=31)	24.43	0.0001
	Females	73.04% (N=84)		
Marital status	Married	73.04% (N=84)	89.76	0.0001
	Unmarried	24.34% (N=28)		
	Others (separated/divorced/widowed)	2.60%(N=3)		
Age group	10-25 Years	57.39% (N=66)	71.33	0.0001
	26-40 Years	22.60% (N=26)		
	41-55 Years	14.78% (N=17)		
	>55 Years	5.21% (N=6)		
Birth order	1	15.65% (N=18)	5.66	0.13
	2	28.69% (N=33)		
	3	29.56% (N=34)		
	>4	26.08% (N=30)		
Residential background	Rural	59.13% (N=68)	3.83	0.05
	Urban	40.87% (N=47)		
Occupation	Student	17.39% (N=20)	131.16	0.0001
	Semi-professional	8.69% (N=10)		
	Business	3.47% (N=4)		
	Unemployed	70.43% (N=81)		
Education	Illiterate	65.21% (N=75)	104.03	0.0001
	Primary/middle school	17.39% (N=20)		
	High/higher-sec school	13.91% (N=16)		
	Graduation/post- graduation	3.48% (N=4)		
Socio-economic status	Class I	1.73% (N=2)	183.82	0.0001
	Class II	3.47% (N=4)		
	Class III	5.21% (N=6)		
	Class IV	68.69% (N=79)		
	Class V	20.86% (N=24)		
Type of family	Nuclear	88.69% (N=102)	68.87	0.0001
	Joint	11.30% (N=13)		
Social support	Minimal	72.17% (N=83)	80.63	0.0001
	Good	20% (N=23)		
	Fair	7.82% (N=9)		

Table-1: sociodemographic characterisics of patients with conversion disorder

al groups, still the illiterate predominated over all others (43.9%).[9] It was further seen in our study that such patients were more unemployed and were belonging to poor socioeconomic class.Similar results were reported by most studies which show that conversion symptoms are commonly seen in poorly educated people of low socioeconomic status.[10-12] One possible reason is their poor means of coping with precipitating life events and sickness might become the most feasible way of gaining relief from emotional strain.[13]

Majority (73.04%) of the patients were married and the difference wasfound significant when compared to unmarried. This is consistent with the findings by Choudhury *et al*.[14] and Jain and Verma *et al*.[15] who found housewives and married to be the predominant group. Married people in kashmir get more exposed to life event stressors which enhances their chances of having conversion. All these findings are further supported by many other studies.[16,17] More patients (59.13%) were from rural background as compared to urban though the difference was statistically insignifacant. The finding is consistent with the result of Deka et al studyin which they found majority of the subjects had a rural background.[18] The high occurance of conversion in rural areas is possibly due to high political turmoil and its effects on ruralpeople in Kashmir and also majority of people reside in rural areas. Majority of patients belonged to nuclear families. Deka et al also reported similar results in which they found 82.5% of the study population were from nuclear families and attributed it with life-style pattern changing to a modernized one.[18] One more common reason is lack of social support in such familiesas our study also revealed that converion was more commonly seen in people with poorsocial support. Kulhara and Chopra reported negative correlation between social support and dysfunction which suggest that lack of supportive relationships makes an individual even more vulnerable.[19]

CONCLUSION

From the present study it could be revealed that females outnumbered males. The most affected age group in our study was from 10 -25 years of age. So far as educational status is concerned majority were from the illiterate (65.21%) group. More patients were from poor socioeconomic group and being unemployed. Majority of the patients were married and from rural background.

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