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TRENDS OF ADMISSIONS OF CONVERSION DISORDER IN MOSUL IRAQ

Hellme Najim[1], Dhaher Jameel Al-Habbo[2] & Khalid Omar Sultan[3]

[1]South Essex Partnership University Foundation NHS Trust, Basildon University Hospital, Basildon, UK
[2]Department of Medicine/College of Medicine, Mosul, Iraq
[3]Department of Medicine/Mosul University Hospital, Mosul, Iraq

SUMMARY

Aims: *Our study aims to make inferences from inpatient admission of conversion disorder with regards it's age and sex distribution, clinical presentation, yearly distribution of admission and morbidity of conversion disorder in comparison to total psychiatric admissions. It also compares it's results with those of pervious studies in this country, neighbouring countries and western studies.*

Methods: *A case notes review was done for admissions of this disorder for five years in Mosul University Hospital. The data were inputted into SPSS programme and analysed. The statistical analysis was by t-test, Anova and regression.*

Results: *Two hundred seventy five patients were admitted during the period; 224 women and 51 men. The majority of men came from Urban areas compared to 58% of women. Single status wase over represented; 59% compared to 34% married. Women formed 82% of the singles, 90% of the widows and 83% of the divorced. Pseudo-fits was the most frequent diagnosis. There was no significant change in the number of yearly admissions apart from the first year. The proportion of conversion disorders compared to total psychiatric disorders admissions was 7.4%.*

Impications: *Results were consistent with national studies but showed higher figures than neighbouring countries. What was interesting was that, results were consistent with figures in United Kingdom before 1950.*

Key words: *conversion disorder – transcultural psychiatry*

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INTRODUCTION

In recent years, it has been increasingly clear that psychiatric illness are not problems of western societies alone, but are ubiquitous in their distribution. Culture determines the specific ways in which individuals perceive and conceive the environment and strongly influences the form of conflicts, behaviour and psych-pathology that occur in members of a culture.

Hence there is a need to make valid comparisons of the frequency and patterns of psychiatric conditions in western and developing societies and thus it is essential to conduct population surveys. These ventures require a considerable financial expenditure and a group of people with relevant experience and expertise. By contrast, hospital statistics of psychiatric disorders, in terms of admission and outpatient attendance, are relatively easier to document, furthermore, they can provide baseline statistics that are certainly of interest for the design of future population surveys.

Conversion disorders are neurotic disorders in which motives, of which the patient seems unaware, produces either a restriction of the field of consciousness (dissociative disorder) or disturbance of motor or sensory function (conversion) which may seem to have psychological or symbolic value. It has been said that conversion is more common in developing than developed countries as people in developing countries have not yet developed expression of their psychological complaints, so they try to somatise them.

Illness beliefs have a major influence on the decision to seek medical help and communication between patients and doctors. Patients with medically unexplained symptoms have more negative illness perceptions and poorer health status than patients without such symptoms (Frostholm 2007).

The present study tried to identify patients with conversion disorder admitted to the Mental Health Unit at the Mosul University Hospital over five years. It defined their sociodemographic characteristics, their different presentations. It compared them with similar studies nationally, locally and internationally.

METHODS

Mosul is a densely populated city in the Northern part of Iraq (Urban population of around a million), (Central Bureau of Statistics 1987). A sixty bedded Psychiatric Unit in a General Hospital was established in 1963. There were seven Consultant Psychiatrists during the time of the study; all of them were British graduates, and three of them were Members of The Royal College of Psychiatrists. There was no other centre with inpatient facilities in the area. The unit is affiliated to the College of Medicine of the University of Mosul. The psychiatric centre is well equipped with trained staff and investigational facilities. The catchment area includes the villages surrounding Mosul. Information regarding admission to psychiatric wards, for a period of five years, were retrieved from hospital

records and admissions of conversion disorder were compared with the total number of admissions with psychiatric disorder. Both admission numbers include a number of readmissions; although it would have been ideal to separate them, this was not done because the hospital records show the number of spells in hospital rather than the number of readmissions. The diagnosis recorded was the final diagnosis arrived at by the psychiatrist in charge after the necessary investigation, according to ICD 10 classification (WHO 1992).

Statistics

T-test, Anova and regression were used to analyse the results.

RESULTS

275 patients were admitted in total. 81% were women, 82% were between the ages of 15-34 years. Single marital status was over represented (59%), compared to (34%) married, there was a statistically significant difference in the representation of single women, in addition to divorced and widowed status. Divorced status represented 4% only. Urban residence represented the majority of the sample (71%) men and (55%) women. Table 1 shows distribution according to marital status.

Table 2 presents different clinical presentations. The most common presentation was pseudo-fit (87% in women and 86% in men) and the least was blindness.

Apart from the first year, there was no statistically significant difference in yearly distribution of admissions over the remaining four years.

There was a trend of reducing the percentage of admissions compared to the over all admissions over the years as shown in table 3. There was a marked difference in the proportion of admissions of conversion disorder between women and men in comparison to the number of total admissions (6.1, 1.4) respectively.

Table 1. Distribution according to marital status

Marital status	Women	%	Men	%	Total	%	Stat. significance
Married	74	79	19	21	93	34	
Single	131	82	29	18	160	59	P 0.001
Widowed	9	90	1	10	10	3	
Divorced	10	83	2	17	12	4	
Clinical Presentation							
Pseudofit	195		41		236		
Astasia Abasia	6		1		7		
Mutism	8		3		11		
Blindness	2		1		3		
Paraplegia	13		5		18		
Total	224	81	51	19	275	100	

Table 2. Shows frequency of clinical presentation

	Pseudofit	Astasia Abasia	Mutism	Blindness	Paraplegia	Total
Men	41	1	3	1	5	51
Women	195	6	8	2	13	224
Total	236	7	11	3	18	275

Table 3. Shows total admissions in comparison to the total admission of conversion disorder

Year	Total No. of Admissions	No. of Admission of men	%	No. of Admission of women	%	Total Admission of Hysteria	% Total	Stat. significance
Year 1	747	17	2.2	69	9.2	86	11.5	P<0.01
Year 2	514	11	2.1	32	6.2	43	8.3	
Year 3	583	10	1.7	26	4.4	36	6.1	
Year 4	860	8	0.9	51	5.9	59	6.8	
Year 5	898	5	0.5	46	5.1	51	5.6	
Total	3701	51	1.4	224	6.1	275	7.5	

DISCUSSION

82% of our sample were women and this is consistent with most studies in the region and internationally (Fink 2004). This can be explained by the joint family system and the lack of emancipation which might have contributed to the pathogenesis of conversion disorder in women.

82% were between the ages of 15-34 years which is expected in this disorder as the diagnosis usually is very rare after the age of 40 years.

Single marital status account for 59% of the sample compared to 33% married. This may indicate that repressed sexual motives in a conservative culture is an important aetiological factor in the causation of this disorder.

Divorced and widowed women outnumbered men in a statistically significant manner. This can be explained by difficulties women have in developing independent patterns of behaviour in developing countries. They are not expected to contain their frustrations, indeed, they are encouraged and expected to be emotionally labile and expressive.

Patients from urban areas were more represented (71% men, 58% women). This finding is inconsistent with most studies. It is generally believed that conversion disorder is more common among less educated and less sophisticated individuals, in both the developed and the developing countries. The difference between urban and rural background could be explained on the bases that rural areas are less stressful than urban areas as urban areas have got many industrialisation, transport, accommodation problems. Another factor, is that persons in urban areas are more enlightened to seek medical help and have easy access to hospital generally, while those in rural areas go to faith healers especially for psychological complaints.

Clinical presentation showed a high proportion of pseudo-fits (87%). Pseudo-fits attributed to supernatural forces are socially acceptable ways for the oppressed wife to gain sympathy and attention as well as relief from duties (Racey 1980). It also showed the rarity of blindness (1%) which is consistent with other studies.

Yearly distribution showed a steady pattern with mild change each year. It is not expected to see dramatic changes over a five year survey in the rate of admission of any psychiatric disorder as this changes in response to social change as a whole, and it is expected to occur in decades rather than years. However, this is different in Iraq due to the political unrest and the dramatic changes which have occurred over the past few decades.

The proportion of this disorder compared to admission of other psychiatric disorders showed decrease in male proportion compared to Dabbagh et al. 1974 (4.7%) while female proportion was just the same (13.1%) (Dabbagh 1974). The proportion of male and female admissions was high compared to Saudi studies (5%) (Racey 1980), which can be explained by there being more stresses in Iraq. United Kingdom rates used to be around (6%) before 1950 but since then, they have steadily dropped, till they reached (0.2%) in later studies (Robins 1984). Some authorities have put a possible explanation forward, they attributed the decline in rate to the change in attitude of patients towards mental health, thus making it acceptable for them to seek medical advice for the symptoms of depression or anxiety which so commonly precede and accompany conversion Disorder.

CONCLUSION

Conversion disorder still poses a challenge for clinicians in developing countries. The results of this study may be beneficial in the development of more comprehensive and population surveys which are invaluable to unravel the mystery of this Disorder.

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Correspondence:
Hellme Najim, MB Ch B, FRCPsych Consultant Psychiatrist South Essex Partnership University Foundation NHS Trust, Basildon University Hospital, Basildon, Essex, SS16 5NL, UK
E-mail: hellmenajim@yahoo.co.uk