INTRODUCTION

The classification of dissociative disorder has considerably evolved in the recent past. There is marked discrepancy in the psychiatric literature regarding frequency of dissociative disorder in psychiatric patients and even in general population. Category and subcategories given in different classification systems do not fulfill requirements of different parts of the world. Thus significant number of patients does not fit into the diagnostic criteria given by International Classification of Disease 10 Diagnostic Criteria for Research and Statistical Manual IV. As far as presentation of dissociative disorders is concerned, almost any physical symptom can be produced but most common manifestations are those that suggest a neurological disease, for example: paraparesis, pseudoseizures and aphonia. The patients with conversion disorder usually report in emergency department with multiple neurological symptoms including weakness, seizures like activity and loss of consciousness. In a hospital-based study, the commonest presenting symptom was found to be ‘pseudoseizures’, which presented in 45.71% female subjects as compared with 26.65% in male subjects.0 Another study revealed that 31.3% cases presented with unresponsiveness - a symptom which does not fit any diagnostic criteria, jerky movements, aphony and sensory loss, and 18.1% others. Another study reported pseudoseizures, paralysis, tremors, aphony, gait disorders, mutism, blindness and anesthesia in decreasing frequency.

In an overview of diagnosis and treatment of dissociative disorder by Johnson, the commonest symptom profile of adults who had been abused as children included post-traumatic stress disorder and dissociative disorder co-morbid with depression, anxiety and addiction.0 Patients with pseudoseizures, interviewed to determine the course of illness and current diagnosis, had affective disorders, dissociative disorders and post-traumatic stress disorders. In a study of conversion disorder in children and adolescent, co-morbid depression was found in 15.7% cases and anxiety in 37.2% cases.0 Non-epileptic seizure cases were found to have depressive symptoms in 51.8% of patients.0

The objective of this study was to determine the distribution of various types of dissociative disorders,
the frequency of co-morbid depression and its level of severity in patients with dissociative disorder.

METHODOLOGY

The study was conducted at the Institute of Psychiatry, Rawalpindi General Hospital, which commenced in October, 2004 and concluded in March, 2005. The study population comprised of diagnosed cases of dissociative disorders confirmed through International Classification of Disease 10 Diagnostic Criteria for Research at the in-patient and outpatient departments of the institute. Every consecutive patient of dissociative disorder presenting at the Institute of Psychiatry during the data collection period till the attainment of sample size of 50 were included.

The inclusion criteria was diagnosed patient for the first time to be a case of dissociative disorder based on the history, signs and symptoms and International Classification of Disease 10 Diagnostic Criteria for Research as evaluated by psychiatrist. All patients with any other co-morbid psychiatric or medical disorder (apart from depression) were excluded.

Informed consent was obtained from patients during which procedure and purpose of the study was explained to the patients. The data collection technique comprised of observation (like record checking, physical examination and mental state examination) and interviewing to record history, to collect information regarding study variables (like types of dissociative disorder, absence or presence of depression through confirmed diagnosis by using present state examination) and also to determine existence of any stress factors.

The data collecting tools used were checklists for psychiatric examination and questionnaire. The outcome variables of interest were types of dissociative disorder in the study participants based on International Classification of Disease 10 Diagnostic Criteria for Research, absence or presence of co-morbid depression, level of severity of depression based on present state examination, absence or presence of stress factor by using stressors categorized by Diagnostic and Statistical Manual IV.

For data entry and analysis, the SPSS version 10 was used. Simple frequencies and percentages were calculated for categorical variables like types of presentation of dissociative disorder, absence or presence of depression through confirmed diagnosis by using present state examination, stress factors by using stressors categorized by Diagnostic and Statistical Manual IV. Descriptive statistics including mean and standard deviation were calculated. Graphs were plotted, using Microsoft Excel Software.

RESULTS

A total of 50 patients with confirmed diagnosis of dissociative disorder were included in this study. The age ranged from 11 to 45 years with a mean of 23.6±8.67 years. Amongst 50 patients, 40 (80%) were females and 10 (20%) were males. The sociodemographic profile showed that 31 (62%) patients were single. Twelve (24%) patients were illiterate, 12 (24%) patients received primary education, 7 (14%) were matriculate, 3 (6%) patients had passed intermediate, 4 (8%) were graduates and 3 (6%) had received higher education. Forty-two (84%) were unemployed. Thirty-two (64%) were urbanites and 18 (36%) belonged to rural areas. All the patients belonged to either the lower or middle socioeconomic group (23 vs. 27; 46 vs. 54%). Past history of psychiatric illness was found in 11 (22%) and family history of psychiatric illness was present in 15 (30%) of cases. Stressors were present in 97% patients, out of whom, 32 (64%) had primary support group issue, educational stress in 10 (20%), 5 (10%) had social problems, 2 (4%) had economic issues and 1 (2%) had health problems.

The subjects presented with different symptoms, which were categorized according to International Classification of Disease 10 Diagnostic Criteria for Research. These included mixed dissociative symptoms in 18 (36%), followed by motor in 13 (26%) and unspecified type in 13 (26%) respectively. Details are given in Table I.

When assessed for absence or presence of co-morbid depression, the frequency and level of severity in patients of dissociative disorder according to gender in the study participants.

Table I: The distribution of co-morbid depressive disorder in patients of dissociative disorder according to gender.

<table>
<thead>
<tr>
<th>Level of depression</th>
<th>Males</th>
<th>Females</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>No depression</td>
<td>1</td>
<td>7</td>
<td>8 (16%)</td>
</tr>
<tr>
<td>Mild depression</td>
<td>2</td>
<td>10</td>
<td>12 (24%)</td>
</tr>
<tr>
<td>Moderate depression</td>
<td>2</td>
<td>17</td>
<td>19 (38%)</td>
</tr>
<tr>
<td>Severe depression</td>
<td>5</td>
<td>6</td>
<td>11 (22%)</td>
</tr>
<tr>
<td>Total</td>
<td>10</td>
<td>40</td>
<td>50 (100%)</td>
</tr>
</tbody>
</table>

Figure 1: Bar chart showing distribution of various types of presentation of dissociative disorder according to gender in the study participants.
depressive disorder, it was found in 42 (84%) of patients. The severity and distribution according to gender is shown in Table I.

**DISCUSSION**

The present study was carried out to determine the symptomatology of dissociative disorder and its co-existence with depressive disorder. The mean age of the sample was 23.6±8.67 years, which was similar to the previous study age of 19-21 years and 24 years respectively.2,15 There is general consensus in several researches about female preponderance of patients with conversion disorder, which was congruous with findings in this study.4 Majority of participants belonged to urban areas and were literate (70%), which was contrary to previous findings of conversion disorder being common among rural population and having limited education.7 The reason might be the fact that the study setting was situated in an urban area with more educational facilities. Most of previous studies showed predominance of dissociative disorders among married subjects,2 however, majority of participants in this study were single. This difference may be due to the fact of having majority of urban population where trends are changing regarding age of marriages nowadays. Results suggest that most of the participants belonged to lower 23 (46%) and middle 27 (54%) socioeconomic classes, but none of them belonged to higher socioeconomic class, which is similar to a Libyan study,12 but contrary to the past work. Past and family history of psychiatric illnesses was present in 11 (22%) and 15 (30%) of patients respectively, which was close to the findings in a previous study done by Yousafzai.7 According to Kendal and Zealley, conversion hysteria is characterized by sudden onset of symptoms in clear relation to stress.3 In this study, 97% of patients showed stressors. Present research showed mixed dissociative disorder symptoms as the single largest category of presentation. It presented in the form of convulsions with motor symptoms, unresponsiveness and in few cases of amnesia along with motor symptoms or convulsions. It reflects the local and cultural ideas about acceptable and credible ways to express mental distress. Mixed category is not found on large scale in other research work, perhaps due to use of different classification system.6,7 Dissociative motor disorder found in 26% of cases presented with difficulty in walking. These figures are comparable with 19%,13 22%5 and 39%7 found in previous studies. Equally frequent was the unspecified type of presentation. In this category, most of the patients were presented with irrelevant talk with or without amnesia, making inappropriate facial expressions and regressed behaviour. This category of symptoms has not been mentioned by other studies.6,7 Patients presented with dissociative convulsions in only 4 (8%) cases, whereas in the study of Rehman, it was the largest category present in 35% subjects and in other studies, it was present in 35%, 34% and 21% of patients.7,5,12 This difference is also attributable to the difference in the study population.

The frequency of depressive disorder in patients with dissociative disorders was found to be 42 (84%) with majority having moderate depression. This study revealed that dissociation disorder presents differently in our culture, therefore, classification system of Diagnostic and Statistical Manual IV and International Classification of Disease 10 Diagnostic Criteria for Research need to be revised for our part of the world. This is the second study in civil setup; other studies should be planned with larger sample size so that results could be generalized.

**CONCLUSION**

The type of dissociative symptoms prevalent in this part of the country were found to be different from other international as well as national studies. Mixed dissociative disorder was the commonest presentation, followed by motor and unspecified symptoms respectively, convulsions, possession, anesthesia and sensory loss. Depression was found in 40 (80%) of cases in different intensities, majority having moderate depression.

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**REFERENCES**


