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Conversion Disorder: Advancements in treatment options

**What is conversion disorder and its’ symptoms?**

Conversion disorder is a mental health condition in which a person has blindness, paralysis, or other nervous system (neurologic) symptoms that cannot be explained by medical evaluation ([National Library of Medicine](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=12&cad=rja&sqi=2&ved=0CK0BEJoTKAUwCw&url=http%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmedhealth%2FPMH0001950%2F&ei=ALBmUpi3K42ukAfEw4HIBA&usg=AFQjCNEUEkQR11ng6nd9Cqo5GZu5tL6GFg&sig2=9ENwMYpim9DxwAj-2Xbv8Q&bvm=bv.55123115,d.eW0), 2013).Often patients with conversion disorder chief complaints are seizures and paralysis, although through examination there is no organic cause of these symptoms. This disorder commonly found in adolescent females and individuals of low economic status. It is categorized by four different motors: motor, sensory, seizures, and mixed presentation (Spratt, Thomas 186) (Thomas, Jankovi, 443) (Rosebush, Mazurek, 257) (Pehlivantürk, Unal, 188). These symptoms usually began after a stressful experience, that is a scary or stressful incident and converts to a physical problem. Episodes of conversion disorder are nearly always triggered by a stressful event, an emotional conflict or another mental health disorder, such as depression (Haines, 122) (Feinstein, 917) (Spratt, Thomas 186) (Bowman, Markand, 310). For example, a woman who believes it is not acceptable to have violent feelings may suddenly feel numbness in her arms after becoming so angry that she wanted to hit someone. Instead of allowing herself to have violent thoughts about hitting someone, she experiences the physical symptom of numbness in her arms ([National Library of Medicine](http://www.google.com/url?sa=t&rct=j&q=&esrc=s&frm=1&source=web&cd=12&cad=rja&sqi=2&ved=0CK0BEJoTKAUwCw&url=http%3A%2F%2Fwww.ncbi.nlm.nih.gov%2Fpubmedhealth%2FPMH0001950%2F&ei=ALBmUpi3K42ukAfEw4HIBA&usg=AFQjCNEUEkQR11ng6nd9Cqo5GZu5tL6GFg&sig2=9ENwMYpim9DxwAj-2Xbv8Q&bvm=bv.55123115,d.eW0), 2013). Patients are not faking their symptoms, they are real. Physicians domestically and internationally are baffled by this condition, although there is much research neurologist and physicians have difficulty treating the disorder. Much research has been done on the diagnosis and condition on conversion disorder and on the treatment options that are available. Psychiatrists have found that conversion disorder is curable and symptoms can completely crease with proper treatment.

**What are my treatment options?**

Conversion disorder was a “mystery” disorder for an extended period of time although in the recent year’s information about conversion disorder has been spreading and more cases being diagnosed than in previous years. This expansion of cases has created a movement to look into different treatment options for patients and causing treatment options to expand.

The most popular treatment option available is psychotherapy; this has been found to be the most successful. A study reported that 11 of 17 patients who received 12 weekly one hour sessions for an hour had a complete cessation of their episodes (Rosebush, Mazurek, 260). Because conversion disorder is caused by stressors, therapy gives patients the opportunity to open up about events that are occurring in their life. Thus, explaining how they handle the situations, can determine what is causing their conversion disorder. When someone is going through troubling times or has a secret that they have been holding on for quite some time, it can cause the body to experience physical symptoms to get rid of what is bothering them. If the patient would talk about what is going on, this alone can release a built up tension that is causing the issue. For patients whom conversion disorder was caused by a traumatic event or financial problems, this treatment option is best (Spratt, Thomas 186) (Thomas, Jankovi, 443) (Rosebush, Mazurek, 257).

Pharmacotherapy is medicine that is given to treat mental disorders, an alternative to therapy. In some cases of conversion disorder, patients have an underlying mental illness that is causing the problem. It can range from anxiety to post-partum depression (Pehlivantürk, Unal, 188). In order to treat the symptoms that the patient is experiencing they have to treat the patients other psychological illness. For example if a patient has anxiety, a psychiatrist would prescribe them a benzodiazepine and go to psychotherapy once a week. Although a combination of this drug and psychotherapy has helped patients who have anxiety, depression, and OCD, many benzodiazepines are narcotics. Benzodiazepine are a popular drug used in treating psychological disorders, such as Klonopin (clonazepam), which can be used as a noncolvine seizures so it is usually given to individuals with conversion disorder. Clonazepam (Klonopin) is a high potency sedative, anxiolytic, hypnotic, and anti-convulsant drug. Clonazepam is a long acting benzodiazepine with a half-life between 20 to 50 hours. The FDA has approved the drug for treatment of [epilepsy](http://www.medicalnewstoday.com/articles/8947.php) and panic disorder (Medical News Today, 2013). Although a combination of this drug and psychotherapy has helped patients who have anxiety, depression, and OCD, many benzodiazepines are narcotics. You can develop a tolerance to the drug, and it has extremely fatal withdraw symptoms when patients go cold turkey. This treatment should be for adults, not for teens, although adolescents represent the majority of conversion disorder.

In addition, hypnotherapy has been used since the 18th century to treat symptoms that had no organic cause. Still used but not popular hypnotherapy has been shown to treat patients of conversion disorder. Only discussed briefly in academic journals, this treatment is not mainstream and is not commonly prescribed to patients.

Finally, doing absolutely nothing is a treatment option too. Some patients who started to experience paralysis or pudeoseizures, symptoms stop and never returned. The individual could have been experiencing a rough time in their life that they could not handle, although they got through it and their symptoms creased. It is not unusual for a patient symptoms to go away with any type of treatment.

**Challenges to current options.**

There is a lack of research for new treatment options available to individuals that have conversion disorders. The use of pharmaceuticals has been widely used more entering the 20th century, although there are still patients who do not receive the proper care. Pharmacotherapy should not be used on youth, if in some cases symptoms have creased without the use of therapy or medication then benzodiazepines should be the last option in children. If it is given to stop the convulsing, administrating it in a low dose once a day will decrease the chances of tolerance. Other options need to become available as children as young as three years old are being diagnosed with this disorder. This is primarily a children and adolescent disorder so there needs to be more advancements among therapy and nonpharmaceutical approaches for this age group.

Also, a barrier of treatment is numerous patients are seen by neurologist and do not see a psychiatrist, they are convinced that their symptoms from an organic cause. Although, neurologist around the world find it hard to treat the disorder, some feel that it is not their problem to deal with (Kanaan, Armstrong, Wessely, 892), and feel that if they mention conversion disorder or state that the symptoms are caused by a psychological condition then they will lose their trust (Kanaan, Armstrong, Wessely,292 ). Even though neurologist feel that it not their disease, misdiagnoses have been made and it is important to continuing monitoring the patient even if they are not diagnosed with a neurological disorder. The younger the patient, the higher the chances that something could develop later in life that could have been missed or was not fully developed.

Furthermore, conversion disorder is not a knowledgeable disorder known to the average doctor, even though doctors are being educating about it more needs to be done. Not only does a doctor need to be knowledgeable about the condition to be able to diagnosis it, then need to present it in the correct way to the patient (Bowman, Markand, 310). Dr.Bowman and Markard wrote extensively about the proper etiquette in telling a patient their diagnosis and how to tell if a patient is overdramatizing their symptoms. Reports have shown that doctors have accused patients of “faking” their symptoms, even if there is speculation that the patient is faking it is not appropriate to state it. Note that speculating a patent is faking and not taking their case serious can make them feel hurt and reluctant to treatment in the future. Properly telling the patent why this has occurred and assuring them that it is nothing medically dangerous will make them more open to treatment (Bowman, Markand, 312).

**Conclusion and research gap**

Although medication is the main treatment option for conversion disorder, it is not a good options for children or young adults. Not enough people have considered the combination treatment ofoption is to pair a patient with a neurologist and a psychiatrist. This duo of physicians supplies the patient with the psychological help that they need and to continue to have a check-up if symptoms do not improved. The pair can design a treatment plan that will work for that patient. The barrier of treatment for patients of conversion disorder is that every case is truly different, there may be similarities present but every case is unique. Psychiatrists should be more focused on psychotherapy with younger patients because benzodiazepine should not be given at a young age and continued for long periods of time. It creates a tolerance, which requires more to be taken over time and has fatal withdraw symptoms when has to be discontinued. In addition younger patients could have other conditions that could be related to other medical related illnesses. So, patient should have a neurologist to seen every three months and psychiatrist to see once a week. This schedule creates a balance between the neurobiological aspects of the disorder.

Conversion disorder has made tremendously gains educating physicians about how to recognize and diagnosis conversion disorder. Although the aftercare of the diagnosis needs to be improved upon. Conversion disorder is treatable, so there should be more success stories not only a portion of patient’s symptoms creasing. By patients working with both a neurologist and psychiatrist, they can have their mental and physical needs met. In addition the combination of doctors, reduce the chances of misdiagnosis if the patient is being treated by two doctors rather than one. The treatment option will result in the patient filling more comfortable and open-minded to getting the treatment that they need.

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**Project proposal**

A study should be conducted that examines the treatment of patients who see just a neurologist, psychiatrist, or both. The patients in the study will be on average 20 years old, this study will be more focused on children and adolescents diagnosed with conversion disorder. The patients will be seen by the same psychiatrist and neurologist, so that there is no confusion about different opinions that could interfere with the results. Both physicians need to be knowledgeable about conversion disorder and have worked with patients who have had the condition in the past. In addition have their doctor and state license. Most importantly, they will need to have the appropriate etiquette and patience needed to tell the patient that their symptoms are not caused by a medical illness. The study will be done over a course of 12 weeks with weekly visits to the psychiatrist and monthly visits to the neurologist. All 30 patients will have an initial psych examination or exam with the neurologist, there will be 10 patients in each group.

The patients will be picked if they meet the criteria of conversion disorder then they will be accepted to participate in the study. Once in the study their conversion disorder will be placed into three different categories: financially or trauma source, underlying psychological illness, or undetermined. There different categories will help understand which treatment options work best for different cause of conversion disorder, thus revealing more information about different treatment options. After placed in one of the three different they will be placed in the three different groups, then participate in the 12 week study. The treatment options used will be mentioned but not go into details that will be shared in another study.

In the results I am hoping to see that participants that saw the neurologist and psychiatrist will have a greater success rate than those who saw them separately. Also I am expecting to see that the patients who saw the neurologist will have the greatest failure rate because the psychological aspects of the conditions are not being met. This study will show that a team is better in treating conversion disorder than one physician alone. Another thing that will be shown is that neurologist will not feel like it is their duty or job to deal with this disorder.