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**Literature search results**

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**Search details**

Conversion disorder

**Resources searched**

NHS Evidence; TRIP Database; Cochrane Library; AMED; BNI; CINAHL; EMBASE; HMIC; MEDLINE; PsycINFO; Google Scholar

**Database search terms**

“conversion disorder”; “hysterical neurosis”; CONVERSION DISORDER

**Google search string**

“~conversion disorder” OR “conversion disorders” OR “hysterical neurosis” OR “hysterical neuroses”

**Summary**

There is a lot of research in this area. As the search is general in nature it was not possible to limit the results except by publication date, and I chose 2007, or to provide a summary.

**Guidelines**

WHO UK Collaborating Centre

Introduction to dissociative (conversion) disorder 2005

**Evidence-based reviews**

Clinical Immediate Reference

Globus Hystericus 2011

Cochrane Database of Systematic Reviews

Psychosocial interventions for conversion disorder 2005

The use of psychosocial interventions for conversion disorder requires more research and it is not possible to draw any conclusions about their potential benefits or harms from the included studies.

Cochrane Central Register of Controlled Trials
Clinical observations on 46 cases of globus hystericus treated with modified Banxia Houpu decoction 2010

Modified Banxia Houpu decoction has definite therapeutic effect on globus hystericus. Its mechanism may be related to its function in relieving depression and anxiety and regulating the psychological state.

Comparison of four different treatment options in the management of acute conversion disorder 2010

All the four different treatment strategies brought about significant recovery. However, after treating patients with muscle relaxation, recovery was faster compared to other treatment methods.

Behavior therapy in dissociative convulsions disorder 2006

Behavioral intervention in the management of conversion disorder is more effective than the methods applied in our daily practice.

A randomised controlled clinical trial on the additional effect of hypnosis in a comprehensive treatment programme for in-patients with conversion disorder of the motor type 2002

Significant treatment results for all outcome measures were found for the total sample. These effects proved to be clinically significant. The use of hypnosis had no additional effect on treatment outcome. Hypnotisability was not predictive of treatment outcome.

The inpatient treatment of patients suffering from (motor) conversion symptoms: a description of eight cases 1998

The results of the study suggest that comprehensive clinical treatment including hypnosis has enough promise to be studied in clinical trials. In the interpretation of the results, special attention is given to primary diagnosis, duration of complaints, traumatic experiences in childhood, dissociative capacity, and hypnotizability.

Hysterical neurosis of the conversion type: therapeutic activity of neuroleptics with different hyperprolactinemic potency 1996

Clinical evaluation showed that sulpiride treatment led to a greater improvement compared to the haloperidol group. The different effectiveness of treatment could be explained by the different hyperprolactinemic potency. The therapeutic efficacy of neuroleptics suggests also that hyperactivity of dopaminergic transmission is involved in the pathophysiology of hysterical neurotic symptoms.

Database of Abstracts of Reviews of Effects

Efficacy of treatment for somatoform disorders: a review of randomized controlled trials 2008

The author concluded that there is strong evidence favouring the use of cognitive-behavioural therapy for somatoform disorders and moderate evidence supporting a psychiatric consultation letter. Evidence for antidepressants is promising. Although these conclusions appear to be supported by the data, the questionable quality of the primary studies and the methodological limitations of the review make it difficult to assess their reliability.

The efficacy of hypnotherapy in the treatment of psychosomatic disorders: meta-analytical evidence 2008

The authors concluded that hypnosis is a very effective treatment for patients with psychosomatic disorders. Poor reporting of the review methods, lack of an assessment of study quality, and lack of information about study outcomes make it difficult to comment on the likely reliability of the authors’ conclusions.

EvidenceUpdates

Abreaction for conversion disorder: systematic review with meta-analysis 2010

The evidence for effectiveness of drug interviews is of poor quality but it may be of benefit in the treatment of acute and treatment-resistant conversion disorder. A proactive approach during the interview, making suggestions the individual will respond, could influence outcome. Comorbid psychiatric disorder should be treated conventionally. Experimental
studies to determine efficacy are required.

Published research

1. The function of ‘functional’: A mixed methods investigation

Author(s): Kanaan R.A., Armstrong D., Wessely S.C.

Citation: Journal of Neurology, Neurosurgery and Psychiatry, March 2012, vol./is. 83/3(248-250), 0022-3050;1468-330X (March 2012)

Publication Date: March 2012

Abstract: Objective: The term ‘functional’ has a distinguished history, embodying a number of physiological concepts, but has increasingly come to mean ‘hysterical’. The DSMV working group proposes to use ‘functional’ as the official diagnostic term for medically unexplained neurological symptoms (currently known as ‘conversion disorder’). This study aimed to explore the current neurological meanings of the term and to understand its resilience. Design: Mixed methods were used, first interviewing the neurologists in a large UK region and then surveying all neurologists in the UK on their use of the term. Results: The interviews revealed four dominant uses—‘not organic’, a physical disability, a brain disorder and a psychiatric problem—as well as considerable ambiguity. Although there was much dissatisfaction with the term, the ambiguity was also seen as useful when engaging with patients. The survey confirmed these findings, with a majority adhering to a strict interpretation of ‘functional’ to mean only ‘not organic’, but a minority employing it to mean different things in different contexts - and endorsing the view that ‘functional’ would one day be a neurological construct again. Conclusions: ‘Functional’ embodies real divisions in neurologists’ conceptualisation of unexplained symptoms and, perhaps, between those of patients and neurologists: its diversity of meanings allows it to be a common term while meaning different things to different people, or at different times, and thus conceal some of the conflict in a particularly contentious area. This flexibility may help explain the term’s longevity.

Source: EMBASE

Full Text: Available in fulltext at Highwire Press

2. Neuroanatomic correlates of psychogenic nonepileptic seizures: A cortical thickness and VBM study

Author(s): Labate A., Cerasa A., Mula M., Mumoli L., Gioia M.C., Aguglia U., Quattrone A., Gambardella A.

Citation: Epilepsia, February 2012, vol./is. 53/2(377-385), 0013-9580;1528-1167 (February 2012)

Publication Date: February 2012

Abstract: Purpose: Psychogenic nonepileptic seizures (PNES) are among the most common clinical manifestations of conversion disorder and consist of paroxysmal behavior that resembles epileptic seizures. Preliminary data from functional neuroimaging studies gave plausible evidence that limbic circuits and sensorimotor cortex might be engaged in conversion disorder. Nonetheless, no advanced magnetic resonance imaging (MRI) studies have focused on patients with PNES. Methods: We enrolled 20 consecutive patients in whom the diagnosis of PNES was based on ictal video-electroencephalography (EEG) of the habitual episodes and 40 healthy subjects matched for age and sex. All patients underwent a formal neuropsychological investigation and a neuropsychiatric assessment. All of the patients also underwent two distinct morphologic whole-brain MR measurements, voxel-based morphometry (VBM), and cortical thickness analysis, in a multimethod approach. Key Findings: None of the patients had serious medical or neurologic illness, substance abuse, or psychotic disorder, or were taking antipsychotic drugs. VBM and cortical thickness analyses in the patients with PNES revealed abnormal cortical atrophy of the motor and premotor regions in the right hemisphere and the cerebellum bilaterally. We also observed a significant association between increasing depression scores and atrophy involving the premotor regions. Significance: The results of this study illustrate that motor and premotor regions in the right hemisphere and the cerebellum bilaterally play an
important role in the pathogenesis of PNES and that these structures are correlated with depressive symptoms. Our findings suggest a multistep model in the pathogenesis of PNES, in which the phenomenology is driven by psychological factors interacting with specific biologic abnormalities. 2011 International League Against Epilepsy.

Source: EMBASE

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

3. Convergence spasm in conversion disorders: prevalence in psychogenic and other movement disorders compared with controls.

Author(s): Fekete R, Baizabal-Carvallo JF, Ha AD, Davidson A, Jankovic J

Citation: Journal of Neurology, Neurosurgery & Psychiatry, February 2012, vol./is. 83/2(202-4), 0022-3050;1468-330X (2012 Feb)

Publication Date: February 2012

Abstract: BACKGROUND: Convergence spasm refers to transient ocular convergence, miosis and accommodation associated with disconjugate gaze mimicking abducens palsy. While it may be a manifestation of brainstem pathology, this sign is often associated with conversion (somatisation) disorders and, if unrecognised as a sign of a psychogenic disorder, it may lead to unnecessary and occasionally invasive evaluation.METHODS: To better characterise this neuro-ophthalmologic sign, 36 subjects were studied, 13 with psychogenic movement disorders, 11 with organic movement disorders and 12 normal controls. Patients were recorded during a manoeuvre to elicit convergence spasm and the videotapes were rated by two blinded raters on a scale of 0=normal, 1=mild convergence spasm and 2=marked convergence spasm. RESULTS: Convergence spasm was present in 9/13 (69%) psychogenic movement disorders cases, 4/11 (36%) non-psychogenic movement disorders cases and 4/12 (33%) controls (p=0.049 when psychogenic vs non-psychogenic disorders or controls were compared). Inter-rater reliability analysis of the presence (rating 1 or 2) versus absence (rating 0) showed good agreement (27/36 or 75%; kappa 0.491, SE 0.141, p=0.002). Analysis for the presence of marked convergence spasm (rating 2) yielded agreement in 32/36 (88.9%) examinations (kappa 0.652, SE 0.154, p=0.001) with a specificity of 87% (sensitivity 15%).CONCLUSION: Convergence spasm may provide benefit in the clinical examination of psychogenic movement disorders patients.

Source: MEDLINE

Full Text:
Available in fulltext at Highwire Press

4. The neural circuitry of conversion disorder and its recovery.

Author(s): Bryant, Richard A, Das, Pritha

Citation: Journal of Abnormal Psychology, February 2012, vol./is. 121/1(289-296), 0021-843X;1939-1846 (Feb 2012)

Publication Date: February 2012

Abstract: Little is understood about neural networks associated with conversion disorders. This case study reports the first investigation of the neural circuitry associated with the recovery of chronic conversion disorder. A patient with a four year history of hysterical mutism was assessed with functional MRI (fMRI) during a vocalization task, and then provided psychotherapy that attempted to reduce motivational factors that maintained mutism. The patient resumed full speech, and was readministered the fMRI vocalization task. Vocalization during mutism and following recovery of speech resulted in increases in speech-related networks, including the inferior frontal gyrus (IFG), middle frontal, and supplementary motor area of the frontal cortex, temporal and parietal cortices, and also in the primary and sensory motor regions. Following speech recovery but not during mutism, the IFG was correlated positively with the anterior cingulate cortex and negatively with the amygdala. This pattern suggests that during the conversion disorder there was impaired connectivity between speech networks and networks that regulate anxiety. (PsycINFO
5. Psychological factors in medical disorders assessed with the diagnostic criteria for psychosomatic research.

Author(s): Porcelli P, Todarello O

Citation: Advances in Psychosomatic Medicine, 2012, vol./is. 32/(108-17), 0065-3268:0065-3268 (2012)

Publication Date: 2012

Abstract: The Diagnostic Criteria for Psychosomatic Research (DCPR) are a diagnostic and conceptual framework that aims to translate psychosocial variables that derived from psychosomatic research into operational tools whereby individual patients could be identified. A set of 12 syndromes was developed and grouped in the clusters of abnormal illness behavior (health anxiety, disease phobia, thanatophobia, and illness denial), somatization (functional somatic symptoms secondary to a psychiatric disorder, persistent somatization, conversion symptoms, and anniversary reaction), irritability (type A behavior, irritable mood), demoralization, and alexithymia. This chapter aims to illustrate the criteria for each of the 12 DCPR syndromes and how to diagnose them with the aid of the DCPR Structured Interview, as illustrated in a clinical example. Copyright Copyright 2012 S. Karger AG, Basel.

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6. Functional weakness: clues to mechanism from the nature of onset.

Author(s): Stone J, Warlow C, Sharpe M

Citation: Journal of Neurology, Neurosurgery & Psychiatry, January 2012, vol./is. 83/1(67-9), 0022-3050;1468-330X (2012 Jan)

Publication Date: January 2012

Abstract: BACKGROUND: Functional weakness describes weakness which is inconsistent and incongruent with disease. It is also referred to as motor conversion disorder (DSM-IV), dissociative motor disorder (ICD-10) and 'psychogenic' paralysis. Studies of aetiology have focused on risk factors such as childhood adversity and life events; information on the nature and circumstance of symptom onset may shed light on the mechanism of symptom formation. AIM: To describe the mode of onset, associated symptoms and circumstances at the onset of functional weakness. METHODS: Retrospective interviews administered to 107 adults with functional weakness of <2 years’ duration. RESULTS: The sample was 79% female, mean age 39 years and median duration of weakness 9 months. Three distinct modes of onset were discerned. These were: sudden (n=49, 46%), present on waking (or from general anaesthesia) (n=16, 13%) or gradual (n=42, 39%). In 'sudden onset' cases, panic (n=29, 59%), dissociative symptoms (n=19, 39%) and injury to the relevant limb (n=10, 20%) were commonly associated with onset. Other associated symptoms were non-epileptic attacks, migraine, fatigue and sleep paralysis. In six patients the weakness was noticed first by a health professional. In 16% of all patients, no potentially relevant factors could be discerned. CONCLUSIONS: The onset of functional weakness is commonly sudden. Examining symptoms and circumstances associated closely with the onset suggests hypotheses for the mechanism of onset of weakness in vulnerable individuals.

Source: MEDLINE

Full Text: Available in fulltext at Highwire Press.
7. Conversion disorder: Current problems and potential solutions for DSM-5

Author(s): Stone J., LaFrance W.C., Brown R., Spiegel D., Levenson J.L., Sharpe M.

Citation: Journal of Psychosomatic Research, December 2011, vol./is. 71/6(369-376), 0022-3999;1879-1360 (December 2011)

Publication Date: December 2011

Abstract: Conversion disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR) describes neurological symptoms, including weakness, numbness and events resembling epilepsy or syncope, which can be positively identified as not being due to recognised neurological disease. This review combines perspectives from psychiatry, psychology and neurology to identify and discuss key problems with the current diagnostic DSM-IV criteria for conversion disorder and to make the following proposals for DSM-5: (a) abandoning the label "conversion disorder" and replacing it with an alternative term that is both theoretically neutral and potentially more acceptable to patients and practitioners; (b) relegating the requirements for "association of psychological factors" and the "exclusion of feigning" to the accompanying text; (c) adding a criterion requiring clinical findings of internal inconsistency or incongruity with recognised neurological or medical disease and altering the current 'disease exclusion' criteria to one in which the symptom must not be 'better explained' by a disease if present, (d) adding a 'cognitive symptoms' subtype. We also discuss whether conversion symptoms are better classified with other somatic symptom disorders or with dissociative disorders and how we might address the potential heterogeneity of conversion symptoms in classification. 2011 Elsevier Inc..

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8. Report on the treatment of conversion disorder symptoms in patients under the age of 18 with Faradarmani

Author(s): Esmaeili D.E., Ashrafi-Amineh F.

Citation: Child and Adolescent Mental Health, December 2011, vol./is. 16/(13-14), 1475-357X (December 2011)

Publication Date: December 2011

Abstract: Background: Faradarmani, an Iranian complementary medicine (Taheri, 2009) is based on 'the consciousness bond of the parts' or 'parts having consciousness in common'. According to this theory, every time a link is established between the whole consciousness and the consciousness of the [body] parts the consciousness of the mind will be able to correct and selfrepair the psyche and the body, thus healing and recovery will take place. According to Faradarmani, besides the physical body, human being consists of thousands of different bodies, which in fact constitute the non-physical part of his existence. The Mental body(the management that consists of subdivisions such as Memory and Archive of the Eternal Data, Memory Management, Data-Setting Management and Cell and Body Management)and psychological body that finds out, examines and reveals the emotions, are two of the most important bodies. In 'Faradarmani' by accessing the software of Zehn (psyche) and emotion, positive changes are made on the software of the patient. This report intends to study the treatment of conversion disorder symptoms in patient's under the age of 18 via Faradarmani. Methods: The volunteers suffering from conversion disorders used Faradarmani. They were asked to close their eyes( optional) and report the sensations they felt to the Faratherapist. The survey is based on the reports of three patients suffering from conversion disorders under the age of 18 from different cities who were treated via Faradarmani. The recovery criteria were the patient's personal reports on removal or relative reduction of symptoms (parent's reports in case of children). Results: According to the survey, among the three conversion disorder patients (two female and one male) all types of conversion disorders were treated with Faradarmani. The Faratherapists were also from different age and levels of expertise in medicine and psychology which implies'irrelevance of Faradarmani's effectiveness to the person or illness' Mohammad Ali Taheri, Human from another outlook, Bijan publication
9. Aberrant supplementary motor complex and limbic activity during motor preparation in motor conversion disorder

Author(s): Voon V., Brezing C., Gallea C., Hallett M.

Citation: Movement Disorders, November 2011, vol./is. 26/13(2396-2403), 0885-3185;1531-8257 (November 2011)

Publication Date: November 2011

Abstract: Conversion disorder (CD) is characterized by unexplained neurological symptoms presumed related to psychological issues. The main hypotheses to explain conversion paralysis, characterized by a lack of movement, include impairments in either motor intention or disruption of motor execution, and further, that hyperactive self-monitoring, limbic processing or top-down regulation from higher order frontal regions may interfere with motor execution. We have recently shown that CD with positive abnormal or excessive motor symptoms was associated with greater amygdala activity to arousing stimuli along with greater functional connectivity between the amygdala and supplementary motor area. Here we studied patients with such symptoms focusing on motor initiation. Subjects performed either an internally or externally generated 2-button action selection task in a functional MRI study. Eleven CD patients without major depression and 11 age- and gender-matched normal volunteers were assessed. During both internally and externally generated movement, conversion disorder patients relative to normal volunteers had lower left supplementary motor area (SMA) (implicated in motor initiation) and higher right amygdala, left anterior insula, and bilateral posterior cingulate activity (implicated in assigning emotional salience). These findings were confirmed in a subgroup analysis of patients with tremor symptoms. During internally versus externally generated action in CD patients, the left SMA had lower functional connectivity with bilateral dorsolateral prefrontal cortices. We propose a theory in which previously mapped conversion motor representations may in an arousing context hijack the voluntary action selection system, which is both hypoactive and functionally disconnected from prefrontal top-down regulation.

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10. Patterns of emotional-cognitive functioning in pediatric conversion patients: implications for the conceptualization of conversion disorders.

Author(s): Kozlowska K, Scher S, Williams LM

Citation: Psychosomatic Medicine, November 2011, vol./is. 73/9(775-88), 0033-3174;1534-7796 (2011 Nov-Dec)

Publication Date: November 2011

Abstract: OBJECTIVES: To examine patterns of emotion processing in children and adolescents with conversion disorders and to determine whether those patterns are associated with particular clusters of conversion symptoms. Autobiographical narratives were used to investigate the organization of information about distressing feelings and memories.METHODS: Structured interviews about attachment relationships and autobiographical events were administered to 76 controls and 76 matched subjects aged 6 to 18 years. Age-appropriate assessments of attachment were used: the School-aged Assessment of Attachment for children and the Transition to Adulthood Attachment Interview for adolescents. Patterns of emotion processing were identified using dynamic-maturational model discourse analysis and categorized into four clusters: inhibitory, normative/balanced, coercive-preoccupied, and mixed inhibitory and coercive-preoccupied. These clusters were then cross-tabulated with the sensorimotor characteristics of children with conversion disorders.RESULTS: Emotion processing in children with conversion
disorders was categorized as psychological inhibition (57%), psychological coercion-preoccupation (34%), and mixed (9%). Psychological inhibition was associated with negative conversion symptoms (discrete sensorimotor deficits, \( p = .003 \)) and positive conversion symptoms (tremors and tics, \( p = .04 \)). Psychological coercion-preoccupation was associated with all other disturbances of motor function: bizarre gait and postures, whole-body floppiness, and refusals to move (\( p < .0001 \)). Nonepileptic seizures occurred across both groups (56% versus 42%, \( p = .8 \)).

CONCLUSIONS: Contrary to the classic understanding of conversion disorder as a unified diagnostic entity with diverse symptoms, this study identified two distinct subtypes of conversion patients—those using psychological inhibition and those using psychological coercion-preoccupation—whose symptoms fell into discrete clusters. Further research is needed to determine the neural mechanisms underlying these processes.

Source: MEDLINE

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

Author(s): Nicholson, Timothy R. J, Stone, Jon, Kanaan, Richard A. A
Citation: Journal of Neurology, Neurosurgery & Psychiatry, November 2011, vol./is. 82/11(1267-1273), 0022-3050 (Nov 2011)
Publication Date: November 2011
Abstract: The diagnosis of conversion disorder is problematic. Since doctors have conceptually and practically differentiated the symptoms from neurological ('organic') disease it has been presumed to be a psychological disorder, but the psychological mechanism, and how this differs from feigning (conscious simulation), has remained elusive. Although misdiagnosis of neurological disease as conversion disorder is uncommon, it remains a concern for clinicians, particularly for psychiatrists who may be unaware of the positive ways in which neurologists can exclude organic disease. The diagnosis is anomalous in psychiatry in that current diagnostic systems require that feigning is excluded and that the symptoms can be explained psychologically. In practice, feigning is very difficult to either disprove or prove, and a psychological explanation cannot always be found. Studies of childhood and adult psychological precipitants have tended to support the relevance of stressful life events prior to symptom onset at the group level but they are not found in a substantial proportion of cases. These problems highlight serious theoretical and practical issues not just for the current diagnostic systems but for the concept of the disorder itself. Psychology, physiology and functional imaging techniques have been used in attempts to elucidate the neurobiology of conversion disorder and to differentiate it from feigning, but while intriguing results are emerging they can only be considered preliminary. Such work looks to a future that could refine our understanding of the disorder. However, until that time, the formal diagnostic requirement for associated psychological stressors and the exclusion of feigning are of limited clinical value. Simplified criteria are suggested which will also encourage cooperation between neurology and psychiatry in the management of these patients. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Source: PsycINFO

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Available in fulltext at Highwire Press.

12. Somatoform and psychoform dissociation among women with orgasmic and sexual pain disorders
Author(s): Farina B., Mazzotti E., Pasquini P., Mantione M.G.
Citation: Journal of Trauma and Dissociation, October 2011, vol./is. 12/5(526-534), 1529-9732;1529-9740 (October 2011)
Publication Date: October 2011
Abstract: Since the 20th century, psychogenic female sexual dysfunctions (FSD), like some somatoform and conversion disorders, have been considered an expression of
somatoform dissociation. Several studies have reported dissociative symptoms in different somatoform and conversion disorders, but limited data are available on dissociation among patients with FSD. The aim of this study was to assess somatoform and psychoform dissociation among patients with women's orgasmic disorder, dyspareunia, and vaginismus. A battery of self-administered questionnaires (Somatoform Dissociation Questionnaire, Dissociative Experiences Scale, Hospital Anxiety and Depression Scale, Impact of Event Scale-Revised) was given to 200 gynecological outpatients to assess psychoform and somatoform dissociation and their association with FSD. A strong association between somatoform dissociation and FSD was observed (adjusted odds ratio [OR] = 5.39, 95% confidence interval [CI] = 1.15-25.32), the association between somatoform and psychoform dissociation being estimated by an adjusted OR of 4.83 (95% CI = 1.17-19.91). Our results are compatible with the idea that some forms of FSD could be regarded as somatoform dissociative disorders.

Source: EMBASE

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13. Neural correlates of hysterical blindness.

Author(s): Schoenfeld, Mircea Ariel, Hassa, Thomas, Hopf, Jens-Max, Eulitz, Carsten, Schmidt, Roger

Citation: Cerebral Cortex, October 2011, vol./is. 21/10(2394-2398), 1047-3211;1460-2199 (Oct 2011)

Publication Date: October 2011

Abstract: The neural mechanisms underlying conversion disorders such as hysterical blindness are at present unknown. Typically, patients are diagnosed through exclusion of neurological disease and the absence of pathologic neurophysiological diagnostic findings. Here, we investigate the neural basis of this disorder by combining electrophysiological (event-related potentials) and hemodynamic measures (functional magnet resonance tomography) in a patient with hysterical blindness before and after successful treatment. Importantly, the blindness was limited to the left upper and right lower visual quadrant offering the possibility to use the other 2 sighted quadrants as controls. While the functional magnetic resonance imaging activations were normal for visual stimulation electrophysiological indices of visual processing were modulated in a specific manner. Before treatment, the amplitude of the N1 event-related potentials component had smaller amplitudes for stimuli presented in the blind quadrants of the visual field. Following successful treatment the N1 component elicited by stimuli presented in formerly blind quadrants had a normal distribution without any amplitude differences between the 4 quadrants. The current findings point out that dissociative disorders such as hysterical blindness may have neurophysiological correlates. Furthermore, the observed neurophysiological pattern suggests an involvement of attentional mechanisms in the neural basis hysterical blindness. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

14. Neuropsychological assessment in patients with conversion disorder

Author(s): Demir S., Celikel F.C., Erdogan S., Etikan I.

Citation: European Neuropsychopharmacology, September 2011, vol./is. 21/(S334), 0924-977X (September 2011)

Publication Date: September 2011

Abstract: Purpose: Conversion disorder is defined as the presence of functional impairment in motor, sensory or neurovegetative systems which cannot be explained by a general medical condition. The diagnostic systems emphasize the absence of an organic basis for the dysfunction in conversion disorder [1]; nevertheless, there is a growing body of
literature on the specific functional brain correlates of conversion symptoms in recent years, particularly by examining neuroimaging and neurophysiological measures [2,3]. In this research, we aimed to examine whether there are differences on measures of cognitive functions in patients with conversion disorder. The hypothesis of the study was that the patients with conversion disorder would demonstrate lower performance on neurocognitive functions than those without conversion symptoms. Methods: There are three study groups, one patient and two control groups. Forty-three patients (mean age: 31.09+/−11.65), who met DSM-IV criteria for conversion disorder, were included in the patient group. Since 15 patients had major depressive disorder, and 25 had major depressive disorder and generalized anxiety disorder as psychiatric comorbidities, a control group of 44 patients (mean age: 31.86+/−10.78) with matched comorbidities as the patient group (and without a diagnosis of conversion disorder) made up the first control group. The second control group consisted of 43 healthy individuals (mean age: 36.02+/−11.29). All three groups were similar with respect to age, gender and years of education. A comprehensive neurocognitive test battery was designed to evaluate a broad range of cognitive domains and was administered to all subjects. The battery included Serial Digit Learning Test, Rey Auditory Verbal Learning Test, Wechsler Memory Scale, Stroop Color and Word Interference Test, Benton Line Orientation Test, Verbal and Non-verbal Cancellation Tests. Obtained variables of three groups were compared by using Mann-Whitney U test and Chi-square test. Results: The patients with conversion disorder performed significantly worse than both control groups on measures of learning and memory, executive functions, and visuospatial perception. Delayed learning, total learning, and highest learning scores of the Auditory Verbal Learning Test were significantly higher in the patient group with conversion disorder (p < 0.001) compared to both control groups, while no difference was observed between the two control groups (p=0.689, p=0.864, p=0.748). The number of correct responses on Benton Judgment of Line Orientation Test were also significantly lower in the conversion group compared to both control groups (p = 0.001, p = 0.001, p = 0.015). In the patient group the time, required for completion on the Verbal and Nonverbal Cancellation Tests, was significantly shortened compared to both control groups (p = 0.001).

Conclusions: In the present study, patients with conversion disorder demonstrated lower neuropsychological performance than patients with similar psychiatric comorbidities as well as healthy individuals. The performance was significantly lower on measures of learning and memory and executive and visuospatial functions. Particularly, the difference detected on Benton Judgment of Line Orientation Test was a new and rarely replicated finding. Our results suggest distinct underlying cortical mechanisms associated with conversion disorder and that future studies might focus on these neuropsychological aspects.

Source: EMBASE

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15. Neurologists' understanding and management of conversion disorder.

Author(s): Kanaan, Richard A, Armstrong, David, Wessely, Simon Charles

Citation: Journal of Neurology, Neurosurgery & Psychiatry, September 2011, vol./is. 82/9(961-966), 0022-3050 (Sep 2011)

Publication Date: September 2011

Abstract: Background: Conversion disorder is largely managed by neurologists, for whom it presents great challenges to understanding and management. This study aimed to quantify these challenges, examining how neurologists understand conversion disorder, and what they tell their patients. Methods: A postal survey of all consultant neurologists in the UK registered with the Association of British Neurologists. Results: 349 of 591 practising consultant neurologists completed the survey. They saw conversion disorder commonly. While they endorsed psychological models for conversion, they diagnosed it according to features of the clinical presentation, most importantly inconsistency and abnormal illness behaviour. Most of the respondents saw feigning as entangled with conversion disorder, with a minority seeing one as a variant of the other. They were quite willing to discuss psychological factors as long as the patient was receptive but were generally unwilling to discuss feigning even though they saw it as their responsibility. Those who favoured models in terms of feigning were older, while younger, female neurologists preferred psychological models, believed conversion would one day be understood.
neurologically and found communicating with their conversion patients easier than it had been in the past. Discussion: Neurologists accept psychological models for conversion disorder but do not employ them in their diagnosis; they do not see conversion as clearly different from feigning. This may be changing as younger, female neurologists endorse psychological views more clearly and find it easier to discuss with their patients. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Source: PsycINFO

Full Text:

Available in fulltext at Highwire Press


Author(s): Carlson RH Jr, Caplan JP

Citation: Psychosomatics, September 2011, vol./is. 52/5(455-8), 0033-3182;1545-7206 (2011 Sep-Oct)

Publication Date: September 2011

Source: MEDLINE

Full Text:

Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

17. An update on psychogenic movement disorders.

Author(s): Ellenstein A, Kranick SM, Hallett M

Citation: Current Neurology & Neuroscience Reports, August 2011, vol./is. 11/4(396-403), 1528-4042;1534-6293 (2011 Aug)

Publication Date: August 2011

Abstract: Psychogenic movement disorders (PMD) and other conversion disorders (CD) with apparent neurologic signs (neurologic CD) plague patients and perplex physicians. Due to a lack of objective evidence of underlying brain lesions, CD were largely abandoned by neurologists and remained poorly understood psychiatric diagnoses throughout most of the 20th century. Modern neuroscience now supports increasingly comprehensive biological models for these complex disorders, definitively establishing their place in both neurology and psychiatry. Although it is often clinically useful to distinguish a movement disorder as either "organic" or "psychogenic," this dichotomy is difficult to defend scientifically. Here we describe the neuroimaging and neurophysiologic evidence for dysfunctional neural networks in PMD, explain the diagnostic potential of clinical neurophysiologic testing, discuss the promising if increasingly complex role of neuropsychiatric genetics, and review current treatment strategies.

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18. Psychical and psychological characteristics of patients with nonepileptic seizures.

Author(s): Awad H, Softic J

Citation: Medicinski Glasnik Ljekarske Komore Zenickodobojskog Kantona, August 2011, vol./is. 8/2(224-8), 1840-0132;1840-0132 (2011 Aug)

Publication Date: August 2011

Abstract: AIM: To explore psychic and psychological characteristics of patients suffering from non- epileptic seizures and compare them with the patients suffering from epilepsy.METHODS: Using medical documentation 40 patients with non epileptic seizures were compared with 40 randomly selected epilepsy patients according to psychiatric and psychological report, and using psychotropic medications.RESULTS: Both psychiatric and
psychological reports have shown that pathologic changes were more frequently found within the epilepsy group (n = 20 and n=7, respectively) than in non-epileptic fits group (n= 18 and n=4, respectively). Six patients had neurotic disorders within the epilepsy group, versus 3 within the non-epileptic fits group. Conversion disorders were more frequently found within the non-epileptic group (n=6) as compared to epilepsy group (n=2). Disorders due to acute reaction to stress occurred in six patients in the non-epileptic fits group versus three patients in the epilepsy group. Cognitive disorders were found more frequently within the epilepsy group (n=6) as compared to the non-epileptic fits group (n=1). Vulnerable character, adolescence crisis, deficit of social abilities and indifference were more frequently found within the non-epileptic fits group (n=3) in comparison with the epilepsy group (n=1).

CONCLUSIONS: Psychiatric and psychological reports are most important elements in the diagnostic of psychogenic non-epileptic seizures.

Source: MEDLINE

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19. An 11-year-old girl with suicidal thoughts, hallucinations.
Author(s): Bradshaw, Danielle McGovern, Young-Walker, Laine
Citation: Psychiatric Annals, August 2011, vol./is. 41/8(386-389), 0048-5713;1938-2456 (Aug 2011)
Publication Date: August 2011
Abstract: Presents a case report of a 11-year-old girl who had a minor fall at home and developed severe pain in her right hand and her left leg. She presented to a physical medicine and rehabilitation (PMR) clinic with severe pain and resultant gait disturbance. Due to the severity of her presentation, she was admitted to a PMR inpatient facility for intensive therapy and diagnostic workup. Physical therapy was not helpful in improving function. During the course of her 3-week rehabilitation hospitalization, she was diagnosed with conversion disorder and major depressive disorder. She was started on sertraline 25 mg during this hospitalization. Sertraline was increased to 75 mg approximately 2 weeks after her psychiatric inpatient stay. Approximately 1 week later, her symptoms resolved. Thus, this case demonstrates the severity of symptoms possible in behavioral activation (BA) and antidepressant-induced mania (AIM) and the difficulties associated with recognizing and treating it effectively. Similar to other patients who experience AIM, this patient should be monitored for future symptoms of bipolar disorder and other mood disorders. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

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20. Motor evoked potentials in conversion disorders. A case report
Author(s): Petrucci A., Lispi L., Haggiag S., Giacanelli M.
Citation: Clinical Neurophysiology, June 2011, vol./is. 122/(S180-S181), 1388-2457 (June 2011)
Publication Date: June 2011
Abstract: Introduction: The peculiar aspect of conversion disorders is the loss of motor or sensory functions that cannot be explained by a physical condition, after appropriate investigations. Particularly, Motor Evoked Potentials (MEP) are commonly described as normal in these conditions (Cantello R et al 2001). We report a patient who finally had a diagnosis of conversion disorder in whom MEP studies resulted pathological. Case report: A 22 year-old woman was admitted to our hospital because of lower limbs plegia, which suddenly occurred during a sea bathing. Her past medical history was negative and she denied any spinal and head trauma. Neurological examination showed flaccid paraplegia, loss of sensation below the waist, inconstant and weak patellar reflexes, bilateral Achilles reflexes absence; plantar reflexes were indifferent; no sphincter disfunction occurred. Brain and spinal Magnetic Resonance Imaging (MRI) didn't show evidence of cerebral, spinal
cord, conus or cauda equina lesion, the latter remaining negative at the control after three days. Lumbar puncture proved a normal cerebro-spinal-fluid for chemical and bacteriological findings. Nerve conduction studies revealed normal function of tibial, peroneal and sural nerves. Somatosensory evoked potentials were performed stimulating the tibial nerves, without evidence of dysfunction bilaterally. MEP studies disclosed normal responses for amplitude and latency from abductor brevis pollicis muscle, either after cortical or after cervical stimulation. Interestingly MEP studies recorded from tibialis anterior muscles showed, following cortical stimulation, absence of response on the right side and abnormal response for latency and amplitude on the left side; after lumbar stimulation normal response was elicited bilaterally. Over time the patient partially recovered her neurological deficit spontaneously and on the ten days a MEP for cortical stimulation was recorded bilaterally, although reduced for amplitude. After four months her recover was complete and the MEP investigations documented a normal cortical response for amplitude and latency on both sides. Discussion: Brain mechanisms underlying conversion symptoms haven't been elucidated so far. Dysfunction at thalamus level (Sackeim et al 1979) or at prefrontal cortex (Oakley et al, 1999) have been postulated; moreover, a distortion of sensory or motor representation has been suggested (Brown et al 2004). Our results could reveal an inhibition of motor cortex, maybe through changing in its connectivity with midline brain regions, as documented in functional MRI studies (Cojan Y et al 2009). Conclusions: Unlike commonly reported MEP abnormalities seem to be compatible with conversion disorders and could explain the pathophysiology of these conditions.

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21. Conversion disorders in primary care attenders referred to a psychiatric consultation-liaison service

Author(s): Indrio C., Menchetti M., Lia L., Claudia C., Del Gobbo I., Berardi D.

Citation: Journal of Psychosomatic Research, June 2011, vol./is. 70/6(596), 0022-3999 (June 2011)

Publication Date: June 2011

Abstract: Background: Very few data are available on conversion disorder in primary care. Aim: This study aims to assess prevalence and comorbidity of conversion disorder in patients referred to a Psychiatric Consultation-Liaison Service for Primary Care. Methods: Patients referred to the Bologna Psychiatric Consultation-Liaison Service from January 2008 to December 2010 who complained of conversion symptoms were assessed with the Somatic Section of the Composite International Diagnostic Interview and the Mini International Neuropsychiatric Interview. Clinical records were examined to exclude other physical and neurological conditions. Results: During the 3-years period, 39 (15.5%) patients out of 251 reported conversion symptoms. Overall 80.6% of patients were female; the mean age was 39.4 years. The commonest symptom was dizziness (35.5%). Fifty-four point eight percent of the patients had a comorbidity. The most frequent comorbid diagnoses were anxiety disorders (41.9%) followed by mood (9.7%) or somatoform disorders (9.7%). Conclusions: Conversion disorder is a relatively common reason for referral to the psychiatrist.

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22. Somatisation in children: A profile of 100 cases, clinical presentations, precipitating factors and psychopathology

Author(s): Imran N., Bhatti M.R., Azeem Z., Amjad K.

Citation: Pakistan Paediatric Journal, June 2011, vol./is. 35/2(86-89), 0304-4904 (June 2011)

Publication Date: June 2011
Abstract: Objective: The present study was conducted in order to determine the clinical and psychosocial profile of children presenting with somatic symptoms in a tertiary care hospital setting. Materials and Methods: Hundred consecutively seen children presenting with psychosomatic symptoms in Child & Family psychiatry department were included in the study. Data regarding socio-demographic information, mode of referral, presenting symptoms, precipitating factors and psychiatric co morbidity was collected. Results: The mean age was 11.98 years (80 girls, 20 boys). Majority of referrals were from Family Physicians and self referrals. Headaches/Body aches including abdominal pain and fainting spells were the most common presenting symptoms (59% & 29% respectively). School difficulties led to onset of symptoms in more than half of the participants (52%) of the study. Conversion disorder (24%), undifferentiated somatoform disorders (17%) and emotional problems (depression 14%, generalised anxiety 13%) were some of the psychiatric comorbidities observed in these children. Conclusion: Somatic presentations in children are common in our setup. There is a need for underlying factors, and comorbid diagnosis in children presenting with somatic symptoms to be correctly recognised, properly referred and appropriately treated in a timely manner. Running Title: Somatic presentation in Children.

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23. Pain in the mind: Neuroticism, defense mechanisms, and dreaming as indicators of hysterical conversion and dissociation.

Author(s): Yu, Calvin Kai-Ching

Citation: Dreaming, June 2011, vol./is. 21/2(105-123), 1053-0797;1573-3351 (Jun 2011)

Publication Date: June 2011

Abstract: This study examined the extent to which the intrinsic predispositions that modulate dream content serve as indicators of the hysterical tendency to conversion and dissociation. The Dream Themes Inventory, Dream Intensity Scale, Limbic System Checklist-33, Dissociative Experiences Scale, Eysenck Personality Questionnaire Revised-Short Form, Boundary Questionnaire-18, and scales for evaluating defense mechanisms were administered to 585 Chinese participants. The findings indicate that the intensity of dream experiences and the narrative content of dreams are useful for identifying individuals with clinically significant hysterical symptoms. Hysterical dissociation is better predicted by the Ego Ideal, Appetite-Instinctual, and Sexual scales of the Dream Themes Inventory, whereas hysterical conversion is better indicated by the Persecution scale. This finding is discussed in relation to the neuropsychological mechanisms of dreaming and delusions. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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24. Safety and outcomes of intravenous thrombolysis in stroke mimics: a 6-year, single-care center study and a pooled analysis of reported series.


Citation: Stroke, June 2011, vol./is. 42/6(1771-4), 0039-2499;1524-4628 (2011 Jun)

Publication Date: June 2011

Abstract: BACKGROUND AND PURPOSE: Efforts to increase the availability and shorten the time delivery of intravenous thrombolysis in patients with acute ischemic stroke carry the potential for tissue plasminogen activator administration in patients with diseases other than stroke, that is, stroke mimics (SMs). We aimed to determine safety and to describe outcomes of intravenous thrombolysis in SM.METHODS: We retrospectively analyzed stroke registry data of consecutive acute ischemic stroke admissions treated with intravenous thrombolysis over a 6-year-period. The admission National Institutes of Health
Stroke Scale score, vascular risk factors, ischemic lesions on brain MRI (routinely performed as part of diagnostic work-up), and discharge modified Rankin Scale scores were documented. Initial stroke diagnosis in the emergency department was compared with final discharge diagnosis. SM diagnosis was based on the absence of ischemic lesions on diffusion-weighted imaging sequences in addition to an alternate discharge diagnosis. Symptomatic intracranial hemorrhage was defined as brain imaging evidence of intracranial hemorrhage with clinical worsening by National Institutes of Health Stroke Scale score increase of >=4 points.

RESULTS: Intravenous thrombolysis was administered in 539 patients with acute ischemic stroke (55% men; mean age, 66 +/- 15 years). Misdiagnosis of acute ischemic stroke was documented in 56 cases (10.4%; 95% CI, 7.9% to 13.3%). Conversion disorder (26.8%), complicated migraine (19.6%), and seizures (19.6%) were the 3 most common final diagnoses in SM. SMs were younger (mean age, 56 +/- 13 years) and had milder baseline stroke severity (median National Institutes of Health Stroke Scale, 6; interquartile range, 4) compared with patients with confirmed acute ischemic stroke (mean age, 67 +/- 14 years; median National Institutes of Health Stroke Scale, 8; interquartile range, 10; P<0.001). There was no case of symptomatic intracranial hemorrhage in SMs (0%; 95% CI, 0% to 5.5%); 96% of SMs were functionally independent at hospital discharge (modified Rankin Scale, 0 to 1).

CONCLUSIONS: Our single-center data indicate favorable safety and outcomes of intravenous thrombolysis administered to SM.

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Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection.
Available in print at a ULHT/ non-ULHT hospital library. For articles outside fulltext dates, click and complete an online form to request them.


Author(s): Friedman JH

Citation: Nature Reviews Neuroscience, June 2011, vol./is. 7/6(306-7), 1759-4758;1759-4766 (2011 Jun)

Publication Date: June 2011

Abstract: A new survey of British neurologists shows that no commonly accepted model exists for the diagnosis of conversion disorder. Instead, the results indicate that the neurologist's diagnosis is influenced largely by their communication with the patients.

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26. Convergence spasm in conversion disorders: Prevalence in psychogenic and other movement disorders compared to controls

Author(s): Fekete R., Baizabal-Carvallo J.F., Ha A.D., Jankovic J.

Citation: Movement Disorders, May 2011, vol./is. 26/(S357), 0885-3185 (May 2011)

Publication Date: May 2011

Abstract: Objective: To characterize the frequency and severity of convergence spasm in patients with psychogenic and other movement disorders and in healthy controls, and to assess whether an association exists between convergence spasm and psychogenicity. Background: Convergence spasm refers to the inappropriate occurrence of the near triad, consisting of ocular convergence, mio- sis, and accommodation, in variable degree and duration (+). Although convergence spasm may be present in the setting of mid- brain pathology and other organic lesions, the majority of cases are generally thought to be
associated with conversion (somatization) disorders and are often found in young patients with psychogenic disorders. Patients presenting with convergence spasm may be subjected to unnecessary invasive workup. Methods: 36 subjects were included in this study, including 12 normal controls (age 52.0614.7), 13 psychogenic movement disorders patients (age 38.96 17.8), and 11 organic movement disorder cases (age 58.56 18.5). Patients were videotaped during a maneuver to elicit convergence spasm, which involved fixation of gaze to a target in the horizontal plane. The videotape was rated by two blinded raters on a scale of 0= normal, 1 = mild convergence spasm, and 2= marked convergence spasm. Results: Diplopia was reported by 7/13 (54%) psychogenic, 5/11 (45%) organic movement disorder cases, and by 2/12 (17%) of controls. Inter-rater reliability analysis of presence (rating 1 or 2) vs. absence (rating 0) showed good agreement (27/36 or 75%; Kappa 0.491, SE 0.147). Convergence spasm was present in 9/10 (90%) of psychogenic movement disorders cases, 4/8 (50%) of non-psycho- genic movement disorders cases (p= 0.088), and 4/9 (44%) of controls (p= 0.049). Analysis for presence of marked convergence spasm (rating 2) yielded agreement in 32/36 (88.9%) of examinations (Kappa 0.652, SE 0.164) with specificity of 85% (sensitivity of 17%). Conclusions: Thus, the presence of marked convergence spasm indicates high probability of a co-existent psychogenic movement disorder with relatively high specificity, suggesting that the presence of this sign provides additional support for the diagnosis of psycho- genic movement disorder.

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Available in print at Lincoln County Hospital Professional Library

27. What do neurologists think about conversion disorder?

Author(s): Friedman J.H.

Citation: Nature Reviews Neurology, May 2011, vol./is. 7/6(306-307), 1759-4758;1759-4766 (May 2011)

Publication Date: May 2011

Source: EMBASE

Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.


Author(s): Lang AE, Voon V

Citation: Movement Disorders, May 2011, vol./is. 26/6(1175-86), 0885-3185;1531-8257 (2011 May)

Publication Date: May 2011

Abstract: As the field of movement disorders has developed and matured over the past 25 years, psychogenic movement disorders have become increasingly recognized in subspecialty clinics. The diagnosis can be challenging and should be based on positive features rather than a purely exclusionary approach. The clinical phenotype can be quite varied, although certain categories of abnormal movement are more common than others. Electrophysiological studies may be particularly useful in establishing the diagnosis, especially with respect to tremor and myoclonus, and an argument can be made for adding a "laboratory-supported definite" category to earlier classification schemes. The diagnosis of psychogenic dystonia remains a major challenge, although there are some recent promising developments with respect to the evaluation of cortical plasticity that require further study. The pathogenesis of psychogenic movement disorders is poorly understood; insights may be provided from the study of other neurological conversion disorders such as psychogenic hemiparesis. Psychogenic movement disorders typically result in considerable disability and negatively impact quality of life to the same or greater extent than do many organic movement disorders. Treatment is extremely challenging, and many patients experience chronic disability despite various therapeutic interventions. Given the personal and societal impact of these problems, further advances in our understanding of their pathogenesis and the subsequent development of effective therapies are sorely needed.
29. Conversion disorder: Advances in our understanding.

Author(s): Feinstein, Anthony

Citation: Canadian Medical Association Journal, May 2011, vol./is. 183/8(915-919), 0820-3946;1488-2329 (May 17, 2011)

Abstract: This article presents a review which aims to examine the classification, epidemiology and theories as to the causes of conversion disorder, as well as the issues related to the condition's diagnosis and management and also focus on advances in magnetic resonance imaging (MRI) that complement long-held psychoanalytic beliefs concerning the notion of primary gain underpinning the pathogenesis of conversion symptoms, i.e., the "conversion" of emotional distress into a presentation of physical illness. Prevalence rates vary according to the composition of the population studied and whether the authors reported the frequency of conversion symptoms or the diagnosis of the syndrome. There is broad agreement that conversion disorder is more common in women, with an age of onset across the lifespan. Conversion disorder is attributed to conflicts or recent stressors. The diagnosis of a possible conversion disorder should be considered when neurologic signs are atypical, do not conform anatomically or are at odds with the results of clinical investigations. With ideas like primary and secondary gain, and the posited relationship between the development of symptoms and the presence of some external stressor, conversion disorder has long been viewed as the quintessential psychological disorder. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

Source: PsycINFO

Full Text: Available in **print** at Lincoln County Hospital Professional Library


Author(s): Baslet, Gaston, Hill, James

Citation: Clinical Case Studies, April 2011, vol./is. 10/2(95-109), 1534-6501;1552-3802 (Apr 2011)

Abstract: Conversion and dissociative disorders have psychopathological mechanisms in common and can simultaneously be present in the same patient. Evidence-based treatments for conversion and dissociative disorders are limited and mostly focused on cognitive-behavioral therapies (CBT) for a few conversion disorders. Avoidance and difficulties in emotion expression are thought to explain conversion and hence, mindfulness-based therapies (MBTs) could hypothetically constitute a beneficial intervention. Here, we present the case of Anne, a 31-year-old female with a long-term history of depression, anxiety, and psychogenic nonepileptic seizures (PNES). While facing health-related and marital stressors, Anne acutely developed conversion left-sided paralysis, psychogenic bilateral tremor, and dissociative amnesia and had an increase in PNES frequency. Some of these newly developed symptoms resolved and other improved significantly after an acceptance and commitment therapy (ACT) intervention was offered during a brief inpatient hospitalization. This constitutes the first report of an ACT-based intervention used in this type of clinical syndromes. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

Source: PsycINFO
31. Psychogenic movement disorders and motor conversion: a roadmap for collaboration between neurology and psychiatry.

Author(s): Kranick SM, Gorrindo T, Hallett M

Citation: Psychosomatics, March 2011, vol./is. 52/2(109-16), 0033-3182;1545-7206 (2011 Mar-Apr)

Abstract: BACKGROUND: There are a host of vague terms to describe psychologically-mediated symptoms that mimic neurological disease, such as "functional," "non-organic," "psychogenic," or "medically unexplained." None of these terms has a direct translation in psychiatric classification, and psychiatrists are often faced with patients who do not believe in a psychological origin for their symptoms.OBJECTIVE: Within the framework of psychogenic movement disorders, we discuss the roadblocks to effective collaboration and treatment in these patients and the current state of the literature regarding diagnosis and treatment.RESULTS: We describe the approach to these patients from the perspective of neurology and psychiatry, illustrating the differences in terminology and categorization.CONCLUSION: Psychogenic movement disorders represent a unique opportunity for these fields to collaborate in the care of a potentially curable but significantly disabling disorder. Copyright Copyright 2011 The Academy of Psychosomatic Medicine. All rights reserved.

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Author(s): Gupta V, Singh A, Upadhyay S, Bhatia B

Citation: Indian Journal of Pediatrics, March 2011, vol./is. 78/3(283-6), 0019-5456;0973-7693 (2011 Mar)

Abstract: OBJECTIVE: To study the clinical profile, socio-demographic features, psychosocial stressors and outcome of somatoform disorders in childrenMETHODS: Children up to the age of 18 year presenting with unexplained physical symptoms over a period of 6 months were evaluated. A detailed history and physical examination was carried out. Appropriate investigations were undertaken to exclude organic causes. Diagnosis was made according to DSM-IV-TR criteria.RESULTS: Forty-five children were diagnosed with somatoform disorders during the study period. The prevalence was 0.5% and 0.9% among outdoor and indoor patients, respectively. Conversion disorder (48.9%) was the commonest followed by other somatoform disorders (26.7%). Pseudoseizures and fainting attacks in conversion disorder and pain abdomen and general body pain in somatoform disorder were the commonest symptoms. Male to female ratio was 2.2:1. Urban children (25) were represented more than rural children (20). Stress factors were identified in 71.1% patients, which included fear of school or examinations. Thirty-three patients (73.3%) remained asymptomatic after counseling whereas, 8 patients (17.6%) had relapse requiring further counseling. Four patients (8.8%) showed no improvement and needed psychiatric evaluation.CONCLUSIONS: Early referral to mental health professional is required to avoid unnecessary investigations and delay in diagnosis of somatoform disorders in children.

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33. Somatization disorders: diagnosis, treatment, and prognosis.
34. Conversion disorder as initial diagnosis in pantothenate kinase associated neurodegeneration.

Author(s): Vansteenkiste I, van Gool WA, Hofstee DJ, Tijssen MA

Citation: Journal of Neurology, January 2011, vol./is. 258/1(152-4), 0340-5354;1432-1459 (2011 Jan)

Publication Date: January 2011

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35. Motor excitability during movement imagination and movement observation in psychogenic lower limb paresis.

Author(s): Liepert J, Hassa T, Tuscher O, Schmidt R

Citation: Journal of Psychosomatic Research, January 2011, vol./is. 70/1(59-65), 0022-3999;1879-1360 (2011 Jan)

Publication Date: January 2011

Abstract: BACKGROUND: Patients with a psychogenic paresis have difficulties performing voluntary movements. Typically, diagnostic interventions are normal. We tested whether patients with a psychogenic lower limb paresis exhibit abnormal motor excitability during motor imagery or movement observation.METHODS: Transcranial magnetic stimulation (TMS) with single and paired pulses was used to explore motor excitability at rest, during imagination of ankle dorsiflexions and during watching another person perform ankle dorsiflexions. Results obtained in ten patients with a flaccid psychogenic leg paresis were compared with a healthy age-matched control group. In addition, results of two patients with a psychogenic fixed dystonia of the leg are presented.RESULTS: During rest, motor excitability evaluated by motor thresholds, size of motor-evoked potentials (MEP) by single pulse TMS, intracortical inhibition and intracortical facilitation tested by paired-pulse TMS were similar in patients and healthy subjects. MEPs recorded in five patients during movement observation were also comparable across the two groups. During motor imagery, patient MEPs were significantly smaller than in the control group and smaller than during rest, indicating an inhibition.CONCLUSION: In patients with motor conversion disorder, the imagination of own body movements induces a reduction of corticospinal motor excitability whereas it induces an excitability increase in healthy subjects. This discrepancy might be the electrophysiological substrate of the inability to move voluntarily. Watching another person perform movements induces a normal excitability increase, indicating a crucial role of the perspective and suggesting that focusing the patient's attention on a different person might become a therapeutic approach. Copyright ACopyright 2011. Published by Elsevier Inc.
36. Conversion disorder: a missed diagnosis leading to cochlear reimplantation.

**Author(s):** Carlson ML, Archibald DJ, Gifford RH, Driscoll CL

**Citation:** Otology & Neurotology, January 2011, vol./is. 32/1(36-8), 1531-7129;1537-4505 (2011 Jan)

**Publication Date:** January 2011

**Abstract:** OBJECTIVE: To report a case of a patient presenting with presumed cochlear implant (CI) device failure that underwent revision surgery and was ultimately diagnosed with conversion disorder. STUDY DESIGN: Clinical capsule report. SETTING: Tertiary academic referral center. PATIENT: A pediatric patient with Waardenburg syndrome underwent unilateral CI at the age of 6 years for bilateral profound sensorineural hearing loss. During the following 2 years, the patient experienced subjective symptoms of device malfunction including abnormal sounds and intermittent loss of signal despite external component exchange. The patient subsequently underwent revision surgery only to have persistent intermittent complaints. Given the severity of the symptoms, the patient underwent a second reimplantation procedure. Extensive device testing by our institutional implant program and the manufacturer failed to reveal any causal device defects. INTERVENTIONS AND RESULTS: Given the ongoing but inconsistent subjective complaints and normal device testing, the patient was referred for psychiatric consultation to evaluate for a nonorganic underlying cause. The patient was subsequently diagnosed with conversion disorder and successfully managed with ongoing psychiatric counseling and close follow-up with our CI program. CONCLUSION: This represents the first report of a patient presenting with symptoms of device failure, who underwent revision surgery and was ultimately found to have conversion disorder. Although rare, conversion disorder should be considered in the differential diagnosis of patients presenting with symptoms of device malfunction and normal integrity testing particularly among those with significant psychosocial stressors or a history of psychiatric illness. Thorough device testing and in-depth psychological evaluation is required for diagnosis, and close multidisciplinary follow-up with the CI team and psychiatrist is crucial.

**Source:** MEDLINE

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37. On the nature of nondermatomal somatosensory deficits.

**Author(s):** Mailis-Gagnon A, Nicholson K

**Citation:** Clinical Journal of Pain, January 2011, vol./is. 27/1(76-84), 0749-8047;1536-5409 (2011 Jan)

**Publication Date:** January 2011

**Abstract:** OBJECTIVES: Nondermatomal somatosensory deficits (NDSDs) not conforming to the distribution of peripheral nerves or dermatomes, and often present after a minor injury or with no known inciting event, have long been associated with "hysteria." This article reviews the modern literature concerning NDSDs associated with chronic pain with regard to their prevalence, phenomenology and clinical presentation, clinical assessment, etiology and pathophysiology, relationship with Conversion Disorder and psychological factors, and their treatment and prognosis. METHODS: Past research and relevant literature concerning NDSDs are reviewed and summarized. Clinical case reports are presented to illustrate the salient features of NDSDs. RESULTS: The prevalence of NDSDs varies between 25% and 50% in samples of chronic pain populations. We describe the temporal, spatial, qualitative, motor, sensory, and behavioral characteristics of NDSDs. Illustrative case reports show the remarkable NDSD phenomenology, variability, and reversibility. NDSDs represent intensely dynamic phenomena that are likely associated with supraspinal mechanisms. Recent functional imaging findings show significant alterations in brain activation patterns in these patients. Similar but spatially and temporally restricted phenomena have been shown in experimental studies with healthy controls and pain patients. NDSDs are associated with certain demographic variables, and possibly psychological factors seem to constitute a poor prognostic sign for response to treatment.
and return to work and can coexist with structural musculoskeletal or nervous system abnormalities. CONCLUSIONS: NDSDs are important and prevalent clinical phenomena associated with chronic pain. Their prevalence in the general population, primary care settings, and non pain patients is unknown. Research needs to be carried out to elucidate these important phenomena.

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38. Culture and conversion disorder: implications for DSM-5.

Author(s): Brown RJ, Lewis-Fernandez R

Citation: Psychiatry, 2011, vol./is. 74/3(187-206), 0033-2747;1943-281X (2011)

Publication Date: 2011

Abstract: The diagnostic criteria and related features of conversion disorder are under revision for DSM-5, including the requirement that psychological factors accompany the symptoms or deficits in question (Criterion B) and whether conversion disorder should be re-labeled as a dissociative, rather than a somatoform, condition. We examined the cross-cultural evidence on the prevalence, characteristics, and associated features of pseudoneurological symptoms more generally, and conversion disorder in particular, in order to inform the ongoing re-evaluation of the conversion disorder category. We also examined the relationship between these constructs and dissociative symptoms and disorders across cultural groups. Searches were conducted of the mental health literature, particularly since 1994, regarding culture, race, or ethnicity factors related to conversion disorder. Many proposed DSM-5 revisions were supported, such as the elimination of Criterion B. We also found cross-cultural variability in predominant symptoms, disorder prevalence, and relationship with cultural syndromes. Additional information that may contribute to DSM-5 includes the elevated rates across cultures of traumatic exposure and psychiatric comorbidity in conversion disorder. Cross-culturally, conversion disorder is associated strongly with both dissociative and somatoform presentations, revealing no clear basis on which to locate the disorder in DSM-5. Careful consideration should be given to the possible alternatives.

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Author(s): Jones HN, Story TJ, Collins TA, Dejoy D, Edwards CL

Citation: Behavioural Neurology, January 2011, vol./is. 24/3(245-55), 0953-4180;1875-8584 (2011 Jan 1)

Publication Date: January 2011

Abstract: Multiple reports have described patients with disordered articulation and prosody, often following acute aphasia, dysarthria, or apraxia of speech, which results in the perception by listeners of a foreign-like accent. These features led to the term foreign accent syndrome (FAS), a speech disorder with perceptual features that suggest an indistinct, non-native speaking accent. Also correctly known as pseudoforeign accent, the speech does not typically match a specific foreign accent, but is rather a constellation of speech features that result in the perception of a foreign accent by listeners. The primary etiologies of FAS are cerebrovascular accidents or traumatic brain injuries which affect
cortical and subcortical regions critical to expressive speech and language production. Far fewer cases of FAS associated with psychiatric conditions have been reported. We will present the clinical history, neurological examination, neuropsychological assessment, cognitive-behavioral and biofeedback assessments, and motor speech examination of a patient with FAS without a known vascular, traumatic, or infectious precipitant. Repeated multidisciplinary examinations of this patient provided convergent evidence in support of FAS secondary to conversion disorder. We discuss these findings and their implications for evaluation and treatment of rare neurological and psychiatric conditions.

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40. **Etiology, pathogenesis, and therapy according to Pierre Janet concerning conversion disorders and dissociative disorders.**

**Author(s):** Buhler KE, Heim G

**Citation:** American Journal of Psychotherapy, 2011, vol./is. 65/4(281-309), 0002-9564;0002-9564 (2011)

**Publication Date:** 2011

**Abstract:** Pierre Janet's works on conversion disorders or dissociative disorders has mainly fallen to the wayside in favour of Freud's works. In the first part of this paper, Janet's conception of hysteria is discussed and his place in French psychiatry described. Different aspects of Janet's diathesis-stress approach are presented (particularly the pathogenic concept of fixed ideas), which refer not only to a conception of hysteria but also to traumatic (stress) disorders and other psychological disturbances. The second part of the paper details the varieties of Janetian therapeutic treatments of these disorders: the "liquidation" of fixed ideas by hypnosis and suggestion, confrontation techniques, which resemble contemporary cognitive behavioural approaches, and special cognitive ("logagogic") interventions. Finally, we discuss the various treatment strategies based on psychoeconomic considerations such as physical or psycho-physical therapies, psychoeducation, treatment through rest, and simplification of life for dealing with basic disturbances of psychic disorders.

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41. **Abnormal parietal function in conversion paresis.**

**Author(s):** van Beilen M, de Jong BM, Gieteling EW, Renken R, Leenders KL

**Citation:** PLoS ONE [Electronic Resource], 2011, vol./is. 6/10(e25918), 1932-6203;1932-6203 (2011)

**Publication Date:** 2011

**Abstract:** The etiology of medically unexplained symptoms such as conversion disorder is poorly understood. This is partly because the interpretation of neuroimaging results in conversion paresis has been complicated by the use of different control groups, tasks and statistical comparisons. The present study includes these different aspects in a single data set. In our study we included both normal controls and feigners to control for conversion paresis. We studied both movement execution and imagery, and we contrasted both within-group and between-group activation. Moreover, to reveal hemisphere-specific effects that have not been reported before, we performed these analyses using both flipped and unflipped data. This approach resulted in the identification of abnormal parietal activation which was specific for conversion paresis patients. Patients also showed reduced activity in the prefrontal cortex, supramarginal gyrus and precuneus, including hemisphere-specific activation that is lateralized in the same hemisphere, regardless of right- or left-sided
paresis. We propose that these regions are candidates for an interface between psychological mechanisms and disturbed higher-order motor control. Our study presents an integrative neurophysiological view of the mechanisms that contribute to the etiology of this puzzling psychological disorder, which can be further investigated with other types of conversion symptoms.

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42. Integrating Ericksonian hypnosis and systemic couple therapy in the treatment of conversion disorders.

Author(s): Loriedo, Camillo, Di Leone, Flavio G, Zullo, Daiana

Citation: Contemporary Hypnosis & Integrative Therapy, 2011, vol./is. 28/3(204-223), 0960-5290 (2011)

Publication Date: 2011

Abstract: Focusing on a systemic view of conversion disorders, this paper presents a particular system of family and couple interactive patterns that we have called narrative relationships. This theoretical framework is illustrated through a case example and the verbatim transcript of a hypnotic couple session, in order to demonstrate how systemic psychotherapy and Ericksonian hypnotherapy can happily meet and perfectly integrate. The hypnosystemic approach is based on the assumption that patterns of behaviour that take place in a family or couple system are not independent from the individual thinking of its members, and vice versa. Conversion disorders seem to be the context in which the individual and family drama provide the greatest evidence, to the point of making the story prevail over any subjective or intersubjective authenticity. The narrative relationship is characterized by: (1) communication patterns centred on the presence of 'secrets'; (2) a fantastic and dramatizing facade built on everyday life events; and (3) a pervasive tendency to transform all experiences into a narrative to be told continuously to interested and unconcerned listeners. The results of our clinical experience confirm that the therapeutic intervention demonstrates effectiveness mostly when the basic conflict and the symbolism embedded in the disorder is understood in terms of a specific system of relations. (PsycINFO Database Record (c) 2012 APA, all rights reserved) (journal abstract)

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43. Conversion symptom as condensation of childhood traumata: Analysis of a middle-aged woman.

Author(s): Vorne, Arja

Citation: The Scandinavian Psychoanalytic Review, 2011, vol./is. 34/1(13-22), 0106-2301;1600-0803 (2011)

Publication Date: 2011

Abstract: According to Freud, the symptoms of hysteria reflect repressed sexual memories, desires and fantasies either through conversion or somatisation or through anxiety hysteria. The main defence mechanism in each case is repression, particularly of the oedipal conflict; it is also evident that pre-oedipal, for example, oral, conflicts often play a role in hysteria. The author describes how a conversion symptom, in this case epileptic spasms, represents fantasies and traumatic experiences in the different phases of childhood in a middle-aged woman's analysis. The coexistence and alteration of early pre-oedipal and oedipal themes are elucidated, as is, with the help of transference analysis, the amelioration of a symptom when its current meanings become conscious in the patient's mind and the patient is able to verbalise them. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

Source: PsycINFO
44. Culture and conversion disorder: Implications for DSM-5.

Author(s): Brown, Richard J, Lewis-Fernandez, Roberto

Citation: Psychiatry: Interpersonal and Biological Processes, 2011, vol./is. 74/3(187-206), 0033-2747;1943-281X (Fal, 2011)

Publication Date: 2011

Abstract: The diagnostic criteria and related features of conversion disorder are under revision for DSM-5, including the requirement that psychological factors accompany the symptoms or deficits in question (Criterion B) and whether conversion disorder should be re-labeled as a dissociative, rather than a somatoform, condition. We examined the cross-cultural evidence on the prevalence, characteristics, and associated features of pseudo neurological symptoms more generally, and conversion disorder in particular, in order to inform the ongoing re-evaluation of the conversion disorder category. We also examined the relationship between these constructs and dissociative symptoms and disorders across cultural groups. Searches were conducted of the mental health literature, particularly since 1994, regarding culture, race, or ethnicity factors related to conversion disorder. Many proposed DSM-5 revisions were supported, such as the elimination of Criterion B. We also found cross-cultural variability in predominant symptoms, disorder prevalence, and relationship with cultural syndromes. Additional information that may contribute to DSM-5 includes the elevated rates across cultures of traumatic exposure and psychiatric comorbidity in conversion disorder. Cross-culturally, conversion disorder is associated strongly with both dissociative and somatoform presentations, revealing no clear basis on which to locate the disorder in DSM-5. Careful consideration should be given to the possible alternatives. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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45. From hysteria and shell shock to posttraumatic stress disorder: Comments on psychoanalytic and neuropsychological approaches

Author(s): Dayan J., Olliac B.

Citation: Journal of Physiology Paris, December 2010, vol./is. 104/6(296-302), 0928-4257 (December 2010)

Publication Date: December 2010

Abstract: In this paper, we look back at some of the earliest psychoanalytic approaches to trauma. The theoretical feasibility of reconciling psychoanalytic and neurobiological accounts of the effects of severe stress is examined. First, several epistemic considerations about the concepts of falsifiability and complexity in science are discussed with regard to neuroscience and psychoanalysis. We report the decisive discussions and descriptions of shell shock and hysteria that laid the foundation for the modern notions of dissociation and posttraumatic stress disorder (PTSD). We particularly underline the differences between "traumatic memory", which merely and unconsciously repeats the past, and "narrative memory", which narrates the past as past. Then, the construction of the modern concept of PTSD is described and the classification of conversion and dissociative disorders is questioned. In the next section, several recent neurobiological findings in patients with
PTSD are reviewed. We place particular emphasis on cognitive impairment and cognitive bias relative to threatening stimuli, and on a general pattern of facilitated and heightened activation of the amygdala for threat-related stimuli, which are both recognized symptoms of PTSD. A possible meeting point between Cannon's and Freud's theoretical concepts is discussed in the frame of a deregulation of the stress system which helps not only to regulate homeostasis but also to adjust behaviour to external threats. We conclude that, although psychoanalysis and neuroscience may reciprocally complement and enlighten each other, their objects and methods, and thence their concepts, are fundamentally different. 2010 Elsevier Ltd.

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46. Postoperative conversion disorder in a pediatric patient.

Author(s): Judge A, Spielman F

Citation: Paediatric Anaesthesia, November 2010, vol./is. 20/11(1052-4), 1155-5645;1460-9592 (2010 Nov)

Publication Date: November 2010

Abstract: According to the Diagnostic and Statistical Manual IV (DSM IV), conversion disorder is classified as a somatoform illness and defined as an alteration or loss of physical function because of the expression of an underlying psychological ailment. This condition, previously known as hysteria, hysterical neurosis, or conversion hysteria occurs rarely, with an incidence of 11-300 cases per 100,000 people (American Psychiatric Association. Diagnostic and statistical manual of mental disorders. 4th edn. Washington, DC: American Psychiatric Association, 1994). Presentation after an anesthetic is exceptional. After thorough review of the literature, fewer than 20 cases have been documented, with only two instances in patients younger than 18 years of age after general anesthesia; both were mild in nature. We present a severe case of postoperative conversion disorder that developed upon emergence from anesthesia in a previously healthy 16-year-old girl following direct laryngoscopy with vocal fold injection. Copyright 2010 Blackwell Publishing Ltd.

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47. Bypassing shame and conversion disorder

Author(s): Bota R.G., Ricci W.F., Preda A.

Citation: CNS Spectrums, October 2010, vol./is. 15/10, 1092-8529 (October 2010)

Publication Date: October 2010

Abstract: We report a case of conversion disorder (partial aphonia) that was successfully treated with speech therapy. During the one year duration of this illness, the patient regained transiently (minutes) her normal speech on a few occasions, independently of concomitant pharmacological interventions. One year after recovery she developed aphonia for the second time, which responded again to speech therapy, although the response rate was slower. Several mechanisms of conversion disorder are reviewed as specifically applied to this case. The possible role of pertinent shame mechanisms in the conversion pathology is discussed.

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48. Decreased serum BDNF levels in patients with epileptic and psychogenic nonepileptic seizures.

Author(s): LaFrance WC Jr, Leaver K, Stopa EG, Papandonatos GD, Blum AS

Citation: Neurology, October 2010, vol./is. 75/14(1285-91), 0028-3878;1526-632X (2010 Oct 5)

Publication Date: October 2010

Abstract: OBJECTIVE: Neurotrophins promote neurogenesis and help regulate synaptic reorganization. Their dysregulation has been implicated in a number of neurologic and psychiatric disorders. Previous studies have shown decreased levels of brain-derived neurotrophic factor (BDNF) in the serum of patients with psychiatric disorders such as major depressive disorder (MDD) and conversion disorder (CD). In human patients with temporal lobe epilepsy, there is an increase in both BDNF mRNA and protein levels in surgically resected hippocampi compared to controls. One study of children with epilepsy has found normal to increased serum BDNF levels compared to controls. Plasma [corrected] BDNF levels have not been investigated in adult patients with epileptic seizures (ES). We hypothesized that BDNF would differentiate between ES and psychogenic nonepileptic seizures (PNES).

METHODS: We assessed plasma [corrected] BDNF immunoreactivity in 15 patients with ES, 12 patients with PNES, and 17 healthy volunteers. Plasma [corrected] BDNF levels were measured using an enzyme-linked immunoassay.

RESULTS: Healthy controls showed higher BDNF levels (4,289 +/- 1,810 pg/mL) compared to patients with PNES (1,033 +/- 435 pg/mL) (p < 0.001). However, unexpectedly, healthy controls also showed higher levels of BDNF compared to patients with ES without comorbid MDD (977 +/- 565 pg/mL) (p < 0.001).

CONCLUSIONS: Unlike children, adults with epilepsy appear to have decreased levels of plasma [corrected] BDNF. Reduced plasma [corrected] BDNF levels can be used to differentiate adult patients with ES or PNES from healthy controls. Further human studies are needed to better understand the pathophysiology explaining the decreased plasma [corrected] BDNF levels found in epilepsy and in PNES.

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49. Nondermatomal somatosensory deficits: overview of unexplainable negative sensory phenomena in chronic pain patients.

Author(s): Mailis-Gagnon A, Nicholson K

Citation: Current Opinion in Anaesthesiology, October 2010, vol./is. 23/5(593-7), 0952-7907;1473-6500 (2010 Oct)

Publication Date: October 2010

Abstract: PURPOSE OF REVIEW: To review the literature and our current understanding of nondermatomal somatosensory deficits (NDSDs) associated with chronic pain in regards to their prevalence, assessment and clinical presentation, cause and pathophysiology, relationship with conversion disorder and psychological factors, as well as their treatment and prognosis.

RECENT FINDINGS: NDSDs are negative sensory deficits consisting of partial or total loss of sensation to pinprick, light touch or other cutaneous modalities. Although they had been noted more than a century ago and appear prevalent in chronic pain populations, they are poorly studied. They may be very mild or very dense, may occupy large body areas, are often highly dynamic and changeable or, to the contrary, very stable and long lasting. NDSDs may occur in the absence of biomedical pathology or coexist with structural musculoskeletal or nervous system abnormalities. They appear to be associated with psychological factors and a poor prognosis for response to treatment and return to work. Recent brain imaging studies provide a basis for understanding NDSD pathophysiology.

SUMMARY: NDSDs represent prevalent phenomena associated with chronic pain. Further, research is needed to elucidate their origin, response to treatment,
and prevalence in the general population, primary care settings, and nonpain patients.

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50. **Conversion phenomenon during the induction period of general anesthesia - A case report**

**Author(s):** Kim J.S., Cho E.J., Park L.J., O J.S.

**Citation:** Korean Journal of Anesthesiology, September 2010, vol./is. 59/3(210-213), 2005-6419;2005-7563 (September 2010)

**Publication Date:** September 2010

**Abstract:** Conversion disorder is characterized as psychological symptoms such as somatization and emotional distress, but there is no abnormal electrical signal in the brain. We report a patient who appeared conversion disorder during the induction period of general anesthesia. A 45-year-old woman was planned for arthroscopic knee meniscectomy. In the operating room, she appeared stable, but she said extremely nervous in this situation. Before propofol injection for induction of anesthesia, we injected 1% lidocaine 50 mg iv for pain relief. Immediately after injection, she showed general seizure-like activity and then tonic-rigid muscle tone, dyspnea with periodic breathing without cyanosis, and clouding of consciousness. The operation was delayed, and she was examined by neurosurgeon and psychiatrist. She was diagnosed as suffering with conversion disorder and she was without brain abnormalities on the magnetic resonance imaging. Her condition improved after anti-depressant medication and supportive psychotherapy. She underwent uneventful knee surgery 40 days later. Copyright Korean Society of Anesthesiologists, 2010.

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51. **Cognitive behavioral therapy for somatoform disorders.**

**Author(s):** Allen LA, Woolfolk RL

**Citation:** Psychiatric Clinics of North America, September 2010, vol./is. 33/3(579-93), 0193-953X;1558-3147 (2010 Sep)

**Publication Date:** September 2010

**Abstract:** Patients presenting with somatoform disorders often incur excessive health care charges and fail to respond to standard treatment. The purpose of this article is to provide an overview of the diagnostic criteria and demographic and clinical characteristics of each somatoform disorder and to examine the research assessing the efficacy of cognitive behavioral therapy (CBT) for each disorder. The review shows that CBT has received some empirical support for somatization, hypochondriasis, and body dysmorphic disorder. However, there are few data on the impact of treatment on health care use, especially when the cost of CBT is factored into the equation. Too few methodologically sound studies have been published on the treatment of conversion disorder or of pain disorder to make any conclusions. Copyright 2010 Elsevier Inc. All rights reserved.

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52. Diagnosing somatisation disorder (P75) in routine general practice using the International Classification of Primary Care.

Author(s): Schaefer, Rainer, Laux, Gunter, Kaufmann, Claudia, Schellberg, Dieter, Bolter, Regine, Szecsenyi, Joachim, Sauer, Nina, Herzog, Wolfgang, Kuehlein, Thomas

Citation: Journal of Psychosomatic Research, September 2010, vol./is. 69/3(267-277), 0022-3999 (Sep 2010)

Publication Date: September 2010

Abstract: Objective: (i) To analyze general practitioners' diagnosis of somatisation disorder (P75) using the International Classification of Primary Care (ICPC)-2-E in routine general practice. (ii) To validate the distinctiveness of the ICD-10 to ICPC-2 conversion rule which maps ICD-10 dissociative/conversion disorder (F44) as well as half of the somatoform categories (F45.0-2) to P75 and codes the other half of these disorders (F45.3-9), including autonomic organ dysfunctions and pain syndromes, as symptom diagnoses plus a psychosocial code in a multiaxial manner. Methods: Cross-sectional analysis of routine data from a German research database comprising the electronic patient records of 32 general practitioners from 22 practices. For each P75 patient, control subjects matched for age, gender, and practice were selected from the 2007 yearly contact group (YCG) without a P75 diagnosis using a propensity-score algorithm that resulted in eight controls per P75 patient. Results: Of the 49,423 patients in the YCG, P75 was diagnosed in 0.6% (302) and F45.3-9 in 1.8% (883) of cases; overall, somatisation syndromes were diagnosed in 2.4% of patients. The P75 coding pattern coincided with typical characteristics of severe, persistent medically unexplained symptoms (MUS). F45.3-9 was found to indicate moderate MUS that otherwise showed little clinical difference from P75. Pain syndromes exhibited an unspecific coding pattern. Mild and moderate MUS were predominantly recorded as symptom diagnoses. Psychosocial codes were rarely documented. Conclusions: ICPC-2 P75 was mainly diagnosed in cases of severe MUS. Multiaxial coding appears to be too complicated for routine primary care. Instead of splitting P75 and F45.3-9 diagnoses, it is proposed that the whole MUS spectrum should be conceptualized as a continuum model comprising categorizations of uncomplicated (mild) and complicated (moderate and severe) courses. Psychosocial factors require more attention. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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53. A 38-year-old woman with depression, stomach pain.

Author(s): Hashmi, Seema, Lamontanaro, Laura, Zubair, Adeel, Pal, Monica, Nisar, Mohammad Asim

Citation: Psychiatric Annals, September 2010, vol./is. 40/9(441-444), 0048-5713;1938-2456 (Sep 2010)

Publication Date: September 2010

Abstract: Presents a case study of a 38-year-old woman of low socioeconomic class, who resides in a suburban neighborhood. The case illustrates the development of conversion disorder by a Hispanic woman after severe psychosocial stressor. One of the problems in diagnosing conversion disorder is the assessment of psychological factors and whether they should be associated with the conversion symptom. It is important to consider secondary gains from the paralysis. In this case, she will no longer work, will not have the tubal ligation or get pregnant, and can test her boyfriend, with whom she is not completely secure. She also receives desired attention from her family members and friends. The neuroimaging findings of altered prefrontal functioning suggest that this condition may be sensitive to drug treatments, which can modify neural activation in these areas. A combination of treatment with antidepressant medication and appropriate psychotherapy and multidisciplinary rehabilitation should focus on improving the patient's level of functioning and reducing subjective distress. There is a clear need for further systematic research in this area. (PsycINFO Database Record (c) 2010 APA, all rights reserved)
54. **A 14-year-old girl with seizures, gait problems, paralysis.**

**Author(s):** Bhatti, Nadeem Hanif, Khan, Mohammad Amjad Ullah, Wilson, Edna Reyes, Ledger, Elizabeth

**Citation:** Psychiatric Annals, September 2010, vol./is. 40/9(438-440), 0048-5713;1938-2456 (Sep 2010)

**Publication Date:** September 2010

**Abstract:** Presents a case study of a 14-year-old girl of Hispanic descent presented with symptoms of seizure, gait problems, and paralysis of the lower extremities. She said she had been experiencing these symptoms for the past 5 days. The episodes were described as eyes rolling upward, jaw locking, body aching, and numbness and tingling in the whole body. Conversion disorder is part of the somatoform disorders. Neurologically, the available evidence suggests a broad hypothesis that frontal cortical and limbic activation associated with emotional stress may act via inhibitory basal ganglia-thalamocortical circuits to produce a deficit of conscious sensory or motor processing. During treatment of conversion disorder, factors such as education, culture, stressors, environment, and personality structure should be taken into consideration. They can affect the course and outcome of the illness or condition, as the physician's understanding of these issues can improve the physician-patient relationship and result in resolution of the symptoms. Symptom resolution also helps families to accept the nonorganic diagnosis. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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55. **Abreaction for conversion disorder: Systematic review with meta-analysis.**

**Author(s):** Poole, Norman A, Wuerz, Axel, Agrawal, Niruj

**Citation:** British Journal of Psychiatry, August 2010, vol./is. 197/2(91-95), 0007-1250;1472-1465 (Aug 2010)

**Publication Date:** August 2010

**Abstract:** Background: The value of drug interviews in the treatment of conversion disorder is at present unknown. Aims: To review all the available papers published in English that report on the use of drug interviews for treating conversion/dissociative disorder. Method: Databases (including EMBASE, MEDLINE and PsycINFO) were searched from 1920 to 2009. Selected publications had to report on the use of drug interviews in people diagnosed with a conversion/dissociative disorder. Qualitative and quantitative data were extracted. Predictors of a positive response were ascertained using meta-analytic techniques. Results: Fifty-five papers meeting inclusion criteria were identified. No studies compared the intervention with a suitable control group. However, two studies reported high response rates when drug interview was used in individuals with treatment-resistant conversion disorder. In the meta-analysis, the use of suggestion and occurrence of emotional catharsis during the interview were positively associated with recovery. Combining two medications and comorbid psychiatric disorder were negatively associated with recovery. Conclusions: The evidence for effectiveness of drug interviews is of poor quality but it may be of benefit in the treatment of acute and treatment-resistant conversion disorder. A proactive approach during the interview, making suggestions the individual will respond, could influence outcome. Comorbid psychiatric disorder should be treated conventionally. Experimental studies to determine efficacy are required. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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56. **Issues for DSM-5: Conversion disorder.**

**Author(s):** Stone, Jon, Lafrance, W. Curt Jr., Levenson, James L, Sharpe, Michael

**Citation:** The American Journal of Psychiatry, June 2010, vol./is. 167/6(626-627), 0002-953X;1535-7228 (Jun 2010)

**Publication Date:** June 2010

**Abstract:** Conversion disorder as defined in DSM-IV describes symptoms such as weakness, seizures, or abnormal movements that are not attributable to a general medical condition or to feigning and that are judged to be associated with psychological factors. As somatoform disorders are overhauled in DSM-5, it is a good time to reconsider both the name and criteria for this diagnosis. The current DSM-IV criteria require the positive exclusion of feigning. Proving feigning is difficult enough; proving the absence of feigning is arguably impossible. They also require the identification of psychological factors associated with symptom onset. In summary, we suggest that conversion disorder be renamed “functional neurological disorder” and that the requirement for the exclusion of feigning and identification of associated psychological factors be relegated to the accompanying text.

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57. **What's so special about conversion disorder? A problem and a proposal for diagnostic classification.**

**Author(s):** Kanaan, Richard A, Carson, Alan, Wessely, Simon C, Nicholson, Timothy R, Aybek, Selma, David, Anthony S

**Citation:** British Journal of Psychiatry, June 2010, vol./is. 196/6(427-428), 0007-1250;1472-1465 (Jun 2010)

**Publication Date:** June 2010

**Abstract:** Conversion disorder presents a problem for the revisions of DSM-IV and ICD-10, for reasons that are informative about the difficulties of psychiatric classification more generally. Giving up criteria based on psychological aetiology may be a painful sacrifice but it is still the right thing to do. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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58. Chronic subjective dizziness versus conversion disorder: Discussion of clinical findings and rehabilitation.

Author(s): Honaker, Julie A, Gilbert, Jane M, Staab, Jeffrey P

Citation: American Journal of Audiology, June 2010, vol./is. 19/1(3-8), 1059-0889;1558-9137 (Jun 1, 2010)

Publication Date: June 2010

Abstract: Purpose: Audiologists frequently encounter patients who complain of chronic dizziness or imbalance, in the absence of active vestibular or neurological deficits. Knowledge about conditions that cause this clinical presentation will allow audiologists to make important contributions to accurate diagnosis and effective management of these patients. This article reviews 2 such conditions, chronic subjective dizziness (CSD) and conversion disorder. Method: A case of CSD and another of conversion disorder are presented, with a literature review of their clinical presentations, key diagnostic features, and treatment strategies. The role of the audiologist in assessing patients with these conditions and facilitating appropriate treatment referrals is discussed. Conclusions: The audiologist is in a key position to identify individuals with CSD and conversion disorder, 2 conditions that can be effectively managed if properly recognized. The authors demonstrate an effective team approach program that includes the audiologist's contribution to differential diagnosis, education of patients and other clinicians about these conditions, and development of recommendations for neurological, psychiatric, otologic, and physical therapy referrals. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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59. A case of conversion disorder showing transient hemiplegia after general anesthesia.

Author(s): Nakagawa C, Shiraishi Y, Sato S

Citation: Journal of Anesthesia, June 2010, vol./is. 24/3(496), 0913-8668;1438-8359 (2010 Jun)

Publication Date: June 2010

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60. Chronic subjective dizziness versus conversion disorder: discussion of clinical findings and rehabilitation.

Author(s): Honaker JA, Gilbert JM, Staab JP

Citation: American Journal of Audiology, June 2010, vol./is. 19/1(3-8), 1059-0889;1558-9137 (2010 Jun)
Abstract: PURPOSE: Audiologists frequently encounter patients who complain of chronic dizziness or imbalance, in the absence of active vestibular or neurological deficits. Knowledge about conditions that cause this clinical presentation will allow audiologists to make important contributions to accurate diagnosis and effective management of these patients. This article reviews 2 such conditions, chronic subjective dizziness (CSD) and conversion disorder.METHOD: A case of CSD and another of conversion disorder are presented, with a literature review of their clinical presentations, key diagnostic features, and treatment strategies. The role of the audiologist in assessing patients with these conditions and facilitating appropriate treatment referrals is discussed.CONCLUSIONS: The audiologist is in a key position to identify individuals with CSD and conversion disorder, 2 conditions that can be effectively managed if properly recognized. The authors demonstrate an effective team approach program that includes the audiologist's contribution to differential diagnosis, education of patients and other clinicians about these conditions, and development of recommendations for neurological, psychiatric, otologic, and physical therapy referrals.

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61. Clinical observations on 46 cases of globus hystericus treated with modified Banxia Houpu decoction.

Author(s): Bo P, Chen QM, Zhu HH, Zhang XD, Xu HR, Zhang Y, Cao YJ

Citation: Journal of Traditional Chinese Medicine, June 2010, vol./is. 30/2(103-7), 0255-2922;0255-2922 (2010 Jun)

Publication Date: June 2010

Abstract: OBJECTIVE: To observe the therapeutic effect and mechanism of modified Banxia Houpu decoction on globus hystericus.METHODS: The 95 patients with globus hystericus were randomly divided into a treatment group of 46 cases treated with modified Banxia Houpu decoction and a control group of 49 cases treated with Manyanshuning (Granula for Clearing the Throat). In addition, a normal group of 24 healthy people was set up. SCL-90 scale was adopted to observe the therapeutic effect, evaluate the psychological state of patients and build a database on combination of four diagnoses.RESULTS: The effect of the modified Banxia Houpu decoction was better than that of the control group in relieving depression, anxiety and improving the psychological state (P<0.05 or P<0.01).CONCLUSION: Modified Banxia Houpu decoction has definite therapeutic effect on globus hystericus. Its mechanism may be related to its function in relieving depression and anxiety and regulating the psychological state.

Source: MEDLINE

62. Adolescent conversion disorder and the importance of competence discussing sexual orientation.

Author(s): Johnson KB, Harris C, Forstein M, Joffe A

Citation: Clinical Pediatrics, May 2010, vol./is. 49/5(491-4), 0009-9228;1938-2707 (2010 May)

Publication Date: May 2010

Source: MEDLINE

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63. Altered connectivity between prefrontal and sensorimotor cortex in conversion paralysis.

Author(s): de Lange FP, Toni I, Roelofs K

Citation: Neuropsychologia, May 2010, vol./is. 48/6(1782-8), 0028-3932;1873-3514 (2010 May)

Publication Date: May 2010

Abstract: Conversion paralysis (CP) is a frequent and impairing psychiatric disorder, affecting voluntary motor function. Yet, we have previously shown that the motor system of CP patients with a unilateral conversion paresis is recruited to a similar degree during imagined movements of the affected and unaffected limb. In contrast, imagery of movements with the affected limb results in larger prefrontal activation. It remains unclear how this hand-specific increased prefrontal activity relates to the reduced responsiveness of motor and somatosensory areas, a consistent and important feature of CP patients. In the current study, we investigated changes in the inter-regional coupling between prefrontal cortex (PFC) and sensorimotor regions when CP patients imagined movements involving either the affected or the unaffected hand. We found that there were distinct connectivity patterns for different parts of the PFC. While ventromedial PFC was not functionally connected to the motor system, we observed strong functional coupling between the dorsolateral PFC and various sensorimotor areas. Furthermore, this coupling was modulated by whether patients imagined movements of their affected or unaffected hand. Together, these results suggest that the reduced motor responsivity observed in CP may be linked to altered dorsolateral prefrontal-motor connectivity. 2010 Elsevier Ltd. All rights reserved.

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64. The symptom of functional weakness: A controlled study of 107 patients.

Author(s): Stone, Jon, Warlow, Charles, Sharpe, Michael

Citation: Brain: A Journal of Neurology, May 2010, vol./is. 133/5(1537-1551), 0006-8950;1460-2156 (May 2010)

Publication Date: May 2010

Abstract: Functional weakness describes weakness which is both internally inconsistent and incongruent with any recognizable neurological disease. It may be diagnosed as a manifestation of conversion disorder or dissociative motor disorder. Other names include psychogenic or ‘non-organic’ paralysis. We aimed to describe the incidence, demographic and clinical characteristics of cases with functional weakness of less than 2 years duration, and to compare these with controls with weakness attributable to neurological disease. Both cases and controls were recruited from consultant neurologists in South East Scotland. Participating patients underwent detailed assessments which included: physical examination, structured psychiatric interview (Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders), measures of symptoms, disability and distress [Short Form (36) Health Survey, Hospital and Anxiety Depression Scale], and assessment of their illness beliefs using an augmented version of the Illness Perception Questionnaire. In total, 107 cases (79% female, mean age 39 years, median duration of illness 9 months) were recruited. This number suggests a minimum annual incidence of 3.9/100 000. Forty-six controls (83% female, median age 39 years, duration 11 months) were also recruited. Compared to controls, cases had similar levels of disability but more physical symptoms, especially pain. They had a higher frequency of psychiatric disorders, especially current major depression (32 versus 7%, P < 0.0001), generalized anxiety disorder (21 versus 2%, P < 0.005), panic disorder (36 versus 13%, P < 0.001) and somatization disorder (27 versus 0%, P < 0001). There was no difference in median self-rated anxiety and depression scores. Paradoxically, they were less likely than controls to agree that stress was a possible cause of their illness (24 versus 56%, P < 0.001). Cases were twice as likely as controls to report that they were not working because of their symptoms (65 versus 33%, P < 0.0005). Functional weakness is a commonly encountered clinical problem. Patients with this symptom are as disabled as patients with weakness of
similar duration due to neurological disease. There is a paradox between the frequency of depression and anxiety diagnoses and the patient's willingness to accept these as potentially relevant to their symptoms. We discuss the theoretical and practical implications of these findings for the concept of conversion disorder. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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65. Emotional stimuli and motor conversion disorder.

**Author(s):** Voon, Valerie, Brezing, Christina, Gallea, Cecile, Ameli, Rezvan, Roelofs, Karin, LaFrance, W. Curt Jr., Hallett, Mark

**Citation:** Brain: A Journal of Neurology, May 2010, vol./is. 133/5(1526-1536), 0006-8950:1460-2156 (May 2010)

**Publication Date:** May 2010

**Abstract:** Conversion disorder is characterized by neurological signs and symptoms related to an underlying psychological issue. Amygdala activity to affective stimuli is well characterized in healthy volunteers with greater amygdala activity to both negative and positive stimuli relative to neutral stimuli, and greater activity to negative relative to positive stimuli. We investigated the relationship between conversion disorder and affect by assessing amygdala activity to affective stimuli. We conducted a functional magnetic resonance imaging study using a block design incidental affective task with fearful, happy and neutral face stimuli and compared valence contrasts between 16 patients with conversion disorder and 16 age- and gender-matched healthy volunteers. The patients with conversion disorder had positive movements such as tremor, dystonia or gait abnormalities. We also assessed functional connectivity between the amygdala and regions associated with motor preparation. A group by affect valence interaction was observed. Post hoc analyses revealed that whereas healthy volunteers had greater right amygdala activity to fearful versus neutral compared with happy versus neutral as expected, there were no valence differences in patients with conversion disorder. There were no group differences observed. The time course analysis also revealed greater right amygdala activity in patients with conversion disorder for happy stimuli (t = 2.96, P = 0.006) (with a trend for fearful stimuli, t = 1.81, P = 0.08) compared with healthy volunteers, with a pattern suggestive of impaired amygdala habituation even when controlling for depressive and anxiety symptoms. Using psychophysiological interaction analysis, patients with conversion disorder had greater functional connectivity between the right amygdala and the right supplementary motor area during both fearful versus neutral, and happy versus neutral 'stimuli' compared with healthy volunteers. These results were confirmed with Granger Causality Modelling analysis indicating a directional influence from the right amygdala to the right supplementary motor area to happy stimuli (P < 0.05) with a similar trend observed to fearful stimuli (P = 0.07). Our data provide a potential neural mechanism that may explain why psychological or physiological stressors can trigger or exacerbate conversion disorder symptoms in some patients. Greater functional connectivity of limbic regions influencing motor preparatory regions during states of arousal may underlie the pathophysiology of motor conversion symptoms. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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Author(s): Rowe, James B

Citation: Brain: A Journal of Neurology, May 2010, vol./is. 133/5(1295-1297), 0006-8950;1460-2156 (May 2010)

Publication Date: May 2010

Abstract: Discusses the pathogenic links between emotion and motor systems in the brain in conversion disorder. The current author references an article by V. Voon et al. (see record 2010-26283-024), which appears in this edition of Brain: A Journal of Neurology. In their study, Voon et al. used functional magnetic resonance imaging to study conversion movement disorders. The current author discusses different aspects of the Voon et al. study. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

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67. Swift or sure?: The acceptable rate of neurovascular mimics among IV tPA-treated patients.

Author(s): Saver, Jeffrey L, Barsan, William G

Citation: Neurology, April 2010, vol./is. 74/17(1336-1337), 0028-3878;1526-632X (Apr 27, 2010)

Publication Date: April 2010

Abstract: Comments on an article by O. Y. Chernyshev et al. (see record 2010-08582-003). The article by Chernyshev et al. adds to our understanding of the frequency, features, and outcome of neurovascular mimic patients who are exposed to thrombolytic therapy. Placing the report in the context of earlier studies, across 5 series of consecutive patients treated with thrombolysis, the median rate of final diagnosis of a neurovascular mimic condition was 3.5%. Among the 91 mimic patients treated, 3 conditions accounted for more than 95% of cases: conversion disorder; seizure, including postictal paresis; and migraine. The rate of neurovascular mimics in the series of Chernyshev et al. is notably higher than that in prior studies, reflecting the distinctive and explicit policy of the Houston group to treat patients early, even if the diagnosis is still uncertain. This approach results in expeditious treatment with thrombolytics but a relatively high rate of mimics. Most US centers prefer more diagnostic certainty even though delayed treatment could mean worsening neurologic outcomes. As these approaches are more widely implemented in regional stroke systems of care, thrombolytic treatment decisions can increasingly be both swift and sure. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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68. Safety of tPA in stroke mimics and neuroimaging-negative cerebral ischemia.


Citation: Neurology, April 2010, vol./is. 74/17(1340-1345), 0028-3878;1526-632X (Apr 27, 2010)
**Publication Date:** April 2010

**Abstract:** Background: Patients with acute neurologic symptoms may have other causes simulating ischemic stroke, called stroke mimics (SM), but they may also have averted strokes that do not appear as infarcts on neuroimaging, which we call neuroimaging-negative cerebral ischemia (NNCI). We determined the safety and outcome of IV thrombolysis within 3 hours of symptom onset in patients with SM and NNCI. Methods: Patients treated with IV tissue plasminogen activator (tPA) within 3 hours of symptom onset were identified from our stroke registry from June 2004 to October 2008. We collected admission NIH Stroke Scale (NIHSS) score, modified Rankin score (mRS), length of stay (LOS), symptomatic intracerebral hemorrhage (sICH), and discharge diagnosis. Results: Among 512 treated patients, 21% were found not to have an infarct on follow-up imaging. In the SM group (14%), average age was 55 years, median admission NIHSS was 7, median discharge NIHSS was 0, median LOS was 3 days, and there were no instances of sICH. The most common etiologies were seizure, complicated migraine, and conversion disorder. In the NNCI group (7%), average age was 61 years, median admission NIHSS was 7, median discharge NIHSS was 0, median LOS was 3 days, and there were no instances of sICH. Nearly all SM (87%) and NNCI (91%) patients were functionally independent on discharge (mRS 0-1). Conclusions: Our data support the safety of administering IV tissue plasminogen activator to patients with suspected acute cerebral ischemia within 3 hours of symptom onset, even when the diagnosis ultimately is found not to be stroke or imaging does not show an infarct. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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69. Psychosocial stressors in patients with conversion disorder presenting with non epileptic fit

**Author(s):** Nazar Z., Awan N.R., Akhtar J.

**Citation:** Journal of Postgraduate Medical Institute, April 2010, vol./is. 24/2(108-110), 1013-5472;1811-9387 (April-June 2010)

**Publication Date:** April 2010

**Abstract:** Objective: To study the psychosocial stressors in patients with conversion disorder presenting with non epileptic fit. Material and Methods: This descriptive study was carried out at Lady Reading Hospital Peshawar Pakistan from January to June 2009. 101 consecutive patients with conversion disorder satisfying the inclusion and exclusion criteria were selected. They were interviewed by using Holmes and Rahe stress scale for the exploration of stressors and the results were analyzed from the entries in the Proform. Results: Stressors were clearly identified in all patients. Ninety six (95.04%) out of the total 101 subjects had a history of stressors, while the rest 5 (4.95%) could not come up with any. The commonest stressors were Troubles with in-laws (21.78%), Major change in family get together (17.82%), Death of close family member (12.87%) respectively. Conclusion: Significantly higher number of the patients presents with the stressor of troubles with in-laws, when assessed on the Holmes and Rahe social scale.

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70. Conversion paralysis after surgery for lumbar disc herniation.

**Author(s):** Hsieh MK, Chang CN, Hsiao MC, Chen WJ, Chen LH

**Citation:** Spine, April 2010, vol./is. 35/8(E308-10), 0362-2436;1528-1159 (2010 Apr 15)

**Publication Date:** April 2010

**Abstract:** OBJECTIVE: New neurologic deficit after spinal surgery is a rare complication
that must be promptly diagnosed and treated to reduce the risk of permanent neurologic
disability.SUMMARY OF BACKGROUND DATA: A 37-year-old woman underwent left
laminotomy and L5-S1 discectomy for the treatment of L5-S1 disc herniation. She was
found to be normal after recovery from anesthesia but loss of muscle power in the left lower
limb after 1 h.METHODS: Surgical exploration was performed; no obvious hemorrhage or
compression because of hematoma was observed. After the exploration, the muscle power
recovered but deteriorated after 10 h.RESULTS: Re-exploration did not yield any specific
findings. In view of the normal electrophysiological and anatomic findings, a psychiatric
evaluation confirmed the diagnosis of conversion paralysis with major depression
disorder.CONCLUSION: Normal somatosensory-evoked potentials or motor-evoked
potentials in a patient denying sensation of stimuli offer objective evidence of the
psychogenic nature of the para/tetraplegia. This report describes a case in which
psychopathology interfered with the outcome of a frequently used procedure for a well-
deﬁned, chronic, painful condition.

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71. Psychogenic axial myoclonus: report on two cases.

Author(s): Slawek J, Wichowicz HM, Cubala WJ, Soltan W, Palasik W, Wilczewska L,
Fiszer U

Citation: Neurological Sciences, April 2010, vol./is. 31/2(219-22), 1590-1874;1590-3478
(2010 Apr)

Publication Date: April 2010

Abstract: Axial myoclonus (AM) is characterized by sudden muscle jerks involving axial
and proximal muscles. It includes propriospinal myoclonus (PSM) which consists of trunk
flexion or extension jerking with activity arising in axial muscles and spreading to caudal
and rostral muscles at low velocity along propriospinal pathways. We report on two patients
displaying flexion AM jerks in the absence of structural lesion of the central nervous system
or electrophysiological evidence of organic origin. A conversion disorder was diagnosed.
The jerks disappeared after psychoeducation with the patients remaining symptom free in
6-year long follow-up. The diagnoses of psychogenic axial (propriospinal-like) myoclonus
were established. The literature on psychogenic axial (propriospinal-like myoclonus) is
limited to a case report. Our cases demonstrate a good response to psychotropic
medication and psychoeducation and fulfill the psychogenic movement disorder criteria.
The phenomenology of psychogenic abnormal movements is diverse and PSM-like clinical
picture may be a novel presentation.

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72. Conversion disorder after surgery in a brain tumour patient.

Author(s): Khu, Kathleen Joy, Ali, Sherese, Bernstein, Mark

Citation: The Canadian Journal of Neurological Sciences/ Le Journal Canadien Des
Sciences Neurologiques, March 2010, vol./is. 37/2(293-295), 0317-1671 (Mar 2010)

Publication Date: March 2010

Abstract: We describe a case of conversion disorder in a young lady who had just been
operated on for a glioma. She continues to receive the current usual treatment for
conversion disorder which involves psychoeducation, promoting acceptance of the
psychiatric etiology, and managing the psychiatric issues that arose and that were
postulated to lead to the development of her conversion monoplegia. The final histology of
the tumour was anaplastic astrocytoma and the patient was referred to a neurooncologist.
Acute urinary retention manifesting as conversion symptom.

**Author(s):** Sharma, Ravi C, Thakur, Rajeshwar S

**Citation:** Primary Psychiatry, March 2010, vol./is. 17/3(61-62), 1082-6319 (Mar 2010)

**Publication Date:** March 2010

**Abstract:** Acute urinary retention as a conversion symptom has received little attention in the literature and has been mostly considered as a diagnosis per exclusion. This is a case report of a 20-year-old female who presented with acute retention of urine as a conversion symptom with strong psychological antecedents; she recovered completely by removing secondary gain, giving suggestions, and undergoing family counselling. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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Conversion disorder after surgery in a brain tumour patient.

**Author(s):** Khu KJ, Ali S, Bernstein M

**Citation:** Canadian Journal of Neurological Sciences, March 2010, vol./is. 37/2(293-5), 0317-1671;0317-1671 (2010 Mar)

**Publication Date:** March 2010

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Occupational therapy should be part of conversion disorder treatment.

**Author(s):** Acker, Stephanie

**Citation:** Journal of Psychosocial Nursing and Mental Health Services, March 2010, vol./is. 48/3(12, 45), 0279-3695 (Mar 2010)

**Publication Date:** March 2010

**Abstract:** Comments on an article by S. L. Tocchio (see record 2010-04017-008) on treating conversion disorder. S. Ackerman had a similar experience with a patient who was eventually diagnosed with conversion disorder. In both cases, the treatment teams were challenged with how to address the clients' needs. Ackerman suggests that occupational therapy would be an important part of the treatment team, because occupational therapy focuses on using holistic treatment approaches and client-centered care. Occupational therapy's role in all settings, including mental health, entail "assisting individuals to gain and maintain independent living, manage in community settings and engage in productive, meaningful and enjoyable activities" (Hardaker et al., 2007). (PsycINFO Database Record (c) 2010 APA, all rights reserved)
76. Increased activation in cingulate cortex in conversion disorder: What does it mean?

Author(s): van Beilen, M, Vogt, B. A, Leenders, K. L

Citation: Journal of the Neurological Sciences, February 2010, vol./is. 289/1-2(155-158), 0022-510X (Feb 15, 2010)

Publication Date: February 2010

Abstract: Conversion disorder is one of the terms used to describe various psychosomatic neurological symptoms that are thought to originate from a psychological conflict. Psychological stressors can usually be identified but appear to be almost similar to the severity of psychological stress in non-psychosomatic neurological disorders. Recent neuroimaging research provides one rather robust finding of increased activation in the anterior cingulate gyrus. This activation has been explained as a reflection of 'active inhibition' or 'self-monitoring' but its meaning in conversion disorder still remains mysterious. In this paper, current theories are re-examined from a neuroanatomical point of view. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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77. Foreign accent syndrome due to conversion disorder: Phonetic analyses and clinical course.

Author(s): Haley, Katarina L, Roth, Heidi L, Helm-Estabrooks, Nancy, Thiessen, Antje

Citation: Journal of Neurolinguistics, January 2010, vol./is. 23/1(28-43), 0911-6044 (Jan 2010)

Publication Date: January 2010

Abstract: We describe the case of a 36-year-old native speaker of English who began using a foreign accent after abrupt onset of problems involving multiple sensory and motor functions. Neurological and neuroradiological examinations were within normal limits and no organic explanation for the difficulties could be identified. After eight months, the patient made a full recovery, allowing a detailed comparison between the speech patterns displayed during the period of foreign accent and those of her typical speech. Perceptual and acoustic analyses showed specific changes in vowel and consonant production and in intonation and stress patterns during the accented speech. These changes were similar to those described in the literature for patients with foreign accent syndrome following left cerebral hemisphere lesions. A review of presenting symptoms and clinical course of our case, however, indicated strong evidence for a conversion disorder. This case demonstrates that a psychogenic etiology for foreign accent syndrome should sometimes be considered and that the prognosis for recovery, including spontaneous remission, may be good in such cases. Differential diagnosis between psychogenic and neurogenic etiologies is discussed relative to the case presentation, history, course, and recovery. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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78. The involuntary nature of conversion disorder.

Author(s): Voon, V, Gallea, C, Hattori, N, Bruno, M, Ekanayake, V, Hallett, M

Citation: Neurology, January 2010, vol./is. 74/3(223-228), 0028-3878;1526-632X (Jan 19, 2010)

Publication Date: January 2010
**Abstract:** Background: What makes a movement feel voluntary, and what might make it feel involuntary? Motor conversion disorders are characterized by movement symptoms without a neurologic cause. Conversion movements use normal voluntary motor pathways, but the symptoms are paradoxically experienced as involuntary, or lacking in self-agency. Self-agency is the experience that one is the cause of one’s own actions. The matched comparison between the prediction of the action consequences (feed-forward signal) and actual sensory feedback is believed to give rise to self-agency and has been in part associated with the right inferior parietal cortex. Using fMRI, we assessed the correlates of self-agency during conversion tremor. Methods: We used a within-subject fMRI block design to compare brain activity during conversion tremor and during voluntary mimicked tremor in 8 patients. Results: The random effects group analysis showed that conversion tremor compared with voluntary tremor had right temporoparietal junction (TPJ) hypoactivity (p < 0.05 family-wise error whole brain corrected) and lower functional connectivity between the right TPJ, sensorimotor regions (sensorimotor cortices and cerebellar vermis), and limbic regions (ventral anterior cingulate and right ventral striatum). Conclusions: The right TPJ has been implicated as a general comparator of internal predictions with actual events. We propose that the right TPJ hypoactivity and lower TPJ and sensorimotor cortex interactions may reflect the lack of an appropriate sensory prediction signal. The lack of a match for the proprioceptive feedback would lead to the perception that the conversion movement is not self-generated. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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**79. Conversion disorder: Separating "how" from "why".**

**Author(s):** Stone, Jon, Vuilleumier, Patrik, Friedman, Joseph H

**Citation:** Neurology, January 2010, vol./is. 74/3(190-191), 0028-3878;1526-632X (Jan 19, 2010)

**Publication Date:** January 2010

**Abstract:** Comments on an article by V. Voon et al. (see record 2010-01230-008). Patients with neurologic symptoms inconsistent or incongruous with structural disease are frequently encountered in neurologic practice and present diagnostic and therapeutic dilemmas. Also known as conversion or dissociative disorders, and "psychogenic," "functional," or "non-organic" symptoms, these symptoms may be debilitating and bewildering, and are often refractory to treatment. As patients with a presumed psychiatric disorder diagnosed by neurologists, they often end up with a bad deal from both neurologists and psychiatrists, who have difficulty knowing how to understand or treat the problem. Unfortunately, neither specialty has successfully tackled the challenge posed by Freud a century ago of making the "mysterious leap from mind to body." Voon et al. report one of only a handful of physiologic studies attempting to make this "mysterious leap" and the first for a conversion movement disorder. The patients reported by Voon et al. all had a chronic conversion tremor of an unusual kind, which was intermittent and which the patients could trigger themselves. Even the basic question of whether the problem in conversion disorder is one of an active inhibition of normal voluntary movement pathways or a lack of activation of certain brain structures engaged in voluntary control remains uncertain. Within-subject comparisons, as performed in the Voon et al. study and another recently published study, but with larger numbers of patients, would appear to be the best way forward. The findings of this study may be one that patients are keen to hear. The study might be interpreted as showing a problem that is "all in the brain," not "all in the mind". (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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80. A case of mistaken identity: Asystole causing convulsions identified using implantable loop recorder

Author(s): Kanjwal K., Karabin B., Kanjwal Y., Grubb B.P.

Citation: International Journal of Medical Sciences, 2010, vol./is. 7/4(209-212), 1449-1907 (2010)

Publication Date: 2010

Abstract: We present herein an interesting tracing of a patient who suffered from recurrent episodes of transient loss of consciousness (TLOC) associated with convulsive activity thought to be due to epilepsy or conversion disorder. Ivyspring International Publisher.

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81. Evaluation of serum Ca, Mg, Cu, Fe, Zn and Mn in conversion disorder patients


Citation: Dhaka University Journal of Pharmaceutical Sciences, 2010, vol./is. 9/2(119-124), 1816-1820;1816-1839 (2010)

Publication Date: 2010

Abstract: The aim of the study was to determine the concentration of serum Ca, Mg, Cu, Fe, Zn and Mn in Bangladeshi conversion disorder patients compared to control subjects and to correlate the changes, if any, with different socio-demographic factors and nutritional status. Forty five conversion disorder patients were randomly recruited. Forty five healthy control subjects were also recruited by matching the socio-demographic status to that of the patients. Blood samples were analyzed to determine the concentration of serum Ca, Mg, Cu, Fe, Zn and Mn using atomic absorption spectroscopy. Except for Mg, the concentrations of the other elements (Cu, Fe, Zn, Ca, and Mn) decreased in patients compared to control, but the changes were not statistically significant (p > 0.05). Serum Mg level increased insignificantly in patients (p > 0.05). No significant relationship was found between the sociodemographic variables and serum Ca, Mg, Cu, Zn and Mn levels, except for serum Fe, where a significant negative correlation was found between serum Fe level and BMI (r = -0.428; p = 0.023).

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82. Hysterical conversion mimicking acute paraplegia after spinal anaesthesia

Author(s): Sleth J.-C.

Citation: International Journal of Obstetric Anesthesia, January 2010, vol./is. 19/1(126-127), 0959-289X (January 2010)

Publication Date: January 2010

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83. Editorial: Conversion disorder: Separating "how" from "why"

Author(s): Stone J., Vuilleumier P., Friedman J.H.
84. Foreign accent syndrome due to conversion disorder: Phonetic analyses and clinical course

Author(s): Haley K.L., Roth H.L., Helm-Estabrooks N., Thiessen A.

Abstract: We describe the case of a 36-year-old native speaker of English who began using a foreign accent after abrupt onset of problems involving multiple sensory and motor functions. Neurological and neuroradiological examinations were within normal limits and no organic explanation for the difficulties could be identified. After eight months, the patient made a full recovery, allowing a detailed comparison between the speech patterns displayed during the period of foreign accent and those of her typical speech. Perceptual and acoustic analyses showed specific changes in vowel and consonant production and in intonation and stress patterns during the accented speech. These changes were similar to those described in the literature for patients with foreign accent syndrome following left cerebral hemisphere lesions. A review of presenting symptoms and clinical course of our case, however, indicated strong evidence for a conversion disorder. This case demonstrates that a psychogenic etiology for foreign accent syndrome should sometimes be considered and that the prognosis for recovery, including spontaneous remission, may be good in such cases. Differential diagnosis between psychogenic and neurogenic etiologies is discussed relative to the case presentation, history, course, and recovery. 2009 Elsevier Ltd. All rights reserved.

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85. The involuntary nature of conversion disorder.

Author(s): Voon V, Gallea C, Hattori N, Bruno M, Ekanayake V, Hallett M

Abstract: BACKGROUND: What makes a movement feel voluntary, and what might make it feel involuntary? Motor conversion disorders are characterized by movement symptoms without a neurologic cause. Conversion movements use normal voluntary motor pathways, but the symptoms are paradoxically experienced as involuntary, or lacking in self-agency. Self-agency is the experience that one is the cause of one's own actions. The matched comparison between the prediction of the action consequences (feed-forward signal) and actual sensory feedback is believed to give rise to self-agency and has been in part associated with the right inferior parietal cortex. Using fMRI, we assessed the correlates of self-agency during conversion tremor.METHODS: We used a within-subject fMRI block design to compare brain activity during conversion tremor and during voluntary mimicked tremor in 8 patients.RESULTS: The random effects group analysis showed that conversion tremor compared with voluntary tremor had right temporoparietal junction (TPJ) hypoactivity (p < 0.05 family-wise error whole brain corrected) and lower functional connectivity between the right TPJ, sensorimotor regions (sensorimotor cortices and cerebellar vermis), and limbic regions (ventral anterior cingulate and right ventral
striatum). CONCLUSIONS: The right TPJ has been implicated as a general comparator of internal predictions with actual events. We propose that the right TPJ hypoactivity and lower TPJ and sensorimotor cortex interactions may reflect the lack of an appropriate sensory prediction signal. The lack of a match for the proprioceptive feedback would lead to the perception that the conversion movement is not self-generated.

Source: MEDLINE

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Available in fulltext at the ULHT Library and Knowledge Services' eJournal collection.

86. Hysterical conversion mimicking acute paraplegia after spinal anaesthesia.
Author(s): Sleth JC
Citation: International Journal of Obstetric Anesthesia, January 2010, vol./is. 19/1(126-7), 0959-289X;1532-3374 (2010 Jan)
Publication Date: January 2010
Source: MEDLINE
Full Text:
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87. Over-diagnosing dissociative (conversion) disorders.
Author(s): Garg A, Agarwal A, Jiloha RC
Citation: Journal of Neuropsychiatry & Clinical Neurosciences, 2010, vol./is. 22/4(451-h.e13-451.e15), 0895-0172;1545-7222 (2010)
Publication Date: 2010
Source: MEDLINE
Full Text:
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

88. Childhood trauma and dissociation in women with pseudoseizure-type conversion disorder.
Author(s): Ozcutin, Adnan, Belli, Hasan, Ertem, Umit, Bahcebasi, Talat, Ataoglu, Ahmet, Canan, Fatih
Citation: Nordic Journal of Psychiatry, December 2009, vol./is. 63/6(462-468), 0803-9488;1502-4725 (Dec 2009)
Publication Date: December 2009
Abstract: Background: Conversion disorder is thought to be associated with psychological factors because of the presence of conflict and other stressors prior to the condition. Aim: The aim of this study is to compare adult patients with pseudoseizure-type conversion disorder with healthy control group in terms of childhood trauma, dissociative disorder and family history of psychiatric disorders. Method: 56 female patients were admitted to the general psychiatry hospital outpatient clinic between January and July 2005. All patients had a negative experience about their families just before having the conversion. Diagnosis was made according to the DSM-IV criteria. A control group consisting of similar patient demographics of the disease group has been selected. Socio-demographic information forms, the Childhood Trauma Questionnaire (CTQ) and Dissociation Questionnaire (DIS-Q), were completed on the patients. Results: CTQ total (t = 12.12, P < 0.001) and subscales, emotional abuse and emotional neglect (EA-EN) (t = 12.74, P < 0.001), physical abuse (PA) (t = 10.05, P < 0.001), and sexual abuse (SA) (t = 7.69, P < 0.001) were significantly high in the conversion group. DIS-Q mean points were statistically higher in the conversion group (t = 11.05, P < 0.001). Conclusions: The findings suggest that pseudoseizures (conversion disorder) should be included within dissociative disorders in
DSM system as in ICD. It is usually uncommon for the patient to tell about childhood trauma without being specially questioned about this issue. Thus, it would be helpful to uncover these experiences by using related scales in conversion disorder patients. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

**89. Psychodynamics in medically ill patients.**

**Author(s):** Nash, Sara Siris, Kent, Laura K, Muskin, Philip R

**Citation:** Harvard Review of Psychiatry, December 2009, vol./is. 17/6(389-397), 1067-3229;1465-7309 (Dec 2009)

**Publication Date:** December 2009

**Abstract:** This article explores the role of psychodynamics as it applies to the understanding and treatment of medically ill patients in the consultation-liaison psychiatry setting. It provides historical background that spans the eras from Antiquity (Hippocrates and Galen) to nineteenth-century studies of hysteria (Charcot, Janet, and Freud) and into the twentieth century (Flanders Dunbar, Alexander, Engle, and the DSM). The article then discusses the effects of personality on medical illness, treatment, and patients’ ability to cope by reviewing the works of Bibring, Kahana, and others. The important contribution of attachment theory is reviewed as it pertains the patient-physician relationship and the health behavior of physically ill patients. A discussion of conversion disorder is offered as an example of psychodynamics in action. This article highlights the important impact of countertransference, especially in terms of how it relates to patients who are extremely difficult and “hateful,” and explores the dynamics surrounding the topic of physician-assisted suicide, as it pertains to the understanding of a patient's request to die. Some attention is also given to the challenges surrounding the unique experience of residents learning how to treat medically ill patients on the consultation-liaison service. Ultimately, this article concludes that the use and understanding of psychodynamics and psychodynamic theory allows consultation-liaison psychiatrists the opportunity to interpret the life narratives of medically ill patients in a meaningful way that contributes importantly to treatment. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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**90. Functional brain imaging in a woman with spatial neglect due to conversion disorder.**

**Author(s):** Saj A, Arzy S, Vuilleumier P

**Citation:** JAMA, December 2009, vol./is. 302/23(2552-4), 0098-7484;1538-3598 (2009 Dec 16)

**Publication Date:** December 2009

**Source:** MEDLINE

**Full Text:**
Available in fulltext at [the ULHT Library and Knowledge Services’ eJournal collection](the ULHT Library and Knowledge Services’ eJournal collection)

**91. Limits to truth-telling: Neurologists’ communication in conversion disorder.**

**Author(s):** Kanaan, Richard, Armstrong, David, Wessely, Simon

**Citation:** Patient Education and Counseling, November 2009, vol./is. 77/2(296-301), 0738-
Abstract: Objective: Neurologists face a dilemma when communicating with their conversion disorder patients—whether to be frank, and risk losing the patient's trust, or to disclose less, in the hope of building a therapeutic relationship. This study reports how neurologists in the UK described dealing with this dilemma in their practice. Methods: Practicing consultant neurologists from an NHS region were recruited by snowball sampling. Twenty-two of 35 consultants in the region were interviewed in depth, and the interviews qualitatively analyzed. Results: The neurologists were reluctant to disclose conversion disorder as a differential diagnosis until they were certain. They were guided by the receptivity of their patients as to how psychological to make their eventual explanations, but they did not discuss their suspicions about feigning. They described their communications as much easier now than they had seen in training. Conclusion: Neurologists adapt their disclosure to their patients, which facilitates communication, but imposes some limits on truth-telling. In particular, it may sometimes result in a changed diagnosis. Practice implications: An optimum strategy for communicating diagnoses will need to balance ethical considerations with demonstrated therapeutic benefit. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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92. Adjunctive low-dose amisulpride in motor conversion disorder.

Author(s): Oulis, Panagiotis, Kokras, Nikolaos, Papadimitriou, George N, Masdrakis, Vasilios G

Citation: Clinical Neuropharmacology, November 2009, vol./is. 32/6(342-343), 0362-5664;1537-162X (Nov-Dec 2009)

Publication Date: November 2009

Abstract: Extant pharmacological options for motor conversion disorder include mainly antidepressants and benzodiazepines. We report on the case of a 42-year-old female patient with frequent daily episodes of almost complete paralysis for the last 6 months resistant to an escitalopram-lorazepam combination at adequate doses. By contrast, the adjunctive administration of low-dose amisulpride at 200 mg/d to the patient's regimen resulted in her substantial and durable improvement. We hypothesize that low-dose amisulpride, acting as a selective antagonist of D2 and D3 dopamine autoreceptors, might reverse the decreased activity of frontal and subcortical dopaminergic circuits presumably involved in motor control during hysterical paralysis. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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Author(s): Laria C, Perez ME, Perez E, Piñero DP, Ruiz-Moreno JM, Alio JL

Citation: European Journal of Ophthalmology, November 2009, vol./is. 19/6(1065-8), 1120-6721;1120-6721 (2009 Nov-Dec)

Publication Date: November 2009

Abstract: PURPOSE: To report the first case of amblyopia due to a conversion disorder in a child.METHODS: A 9-year-old girl without allergies or family or personal antecedents of interest presented to our clinic. She manifested a progressive visual loss after an episode of lumbar pain. This progressive loss led the patient in a 6-month period to legal bilateral blindness: visual acuity inferior to 2/20 in both eyes and severe constriction of both visual fields.RESULTS: Several pathologic processes were discarded by means of multiple explorations and a general multidisciplinary analysis: physical pathology, simulating patient,
schizophrenia, and the Briquet syndrome. Finally, she was diagnosed with a conversion somatoform disorder leading to a bilateral blindness. For 6 months, the patient was successfully treated with psychotherapy and a pharmacologic protocol. Total recovery was achieved with final visual acuity of 20/20 in both eyes and normal visual fields. CONCLUSION: Conversion disorders should be considered as an additional etiology of visual loss in children. In these cases, the analysis and multidisciplinary treatment is crucial for a successful outcome.

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94. Conversion disorder in women with the FMR1 premutation.
Author(s): Seritan AL, Schneider A, Olichney JM, Leehey MA, Akins RS, Hagerman RJ
Citation: American Journal of Medical Genetics. Part A, November 2009, vol./is. 149A/11(2501-6), 1552-4825;1552-4833 (2009 Nov)
Publication Date: November 2009
Abstract: Women with fragile X mental retardation (FMR1) gene premutations (55-200 CGG repeats) were until recently believed to be unaffected. It is now known that up to 8% of older female FMR1 premutation carriers develop fragile X-associated tremor/ataxia syndrome (FXTAS). Female carriers may also develop primary ovarian insufficiency, thyroid disease, hypertension, seizures, peripheral neuropathy, and fibromyalgia. We present a 60-year-old woman with FMR1 premutation who had depression, anxiety, and conversion disorder with seizures. The FMR1 premutation with its associated mRNA toxicity is postulated as an underlying neurobiological mechanism of conversion symptoms, through functional and structural neural dysconnectivity. Copyright 2009 Wiley-Liss, Inc.
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95. Childhood trauma and dissociation in women with pseudoseizure-type conversion disorder.
Author(s): Ozçetin A, Belli H, Ertem U, Bahcebasi T, Ataoglu A, Canan F
Citation: Nordic Journal of Psychiatry, November 2009, vol./is. 63/6(462-8), 0803-9488;1502-4725 (2009 Nov)
Publication Date: November 2009
Abstract: BACKGROUND: Conversion disorder is thought to be associated with psychological factors because of the presence of conflict and other stressors prior to the condition. AIM: The aim of this study is to compare adult patients with pseudoseizure-type conversion disorder with healthy control group in terms of childhood trauma, dissociative disorder and family history of psychiatric disorders. METHOD: 56 female patients were admitted to the general psychiatry hospital outpatient clinic between January and July 2005. All patients had a negative experience about their families just before having the conversion. Diagnosis was made according to the DSM-IV criteria. A control group consisting of similar patient demographics of the disease group has been selected. Socio-demographic information forms, the Childhood Trauma Questionnaire (CTQ) and Dissociation Questionnaire (DIS-Q), were completed on the patients. RESULTS: CTQ total (t=12.12, P<0.001) and subscales, emotional abuse and emotional neglect (EA-EN) (t=12.74, P<0.001), physical abuse (PA) (t=10.05, P<0.001), and sexual abuse (SA) (t=7.69, P<0.001) were significantly high in the conversion group. DIS-Q mean points were statistically higher in the conversion group (t=11.05, P<0.001). CONCLUSIONS: The findings suggest that pseudoseizures (conversion disorder) should be included within dissociative disorders in DSM system as in ICD. It is usually uncommon for the patient to tell about childhood trauma without being specially questioned about this issue. Thus, it
would be helpful to uncover these experiences by using related scales in conversion disorder patients.

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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

96. Childhood emotional abuse and dissociation in patients with conversion symptoms.

**Author(s):** Sar, Vedat, Islam, Serkan, Ozturk, Erdinc

**Citation:** Psychiatry and Clinical Neurosciences, October 2009, vol./is. 63/5(670-677), 1323-1316;1440-1819 (Oct 2009)

**Publication Date:** October 2009

**Abstract:** Aim: The aim of the present study was to evaluate the relationship between reported childhood trauma and dissociation in patients who have a conversion symptom. Method: Thirty-two outpatients with a conversion symptom were evaluated using Dissociative Experiences Scale, Somatoform Dissociation Questionnaire, Childhood Trauma Questionnaire, Spielberger Trait Anxiety Inventory, Clinician-Administered Dissociative State Scale, and Dissociative Disorders Interview Schedule. Results: A DSM-IV dissociative disorder was diagnosed in 46.9% of the patients. Conversion patients with a dissociative disorder had borderline personality disorder more frequently than those without a dissociative disorder. Among childhood trauma types, emotional abuse was the only significant predictor of dissociation in regression analysis. None of the childhood trauma types predicted borderline personality disorder criteria. Conclusions: Borderline personality disorder, dissociation and reports of childhood emotional abuse refer to a subgroup among patients with conversion symptom. Dissociation seems to be a mediator between childhood trauma and borderline phenomena among these patients. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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97. In the psychiatrist's chair: How neurologists understand conversion disorder.

**Author(s):** Kanaan, Richard, Armstrong, David, Barnes, Philip, Wessely, Simon

**Citation:** Brain: A Journal of Neurology, October 2009, vol./is. 132/10(2889-2896), 0006-8950;1460-2156 (Oct 2009)

**Publication Date:** October 2009

**Abstract:** Conversion disorder ('hysteria') was largely considered to be a neurological problem in the 19th century, but without a neuropathological explanation it was commonly assimilated with malingering. The theories of Janet and Freud transformed hysteria into a psychiatric condition, but as such models decline in popularity and a neurobiology of conversion has yet to be found, today's neurologists once again face a disorder without an accepted model. This article explores how today's neurologists understand conversion through in-depth interviews with 22 neurology consultants. The neurologists endorsed psychological models but did not understand their patients in such terms. Rather, they distinguished conversion from other unexplained conditions clinically by its severity and inconsistency. While many did not see this as clearly distinct from feigning, they did not feel that this was their problem to resolve. They saw themselves as 'agnostic' regarding non-neuropathological explanations. However, since neurologists are in some ways more expert in conversion than psychiatrists, their continuing support for the deception model is important, and begs an explanation. One reason for the model's persistence may be that it is employed as a diagnostic device, used to differentiate between those unexplained symptoms that could, in principle, have a medical explanation and those that could not.
98. Conversion disorder and coexisting nonepileptic seizures in patients with refractory seizures

Author(s): Rotge J.-Y., Lambrecq V., Marchal C., Pedespan J.-M., Burbaud P., Rougier A., Michel V.

Citation: Epilepsy and Behavior, October 2009, vol./is. 16/2(350-352), 1525-5050;1525-5069 (October 2009)

Abstract: Nonepileptic seizures (NES) are commonly observed in patients with seizures resistant to antiepileptic drugs (AEDs). However, NES may be symptomatic of different diagnoses, in particular, conversion disorder (CD) and coexisting NES and epileptic seizures (CENES). We compared the clinical characteristics of these disorders in 219 patients with refractory seizures. The prevalence of NES was similar in children (11%) and adults (16%). In both groups, CENES represented the most frequent cause of NES (75%). In adults, CD was associated with a shorter duration of illness and normal neuroimaging and interictal EEG compared with the other groups. Patients with CD represented one-quarter of all patients with AED-resistant seizures with normal presentation during interictal investigations. In both children and adults with AED-resistant seizures, NES are frequently observed and are three times more likely to be CENES than CD. 2009.

Source: EMBASE

99. In the psychiatrists chair: How neurologists understand conversion disorder

Author(s): Kanaan R., Armstrong D., Barnes P., Wessely S.

Citation: Brain, October 2009, vol./is. 132/10(2889-2896), 0006-8950;1460-2156 (October 2009)

Abstract: Conversion disorder ('hysteria') was largely considered to be a neurological problem in the 19th century, but without a neuropathological explanation it was commonly assimilated with malingering. The theories of Janet and Freud transformed hysteria into a psychiatric condition, but as such models decline in popularity and a neurobiology of conversion has yet to be found, todays neurologists once again face a disorder without an accepted model. This article explores how todays neurologists understand conversion through in-depth interviews with 22 neurology consultants. The neurologists endorsed psychological models but did not understand their patients in such terms. Rather, they distinguished conversion from other unexplained conditions clinically by its severity and inconsistency. While many did not see this as clearly distinct from feigning, they did not feel that this was their problem to resolve. They saw themselves as 'agnostis' regarding non-neuropathological explanations. However, since neurologists are in some ways more expert in conversion than psychiatrists, their continuing support for the deception model is important, and begs an explanation. One reason for the models persistence may be that it is employed as a diagnostic device, used to differentiate between those unexplained symptoms that could, in principle, have a medical explanation and those that could not.

Source: EMBASE
100. Symptoms 'unexplained by organic disease' in 1144 new neurology out-patients: how often does the diagnosis change at follow-up?


Citation: Brain, October 2009, vol./is. 132/Pt 1, 0(2878-88), 0006-8950;1460-2156 (2009 Oct)

Publication Date: October 2009

Abstract: It has been previously reported that a substantial proportion of newly referred neurology out-patients have symptoms that are considered by the assessing neurologist as unexplained by 'organic disease'. There has however been much controversy about how often such patients subsequently develop a disease diagnosis that, with hindsight, would have explained the symptoms. We aimed to determine in a large sample of new neurology out-patients: (i) what proportion are assessed as having symptoms unexplained by disease and the diagnoses given to them; and (ii) how often a neurological disorder emerged which, with hindsight, explained the original symptoms. We carried out a prospective cohort study of patients referred from primary care to National Health Service neurology clinics in Scotland, UK. Measures were: (i) the proportion of patients with symptoms rated by the assessing neurologist as 'not at all' or only 'somewhat explained' by 'organic disease' and the neurological diagnoses recorded at initial assessment; and (ii) the frequency of unexpected new diagnoses made over the following 18 months (according to the primary-care physician). One thousand four hundred and forty-four patients (30% of all new patients) were rated as having symptoms 'not at all' or only 'somewhat explained' by 'organic disease'. The most common categories of diagnosis were: (i) organic neurological disease but with symptoms unexplained by it (26%); (ii) headache disorders (26%); and (iii) conversion symptoms (motor, sensory or non-epileptic attacks) (18%). At follow-up only 4 out of 1030 patients (0.4%) had acquired an organic disease diagnosis that was unexpected at initial assessment and plausibly the cause of the patients' original symptoms. Eight patients had died at follow-up; five of whom had initial diagnoses of non-epileptic attacks. Seven other types of diagnostic change with very different implications to a 'missed diagnosis' were found and a new classification of diagnostic revision is presented. One-third of new neurology out-patients are assessed as having symptoms 'unexplained by organic disease'. A new diagnosis, which with hindsight explained the original symptoms, rarely became apparent to the patient's primary care doctor in the 18 months following the initial hospital consultation.

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101. Self-protective organization in children with conversion and somatoform disorders.

Author(s): Kozlowska K, Williams LM

Citation: Journal of Psychosomatic Research, September 2009, vol./is. 67/3(223-33), 0022-3999;1879-1360 (2009 Sep)

Publication Date: September 2009

Abstract: OBJECTIVE: Two centuries of clinical observations have suggested that conversion symptoms are associated with strong emotions or situations that threaten the individual's physical or psychological integrity. This study tested the hypothesis that childhood conversion reactions reflect the motor-sensory components of two distinct emotional responses (one inhibitory, one excitatory) that develop as adaptations to
recurring threats within intimate relationships. **METHOD:** Emotional responses to interpersonal threats were assessed in 28 children with conversion disorders using Dynamic-Maturational-Model (DMM) assessments of attachment. Attachment strategies (the inhibitory, Type A; the balanced, Type B; and the excitatory, Type C) provide information about (1) the child's behavioural (motor-sensory) organization in the face of interpersonal threats, and (2) the information processing that underpins this behavioural organization. **RESULTS:** Twelve children (43%) used an inhibitory attachment strategy. Twelve (43%) used an excitatory attachment strategy. A smaller group (14%) alternated between inhibitory and excitatory strategies, their conversion symptoms reflecting the latter. **DISCUSSION:** These data suggest that conversion reactions are not a single clinical entity and reflect the motor-sensory components of two distinct human emotional responses to threat. This distinction may help to account for the broad range of conversion symptoms seen in clinical practice, both those that involve loss of function and can be explained by a central inhibition hypothesis and those that involve positive symptoms and secondary gain.

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102. **Motor inhibition in hysterical conversion paralysis.**

**Author(s):** Cojan Y, Waber L, Carruzzo A, Vuilleumier P

**Citation:** Neuroimage, September 2009, vol./is. 47/3(1026-37), 1053-8119;1095-9572 (2009 Sep)

**Publication Date:** September 2009

**Abstract:** Brain mechanisms underlying hysterical conversion symptoms are still poorly known. Recent hypotheses suggested that activation of motor pathways might be suppressed by inhibitory signals based on particular emotional situations. To assess motor and inhibitory brain circuits during conversion paralysis, we designed a go-no-go task while a patient underwent functional magnetic resonance imaging (fMRI). Preparatory activation arose in right motor cortex despite left paralysis, indicating preserved motor intentions, but with concomitant increases in vmPFC regions that normally mediate motivational and affective processing. Failure to execute movement on go trials with the affected left hand was associated with activations in precuneus and ventrolateral frontal gyrus. However, right frontal areas normally subserving inhibition were activated by nogo trials for the right (normal) hand, but not during go trials for the left hand (affected byconversion paralysis). By contrast, a group of healthy controls who were asked to feign paralysis showed similar activation on nogo trials and left-go trials with simulated weakness, suggesting that distinct inhibitory mechanisms are implicated in simulation and conversion paralysis. In the patient, right motor cortex also showed enhanced functional connectivity with the posterior cingulate cortex, precuneus, and vmPFC. These results suggest that conversion symptoms do not act through cognitive inhibitory circuits, but involve selective activations in midline brain regions associated with self-related representations and emotion regulation.

**Source:** MEDLINE

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103. **Sex Distribution and Psychiatric Features of Child and Adolescent Conversion Disorder Across 2 Decades**

**Author(s):** Huang K.-L., Su T.-P., Lee Y.-C., Bai Y.-M., Hsu J.-W., Yang C.-H., Chen Y.-S.

**Citation:** Journal of the Chinese Medical Association, September 2009, vol./is. 72/9(471-477), 1726-4901;1728-7731 (September 2009)

**Publication Date:** September 2009

**Abstract:** Background: Earlier research suggested female predominance in adult conversion disorder, and the strong association between conversion disorder and experiences of being abused is well known. However, the data for child and adolescent
populations are limited. In Taiwan, the dramatic increase in child abuse may have some impact on the features of child and adolescent conversion disorder. This study aimed to compare the demographic characteristics, psychiatric comorbidity, and experiences of being abused in Taiwanese children and adolescents diagnosed with conversion disorder in psychiatric consultations across 2 decades. Methods: Retrospective and consecutive chart reviews were conducted for child and adolescent patients (< 20 years old) who were newly diagnosed with conversion disorder in psychiatric consultations at Taipei Veterans General Hospital from 1987 to 2006. The first group included patients who were diagnosed between 1987 and 1996 (the first decade), and the second group included patients who were diagnosed between 1997 and 2006 (the second decade). Results: A total of 42 patients diagnosed with conversion disorder were included in this study. Nineteen of the 42 subjects were diagnosed in the first decade (from 1987 to 1996), and 23 in the second decade (from 1997 to 2006). There existed among patients a tendency toward an increasing number of male subjects (p < 0.05), suffering more abuse (p < 0.05), and higher prevalence rates of depression and dysthymia comorbidity (p < 0.05) in the second decade compared to the first. Conclusion: The sex distribution in conversion disorder might have significantly changed over the past 2 decades. There is an increasing need for screening and interventions for psychiatric comorbidity and experiences of being abused in children and adolescents with conversion disorder. Because of the small sample size of our study, further studies that include multiple study sites and a larger number of patients are needed before a firm conclusion can be drawn. 2009 Elsevier.

Source: EMBASE

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104. Self-protective organization in children with conversion and somatoform disorders.

Author(s): Kozlowska, Kasia, Williams, Leanne M

Citation: Journal of Psychosomatic Research, September 2009, vol./is. 67/3(223-233), 0022-3999 (Sep 2009)

Publication Date: September 2009

Abstract: Objective: Two centuries of clinical observations have suggested that conversion symptoms are associated with strong emotions or situations that threaten the individual's physical or psychological integrity. This study tested the hypothesis that childhood conversion reactions reflect the motor-sensory components of two distinct emotional responses (one inhibitory, one excitatory) that develop as adaptations to recurring threats within intimate relationships. Method: Emotional responses to interpersonal threats were assessed in 28 children with conversion disorders using Dynamic-Maturational-Model (DMM) assessments of attachment. Attachment strategies (the inhibitory, Type A; the balanced, Type B; and the excitatory, Type C) provide information about (1) the child's behavioural (motor-sensory) organization in the face of interpersonal threats, and (2) the information processing that underpins this behavioural organization. Results: Twelve children (43%) used an inhibitory attachment strategy. Twelve (43%) used an excitatory attachment strategy. A smaller group (14%) alternated between inhibitory and excitatory strategies, their conversion symptoms reflecting the latter. Discussion: These data suggest that conversion reactions are not a single clinical entity and reflect the motor-sensory components of two distinct human emotional responses to threat. This distinction may help to account for the broad range of conversion symptoms seen in clinical practice, both those that involve loss of function and can be explained by a central inhibition hypothesis and those that involve positive symptoms and secondary gain. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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105. Psychogenic movement disorders.
PURPOSE OF REVIEW: This review summarizes the progress made in the area of psychogenic movement disorders (PMDs) over the past 2 years, and a simplified classification of diagnostic certainty is proposed that incorporates electrophysiological assessment.

RECENT FINDINGS: Functional magnetic resonance imaging studies have demonstrated altered blood flow in conversion disorders that may reflect changes in synaptic activity. Electrophysiological testing shows limitations in distinguishing between psychogenic and organic propriospinal myoclonus and dystonia. Recent evidence cautions against the uncritical acceptance of all cases of posttraumatic myoclonus and 'jumpy stump' as being organic in nature. 'Essential palatal tremor' is recognized as a rather heterogeneous group of tremors that includes psychogenic tremor. Two recent studies evaluating the long-term prognosis of psychogenic tremor differ in the degree of unfavorable outcome. Different groups of PMDs might have distinctive gait characteristics with prognostic, diagnostic, or therapeutic value. Two recent reviews provide comprehensive information on the understudied area of PMDs in children.

SUMMARY: The diagnosis of PMDs should not be regarded as a diagnosis of exclusion. Careful clinical assessment is critical, and imaging or electrophysiological studies may provide important insights and confirmation of the diagnosis though some cases remain challenging and current assessments fail to provide needed clarification. Treatment is often delayed, contributing to a largely unfavorable long-term outcome. Well designed randomized control trials that validate and compare therapeutic options are urgently required.

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Author(s): Tocchio, Sandra L
Citation: Journal of Psychosocial Nursing and Mental Health Services, August 2009, vol./is. 47/8(43-49), 0279-3695 (Aug 2009)
Publication Date: August 2009
Abstract: This article is about the journey of a 19-year-old woman with conversion disorder and how a team approach and alternative medicine, in conjunction with conventional psychiatry, helped alleviate her symptoms. It is about staff who learned to listen to their patients and recognize the importance of nursing within the treatment team. It is also about the staff’s journey from having predetermined judgments and concrete standards of care to being more open to alternative therapies and willing to accept the strong connection between mind and body. It is about how this patient with conversion disorder taught us that, given the right environment, time, and skills, patients can play a large role in healing themselves. She taught us to have hope and to see there can be positive outcomes in psychiatric nursing. It is about these two experiences joining on one path to wellness. (PsycINFO Database Record (c) 2010 APA, all rights reserved)
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107. The hypnotic diagnostic interview for hysterical disorders, pediatric form.
Author(s): Iglesias A, Iglesias A
Citation: American Journal of Clinical Hypnosis, July 2009, vol./is. 52/1(35-43), 0002-9157;0002-9157 (2009 Jul)
Abstract: This article reports on the use of hypnosis to facilitate the diagnostic process in two cases of pediatric hysterical reactions. The Hypnotic Diagnostic Interview for Hysterical Disorders (HDIDH), an interview tool, specifically designed for these cases, is reported. The first case was an adolescent male with motor Conversion Disorder manifested as paralysis of his lower limbs. The second was a preadolescent girl with sensory Conversion Disorder manifested as reduction of visual field in her right eye. Freudian conceptualization of hysterical reactions was employed as the conceptual basis in the formulation of these cases. This orientation posits hysterical phenomena a psychological defense employed by individuals exposed to traumatic experiences in order to effectuate a defense from intolerable affective material. The emotionally overwhelming material converts into physical reactivity free of the traumatic consequences by keeping the intolerable images and emotions deeply repressed within the subconscious. As the focus on these cases was diagnostic, treatment efforts were avoided. As it turned out, environmental interventions, based on the obtained information from the hypnotic interviews, extinguished the symptoms. The children were symptom free at follow-up.

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108. Attitudes of neuroscience nurses toward patients with conversion symptoms.

Author(s): Ahern L, Stone J, Sharpe MC

Citation: Psychosomatics, July 2009, vol./is. 50/4(336-9), 0033-3182;1545-7206 (2009 Jul-Aug)

Publication Date: July 2009

Abstract: BACKGROUND: Patients with conversion symptoms on neurology wards often report negative interactions with nursing staff. Objective/METHOD: The authors therefore systematically studied, by means of an anonymous questionnaire, the attitudes of neuroscience nurses (N=68) toward these patients. RESULTS: Negative attitudes were common: 16% disagreed that conversion symptoms were "real;" 46% thought the patients were "manipulative;" and 34% disagreed that neurology was "an appropriate place" for these patients. Levels of self-perceived knowledge were low. CONCLUSION: These negative attitudes toward patients are likely to impair effective management. Illness beliefs of patients with conversion symptoms need to be understood in the context of the beliefs of the health professionals looking after them.

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109. Attitudes of neuroscience nurses toward patients with conversion symptoms.

Author(s): Ahern, Lisa, Stone, Jon, Sharpe, Michael C

Citation: Psychosomatics: Journal of Consultation Liaison Psychiatry, July 2009, vol./is. 50/4(336-339), 0033-3182;1545-7206 (Jul-Aug 2009)

Publication Date: July 2009

Abstract: Background: Patients with conversion symptoms on neurology wards often report negative interactions with nursing staff. Objective/Method: The authors therefore systematically studied, by means of an anonymous questionnaire, the attitudes of neuroscience nurses (N = 68) toward these patients. Results: Negative attitudes were common: 16% disagreed that conversion symptoms were "real;" 46% thought the patients were "manipulative;" and 34% disagreed that neurology was "an appropriate place" for these patients. Levels of self-perceived knowledge were low. Conclusion: These negative attitudes toward patients are likely to impair effective management. Illness beliefs of
patients with conversion symptoms need to be understood in the context of the beliefs of the health professionals looking after them. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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110. Long-lasting conversion disorder and hospitalization in a young girl: importance of early recognition and intervention.

Author(s): Coskun M, Zoroglu S

Citation: Turkish Journal of Pediatrics, May 2009, vol./is. 51/3(282-6), 0041-4301;0041-4301 (2009 May-Jun)

Publication Date: May 2009

Abstract: Psychosomatic symptoms are frequently observed in children in response to psychosocial stressors and may be a reason for referral. However, it may be difficult to identify psychosomatic symptoms in a non-psychiatric clinical setting, and it is not unusual in pediatric practice for patients to be admitted and/or investigated for psychosomatic symptoms. Here, we present a case of a 10-year-old girl who was admitted and investigated for a suddenly developing motor loss in her legs for more than three months. However, no medical causes were detected to explain her clinical picture and she was eventually diagnosed with conversion disorder. We discuss herein the importance of early recognition and intervention and clues to the diagnosis of conversion disorder in children in a non-psychiatric clinical setting.

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111. Family functioning among depressive and dissociative (conversion) patients.

Author(s): Aamir S, Jahangir SF, Farooq S

Citation: Jcpsp, Journal of the College of Physicians & Surgeons - Pakistan, May 2009, vol./is. 19/5(300-3), 1022-386X;1022-386X (2009 May)

Publication Date: May 2009

Abstract: OBJECTIVE: To compare the family functioning, level of depression, anxiety and histrionic personality traits among depressive and dissociative (conversion) patients.STUDY DESIGN: A cross-sectional study.PLACE AND DURATION OF STUDY: The Psychiatry Unit of Government Lady Reading Hospital, Peshawar, on depressive and dissociative (conversion) patients admitted from January to May 2004.METHODOLOGY: Purposive sampling technique was used for the assignment of 75 patients (n=75) with depressive illness and 75 patients (n=75) with dissociative (conversion) disorders groups who fulfilled International Statistical Classification of Diseases and Related Health Problems, 10th Revision (ICD 10), criteria. Test package was administered individually to all the patients and scores compared for the groups.RESULTS: On family APGAR scale, no significant difference (t=-2.472, p=0.16) was found between the scores of the two groups. Patients with depressive illness scored high on Hamilton Rating Scale for Depression with mean score of 26.92 and on Hamilton Rating Scale for Anxiety with mean score of 23.45, while dissociative group scored high on Hysteria (Hy) sub-scale of Minnesota Multiphasic Personality Inventory (MMPI) with mean score of 13.17.CONCLUSION: Dysfunctional family pattern is one of the contributing factor in developing and maintaining mental illnesses like depression and dissociative (conversion) disorders.

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Full Text:
112. The role of physical injury in motor and sensory conversion symptoms: A systematic and narrative review.

**Author(s):** Stone, Jon, Carson, Alan, Aditya, Hosakere, Prescott, Robin, Zaubi, Mohammad, Warlow, Charles, Sharpe, Michael

**Citation:** Journal of Psychosomatic Research, May 2009, vol./is. 66/5(383-390), 0022-3999 (May 2009)

**Publication Date:** May 2009

**Abstract:** Objectives: Conversion symptoms are currently conceptualized as physical symptoms induced by psychological trauma, conflict, or stress. Historical accounts also included physical injury as an important precipitant. We aimed to determine (a) the frequency of reported physical injury prior to onset in published studies of patients with motor or sensory conversion symptoms and (b) the clinical characteristics of patients in whom onset was associated with physical injury. Methods: Firstly, we employed a systematic review of all reports of adults with motor or sensory conversion symptoms published between 1965 and 2005. Secondly, we used a narrative review of the literature on this topic, especially possible mechanisms. Results: A total of 133 eligible studies, which recorded precipitating factors, including 869 patients, were found. Physical injury prior to symptom onset was reported in 324 patients (37%). Clinical features associated with physical injury included younger age, weakness (vs. movement disorder), paraparesis (vs. hemiparesis), and neurological versus psychiatric study settings. Conclusions: Despite the current dominance of a psychological view of conversion symptoms, physical injury prior to onset has been frequently reported in papers published since 1965. While the data are of low quality, they nevertheless suggest that physical trauma has a role in many patients in the onset of motor and sensory conversion symptoms. We discuss possible mechanisms for this association. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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113. Conversion disorder

**Author(s):** Nicholson T.R.J., Kanaan R.A.A.

**Citation:** Psychiatry, May 2009, vol./is. 8/5(164-169), 1476-1793 (May 2009)

**Publication Date:** May 2009

**Abstract:** The condition now known as conversion disorder has been described since the time of Hippocrates. It was of great interest to many pioneers of neurology and psychiatry in the late 19th and early 20th century, such as Charcot and Freud. Since this time, despite being a relatively common condition often leading to severe and persistent disability, it has received relatively little attention from the scientific community. Consequently there has been little progress in understanding its pathogenesis and in finding effective treatments. The focus of this article is the management of motor and sensory conversion disorder, primarily from the perspective of the psychiatrist. The historical context and terminology of the condition are reviewed to minimize confusion and aid communication with both patients and other professionals. Diagnostic issues are explored along with potential psychological and neural mechanisms, revealing evidence for previous emotional trauma as a risk factor and the possible role of stressful life events preceding symptom onset. A guide to assessing suspected conversion disorder is provided, paying particular attention to what it is necessary to check before the assessment begins in order to maximize the chances of therapeutic engagement. The clinical features that help exclude neurological disorder and support conversion disorder are explained. There are no proven treatments specifically for conversion disorder, but current practice is reviewed along with the limited evidence base. 2009 Elsevier Ltd. All rights reserved.

**Source:** EMBASE
114. Systematic enhancement of functioning as a therapeutic technique in conversion disorder

Author(s): Andrade C., Bhakta S., Singh N.

Citation: Indian Journal of Psychiatry, April 2009, vol./is. 51/2(134-136), 0019-5545;1998-3794 (01 Apr 2009)

Publication Date: April 2009

Abstract: To explicitly outline a therapeutic technique for symptom removal in conversion disorder. We describe one patient with conversion dumbness and another with conversion paraplegia. The first patient was successfully treated in a single session, and the second was successfully treated across two weeks, both using systematic enhancement of functioning as a technique for symptom removal. This technique encourages the patient to express the desired behavior to whatever extent possible; subsequently, the patient is encouraged to gradually amplify the response until normal levels of functioning are achieved. The technique outlined is simple and practical but nevertheless receives no mention in conversion disorder literature. The technique can be applied to any situation in which behavioral amplification is desired.

Source: EMBASE

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Available in fulltext at National Library of Medicine

115. Neural correlates of motor conversion disorder.

Author(s): Scott, Rebekah L, Anson, J. Gregory

Citation: Motor Control, April 2009, vol./is. 13/2(161-184), 1087-1640;1543-2696 (Apr 2009)

Publication Date: April 2009

Abstract: Conversion Disorder affects voluntary motor and sensory function and involves unexplained neurological symptoms without an organic cause. Many researchers have attempted to explain how these symptoms arise but the neural correlates associated with Conversion Disorder remain largely unknown to clinicians and neuroscientists alike. This review focuses on investigations of Conversion Disorder (with motor symptoms) when deficits in voluntary movement occur. No single consistent hypothesis has emerged regarding the underlying cortical mechanisms associated with motor Conversion Disorder. However, findings from electrophysiology, neuroimaging, and behavioral research implicate the involvement of prefrontal networks. With further research using measurement techniques precise in spatial as well as temporal resolution, the conflict associated with two views of the neural correlates of motor Conversion Disorder may be resolved. This will provide a better understanding of the impairment associated with the preparation, generation, and execution of intentional movement in Conversion Disorder. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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116. Psychiatric symptoms and dissociation in conversion, somatization and dissociative disorders.
Abstract: Objective: Conversion, dissociation and somatization are historically related in the long established concept of hysteria. Somewhere along the way they were separated due to the Cartesian dualistic view. The aim of the present study was to compare these pathologies and investigate whether symptoms of these pathologies overlap in their clinical appearance in a Portuguese sample. Method: Twenty-six patients with conversion disorder, 38 with dissociative disorders, 40 with somatization disorder, and a comparison group of 46 patients having other psychiatric disorders answered questions about dissociation (Dissociative Experiences Scale), somatoform dissociation (Somatoform Dissociation Questionnaire), and psychopathological symptoms (Brief Symptom Inventory). Results: Dissociative and somatoform symptoms were significantly more frequent in dissociative and conversion disorder than in somatization disorder and controls. There were no significant differences between dissociative and conversion patients. Conclusions: Conversion disorder is closely related to dissociative disorders. These results support the ICD-10 categorization of conversion disorder among dissociative disorders and the hypothesis of analogous psychopathological processes in conversion and dissociative disorders versus somatization disorder. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
Motor thresholds and MEP amplitudes at rest were almost identical in the patient group and the control group. During motor imagery, MEP amplitudes increased by 200% in healthy subjects. In the patient group, motor imagery of the “paretic” index finger was associated with a mean MEP amplitude decrease of 37% compared with the MEP size at rest. Motor imagery of the unaffected index finger increased MEPs by 63% which was significantly different both from results in the control group and the “paretic” side. CONCLUSIONS: We suggest that the paradoxical decrease of motor excitability during motor imagery is the electrophysiological correlate of a disturbed voluntary control in motor conversion disorder. The results further indicate that this abnormality is not restricted to the clinically affected body part.

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119. Bispectral index monitoring during dissociative pseudo-seizure.
Author(s): Sartorius A, Schmahl C
Citation: World Journal of Biological Psychiatry, 2009, vol./is. 10/4 Pt 2(603-5), 1562-2975;1814-1412 (2009)
Publication Date: 2009
Abstract: Severe forms of dissociation or conversion can lead to events clinically often described as pseudo-seizures. Borderline personality disorder is a clinical condition which is often accompanied by a high susceptibility for dissociation and dissociative states are characterized by memory disturbance and perceptual alterations. We report a case of a patient with a complete anaesthesia, paralysis and amnesia for about 1 h. Within this time period we measured a bispectrum EEG index called BIS. Deepest recorded BIS value was 47. The described pattern of short but deep BIS reductions is completely discongruent to the findings during physiological sleep, during general anaesthesia, but very similar (and even more pronounced) to those during self-hypnosis. This makes former assumptions plausible that hypnosis and severe forms of dissociation (or conversion) may share common aetiologies.

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120. Evaluating patients with suspected nonepileptic psychogenic seizures.
Author(s): Marchetti RL, Kurcgant D, Gallucci Neto J, Von Bismark MA, Fiore LA
Citation: Journal of Neuropsychiatry & Clinical Neurosciences, 2009, vol./is. 21/3(292-8), 0895-0172;1545-7222 (2009)
Publication Date: 2009
Abstract: The authors evaluate 26 patients with suspected psychogenic non-epileptic seizures (PNES) who were referred to prolonged intensive video EEG (VEEG) in an epilepsy diagnostic center at the University of Sao Paulo, Brazil. Following the investigative protocol, 50% of the patients received a diagnosis of PNES, 15.4% of epilepsy, and 34.6% of associated PNES and epilepsy. In all patients in our series, PNES were the pseudoneurological presentations of dissociative or conversion symptoms in patients presenting the following mental disorders: conversion disorder, somatization or undifferentiated somatoform disorder, dissociative disorder not otherwise specified, and posttraumatic stress disorder. Psychiatric comorbidities, mostly depressive disorders, were frequent.

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121. Dissociative disorder following hospitalization and invasive medical procedures: A pediatric case report.

Author(s): Coskun, Murat, Zoroglu, Suleyman Salih

Citation: Noropsikiyatri Arsivi/Archives of Neuropsychiatry, 2009, vol./is. 46/1(30-33), 1300-0667 (2009)

Publication Date: 2009

Abstract: Psychosomatic symptoms in children may be frequent reasons for referral in pediatric practice. Recognition of these symptoms as psychosomatic may sometimes be difficult, leading to unnecessary hospitalization and invasive diagnostic procedures. Meanwhile hospitalization and invasive diagnostic procedures may themselves have a traumatic impact on child psychology and cause pathological dissociation. In this paper we report a 12-year-old boy who was admitted to hospital following a sudden onset of motor loss in his legs which led to his undergoing several invasive diagnostic procedures for the first time in his life. After comprehensive investigations no medical conditions were detected and he was eventually diagnosed with conversion disorder following psychiatric consultation. His condition returned almost to normal spontaneously after two days and he was discharged from hospital after 17 days of hospitalization. He then developed dissociative disorder following his discharge from hospital. We aim to discuss the clinical picture and the child's perception of the traumatic nature of invasive medical procedures in this particular case, the traumatic impact of hospitalization and invasive medical procedures on child mental health, and the importance of early recognition of symptoms of conversion or dissociative disorders in children. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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Full Text: Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

122. Two stiff person cases misdiagnosed as conversion disorder.

Author(s): Ozer, Suzan, Ozcan, Halil, Senses Dinc, Gulser, Ertugrul, Aygun, Rezaki, Murat, Ulusahin, Aylin

Citation: Turk Psikiyatri Dergisi, 2009, vol./is. 20/4(1-5), 1300-2163 (2009)

Publication Date: 2009

Abstract: Modern psychiatric diagnostic systems classify neurological symptoms that cannot be explained by a physical disease or another psychiatric disorder as conversion disorder (CD) or dissociative motor disorder. It is a well-known fact that the overall rate of misdiagnosis of conversion symptoms is high. The most common presenting symptoms of misdiagnosed patients are gait and movement disturbances. Stiff-person syndrome (SPS) is a rare progressive autoimmune neurological disorder. The identification of antibodies against glutamic acid decarboxylase (GAD) in association with SPS provided an important contribution to the understanding of the pathophysiology of this syndrome. Patients may present with severe muscle rigidity and sudden contractions. Simultaneous contraction of agonist and antagonist muscles produces gait disturbance. SPS can be exacerbated by emotional stressors, and sudden auditory, visual, and tactile stimuli. Herein we present 2 patients that were referred for psychiatric assessment, because their neurological symptoms initially could not be explained by a neurological disease, and subsequently diagnosed as SPS. The aim of this case report is to draw attention to the psychiatric presentations of SPS and to emphasize the importance of complete psychiatric and neurological examination, including brain imaging and electrophysiological studies, in the differential diagnosis of CD. (PsycINFO Database Record (c) 2011 APA, all rights reserved) (journal abstract)

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Full Text: Available in fulltext at EBSCOhost.
123. **Evaluating patients with suspected nonepileptic psychogenic seizures.**

**Author(s):** Marchetti, Renato Luiz, Kurcgant, Daniela, Neto, Jose Gallucci, Von Bismark, Mary Ann, Fiore, Lia Arno

**Citation:** The Journal of Neuropsychiatry and Clinical Neurosciences, 2009, vol./is. 21/3(292-298), 0895-0172;1545-7222 (Sum, 2009)

**Publication Date:** 2009

**Abstract:** The authors evaluate 26 patients with suspected psychogenic non-epileptic seizures (PNES) who were referred to prolonged intensive video EEG (VEEG) in an epilepsy diagnostic center at the University of Sao Paulo, Brazil. Following the investigative protocol, 50% of the patients received a diagnosis of PNES, 15.4% of epilepsy, and 34.6% of associated-PNES and epilepsy. In all patients in our series, PNES were the pseudoneurological presentations of dissociative or conversion symptoms in patients presenting the following mental disorders: conversion disorder, somatization or undifferentiated somatoform disorder, dissociative disorder not otherwise specified, and posttraumatic stress disorder. Psychiatric comorbidities, mostly depressive disorders, were frequent. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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124. **Conversion hemianesthesia: Possible mechanism.**

**Author(s):** Heilman, Kenneth M, Watson, Robert T

**Citation:** The Journal of Neuropsychiatry and Clinical Neurosciences, 2009, vol./is. 21/1(99-100), 0895-0172;1545-7222 (Win, 2009)

**Publication Date:** 2009

**Abstract:** Support for the observation that patients can fail to detect stimuli in the absence of defective afferent pathways comes from the observation of patients with attentional neglect. In the absence of injury the failure of the primary sensory cortex to activate could be induced by a reduced ability of the afferent signals to reach the cortex induced by closure of a physiological gate. Sensory information reaches the cortex after relay through specific thalamic nuclei and somatosensory information is transmitted via the ventralis posterolateralis. The thalamus is surrounded by the nucleus reticularis, which sends inhibitory projections to the thalamic relay nuclei, including the ventralis posterolateralis. Activation of the nucleus reticularis inhibits thalamic relay to the cortex. Based on this cortical-nucleus reticularis gating hypothesis, patients with sensory conversion disorder should not only show reduced activation of their somatosensory cortex, but activation of their frontal cortex, which is responsible for activating the inhibitory nucleus reticularis. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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125. **Psychogenic aphonia: Spectacular recovery after motor cortex transcranial magnetic stimulation.**

**Author(s):** Feinstein, Anthony

**Citation:** Journal of Neurology, Neurosurgery & Psychiatry, January 2009, vol./is. 80/1(4), 0022-3050 (Jan 2009)

**Publication Date:** January 2009

**Abstract:** Comments on an article by N. Chastan et al. (see record 2008-19060-029). Conversion disorder occupies some unusual niches within the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). It is one of the very few conditions where the manual makes reference to aetiology, invoking emotional conflict or other stressors as an initiating or exacerbating factor in the symptom production. Furthermore, the typical
symptoms of conversion disorder, like loss of sensation, paralysis or, as in the case reported by the authors, aphony, are deemed "pseudoneurological." Conversion disorder is a complex phenomenon. A reductionist theory positing a single etiological mechanism, no matter how intriguing, is unlikely to provide all the answers. It is, however, a useful point of departure. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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126. Primary progressive aphasia presenting as possible conversion disorder.
Author(s): Ademola, Foluso, Brophy, Jennifer, Oguntade, John, Murphy, Denis

Citation: Irish Journal of Psychological Medicine, December 2008, vol./is. 25/4(145-148), 0790-9667 (Dec 2008)

Publication Date: December 2008

Abstract: We describe a case of primary progressive aphasia (PPA) in a 62 year old right handed Irish woman who had progressive speech and language difficulty over a period of six years. She continued to work for a remarkable length of time and lived independently managing all her activities of daily living. The case posed a diagnostic challenge because initial presentation was suggestive of a conversion disorder. She also displayed signs and symptoms which overlapped with a fronto-temporal dementia and possibly early Alzheimer's disease. In our discussion, we explore the possible reasons for this overlap and the implication for psychiatrists. The need for adequate and sensitive investigations and a multi-disciplinary approach cannot be overemphasised as PPA cases are easily missed depending on the stage at which the patient presents. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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127. Serum immunoglobulin profiles of conversion disorder patients

Author(s): Khanam M., Azad M.A.K., Ullah Md.A., Ahsan M.S., Bari W., Islam S.N., Hasnat A.

Citation: German Journal of Psychiatry, December 2008, vol./is. 11/4(141-145), 1433-1055 (30 Dec 2008)

Publication Date: December 2008

Abstract: Objective: The aim of the study was to determine the serum immunoglobulin profiles of conversion disorder patients and to compare those parameters with control subjects. Method: Forty conversion disorder patients were recruited randomly from the Department of Psychiatry, Bangabandhu Sheikh Mujib Medical University Hospital, Dhaka, Bangladesh for this study. The control group included 34 healthy individuals matched by age and sex to the patient group. Serum immunoglobulin concentrations were determined by turbidimetry method using immunoglobulin kits. Result: The serum concentrations of IgG, IgA and IgM of conversion disorder patients were 22.32 +/- 5.9 g/L, 4.83 +/- 1.43 g/L and 3.45 +/- 1.24 g/L, while these were 20.02 +/- 2.04 g/L, 3.65 +/- 1.03 g/L and 2.70 +/- 0.63 g/L in control subjects respectively. The concentration of IgA and IgM were increased significantly (P < 0.05), but the change of IgG was not significant (P > 0.05).

Socioeconomic data revealed that most of the patients were young female and unmarried. The mean BMI of patients (21.27 +/- 3.56) were not significantly different (P > 0.05) from the control subjects (20.9 +/- 1.78). Moreover statistical analysis revealed that there were no significant correlation between immunoglobulin concentrations and socioeconomic factors and nutritional status. Conclusion: These findings may suggest a possible immune dysfunction as all the immunoglobulins were increased in conversion disorder patients. But study with larger number of population is required for further evaluation of the relationship between the immune response and disease state to confirm these findings.
128. Electrophysiological correlates of motor conversion disorder.

Author(s): Liepert J, Hassa T, Tuscher O, Schmidt R

Citation: Movement Disorders, November 2008, vol./is. 23/15(2171-6), 0885-3185;1531-8257 (2008 Nov 15)

Publication Date: November 2008

Abstract: In patients with a functional (psychogenic) paresis, motor conduction tests are, by definition, normal. We investigated whether these patients exhibit an abnormal motor excitability. Four female patients with a functional paresis of the left upper extremity were studied using transcranial magnetic stimulation (TMS). We investigated motor thresholds, intracortical inhibition and intracortical facilitation at rest. Corticospinal excitability was evaluated by single pulse TMS during rest and during imagination of tonic index finger adductions. Data obtained from the affected first dorsal interosseous muscle were compared with the unaffected hand and with a healthy age-matched control group. Three patients demonstrated a flaccid paresis, one patient had a psychogenic dystonia. Motor thresholds, short interval intracortical inhibition and intracortical facilitation recorded from the affected side were normal. In healthy subjects, movement imagery produced an increase of corticospinal excitability. In the patients, motor imagery with the affected index finger resulted in a decrease of corticospinal excitability compared to rest, being significantly different from the unaffected side and from the control group. We suggest that suppression of corticospinal excitability during movement imagination is an electrophysiological correlate of the patients' inability to move voluntarily and provides some insight into the pathophysiology of this disorder.

Source: MEDLINE

129. The incidence of stroke mimics among stroke department admissions in relation to age group.

Author(s): Vroomen PC, Buddingh MK, Luijckx GJ, De Keyser J

Citation: Journal of Stroke & Cerebrovascular Diseases, November 2008, vol./is. 17/6(418-22), 1052-3057;1532-8511 (2008 Nov-Dec)

Publication Date: November 2008

Abstract: BACKGROUND: Acute stroke therapies are effective but may have serious adverse effects. This makes an accurate diagnosis mandatory. Acute stroke is diagnosed on the basis of neurologic findings, laboratory testing, and a computed tomography scan of the brain. This is the first study to investigate the incidence of stroke mimics beyond the triaging stage and just before therapy decisions across age groups.METHODS: In all, 669 consecutive patients assessed at the emergency department by a neurologist were admitted to the stroke department with a provisional diagnosis of stroke. Patient registries of possible mimics were cross-referenced.RESULTS: In all, 637 patients (95.2%) had a correct diagnosis of stroke. A total of 15 patients turned out to have migraine with prolonged aura, 13 had a conversion disorder, 4 had partial epilepsy, and one was hypoglycemic. Under the age of 50 years, stroke mimics occurred in 21% of 87 patients. Above the age of 50 years, stroke mimics were very rare (3% of 583 patients).CONCLUSIONS: In patients being considered for acute stroke interventions, stroke mimics need to be considered particularly when the patient is younger than 50 years. In older patients, features typical of stroke mimics do not rule out a stroke.

Source: MEDLINE

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130. Psychogenic movement disorders in children: a report of 15 cases and a review of the literature.


Citation: Movement Disorders, October 2008, vol./is. 23/13(1882-8), 0885-3185;1531-8257 (2008 Oct 15)
Abstract: Data on psychogenic movement disorders (PMD) in children are scarce, with most existing literature relating to adults only. We report 15 cases with the aim of highlighting the clinical characteristics, risk factors, comorbidity, treatment, outcome, and prognosis of PMD in children. Only 13% of cases had onset before age 10, with the mean age at onset being 12.3 years. Females were predominantly affected (F:M = 4:1). The most common types of movement disorders seen were dystonia (47%), tremor (40%), and gait disorders (13%). Multiple hyperkinetic phenomenologies were observed in many cases. Abrupt onset and precipitation by minor injuries, and stressful life events were commonly reported. Clinical clues on examination suggesting a psychogenic origin were similar to those identified in adults. A distinct feature of PMD in children was the predominant involvement of the dominant limb. The underlying psychiatric diagnosis was conversion disorder in the majority of cases. Time from symptom onset until diagnosis of a PMD varied broadly (between 2 weeks and 5 years). Treatment with cognitive and behavioral therapy and rehabilitation by a multidisciplinary team led to improvement in most cases. However, treatment was much more effective in children with a short time from symptom onset to diagnosis and treatment. (c) 2008 Movement Disorder Society.

Source: MEDLINE

131. A psychodynamic understanding of conversion nonepileptic seizures in a young woman with acquired blindness.

Author(s): Soffer J, Alper KR, Basch S

Citation: Cns Spectrums, July 2008, vol./is. 13/7(575-84), 1092-8529;1092-8529 (2008 Jul)

Publication Date: July 2008

Source: MEDLINE

Full Text:
Available in fulltext at EBSCOhost
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

132. Size variance of motor evoked potential at initiation of voluntary contraction in palsy of conversion disorder.

Author(s): Morita H, Shimojima Y, Nishikawa N, Hagiwara N, Amano N, Ikeda S

Citation: Psychiatry & Clinical Neurosciences, June 2008, vol./is. 62/3(286-92), 1323-1316;1440-1819 (2008 Jun)

Publication Date: June 2008

Abstract: AIM: To investigate the efficacy of transcranial magnetic stimulation (TMS) with a cue signal for the objective diagnosis of palsy of conversion disorder (CD).METHODS: Ten patients with palsy of CD, nine with amyotrophic lateral sclerosis (ALS), and eight control subjects were examined. Motor evoked potential (MEP) was recorded from the abductor digiti minimi muscle under three conditions: at rest, during tonic contraction, and with an audio cue signal. In the cue signal paradigm, subjects were asked to perform ramp-and-hold contraction in response to a cue signal.RESULTS: MEP size increased in the cue signal paradigm in both controls and patients with ALS, but was not obvious in some CD patients. This was likely due to variance among trials in the cue signal paradigm in each CD patient. The coefficients of variance (CV) among trials in the cue signal paradigm were 15 +/- 4.3 in controls, 25 +/- 11 in ALS, and 70 +/- 40 in CD.CONCLUSIONS: CV of MEP size with cue signal was larger in CD than in controls (P < 0.005) and in ALS patients (P < 0.01). The size variance among MEP trials with the cue signal is a supportive parameter for the diagnosis of CD.

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133. Size variance of motor evoked potential at initiation of voluntary contraction in palsy of conversion disorder.

**Author(s):** Morita, Hiroshi, Shimojima, Yoshio, Nishikawa, Noriko, Hagiwara, Naoki, Amano, Naoji, Ikeda, Shu-Ichi

**Citation:** Psychiatry and Clinical Neurosciences, June 2008, vol./is. 62/3(286-292), 1323-1316;1440-1819 (Jun 2008)

**Publication Date:** June 2008

**Abstract:** Aim: To investigate the efficacy of transcranial magnetic stimulation (TMS) with a cue signal for the objective diagnosis of palsy of conversion disorder (CD). Methods: Ten patients with palsy of CD, nine with amyotrophic lateral sclerosis (ALS), and eight control subjects were examined. Motor evoked potential (MEP) was recorded from the abductor digiti minimi muscle under three conditions: at rest, during tonic contraction, and with an audio cue signal. In the cue signal paradigm, subjects were asked to perform ramp-and-hold contraction in response to a cue signal. Results: MEP size increased in the cue signal paradigm in both controls and patients with ALS, but was not obvious in some CD patients. This was likely due to variance among trials in the cue signal paradigm in each CD patient. The coefficients of variance (CV) among trials in the cue signal paradigm were 15±-4.3 in controls, 25±-11 in ALS, and 70±-40 in CD. Conclusions: CV of MEP size with cue signal was larger in CD than in controls (P<0.005) and in ALS patients (P<0.01). The size variance among MEP trials with the cue signal is a supportive parameter for the diagnosis of CD. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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134. Health-related quality of life in patients with conversion disorder with seizures.

**Author(s):** Ozenli, Yarkin, Ozisik, Handan I, Tugal, Onder, Yoldascan, Elcin

**Citation:** International Journal of Psychiatry in Clinical Practice, June 2008, vol./is. 12/2(105-111), 1365-1501;1471-1788 (Jun 2008)

**Publication Date:** June 2008

**Abstract:** Objective: The concept of Health-Related Quality of Life (HRQOL) is important for both the prevention and progress of psychiatric diseases. In the literature, we are aware that there are a few studies on HRQOL among patients with conversion disorder with seizure. Our aim is to measure the HRQOL in Turkey among patients with conversion disorder with seizure and to compare the quality of life of this study group to a healthy control group and to different types of epileptic patient groups. Methods: A total of 330 subjects was included in this study; 102 patients were included in the conversion disorder group, 121 patients were included in the epileptic group and 93 subjects were included in the healthy control group. WHOQOL-100 scale and Trait Anxiety Inventory (TAI) were administered to these groups. Results: HRQOL for the patients with conversion disorder was worse than the control group except for the environment and social relations domains. The generalized epilepsy patients had better physical and psychological health, compared with the patients with conversion disorder. Compared with the partial epilepsy group, HRQOL for the patients with conversion disorder was better in psychological, environmental, social relationship domains. Conclusion: Considering these disorders, patients with conversion disorder need long-term psychiatric treatment. Carrying out this study in our country will be an advantage for the cross-cultural studies which will be undertaken out in the future. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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135. **Motor imagery: a window into the mechanisms and alterations of the motor system.**

**Author(s):** de Lange FP, Roelofs K, Toni I

**Citation:** Cortex, May 2008, vol./is. 44/5(494-506), 0010-9452;0010-9452 (2008 May)

**Publication Date:** May 2008

**Abstract:** Motor imagery is a widely used paradigm for the study of cognitive aspects of action control, both in the healthy and the pathological brain. In this paper we review how motor imagery research has advanced our knowledge of behavioral and neural aspects of action control, both in healthy subjects and clinical populations. Furthermore, we will illustrate how motor imagery can provide new insights in a poorly understood psychopathological condition: conversion paralysis (CP). We measured behavioral and cerebral responses with functional magnetic resonance imaging (fMRI) in seven CP patients with a lateralized paresis of the arm as they imagined moving the affected or the unaffected hand. Imagined actions were either implicitly induced by the task requirements, or explicitly instructed through verbal instructions. We previously showed that implicitly induced motor imagery of the affected limb leads to larger ventromedial prefrontal responses compared to motor imagery of the unaffected limb. We interpreted this effect in terms of greater self-monitoring of actions during motor imagery of the affected limb. Here, we report new data in support of this interpretation: inducing self-monitoring of actions of both the affected and the unaffected limb (by means of explicitly cued motor imagery) abolishes the activation difference between the affected and the unaffected hand in the ventromedial prefrontal cortex. Our results show that although implicit and explicit motor imagery both entail motor simulations, they differ in terms of the amount of action monitoring they induce. The increased self-monitoring evoked by explicit motor imagery can have profound cerebral consequences in a psychopathological condition.

**Source:** MEDLINE

136. **The neuropsychiatry of conversion disorder.**

**Author(s):** Aybek, Selma, Kanaan, Richard A, David, Anthony S

**Citation:** Current Opinion in Psychiatry, May 2008, vol./is. 21/3(275-280), 0951-7367;1473-6578 (May 2008)

**Publication Date:** May 2008

**Abstract:** Purpose of review: During the past two decades there has been a relative surge of interest in conversion disorder, and a multitude of studies have emerged on the subject. With continuing developments in neuroscience--mainly brain imaging--new applications to conversion disorder are being reported every year. Recent findings Diagnosis continues to represent a challenge, although neurological signs are increasingly being developed and validated to assist with this. Psychiatric co-morbidity diagnosed according to operational criteria is common. Brain imaging studies have brought some clues to understanding the pathophysiology of conversion disorder. Summary: Evidence-based medicine requires reliable diagnostic criteria, and attempts have recently been made to validate some of the well known neurological signs of conversion disorder. From a psychiatric point of view, there is a need for greater understanding of the aetiology and mechanisms underlying conversion disorder and its relationship to other psychiatric disorders. Although advances have been made both in diagnostic methods and in the groundwork for a neurobiological model, no clear rationale for treatment is yet available and further research is strongly needed. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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137. **Formal psychological testing in patients with paradoxical vocal fold dysfunction.**
OBJECTIVE: The etiology of paradoxical vocal fold dysfunction (PVFD) has been unclear, but it has long been hypothesized that there is a significant psychological component. The purpose of this study was to elucidate the psychological profiles of patients newly diagnosed with PVFD using psychometrically sound psychological assessment instruments.

STUDY DESIGN: Prospective cohort study of 45 adults newly diagnosed with PVFD at a tertiary university referral center.

METHODS: The Minnesota Multiphasic Personality Inventory (MMPI-2) was administered to test for psychopathology. The Life Experiences Survey (LES) was administered to investigate levels of stress. Demographic, medical, and social histories were reviewed. MMPI-2 and LES scores for the PVFD cohort were compared with scores previously established for normative populations.

RESULTS: The study population included 81% female and 60% who were age 50 or older. Compared to the normative population for the MMPI-2, significant differences were noted for both male and female PVFD patients; on average, scores were highly elevated on the hypochondriasis scale and hysteria scale and less elevated on the depression scale. This pattern was consistent with conversion disorder ($P < .01$). In MMPI-2 subset analysis, 18 patients had a classic conversion profile while 13 others had elevated scores in the three scales of interest, but not in the classic conversion disorder pattern. Also, 11 patients had normal scores, suggesting no psychopathology. PVFD patients with a psychological history scored significantly higher on the depression and anxiety scales than PVFD patients without a psychological history. Patients with a history of asthma or gastroesophageal reflux disease (GERD) achieved significantly higher scores on the hypochondriasis scale than those without that medical history. On the LES assessment, female PVFD patients had significantly lower levels of positive stress and higher levels of negative stress than the general population; total levels of stress were not significantly different, however. Male PVFD patients had significantly lower levels of positive, negative, and total stress. For the entire cohort, asthma (65%), GERD (51%), and a history of abuse (38%) were common comorbidities.

CONCLUSIONS: On average, in both male and female adults, PVFD is associated with conversion disorder, representing a physical manifestation of underlying psychological difficulty. There also appears to be a subset of PVFD that is not associated with psychopathology. PVFD patients with a previous psychological history are prone to more depressive and anxious symptomatology. Patients with PVFD and a history of asthma or GERD are more likely to excessively complain about physical symptoms. Overall levels of stress are not higher in PVFD patients compared to a general population. However, females report more negative stress, and both males and females may have trouble coping with the amount of stress that they do have. PVFD is more common among women, more prevalent among older individuals, and can be comorbid with asthma, GERD, and previous abuse. These results have implications for treatment: psychotherapy directed for somatoform and conversion disorders may be added to traditional speech therapy for increased efficacy.

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Author(s): Nisbet BC, Penfil S

Citation: Delaware Medical Journal, April 2008, vol./is. 80/4(141-4), 0011-7781;0011-7781 (2008 Apr)

Publication Date: April 2008

Abstract: We present the case of a 15-year-old-boy on sertraline (Zoloft) who presented to the Emergency Department with palpitations, tremor, and weakness after starting
Upon admission to the hospital, he developed syncopal-like episodes of unresponsiveness associated with body-wide jerking and stiffening as well as tachycardia and hypertension. He was initially believed to have serotonin syndrome and was transferred to a pediatric Intensive Care Unit where the diagnosis of conversion disorder was made. We discuss the salient features of serotonin syndrome and conversion disorder and emphasize the importance of making either diagnosis.

Source: MEDLINE

139. Psychiatric diagnoses of patients with psychogenic non-epileptic seizures.

Author(s): Marchetti, Renato Luiz, Kurgant, Daniela, Neto, Jose Gallucci, von Bismark, Mary Ann, Marchetti, Liliana Beccaro, Fiore, Lia Amo

Citation: Seizure, April 2008, vol./is. 17/3(247-253), 1059-1311 (Apr 2008)

Abstract: Objective: Our purpose was to present and discuss the psychiatric diagnoses of patients who presented psychogenic non-epileptic seizures (PNES) during video-electroencephalographic monitoring (VEEG). Methods: Out of 98 patients, a total of 28 patients presented PNES during the diagnostic procedure. In those cases in which the PNES that occurred during VEEG were validated by clinical history (clinical validation), and by showing the recorded event on video to an observer close to the patient (observer validation), was defined psychogenic non-epileptic seizure disorder (PNESD). Psychiatric diagnoses were made according to DSM-IV. Results: In 27, psychogenic non-epileptic seizures disorder was diagnosed. Fourteen patients presented only with psychogenic non-epileptic seizures disorder, 13 with both psychogenic non-epileptic seizures disorder and epilepsy, and one patient with epilepsy only. Psychiatric diagnoses were: 17 (63%) patients with conversion disorder, five (19%) with somatization disorder, two (7%) with dissociative disorder NOS, two (7%) with post-traumatic stress disorder and one (4%) with undifferentiated somatoform disorder. Conclusions: Dissociative-conversion non-epileptic seizures are the most frequent finding, representing the pseudoneurological manifestation of mental disorders that have these symptoms as a common feature. Provisionally, they may be defined as dissociative-conversion non-epileptic seizure disorders. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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140. Conversion Disorder: "An Adverse Reaction" to Watch Out For

Author(s): Legaspi P.S.C., Abad Venida Ma.L.

Citation: Dermatologic Clinics, April 2008, vol./is. 26/2(239-243), 0733-8635 (Apr 2008)

Abstract: A subject was enrolled in a multicenter, double-blinded clinical trial of ofloxacin-containing multidrug therapy for leprosy by the World Health Organization in 1992 and she developed multiple physical symptoms a few hours after taking the regimen. Physical examination and laboratory work-ups could not support a medical diagnosis and she was eventually dropped from the study. Decoding revealed that she belonged in the control group given the World Health Organization/multidrug therapy-multibacillary regimen. In the course of treatment, she was diagnosed with conversion disorder and was subsequently treated with an antipsychotic. 2008 Elsevier Inc. All rights reserved.

Source: EMBASE

141. Psychiatric issues in neurology, part 4: Amnestic syndromes and conversion disorder.

Author(s): Levenson, James L
Abstract: Important psychiatric issues affecting diagnosis and management arise in patients with neurologic illness more often than any other area of medicine. These include cognitive impairment either as a primary feature or a secondary complication of a known neurologic disorder, other psychiatric symptoms as a manifestation or complication of neurologic disease, and physical neurologic symptoms that do not correspond to any recognized pattern of neurologic disease (i.e., conversion disorder or somatization disorder). In addition, behavioral, cognitive, or emotional symptoms may occur as a complication of drug therapy of neurologic disease. More detailed coverage of these topics can be found elsewhere. In previous columns, psychiatric issues in stroke, Parkinson's disease, multiple sclerosis, and epilepsy were reviewed. In this column, psychiatric issues related to amnestic syndromes and conversion disorder are reviewed. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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142. PANDAS and paroxysms: A case of conversion disorder?

Author(s): Kuluva, Joshua, Hirsch, Scott, Coffey, Barbara

Citation: Journal of Child and Adolescent Psychopharmacology, March 2008, vol./is. 18/1(109-115), 1044-5463 (Mar 2008)

Publication Date: March 2008

Abstract: Presents a case study of a 16-year-old adolescent Caucasian boy, J. initially referred for consultation regarding Pediatric Autoimmune Neuropsychiatric Disorders Associated with Streptococcus (PANDAS). For approximately nine months prior to presentation, J. had been experiencing frequent motor and vocal tics punctuated by episodes of violent behavior. These events became so distressful to the patient, his family, and his surroundings that he was forced to leave school and all of his other social activities. Many of J.'s paroxysmal events were of a violent nature with aggression directed towards other people. Not only does this suggest that these events were neither tics nor seizures, but it also suggests that J. has some difficulty with the modulation of aggression. In addition, given the acute onset of his symptoms and decline in adaptive functioning, one might question whether there had been some trauma that had precipitated the illness. Finally, from a developmental perspective, the timing of J.'s symptom onset cannot be ignored. As it appeared that he was on a trajectory to become a successful athlete and student, the onset of his symptoms put obstacles in his path of continuing with his accomplishments. One may question if, with all of his success, J was on some level quite anxious about responsibility that would come with his advancement in life. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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143. Clinical profile of pediatric somatoform disorders.

Author(s): Bisht J, Sankhyan N, Kaushal RK, Sharma RC, Grover N

Citation: Indian Pediatrics, February 2008, vol./is. 45/2(111-5), 0019-6061;0019-6061 (2008 Feb)

Publication Date: February 2008

Abstract: OBJECTIVES: To study the prevalence, pattern, clinical and socio-demographic characteristics of somatoform disorders in children. METHODS: From Aug 2004 to July 2005, children up to 18 years with unexplained physical symptoms were evaluated
prospectively using DSM-IV criteria. Detailed evaluation followed for those meeting criteria. RESULTS: The prevalence of Somatoform disorders was 0.59% and 0.78% among out-door and in-door patients respectively. Among 124 children (40 boys and 84 girls) meeting criteria, conversion disorder was the commonest (57.3%), followed by undifferentiated somatoform disorder (25.2%). Girls were significantly more represented among conversion disorder patients compared to other groups of somatoform disorders (78.9 vs. 52.8 %, P=0.002). In conversion disorder, 2/3rd patients presented within 3 months, whereas in other somatoform disorders, 2/3rd patients presented within 3 months after symptoms. Fainting attacks (52.1%) and ataxia (43.7%) in conversion disorder and pain abdomen (52.8%) and headache (52.8%) in other somatoform disorders, were the commonest symptoms. Stressors were identified in 73.4% and acute precipitating stressors were present in 14.4% children. Boys had significantly higher rates of poor inter-personal relations and communication problems within the family (72.5% vs. 41.7%, P=0.001), while girls had significantly higher rates of conflicts with the parents and other family members (21.4% vs. 5%, P=0.02). CONCLUSION: Somatoform disorders, particularly conversion disorder is commoner in girls. Important stressors are poor inter-personal relations and communication problems within the family in boys, and conflicts with family members among girls.

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144. Lower extremity paralysis in a male preadolescent.

Author(s): Gallizzi G, Kaly P, Takagishi J

Citation: Clinical Pediatrics, January 2008, vol./is. 47/1(86-8), 0009-9228;0009-9228 (2008 Jan)

Publication Date: January 2008

Abstract: A 12-year-old boy presented to the emergency department with bilateral lower leg sensory loss and inability to walk. The initial work-up revealed no significant abnormalities on physical examination other than bilateral paralysis and no laboratory abnormalities. The inpatient work-up included neurologic, psychiatric, and psycho-logic evaluations. The patient was diagnosed with a conversion disorder, and treatment included relaxation exercises and guided imagery as well as antidepressants. Upon discharge, the patient was walking without assistance. Follow-up therapy was initiated for stress and behavior management. No further episodes have occurred. Diagnosis, therapy options, and outcomes of conversion disorder are further discussed as they relate to treatment by general pediatricians.

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145. Pediatric case study and review: is it a conversion disorder?.

Author(s): Spratt EG, Thomas SG

Citation: International Journal of Psychiatry in Medicine, 2008, vol./is. 38/2(185-93), 0091-2174;0091-2174 (2008)

Publication Date: 2008

Abstract: OBJECTIVE: It is common in health care settings for adolescent patients to report physical symptoms that are unexplained by physical disease or pathophysiologic processes. The diagnosis of conversion disorder is difficult to make as many of these patients present to primary care with complex, difficult-to-understand medical symptoms. Patients can present with a medical dilemma and a symptom model consistent with a conversion disorder, but there is a danger of misdiagnosis without a thorough medical work
METHOD: This case report describes a patient where the misdiagnosis of conversion disorder could have had devastating long-lasting neurologic sequelae. It appeared as if an unconscious conflict was being expressed through physical symptoms as she had ongoing family stressors prior to the onset of mysterious symptoms. CONCLUSIONS: The patient was found to have a spinal cord arteriovenous malformation. This condition is relatively uncommon in the pediatric age group, and early diagnosis is rarely made.

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146. Review of Bispectral index monitoring during dissociative pseudo-seizure.
Author(s): Wickramasekera, Ian II
Citation: American Journal of Clinical Hypnosis, January 2008, vol./is. 50/3(291), 0002-9157 (Jan 2008)
Publication Date: January 2008
Abstract: Reviews the article, Bispectral index monitoring during dissociative pseudoseizure by A. Sartorius, and C. Schmahl (2007). The authors present a psychophysiological case study of a patient with symptoms of conversion disorder and dissociation. The authors discuss how patients with borderline personality disorder, conversion disorder, and various forms of dissociative disorders all share some degree of commonality in their experiences of transient dissociative symptoms. The authors concluded that this evidence may suggest that mechanisms of dissociation and hypnosis may indeed share a common neural architecture as indeed many theorists of hypnosis have postulated for over 100 years. (PsycINFO Database Record (c) 2010 APA, all rights reserved)
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147. Lower extremity paralysis in a male preadolescent.
Author(s): Gallizzi, Gina, Kaly, Perry, Takagishi, Jennifer
Citation: Clinical Pediatrics, January 2008, vol./is. 47/1(86-88), 0009-9228 (Jan-Feb 2008)
Publication Date: January 2008
Abstract: A 12-year-old boy presented to the emergency department with bilateral lower leg sensory loss and inability to walk. The initial work-up revealed no significant abnormalities on physical examination other than bilateral paralysis and no laboratory abnormalities. The inpatient work-up included neurologic, psychiatric, and psychologic evaluations. The patient was diagnosed with a conversion disorder, and treatment included relaxation exercises and guided imagery as well as antidepressants. Upon discharge, the patient was walking without assistance. Follow-up therapy was initiated for stress and behavior management. No further episodes have occurred. Diagnosis, therapy options, and outcomes of conversion disorder are further discussed as they relate to treatment by general pediatricians. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)
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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.
Conversion hysteria: Lessons from functional imaging.

Author(s): Black, Deborah N, Seritan, Andreea L, Taber, Katherine H, Hurley, Robin A

Citation: Windows to the brain: Insights from neuroimaging., 2008(175-181) (2008)

Publication Date: 2008

Abstract: This reprinted article originally appeared in Journal of Neuropsychiatry & Clinical Neurosciences, Summer 2004, Vol 16(3), pp. 245-251. (The following abstract of the original article appeared in record 2004-18704-001.) The article presents information on hysteria or the conversion disorder. The term hysteria, based on the Egyptian theory of the wandering uterus, is credited to Hippocrates. Formerly considered a dissociative disorder, conversion disorder is classified in DSM-IV-TR as a somatoform disorder along with somatization, pain disorder, hypochondriasis, and body dysmorphic disorder. Psychogenic disorders of memory and personal identity are classified as dissociative disorders.

Conversion disorder shares high comorbidity with anxiety, depression, and personality disorders. The symptoms of hysteria can affect any aspect of elementary neurological function, including involuntary movements or paralysis, mutism, urinary retention, pain, blindness, deafness, and analgesia. Inconsistencies on examination suggest this diagnosis. These include simultaneous contraction of muscular agonists and antagonists, fluctuating weakness, non anatomical sensory loss, tunnel vision, and astasia-abasia. An important finding in conversion disorder is that electrophysiological tests indicate that sensory and motor pathways are intact. The mapping of the brain in conversion disorder has implications for the conscious experience of self and the disruption of selfhood in dissociative identity disorder and schizophrenia. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

Source: PsycINFO

Somatoform and dissociative disorders.

Author(s): Cloninger, C. Robert, Dokucu, Mehmet

Citation: The medical basis of psychiatry (3rd ed.)., 2008(181-194) (2008)

Publication Date: 2008

Abstract: Most patients consulting physicians have a mixture of physical and mental complaints that require careful differential diagnosis. A somatoform disorder is diagnosed when the primary disorder is a mental disorder with prominent physical complaints. The assessment and treatment of somatoform disorders requires patience and compassion to maintain a therapeutic alliance, but randomized controlled trials show that treatment with antidepressants or cognitive-behavioral therapy reduce health care use and subjective distress. Somatization disorder is the prototype of somatoform disorders. It has been shown to be a chronic and heritable deficit in emotional intelligence that is clinically manifest with complaints of multiple bodily pains, and gastrointestinal, pseudoneurological, sexual, and reproductive symptoms. Conversion disorders involve acute or chronic loss of voluntary sensorimotor functions, such as psychogenic blindness, paralysis, or tremors, in response to psychosocial stress, such as marital quarrels, personal rejection, or events associated with a high risk of injury or death. In contrast, some somatoform disorders more closely resemble physical phobias (e.g., hypochondriasis) or social phobias (e.g., body dysmorphic disorder). Dissociative disorders involve the disruption or loss of the integrative mechanisms of consciousness, memory, identity, or perception. Dissociative disorders include amnesia (a disruption of memory), fugue (a disruption of identity), depersonalization (a disruption of perception), and dissociative identity disorder (a disruption of consciousness and identity, formerly called multiple personality disorder). In dissociative disorders, transitions between personalities or the onset of amnesic or fugue states are usually precipitated by psychosocial stress such as those observed in conversion disorders. Thus, both conversion and dissociative disorders are typically precipitated by severe psychosocial stress, but it is often difficult to elicit the relevant history before treatment until the clinician can contact collateral informants. Recent brain imaging results suggest that hyperactivity of the anterior cingulate cortex can actively inhibit motor activity (e.g., psychogenic paralysis), sensory perception (e.g., psychogenic anesthesia), memory (e.g., amnesia), or identity (e.g., fugue) as a defensive response to stressors. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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150. **A hunt for the elusive neuropsychological impairment: Conversion disorder.**

**Author(s):** Zaccariello, Michael J

**Citation:** Pediatric neuropsychology case studies: From the exceptional to the commonplace., 2008(335-342) (2008)

**Publication Date:** 2008

**Abstract:** (from the chapter) This chapter presents a neuropsychological assessment case report of an identified patient in a family with psychiatric issues. The patient's reported head injury and physical complaints were not corroborated by medical or neurological testing prior to the neuropsychological evaluation. Rather, on the basis of his presentation and neuropsychological test results, Dean did appear to meet criteria for Conversion Disorder (American Psychiatric Association, 2000). In Conversion Disorder, individuals present deficits in voluntary or sensory functions that suggest a neurological or other general medical condition. The constellation of symptoms cannot, after appropriate investigation, be fully explained by a medical or neurological condition, substance abuse, or culturally sanctioned behavior. Psychological factors are judged to be associated with the condition because the initiation or exacerbation of symptoms coincides with the emergence of psychosocial stressors. Exclusion criteria include the ability to explain the individual's presentation through medical conditions or symptoms not limited to pain or sexual dysfunction. One main recommendation came from the evaluation: Psychotherapy could provide Dean an environment to explore the relationship between psychosocial stress and physical functioning. Counseling could also provide a supportive and nurturing environment for him to identify his emotional state and learn effective coping strategies to use when he becomes distressed. In addition, counseling could provide Dean's parents with a better understanding of the nature of his behavioral issues and an opportunity to learn strategies to facilitate his psychological and emotional development. Dean should be in psychotherapy at least weekly and treatment may be long-term. Was the full neuropsychological assessment needed? Probably not absolutely, but it did increase the clinician's degree of confidence in ruling out alternative explanations to the Conversion Disorder diagnosis. This could be seen as the beginning of a psychotherapeutic process, in which a qualified professional carefully considered the cognitive complaints presented by an important member of the system (Dean's father) whose ongoing support will certainly be needed to make treatment progress. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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151. **Paradoxical vocal cord dysfunction: Gaining a better understanding of this disorder and its psychological correlates.**

**Author(s):** Husein, Tiffany

**Citation:** Dissertation Abstracts International: Section B: The Sciences and Engineering, 2008, vol./is. 69/5-B(3311), 0419-4217 (2008)

**Publication Date:** 2008

**Abstract:** Paradoxical vocal cord dysfunction (PVCD) has been a highly misunderstood medical disorder that has been discussed in the literature as having varied etiologies. While neurological, as well as other medical explanations have been proposed as possible etiologies, many clinicians and researchers have suggested that PVCD is a psychological disorder. In suggesting a psychological etiology, there have been a wide variety of ideas of the different types of possible psychological classifications it could fall into. The most common psychological diagnosis suggested in the literature has been a conversion disorder, with anxiety and depression also receiving a large amount of support. Stressful and traumatic events have also been implicated as possible contributors. Throughout the literature, there has been a lack of information for how researchers have reached their conclusions and the methods used to make psychological diagnoses. Much of the evidence provided for explaining PVCD as a psychological disorder is the failure of these patients to respond to medical treatments that ordinarily ameliorate physical symptoms. Moreover, there has been an inability to identify an underlying medical cause. No one has studied PVCD from a psychological perspective using psychometrically sound psychological instruments. The purpose of the present study was to investigate PVCD as a psychological disorder, specifically a conversion disorder. Anxiety and stress were also evaluated as possible contributing factors to this disorder. It was hypothesized that individuals who have
received a diagnosis of PVCD would exhibit symptoms requisite of a conversion disorder as defined by the Diagnostic and Statistical Manual for Mental Disorders (DSM-IV; 1994) and measured by the Minnesota Multiphasic Personality Inventory (MMPI-2; 1989). Additionally, it was hypothesized that individuals with this disorder would report higher levels of anxiety than the general population as well as report higher levels of stress than individuals in the general population. A battery consisting of two different measurement scales and a demographic questionnaire was administered to 47 patients diagnosed with PVCD at a medical outpatient clinic specializing in voice and swallowing disorders located in a large Midwestern city. PVCD was found to exhibit symptoms requisite of a conversion disorder. Further, it was found that patients diagnosed with PVCD do not report higher levels of anxiety, and only females report higher levels of negative stress than individuals in the general population. In addition, significant differences were found among different subgroups of patients on specific scales of the MMPI-2. Implications of the results address the importance of gaining a better understanding of this disorder as having a psychological etiology. In addition, counseling implications, limitations of the present study, and suggestions for future research are also discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved)

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152. Pediatric case study and review: Is it a conversion disorder?
Author(s): Spratt, Eve G, Thomas, Stephanie G
Citation: International Journal of Psychiatry in Medicine, 2008, vol./is. 38/2(185-193), 0091-2174;1541-3527 (2008)
Publication Date: 2008
Abstract: Objective: It is common in health care settings for adolescent patients to report physical symptoms that are unexplained by physical disease or pathophysiologic processes. The diagnosis of conversion disorder is difficult to make as many of these patients present to primary care with complex, difficult-to-understand medical symptoms. Patients can present with a medical dilemma and a symptom model consistent with a conversion disorder, but there is a danger of misdiagnosis without a thorough medical work up. Method: This case report describes a patient where the misdiagnosis of conversion disorder could have had devastating long-lasting neurologic sequelae. It appeared as if an unconscious conflict was being expressed through physical symptoms as she had ongoing family stressors prior to the onset of mysterious symptoms. Conclusions: The patient was found to have a spinal cord arteriovenous malformation. This condition is relatively uncommon in the pediatric age group, and early diagnosis is rarely made. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO

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153. Health-related quality of life in patients with conversion disorder with seizures
Author(s): Ozenli Y., Ozisik H.I., Tugal O., Yoldascan E.
Citation: International Journal of Psychiatry in Clinical Practice, 2008, vol./is. 12/2(105-111), 1365-1501;1471-1788 (2008)
Publication Date: 2008
Abstract: Objective. The concept of Health-Related Quality of Life (HRQOL) is important for both the prevention and progress of psychiatric diseases. In the literature, we are aware that there are a few studies on HRQOL among patients with conversion disorder with seizure. Our aim is to measure the HRQOL in Turkey among patients with conversion disorder with seizure and to compare the quality of life of this study group to a healthy control group and to different types of epileptic patient groups. Methods. A total of 330 subjects was included in this study; 102 patients were included in the conversion disorder
group, 121 patients were included in the epileptic group and 93 subjects were included in the healthy control group. WHOQOL-100 scale and Trait Anxiety Inventory (TAI) were administered to these groups. Results. HRQOL for the patients with conversion disorder was worse than the control group except for the environment and social relations domains. The generalized epilepsy patients had better physical and psychological health, compared with the patients with conversion disorder. Compared with the partial epilepsy group, HRQOL for the patients with conversion disorder was better in psychological, environmental, social relationship domains. Conclusion. Considering these disorders, patients with conversion disorder need long-term psychiatric treatment. Carrying out this study in our country will be an advantage for the cross-cultural studies which will be undertaken out in the future. 2008 Taylor & Francis.

Source: EMBASE

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154. Lower extremity paralysis in a preadolescent.

Author(s): Gallizzi G, Kaly P, Takagishi J

Citation: Clinical Pediatrics, January 2008, vol./is. 47/1(86-8), 0009-9228;0009-9228 (2008 Jan)

Publication Date: January 2008

Abstract: A 12-year-old boy presented to the emergency department with bilateral lower leg sensory loss and inability to walk. The initial work-up revealed no significant abnormalities on physical examination other than bilateral paralysis and no laboratory abnormalities. The inpatient work-up included neurologic, psychiatric, and psycho-logic evaluations. The patient was diagnosed with a conversion disorder, and treatment included relaxation exercises and guided imagery as well as antidepressants. Upon discharge, the patient was walking without assistance. Follow-up therapy was initiated for stress and behavior management. No further episodes have occurred. Diagnosis, therapy options, and outcomes of conversion disorder are further discussed as they relate to treatment by general pediatricians.

Source: MEDLINE

Full Text:
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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.

155. Pediatric case study and review: is it a conversion disorder?.

Author(s): Spratt EG, Thomas SG

Citation: International Journal of Psychiatry in Medicine, 2008, vol./is. 38/2(185-93), 0091-2174;0091-2174 (2008)

Publication Date: 2008

Abstract: OBJECTIVE: It is common in health care settings for adolescent patients to report physical symptoms that are unexplained by physical disease or pathophysiologic processes. The diagnosis of conversion disorder is difficult to make as many of these patients present to primary care with complex, difficult-to-understand medical symptoms. Patients can present with a medical dilemma and a symptom model consistent with a conversion disorder, but there is a danger of misdiagnosis without a thorough medical work up. METHOD: This case report describes a patient where the misdiagnosis of conversion disorder could have had devastating long-lasting neurologic sequelae. It appeared as if an unconscious conflict was being expressed through physical symptoms as she had ongoing family stressors prior to the onset of mysterious symptoms. CONCLUSIONS: The patient was found to have a spinal cord arteriovenous malformation. This condition is relatively uncommon in the pediatric age group, and early diagnosis is rarely made.

Source: MEDLINE
156. Somatoform Disorders and Recent Diagnostic Controversies

Author(s): Kroenke K.

Citation: Psychiatric Clinics of North America, December 2007, vol./is. 30/4(593-619), 0193-953X (Dec 2007)

Publication Date: December 2007

Abstract: Several classification issues regarding somatoform disorders are being debated as the process for revising the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-V) unfolds over the next 5 years. Eight key questions center around the appropriate stakeholders for DSM-V, changes in terminology, movement of certain disorders within or outside of Axis I, the validity of symptom explanation as a core criterion, the status of functional somatic syndromes, the reliance on symptom counts, the reliability of lifetime symptom recall, and the value of symptom grouping. Somatic symptom measures are reviewed, and a brief self-rated scale is described in detail. 2007 Elsevier Inc. All rights reserved.

Source: EMBASE

157. Dissociative disorders and other psychopathological groups: Exploring the differences through the Somatoform Dissociation Questionnaire (SDQ-20).

Author(s): Santo, Helena Maria Amaral do Espirito, Pio-Abreu, Jose Luis

Citation: Revista Brasileira de Psiquiatria, December 2007, vol./is. 29/4(354-358), 1516-4446 (Dec 2007)

Publication Date: December 2007

Abstract: Objective: The Somatoform Dissociation Questionnaire is a self-report questionnaire that has proven to be a reliable and valid instrument. The objectives of this study were to validate the Portuguese version and to determine its capability to distinguish patients with dissociative disorders from others with psychopathological disorders. Method: 234 patients answered the translated version of Somatoform Dissociation Questionnaire. The Portuguese Dissociative Disorders Interview Schedule was used to validate clinical diagnosis. Patients with dissociative disorder (n = 113) were compared to a control group of 121 patients with various anxiety and depression disorders. Results: Reliability measured by Cronbach's alpha was 0.88. The best performance of the Portuguese form was at a cut-off point of 35, which distinguishes between dissociative disorder and neurotic disorders with a good diagnostic efficacy (sensitivity = 0.73). The somatoform dissociation was significantly more frequent in dissociative disorder patients, conversion disorder patients and post-traumatic stress disorder patients. Conclusions: These findings suggest that dissociative disorders can be differentiated from other psychiatric disorders through somatoform dissociation. The Portuguese version of the Somatoform Dissociation Questionnaire has fine psychometric features that sustain its cross-cultural validity.

Source: PsycINFO

158. FMRI in patients with motor conversion symptoms and controls with simulated weakness.
BACKGROUND: Conversion disorder (motor type) describes weakness that is not due to recognized disease or conscious simulation but instead is thought to be a "psychogenic" phenomenon. It is a common clinical problem in neurology but its neural correlates remain poorly understood.OBJECTIVE: To compare the neural correlates of unilateral functional weakness in conversion disorder with those in healthy controls asked to simulate unilateral weakness.METHODS: Functional magnetic resonance imaging (fMRI) was used to examine whole brain activations during ankle plantarflexion in four patients with unilateral ankle weakness due to conversion disorder and four healthy controls simulating unilateral weakness. Group data were analyzed separately for patients and controls.RESULTS: Both patients and controls activated the motor cortex (paracentral lobule) contralateral to the "weak" limb less strongly and more diffusely than the motor cortex contralateral to the normally moving leg. Patients with conversion disorder activated a network of areas including the putamen and lingual gyri bilaterally, left inferior frontal gyrus, left insula, and deactivated right middle frontal and orbitofrontal cortices. Controls simulating weakness, but not cases, activated the contralateral supplementary motor area.CONCLUSIONS: Unilateral weakness in established conversion disorder is associated with a distinctive pattern of activation, which overlaps with but is different from the activation pattern associated with simulated weakness. The overall pattern suggests more complex mental activity in patients with conversion disorder than in controls.


Citation: Psychosomatic Medicine, December 2007, vol./is. 69/9(961-9), 0033-3174;1534-7796 (2007 Dec)

Publication Date: December 2007

Abstract: OBJECTIVE: To review the evidence from randomized clinical trials (RCTs) that have focused on the treatment of patients with Diagnostic and Statistical Manual of Mental Disorders, 4 Edition (DSM-IV) somatoform disorders. Although somatoform disorders are among the most common mental disorders presenting in the general medical setting, the strength of evidence for specific treatments has not been well synthesized. METHODS: MEDLINE search of articles published in English from 1966 to 2006, using the following search terms: randomized clinical trial, somatoform disorders, somatization disorder, undifferentiated somatoform disorder, hypochondriasis, conversion disorder, pain disorder, and body dysmorphic disorder. RESULTS: A total of 34 RCTs involving 3922 patients were included. Two thirds of the studies involved somatization disorder (n = 4 studies) and lower threshold variants, such as abridged somatization disorder (n = 9) and medically unexplained symptoms (n = 10). Cognitive behavioral therapy (CBT) was effective in most studies (11 of 13), as were antidepressants in a small number (4 of 5) of studies. RCTs examining a variety of other treatments showed benefit in half (8 of 16) of the studies, the most consistent evidence existing for a consultation letter to the primary care physician. Effective treatments have been established for all somatoform disorders except conversion disorder (1 of 3 studies showing benefit) and pain disorder (no studies reported). CONCLUSION: CBT is the best established treatment for a variety of somatoform disorders, with some benefit also demonstrated for a consultation letter to the primary care physician. Preliminary but not yet conclusive evidence exists for antidepressants. Copyright 2007 by American Psychosomatic Society.

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159. Efficacy of treatment for somatoform disorders: A review of randomized controlled trials

Author(s): Kroenke K.

Citation: Psychosomatic Medicine, November 2007, vol./is. 69/9(881-888), 0033-3174 (Nov 2007)

Publication Date: November 2007

Abstract: OBJECTIVE: To review the evidence from randomized clinical trials (RCTs) that have focused on the treatment of patients with Diagnostic and Statistical Manual of Mental Disorders, 4 Edition (DSM-IV) somatoform disorders. Although somatoform disorders are among the most common mental disorders presenting in the general medical setting, the strength of evidence for specific treatments has not been well synthesized. METHODS: MEDLINE search of articles published in English from 1966 to 2006, using the following search terms: randomized clinical trial, somatoform disorders, somatization disorder, undifferentiated somatoform disorder, hypochondriasis, conversion disorder, pain disorder, and body dysmorphic disorder. RESULTS: A total of 34 RCTs involving 3922 patients were included. Two thirds of the studies involved somatization disorder (n = 4 studies) and lower threshold variants, such as abridged somatization disorder (n = 9) and medically unexplained symptoms (n = 10). Cognitive behavioral therapy (CBT) was effective in most studies (11 of 13), as were antidepressants in a small number (4 of 5) of studies. RCTs examining a variety of other treatments showed benefit in half (8 of 16) of the studies, the most consistent evidence existing for a consultation letter to the primary care physician. Effective treatments have been established for all somatoform disorders except conversion disorder (1 of 3 studies showing benefit) and pain disorder (no studies reported). CONCLUSION: CBT is the best established treatment for a variety of somatoform disorders, with some benefit also demonstrated for a consultation letter to the primary care physician. Preliminary but not yet conclusive evidence exists for antidepressants. Copyright 2007 by American Psychosomatic Society.
160. **Somatoform disorders.**

**Author(s):** Oyama O, Paltoo C, Greengold J

**Citation:** American Family Physician, November 2007, vol./is. 76/9(1333-8), 0002-838X;0002-838X (2007 Nov 1)

**Publication Date:** November 2007

**Abstract:** The somatoform disorders are a group of psychiatric disorders that cause unexplained physical symptoms. They include somatization disorder (involving multisystem physical symptoms), undifferentiated somatoform disorder (fewer symptoms than somatization disorder), conversion disorder (voluntary motor or sensory function symptoms), pain disorder (pain with strong psychological involvement), hypochondriasis (fear of having a life-threatening illness or condition), body dysmorphic disorder (preoccupation with a real or imagined physical defect), and somatoform disorder not otherwise specified (used when criteria are not clearly met for one of the other somatoform disorders). These disorders should be considered early in the evaluation of patients with unexplained symptoms to prevent unnecessary interventions and testing. Treatment success can be enhanced by discussing the possibility of a somatoform disorder with the patient early in the evaluation process, limiting unnecessary diagnostic and medical treatments, focusing on the management of the disorder rather than its cure, using appropriate medications and psychotherapy for comorbidities, maintaining a psychoeducational and collaborative relationship with patients, and referring patients to mental health professionals when appropriate.

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161. **The developmental origins of conversion disorders.**

**Author(s):** Kozlowska, Kasia

**Citation:** Clinical Child Psychology and Psychiatry, October 2007, vol./is. 12/4(487-510), 1359-1045;1461-7021 (Oct 2007)

**Publication Date:** October 2007

**Abstract:** Attachment theory offers a novel developmental framework for understanding conversion reactions as having phylogenetic roots in two different innate animal defense behaviours: The ‘freeze response’ and ‘appeasement defense behaviours’. From this perspective, conversion symptoms reflect two distinct, threat-elicited emotional responses, which are primed in context-dependent developmental experiences (pathways) and underpinned by different neurobiological mechanisms. The first of these two developmental pathways to conversion disorder involves the organization of self-protective strategies that incorporate components of the freeze response and involve inhibition of negative affective states in the context of punishment by caregivers. The second of these pathways involves the organization of self-protective strategies that incorporate innate appeasement defense behaviours in the context of unpredictable parental behaviours that threaten children's physical safety or emotional health. Seen from this developmental perspective, children with conversion disorders are not a homogenous group but fall into two distinct functional groups requiring different types of treatment. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

**Source:** PsycINFO

**Full Text:** Available in print at Grantham Hospital Staff Library
162. Serum brain-derived neurotrophic factor levels in conversion disorder: Comparative study with depression.

Author(s): Deveci, Artuner, Aydemir, Omer, Taskin, Oryal, Taneli, Fatma, Esen-Danaci, Aysen

Citation: Psychiatry and Clinical Neurosciences, October 2007, vol./is. 61/5(571-573), 1323-1316; 1440-1819 (Oct 2007)

Publication Date: October 2007

Abstract: The aim of the present study was to compare serum brain-derived neurotrophic factor (BDNF) levels of patients with major depressive disorder (MDD) and conversion disorder (CD). Serum BDNF levels were measured in the following three groups: 15 CD patients without any comorbid diagnosis of psychiatric disorder, 24 patients with MDD, and 26 healthy subjects without any psychiatric diagnosis or psychiatric treatment. The serum BDNF level of the healthy control group (31.4 ±or- 8.8 ng/mL) was statistically higher than the level of the MDD group (21.2 ±or- 11.3 ng/mL) and the CD group (24.3 ±or- 9.0 ng/mL; P = 0.008). This suggests that BDNF level may play a similar role in the pathophysiology of MDD and CD. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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163. Should conversion disorder be reclassified as a dissociative disorder in DSM-V?

Author(s): Brown R.J., Cardena E., Nijenhuis E., Sar V., Van Der Hart O.

Citation: Psychosomatics, September 2007, vol./is. 48/5(369-378), 0033-3182 (Sep 2007)

Publication Date: September 2007

Abstract: Pseudoneurological symptoms (i.e., conversion disorder), historically subsumed within the "hysteria" concept alongside phenomena such as psychogenic amnesia and multiple personality disorder, have been classified as somatoform disorders since DSM-III. Since then, there have been repeated calls to reclassify conversion disorder with the dissociative disorders, as in ICD-10. The authors review issues such as the high correlations between pseudoneurological and dissociative symptoms, the high rates of trauma reported for both groups, and the position that these phenomena share underlying processes. Although reintegrating pseudoneurological symptoms with the dissociative disorders is not without complications, there is a strong case for such a reclassification. 2007 The Academy of Psychosomatic Medicine.

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164. Clinical characteristics and outcome of patients diagnosed with psychogenic nonepileptic seizures: A 5-year review.

Author(s): O'Sullivan, Sean S, Spillane, Jennifer E, McMahon, Elaine M, Sweeney, Brian J, Galvin, Roderick J, McNamara, Brian, Cassidy, Eugene M

Citation: Epilepsy & Behavior, August 2007, vol./is. 11/1(77-84), 1525-5050 (Aug 2007)

Publication Date: August 2007
Abstract: Objective: The goal of this article was to describe the clinical characteristics and outcomes of patients diagnosed with psychogenic nonepileptic seizures (PNES). Methods: We conducted a retrospective review of patients diagnosed with PNES in a 5-year period. Results: Fifty patients with PNES were identified, giving an estimated incidence of 0.91/100,000 per annum. Thirty-eight were included for review, 15 of whom were male (39%). Eighteen patients had been diagnosed with epilepsy as well as PNES (47%). We demonstrated a gender difference in our patients, with males having higher seizure frequencies, more antiepileptic drug use, and a longer interval before diagnosis of PNES. Females were diagnosed with other conversion disorders more often than males. Impaired social function was observed in PNES, as was resistance to psychological interventions with a subsequent poor response to treatments. Conclusions: PNES remains a difficult condition to treat, and may affect males in proportions higher than those described in previous studies. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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165. Hysterical paralysis.

Author(s): Atan C, Seckin U, Bodur H

Citation: Rheumatology International, July 2007, vol./is. 27/9(873-4), 0172-8172;0172-8172 (2007 Jul)

Publication Date: July 2007

Abstract: Hysterical paralysis is an uncommon type of conversion disorder. It can be difficult to diagnose. In cases in which symptoms are difficult to explain neuroanatomically or are functionally inconsistent, hysteria should enter into the differential diagnosis. We report a case of hysterical paralysis that had rapid improvement using physical therapy and antidepressant therapy.

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166. Salient findings: hypnotizability as core construct and the clinical utility of hypnosis.

Author(s): Barabasz A, Perez N

Citation: International Journal of Clinical & Experimental Hypnosis, July 2007, vol./is. 55/3(372-9), 0020-7144;0020-7144 (2007 Jul)

Publication Date: July 2007

Abstract: Six papers of special interest to the hypnosis community have recently appeared in the general scientific literatures. Three of these papers were published as part of the 2006 Cochrane Collaboration on the utility of medical interventions. These reviews analyze the research literature on the efficacy of hypnosis for treatment of needle-related pain in children, pain management during childbirth, and conversion disorder. Hypnosis is the most promising psychological intervention studied for needle-related procedural pain and distress in children and adolescents; it is effective as an adjunctive analgesic during childbirth; and it is of uncertain usefulness in treatment of conversion disorder. A second cluster of three studies unambiguously demonstrates the central role of hypnotizability as a predictor of responsiveness in laboratory, analogue treatment, and medical practice settings. One of these articles may well be the most important hypnosis paper in many years.

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Full Text:

Author(s): Delis, Dean C, Wetter, Spencer R

Citation: Archives of Clinical Neuropsychology, June 2007, vol./is. 22/5(589-604), 0887-6177 (Jun 2007)

Publication Date: June 2007

Abstract: In neuropsychological practice, individuals often present with evidence of excessive cognitive complaints or invalid test performances indicative of symptom exaggeration; however, clinicians often struggle with how to diagnose these cases once they have been identified. Difficulties in subsuming these individuals within existing DSM-IV diagnoses such as Malingering, Factitious Disorder, and Conversion Disorder are discussed, including: (a) lack of a diagnostic category that adequately targets the specific features of this relatively common condition and (b) the use of criteria that require the clinician to make judgments about internal states that are difficult to evaluate in an objective manner (e.g., intentional versus unintentional production of exaggerated symptoms). Two diagnostic categories - Cogniform Disorder and Cogniform Condition - are proposed as new subtypes of the Somatoform Disorders to encompass cases of excessive cognitive complaints and inadequate test-taking effort in the absence of sufficient evidence to diagnose Malingering. Of the two new categories, Cogniform Disorder is defined as a more pervasive form in which the individual tends to exhibit the excessive cognitive symptoms in widespread areas of his or her life, thereby suggesting a conversion-like adoption of the sick role manifested primarily as cognitive dysfunction. Guidelines for improving the evidence-based diagnosis of these cases, particularly with regards to criteria related to intentionality, secondary gain, and sick role factors, are also discussed. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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168. Increased self-monitoring during imagined movements in conversion paralysis.

Author(s): de Lange FP, Roelofs K, Toni I

Citation: Neuropsychologia, May 2007, vol./is. 45/9(2051-8), 0028-3932;0028-3932 (2007 May 15)

Publication Date: May 2007

Abstract: Conversion paralysis is characterized by a loss of voluntary motor functioning without an organic cause. Despite its prevalence among neurological outpatients, little is known about the neurobiological basis of this motor dysfunction. We have examined whether the motor dysfunction in conversion paralysis can be linked to inhibition of the motor system, or rather to enhanced self-monitoring during motor behavior. We measured behavioral and cerebral responses (with fMRI) in eight conversion paralysis patients with a lateralized paresis of the arm as they were engaged in imagined actions of the affected and unaffected hand. We used a within-subjects design to compare cerebral activity during imagined movements of the affected and the unaffected hand. Motor imagery of the affected hand and the unaffected hand recruited comparable cerebral resources in the motor system, and generated equal behavioral performance. However, motor imagery of the affected limb recruited additional cerebral resources in the ventromedial prefrontal cortex and superior temporal cortex. These activation differences were caused by a failure to de-activate these regions during movement imagery of the affected hand. These findings...
lend support to the hypothesis that conversion paralysis is associated with heightened self-monitoring during actions with the affected arm.

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169. **Psychogenic dyspnea and therapeutic chest radiograph.**

**Author(s):** Kaufman KR, Endres JK, Kaufman ND

**Citation:** Death Studies, April 2007, vol./is. 31/4(373-81), 0748-1187;0748-1187 (2007 Apr)

**Publication Date:** April 2007

**Abstract:** Conversion disorders, the physical expression of unresolved psychological pain, can be associated with mourning. This case report is third in a series of articles by the authors on childhood mourning reflecting the effects of multiple losses (K. R. Kaufman & N. D. Kaufman, 2005; K. R. Kaufman & N. D. Kaufman, 2006). In this case report, perception of potential death (self or parent) after a motor vehicle accident precipitated psychogenic dyspnea. A "therapeutic" chest radiograph was an effective initial treatment. Rapid intervention with explanation of the functional nature of the conversion symptom, why this symptom developed, and how to address the underlying stresses in the future led to an excellent outcome. Psychosocial intervention should be included in the multidisciplinary approach toward the child with conversion disorder, be it in an ambulatory, ER, or inpatient setting. The clinician must remember that medically unexplained symptoms in childhood may represent a child's expression of mourning.

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170. **West Nile Virus and Conversion Disorder.**

**Author(s):** Alao, Adekola O, Chung, Catherine

**Citation:** Psychosomatics: Journal of Consultation Liaison Psychiatry, March 2007, vol./is. 48/2(176-177), 0033-3182;1545-7206 (Mar-Apr 2007)

**Publication Date:** March 2007

**Abstract:** West Nile virus (WNV) arrived in North America in 1999, when it first appeared in the New York City area. Only 20% of all cases are symptomatic, with only the most severe cases (<1%) demonstrating neurologic manifestations, including encephalitis, meningitis, and acute flaccid paralysis. Because of these complications, there is a possibility of misdiagnosing WNV infection as a psychiatric illness. Here, we report a case of WNV infection of a 19-year-old African American woman in her eighth month of pregnancy after presenting with unilateral paralysis of her right leg and foot was referred to the Psychiatry Department as a possible case of conversion disorder. WNV can be complicated, with acute asymmetric paralysis, it is not surprising that a psychiatric consultation was obtained to rule out conversion disorder. WNV has spread widely in both geographic distribution and number of reported cases since its first appearance in the United States in 1999. It is thus expected that more patients will present with paralysis with the potential for being misdiagnosed as conversion disorder. Psychiatrists, family physicians, and internists should be aware that WNV has increased in prevalence over recent years and may be mistaken for a psychiatric condition such as conversion disorder. (PsycINFO Database Record (c) 2011 APA, all rights reserved)

**Source:** PsycINFO

**Full Text:**
171. Physical therapy management for conversion disorder: case series.

Author(s): Ness D

Citation: Journal of Neurologic Physical Therapy, March 2007, vol./is. 31/1(30-9), 1557-0576;1557-0576 (2007 Mar)

Publication Date: March 2007

Abstract: PURPOSE: Patients with conversion disorder present with symptoms of sensory and motor dysfunction that are not explained by known physical disorders or pathophysiological mechanisms. Correct diagnosis and prompt, effective management of patients with this disorder is essential. Healthcare providers may be unaware of the important role of physical therapy in the management of patients with conversion disorder. While numerous reports have suggested the need for physical therapy management of this disorder, there is a lack of reports outlining specific physical therapy management principles or daily treatment progression. The purpose of this series of case reports is to provide an overview of conversion disorder and describe successful physical therapy management strategies used to treat three patients with movement impairment due to this disorder.CASE DESCRIPTION: The patients were 18-, 20-, and 34-year-old women treated in a hospital inpatient rehabilitation setting. Behavioral modification and shaping techniques formed the basis for the physical therapy treatment approach. Abnormal movement patterns were ignored, and correct movement patterns were reinforced using feedback and praise. The patients advanced through a progressively more difficult therapy program based on treatment approaches used with analogous neurological conditions.OUTCOMES: All three patients showed complete resolution of their symptoms and returned to independent mobility, independent living, and to work or school.

Source: MEDLINE

Full Text:

172. Imaging repressed memories in motor conversion disorder

Author(s): Kanaan R.A.A., Craig T.K.J., Wessely S.C., David A.S.

Citation: Psychosomatic Medicine, February 2007, vol./is. 69/2(202-205), 0033-3174 (Feb 2007)

Publication Date: February 2007

Abstract: OBJECTIVES: Conversion disorders comprise neurologically unexplained symptoms with a presumed psychiatric cause, though a neuroscientific basis for this is lacking. The standard psychiatric model of conversion holds that events and processes that might explain the symptoms are, by hypothesis, either repressed or subconscious. This makes assessments based on subjective reports unreliable. We circumvent this by using a standardized method to quantify stressful life events and by assessing objectively the neural correlates of emotion processing. METHODS: Single case study of a 37-year-old woman with clinically repressed recall and unexplained right-sided paralysis. We describe the application of the Life Events and Difficulties Schedule (LEDS) to her history, and a novel functional magnetic resonance imaging (fMRI) procedure exploring emotion processing of traumatic and control memories. RESULTS: While in the scanner, cued recall of the clinically repressed event was associated with regional brain activations characteristic of emotional arousal, including the amygdala and right inferior frontal lobe, when compared with an equally severe event from the patient's past, as rated by the LEDS. Such recall was also associated with decreased motor activity in the area corresponding to the subjectively paralyzed limb. CONCLUSION: This case study provides neuroimaging evidence for a connection between traumatic events and ongoing neurological symptoms.

Source: EMBASE

Full Text:
173. Functional visual disturbance due to hysteria

**Author(s):** Lai H.-C., Lin K.-K., Yang M.-L., Chen H.S.-L.

**Citation:** Chang Gung Medical Journal, January 2007, vol./is. 30/1(87-91), 0255-8270 (Jan 2007)

**Publication Date:** January 2007

**Abstract:** A 23-year-old male complained of loss of peripheral visual field and everything having purple shadows in the afternoon. This had lasted for 3 years but he had paid little attention to the symptoms. Investigations, including visual acuity, intraocular pressure, pupil reflex, and anterior and posterior segment of the eyes, were normal. He denied ocular pain, history of head injury, epilepsy or related family history. The Goldmann perimeter and tangent screen examinations showed a bilateral constricted tubular visual field defect within the central 10degree and steep margins. Tracing his past social history, he had been in jail for 3 months. He also complained his work was hard and caused him tension. The visual symptoms were a functional disturbance, not an organic disorder. We diagnosed him with hysterical functional visual disturbance. Hysteria, or conversion disorder, has long been a puzzling and fascinating problem in psychology and ophthalmology. The mechanism and reasons for hysteria are still not clear. The tangent screen is useful in diagnosis. The constricted tubular, spiral or star-shaped visual fields with steep slopes are specific findings in hysteria. We suggest that ophthalmologists should treat patients with psychogenic symptoms, using suggestion, patience and reassurance.

**Source:** EMBASE

**Full Text:**
Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.


**Author(s):** Griffiths, Robin F, Ellis, Pete M

**Citation:** Aviation, Space, and Environmental Medicine, January 2007, vol./is. 78/1(59-62), 0095-6562 (Jan 2007)

**Publication Date:** January 2007

**Abstract:** We describe an accident caused by the rapid onset of visual impairment in a ship's pilot, who was subsequently diagnosed as having visual conversion disorder (hysterical blindness). This case is documented to draw attention to the unusual cause of sudden incapacitation in transport crew and the consequential threat to transportation safety. Because sudden visual impairment incidents caused by conversion disorder are isolated and rare, they may be under-reported in the scientific literature. While it is unlikely that current systems for medical screening could anticipate and/or prevent crew incapacitation due to conversion disorders, this condition should be borne in mind when consulted by crew who report otherwise unexplained physical symptoms in the context of high levels of personal stress. It should also be considered when investigating possible medical incapacitation in transportation incidents or accidents. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

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175. Clinical correlates of dissociative tendencies in male soldiers with conversion disorder.

**Author(s):** Evren, Cuneyt, Can, Suat

**Citation:** Israel Journal of Psychiatry and Related Sciences, 2007, vol./is. 44/1(33-39),
Aims: The aim of this study is to examine the relationship of dissociative tendencies (DT) with conversion subtype, alexithymia, severity of anxiety and depression symptoms in male soldiers with conversion disorder (CD). Methods: Fifty-five male soldiers, patients who met DSM-IV criteria for CD, were included in the study. Subjects were given Structured Clinical Interview for DSM-IV (SCID-I), Dissociative Experiences Scale (DBS), Hamilton Depression Rating Scale (Ham-D), Hamilton Anxiety Rating Scale (Ham-A), State-Trait Anxiety Inventory (STAI) and Toronto Alexithymia Scale (TAS-20). Results: Those who had motor symptoms or deficits had lower mean DBS scores than those who had no motor symptoms or deficits, whereas those who had seizures or convulsions had higher mean DES scores than those who had no seizures or convulsions. DBS scores were correlated with psychic subscale of Ham-A, Ham-D, TAS-20 and both state anxiety and trait anxiety scores of STAI. Trait anxiety score and duration of military service were predictors for DT and they explained 34% of variance. Conclusion: The data suggest that although DT correlated with alexithymia and depression, they are fundamentally different constructs and only trait anxiety and duration of military service predicts DT in soldiers with CD. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO

176. Socio-demographics and clinical characteristics of patients with conversion disorder.

Author(s): Ahmad, Raiz, Riaz, Zaeema

Citation: Pakistan Journal of Psychological Research, 2007, vol./is. 22/3-4(107-122), 1016-0604 (Win, 2007)

Abstract: The study explored the socio-demographic and clinical characteristics of patients diagnosed with conversion disorder, as defined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR, American Psychiatric. Association, 2000). 47 diagnosed patients visiting Out-patient Clinic of Institute of Clinical Psychology, University of Karachi, Pakistan, during 2005-2006 were interviewed through a semi-structured Interview Form for Psychological Assessment designed by the Institute of Clinical Psychology, University of Karachi. Results indicate that mean age of the sample was 26.44 years; 76.59% being women; 59.57% were unmarried; 63.83% belonged to middle socioeconomic status. Majority of the patients had less than or up till 10 years of schooling (61.70%); 51.06% had middle birth order; and 53.19% were living in nuclear family structure. Also, 46.8% experienced mixed-symptoms whereas 23.4% experienced motor symptoms. The most common stressor identified was problem with primary support group (36.2%). Mean score on Global Assessment of Functioning was 56. (PsycINFO Database Record (c) 2010 APA, all rights reserved) (journal abstract)

Source: PsycINFO

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177. Conversion disorder in Australian pediatric practice.

Author(s): Kozlowska K, Nunn KP, Rose D, Morris A, Ouvrier RA, Varghese J

Citation: Journal of the American Academy of Child & Adolescent Psychiatry, January 2007, vol./is. 46/1(68-75), 0890-8567;0890-8567 (2007 Jan)

Abstract: OBJECTIVES: To describe the incidence and clinical features of children presenting to Australian child health specialists with conversion disorder. METHOD: Active, national surveillance of conversion disorder in children younger than 16 years of age during 2002 and 2003. RESULTS: A total of 194 children were reported on. The average age was 11.8 years; 23% were younger than 10 years of age. Presentations were complex, with 55% presenting with multiple conversion symptoms. The most common presentations were disturbance of voluntary motor function (64%), sensory symptoms (24%), pseudoseizure
(23%), and respiratory problems (14%). Hospital admission was required for 70%, with an average stay of 10.2 days. Antecedent stressors were also reported in 62% and a history of mental health concerns in 42%, with 14% of children taking psychotropic medications for comorbid anxiety or depression. The incidence of conversion disorder in Australian specialist child health practice is estimated to be between 2.3 and 4.2/100,000.

CONCLUSIONS: Conversion disorder is associated with a significant burden for the child, family, and the health system. This study emphasizes the comorbidity with anxiety, depression, and symptoms of pain and fatigue. It also highlights the potential impact of “commonplace” stressors such as family conflict and children's loss of attachment figures.

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Available in print at Grantham Hospital Staff Library


Author(s): Han D, Connelly NR, Weintraub A, Kanev P, Solis E

Citation: Anesthesia & Analgesia, January 2007, vol./is. 104/1(163-5), 0003-2999;1526-7598 (2007 Jan)

Publication Date: January 2007

Abstract: BACKGROUND: The locked-in syndrome is defined as quadriplegia and anarthria (loss of articulate speech) with the preservation of consciousness. It is typically caused by a lesion to the ventral pons. Conversion disorder is the deficit of voluntary motor or sensory function requiring an extensive work-up to exclude any organic cause. METHODS AND RESULTS: After surgery for an implantation of a spinal cord stimulator, a 42-year-old woman presented with quadriplegia and lower facial diplegia, but was able to open and blink her eyes. We found no organic causes to explain her condition after appropriate radiological studies looking for intracranial or intraspinal causes, and reversal drugs were administered with no immediate effect. Over the course of several hours, the patient gradually recovered and was discharged the following day. A psychology consultation was obtained during her stay and she was found to meet the criteria for a conversion disorder to explain her condition. CONCLUSIONS: Before considering a psychological cause, all organic factors should be excluded with proper tests and consultations, as conversion disorder is a diagnosis of exclusion. We report a patient who, after implantation of a spinal cord stimulator, manifested locked-in syndrome resulting from a conversion disorder.

Source: MEDLINE

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179. Comparison of four different treatment options in the management of acute conversion disorder

Author(s): Mousavi S.G., Rahimi J., Afshar H.

Citation: Iranian Journal of Psychiatry and Behavioral Sciences, January 0001, vol./is. 2(1(21-25), 1735-8639;1735-9287 (Spring-Summer 2008)

Publication Date: January 0001

Abstract: Objective: Patients with conversion disorder may be seen by different specialists in various clinics and emergency situations. However, there are not sufficient studies on the most effective treatment for this disabling illness. Methods: In a clinical trial, we compared four treatment strategies; muscle relaxation, suggestion, hypnosis and intravenous diazepam infusion, in 80 patients with acute conversion disorder. Speed of recovery and number of the recurrences in a month following different treatment options were compared among groups. Results: Recovery was significantly quicker with muscle relaxation compared to hypnosis and diazepam infusion. In patients with comorbidity of major
depressive disorder, recovery was even faster. There was no statistically significant differences in the number of remissions or relapses among the four groups. Conclusion: All the four different treatment strategies brought about significant recovery. However, after treating patients with muscle relaxation, recovery was faster compared to other treatment methods.

Source: EMBASE

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180. A case report of hysterical serial belching (rare manifestation of conversion)

Author(s): Ghaffarinejad A., Anari A.M.Z.

Citation: Iranian Journal of Psychiatry and Behavioral Sciences, January 0001, vol./is. 4/1(53-55), 1735-8639;1735-9287 (Spring-Summer 2010)

Publication Date: January 0001

Abstract: Hysteria is one of the conversion disorders that can be presented similar to neurological and organic disorders. Conversion symptoms are usually associated with emotional conflicts of the patient. Belching is often reported in patients with gastroesophageal reflux and is a rare manifestation of hysteria. The authors would describe a young female patient with serial belching that, after several gastrointestinal tract examinations which were unremarkable, was diagnosed as having hysteria. The patient's belches were finished after few psychotherapy sessions.

Source: EMBASE

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Available in print at a non-ULHT hospital library. Click and complete an online form to request this article/an article from this journal if fulltext is not available.
Opinion statement **Conversion disorder** (CD) is classified in the Diagnostic and Statistical Manual for psychiatry as a subtype of Somatoform Disorders. CD patients present with a wide range of neurologic signs and symptoms and are typically referred to psychiatry after ...

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**Conversion Disorder**

M Borowski - 2009 - jimfazioib.com

**Conversion disorder** is a neurological disorder in which physical symptoms are unconsciously caused by a stressful or traumatic event. An example of this is a person who loses his voice following a situation in which he was afraid to speak. **Conversion disorder** ...

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**P03-240 Bypassing shame and conversion disorder**

RG Bota... - European Psychiatry, 2009 - Elsevier

In this presentation we report a case of **conversion disorder** (partial aphonia) that was successfully treated with speech therapy. During the one year duration of this illness, the patient regained transiently (minutes) her normal speech on a few occasions ...

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**Conversion disorder**

J Stone, P Vuilleumier… - Neurology, 2010 - AAN Enterprises

Patients with neurologic symptoms inconsistent or incongruous with structural disease are frequently encountered in neurologic practice and present diagnostic and therapeutic dilemmas. Also known as conversion or dissociative disorders, and “psychogenic,”...