

ROLE OF LIFE EVENTS IN DISSOCIATIVE DISORDERS AMONG FEMALE PATIENTS

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### ABSTRACT

#### OBJECTIVE

To determine the mean number of stressful life events in one year prior to the development of dissociative disorderin female patient.

# STUDY DESIGN

Cross Sectional Study

# PLACE AND DURATION OF STUDY

Psychiatry department, DHQ Hospital, Faisalabad from 16-02-2013 to 15-02- 2014

### SUBJECTS AND METHODS

After taking approval from Institute Ethical Review Committee, patients were taken from the outpatient and inpatient units of Psychiatry Department, DHQ/Allied Hospitals, Faisalabad. Inclusion and exclusion criteria were strictly followed. Patients having physical disorders were excluded by history and physical examination, and psychiatric disorders were excluded by history and mental stateexamination. All patients fulfilling the inclusion criteria weretaken. After explaining risks and benefits of the study,informed written consent was taken from them.Literate patients were handed over the booklets containing Presumptive Stressful Life Events Scale (PSLES) and bio data Performa to be filled in a self-administered form; on Illiterate patients, booklets were administered by the researcher in an interview format with thehelpof glossary of locallanguage.

### RESULTS

Total 200patients wereenrolled in our studyaccording to the inclusion criteria of the study.Meanageof patients wascalculated in terms of meanandstandard deviation. It was 25.51+5.63, with ranges from 15 to 35 years.The outcome of the study was to determine the mean number of stressful life events one year priorto the development of dissociative disorder in female patients.The mean number of stressful life events in our study was2.73+1.02.Stressful lifeevents aredeterminedbyPresumptive StressfulLifeEvents Scale(PSLES).

#### CONCLUSION

The study concluded that there was burden of stressful life events in female dissociative patients, which could help In early diagnosis and treatment. Furthermore was the study helpful in educating the families, teachers and friends of such patients to offer emotional and social support during those life events.

# KEYWORDS

StressfulLifeEvents,Conversion Disorder, Lifechanges

#### INTRODUCTION

Dissociative (conversion) disorder is a group of disorders having common theme in which there is partial or complete lo,s of the normal integration between memories of the past, awareness of identity, immediate sensations, and control of bodily movements. Diagnosis of dissociative disorder ismade when there must be no evidence of *a* physical disorder that can explain the characteristic symptoms of this disorder and being associated closely in time with traumatic events or disturbed relationships'.

During the 5 years period from 2002 to 2007, 27% of all the admitted patients to indoors of psychiatry ward at Lady reading Hospital, Peshawar were diagnosed as conversion or dissociative disorder'.

Temporal relationship of a stressful event is very common in dissociative disorders'". Life events are changes that occur suddenly In someone's life.They do not necessarily be bad, but viewed aseither desirable or undesirable. Life events stress is found in most of the psychiatric disorders. In majority of cases stressful life events are found as precipitating factor in onset of the disorder'. A study had concluded considerably higher number of life events experienced in one year prior to the onset of dissociative disorders. Mean number of life events in patients of dissociative disorders prior to its onset wasfoundto be(2.21+ 1.86)'.

Few studies are found on the subject in indigenous setting and on the relationship between stressful life eventspriortotheonsetofconversion disorder".

This study is designed to determine the burden of stressful life eventsin femaledissociative patients;hence it would help in early diagnosis and treatment. Furthermore, the evidence would also be helpful in educating the families, teachers and friends of such patients to offer emotional and social support during those life events. Objective of the study is to determine the meannumber of stressful lifeeventsin oneyear prior to the development of dissociative disorder in female patient.



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# SUBJECTSAND METHODS

## Participants

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Table I

Des,-riptive Staiistics of Age year of patients

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **N** | **Minimum** | **MuimllDl** | **l\tfllll** | **Sid. Deviation** |
| Age | 200 | 15 | 35 | 25.51 | 5.638 |
| No. ofS,tessful Life Events (PSLES) | 200 | 1.00 | 5.00 | 2.73 | 1.02 |

Thiscrosssectional studycollected data fromPsychiatry department, DHQHospital, Faisalabad.The studyduration was06monthafter the approval of ethical review committee. Total 200 patients were selected in thisstudy though non-probablity consecutive sampling technique. Inclusion Criteria followed as patients diagnosed as case ofDissociativeDisorder,frombothindoorandoutdoor departments, only femalesandbetween 15-35years of age.Exclusion Criteria were patients suffering from comorbid medical disorder or patients suffering fromcomorbid psychiatric disorder.

## Instruments

Stressful life events are determined by Presumptive Stressful Life EventsScale(PSLES) by Gurmeet Singh.Number of Life eventsmeans how many life events are reported by a particular patient and reconfirmed by one of the family member. It was evaluated in one year priorto onset ofDlssociativeDisorder.Scale has1-51items(item no1hasmeanscoreof 95anditem51hasmeanscoreof 20).

## Procedure

After taking approval from Institute Ethical Review Committee, patients were taken from the outpatient and inpatient units of Psychiatry Department, DHQ/Allied Hospitals, Faisalabad. Inclusion and exclusioncriteria were strictly followed.Patients having physical disorders were excluded by history and physical examination, and psychiatric disorders excluded by history and mental state examination.

After explaining risks and benefits of the study, informed written consent was taken from them. Literate patients were handed over the booklets containing Presumptive Stressful Life Events Scale (PSLESJ and bio data Performa to be filled in as self-administered form; on illiterate patients, booklets were administered by the researcher in an interview format with thehelp of glossary of local language.

Thelife eventsreported by the patient wasreconfirmed by one of the members of the family. Number of life events were recorded on separatePerformaforeachindividual.

All the collected data were entered and analyzed with the help of Statistical Package for Social Sciences (SPSS). Mean and standard deviation wascalculated for quantitative variable like age andmean number of stressfullife events according to Presumptive stressful life events scale(PSLES).Frequency andpercentages werecalculated for qualitative variableslikemost commonstressfullife events.

**RESULTS**

Total 200patientswereenrolled in our study.Meanageof the sample in ourstudywas 25.51+5.63(Table1).

The outcome of the study was to determine the mean number of stressful life events in one year prior to the development of dissociative disorderin femalepatient.Themean number of stressful lifeeventsin our study was2.73+1.02asshown in Table 1.

Table **2**

Descriptive Statistic of patien& as per age !,rroup

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Agl! Gro11p** | | ***F*** | % | **MeanSLE** |
| Teenage | 15-18 | 23 | 11.5 | 2.6 |
| Young age | 19-25 | 79 | 39.5 | 2.52 |
| Middle age | 26-35 | 96 | 48 | 2.55 |

Table 2 described the frequency and percentage of different age groups and mean of stressful life events (SLE) as per age group. Results showed that majority of the patients belonged to young adulthood, 79 (39.5 %).Middleadulthood constitutedthe half of the patients but when split into further groups of five year each, the proportion of the group decreased in respect to the young adulthood.96(48%)patients werein the middleadulthood,55 (28%) of them were between 26 - 30 years of age while 40 (20 %) were between 31- 35 years of age. The smallest group was the teenage groupwhichconstituted 23 (11.5%) of the patients.

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Sttm:lnd leaf table describings.1rcssful lifecvc.nt a.1 per year of age

|  |  |  |  |
| --- | --- | --- | --- |
| **l,\r,i** | **SLI!.** | /(%) | **Me1n-0fSLE** |
| 15 | 2.3.2,2,ol,2,2.2.4 | 8(4) | 2.6 |
| 16 | 3,4,3,3,2,2,2,3 | 8(4) | 2.5 |
| 17 | 2,-1,2 | 3(1.5) | 2.55 |
| 18 | 3,2,2,2 | 4(2) | 2.63 |
| 19 | 4,4,2,2.2,3,3.4.3,4.2 | 11(5.S) | 2.75 |
| 20 | 3, 1,3,4,2,3,4 ,2,2.2,3,2.4 | 12(6) | 2.75 |
| 21 | 2,2,3.2,4,3,2,4.3,3 | 10(5) | 2.8 |
| 22 |  | 0(0) |  |
| 23 | 5.3.2.4 | 4(2) | 3.2S |
| 24 | 2,4.3,4, 1.4.2,4.2,4.2.3 | 12(6) | 2.92 |
| 25 | ,2I,4,4,2,2.4.3,2,4.3,2,4,4.2,4,2,3,5.2,3,2,5,3.2.2,3.5.3,2,4 | 30( IS) | 2.9 |
| 26 | 3,1,3.2.4.2,2,4,4,3,4,4.4,4.2 | 15(7.5) | 3.07 |
| 27 | 2,2,1,4.2,2,2,2.4,4,2.3 | 12(6) | 2.5 |
| 28 | 2,4.3,4,4,3,2 | 7(3.5) | 3.14 |
| 29 | 2,2,3,2,2.3,1,2,3, I | 12(6) | 2.17 |
| 30 | 1.4,2,1,2.3,3,1,1,4 | 10(5) | 2.2 |
| 31 | 4.1,2,2 | 4(2) | 2.25 |
| 32 | 4.2.2,2.J.4.l.2 | 8(4) | 2,5 |
| 33 | l.1.2,3 | 4(2) | J.75 |
| 34 | 3.4.5.4.4.3.4,2 | 8(4) | 3.62 |
| 35 | 2.3,2,2,2,3,4,3.2,3,1,2,4,2,2,I | 16(8) | 2.38 |

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Table 3 represented the stressful life event score of each patient as per year of age. The table showed thatthe mean stressful life events showed an increase in young adulthood that constituted young adulthood.The mean stressfullifeevents wereabove 2.75 from 19to 26years after which the trend showed a decrease.Meanstressful life events got a second boom at around 34 and 35 years. More of the patientswereseenon the outdoorbasisthanin door(see table4).

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Table4

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### REFERENCES

Month wise split upof the patients and meanstressful life events in iudoor ond

ou1dc){)r departments

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Indoor patients** | | **Outdoor patienl** | |
|  | *J* | Mean | *f* | Mc.an |
| July 2013 | 19 | 2.47 | 10 | 3.2 |
| August 2013 | 19 | 2.89 | 7 | 2.57 |
| September 2013 | 19 | 2.68 | 7 | 2.57 |
| October1013 | 19 | 2.78 | 7 | 2.56 |
| November 2013 | 19 | 2.73 | 7 | 3 |
| December 2013 | 19 | 2.68 | 14 | 2.85 |
| Jan20l3 | 16 | 2.56 | 18 | 2.6 |
|  | 130 | 3.06 | 70 | 2.76 |

### DISCUSSION

Although thereis vast literature on stressfullife events in depression, the phenomenon is rarely studied in Dissociative (conversion) Disorder which is surprising in view of the fact that presence of psychological stressor Isconsidered asimportant criteriain evolution of conversion symptoms both in DSM-IV and the ICD-10. The latter, for example stipulates,"... an evidence for psychogenic causation, in the form of clear association in time with stressful events and problems or disturbed relationship" as important criterion for the diagnosis of dissociative disorders'. A stressful life event being a prerequisite for the diagnosis of Dissociative (conversion) disorders as per ICD-10, we expected that the number of life events and their temporal relationship with onset of symptoms will bemore closely related with the Dissociative (conversion) disorders as compared with the depressive illness. However, total number as well as the severity of life events asindicated by scores on Presumptive stressful life events scale (PSLES) was not significantly different between the dissociative (conversion) and depressive illness group, It is also interesting to notethat timing of the events thatpreceded theonset of illness also did not differ significantly between the two disorders. The normal control group had significantly lesser life events as compared with bothdisease groups, confirming the etiological role of the lifeeventsinthesedisorders'.

Voon et al in 20104foundthatthemean+ standard deviation of age of patients withdissociative disorder was40.56+6.32.Similarlyin our study, the mean+standard deviation of age of patients was 25.51 + 5.638.

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| 1 | Dr. **M.** Nasir **Baig** | Oe!l<1rtment of Psychiatry & BllllavioralScience, OHO Hospital, FMU.Faisalabad | Data collection and compiauon | *{L* |
| 2 **Prof.**Dr.lmliaz | | Oepar1111ont of Psychiatry & Behavioral Sciertce. OHO Hospital. FMU,Faisalabad | Conceptuallzallonof studySupervision |  |
|  | **AhmadCogar** |
| 3 Or. Nlghal Halder | | Department of Psychiatry & Behavioral Science. OHO Hosp!al, FMU,Faisalabad | Data Anafvsis &resuffs | . ..----  w--1 |
|  |  |

In our study, the mean of stressful life events determined by Presumptive Stressful LifeEvents Scale(PSLES) was 2.73.Whereas, in

a study by Aamir et al1, the mean + standard deviation of patients suffering from dissociative (conversion) disorders was 2.21+1.08.

Many other studies are in line with our findings and confirmed the temporal relationship between dissociative disorder andstressfullife events"'.

### CONCLUSION

There isconsiderable burden of life events in patients suffering from dissociative disorders.

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