PREVALENCE OF ANXIETY AND DEPRESSION IN PATIENTS WITH DISSOCIATIVE DISORDERS

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# IRUM SIODIQUE1, IMTIAZ AHMAD DOGAR', NIGHAT HAIDER3, SAMREEN AFZAL3

'Assistant Professor ' Professor, 'Clinical Psychologist, Department of Psychiatry & Behavioral Sciences, DHQ/ Allied Hospitals & Punjab Medical College, Faisalabad

**Corresponding Author**

Dr. lrum Siddique, Cell No: +92-334-0793724, E-mail: [irum.siddique@gmail.com](mailto:irum.siddique@gmail.com)

## ABSTRACT OBJECTIVE



The studywasdesigned to see the frequency of comorbid anxiety, depression andmixedanxiety anddepressive disorder among patientshavingdissociative disorder.The second objective is to see the relationship of gender, education, marital status, availability of socialsupport, family system,and socioeconomic statuswithdissociativedisorder patientsco morbid withpsychiatric disorders.

## STUDY DESIGN

Cross sectionaI study design

## PLACE AND DURATION OF STUDY

The study was conducted in the inpatient department of Psychiatry and BehavioralSciences DHQHospital, FaisalabadfromJune 201OtoMay 2011.

## SUBJECTS AND METHODS

One hundred patients with dissociative disorder participated in this study through purposive convenient sampling technique. Diagnostic and research criteria of ICD-10 wasemployed to diagnose dissociative disorder, generalized anxiety disorder, depression (Mild, Moderate, Severe) and mixed anxiety and depressive disorder.SPSS 17wasusedto analyzethe data.

# RESULTS

Out of 100 dissociative patients 51 (51 %) had a psychiatric co morbidity. 16 (31.37%) hadGeneralized Anxiety, 19 (37.25%) had milddepression, **1**O(19.61

%) had moderate depression and 06 (11.76 %) had mixed anxiety and depressive disorder. Most of the patients were females (93 %), single (67 %), with low education (most of patients were educated till 8th grade i-e- 35 %), havingno family history of mentalillness(72%) andno past psychiatric history (79%).85% of thesamplehadsocial supportavailableto them.

## CONCLUSION:

There is high psychiatric co morbidity among dissociative disorder patients. The prevalence is high among young, females, single, low educated people. Every dissociative patient must be screened for depression and anxiety. It needs to be communicated to mental health professionals and general practitioners/medical specialists should be sensitized about early diagnosis, management andreferral.It will helpdecrease thestigma

andburdenof the disease.

## KEYWORDS

Dissociative disorder, Generalized anxiety, Depression, Mixed anxiety and depressivedisorder.

## INTRODUCTION

Dissociative (conversion) disorder is a group of disorders having common theme in which there is partial or complete loss of the normal integration between memories of the past, awareness of identity, immediate sensation, andcontrolof bodilymovements. Diagnosisof dissociative disorder is made 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 relationship.' Dissociative disorder is the condition that is exhibited by isolated neurological symptoms that cannot be explained in terms of known mechanisms of pathology and where there has been a significant psychological stressor found. Estimates of prevalence vary even more but it is estimated around 50 per100,000.'

Dissociative disorder also constitutes one of the diagnostic groups with high relevance in emergency psychiatry.' **It** accounts for **14%** to 29% of psychiatric patientsin outpatients andinpatientsrespectively.'·'

Temporal relationship of astressful event isvery common in dissiciative disorders. '·'·' Stress that give rise to the conversion symptoms can also be responsible for the fermentation of other psychiatric disorders. Anumber of studies are available to establish this hypothesis. For example a study showed that at least one psychiatric disorder was found in 89.5 % of the patients who were previously diagnosed as having conversion disorder. Generalized anxiety disorder, dysthymic disorder, and major depression was among the most prevalent psychiatric morbidities; others include undifferenciated somatoform disorder, simple phobias, obsessive compulsive disorder, and dissociative disorders not otherwise specified.' Another study showed that among Dissociative Disorder 43% had clinical anxiety and 73% hadclinicalDepression.10

Despite the above literature many things in Pakistan are still unanswered. The presentation of illness in form of physical symptoms is very common. The purpose of



current study is to see the frequency of co morbid Anxiety, Depression and mixed anxiety depressive disorder among dissociative disorder patients.Thestudywillalso see the relationship of gende,,educalion,andmarital status,availability of social suppo,t, family system, and socioeconomic status, among dissociative patients comorbid withpsychiatric disorders.

## SUBJECTS AND METHODS:

**Participants:**

One hundred patients with dissociative disorder from indoor department of Psychiatry and Behavioral Sciences, PMC, Faisalabad participated in this study through purposive convenient sampling technique.

## INSTRUMENTS:

Patients were interviewed according to the diagnostic and research criteria of ICD-10 for Dissociative disorder, Generalized Anxiety Disorder, Depression (Mild, Moderate, Severe) and Mixed Anxiety anddepressive disorder. Biodata form consisted of questions about personal and demographic variables was used to collect demographic information.

## PROCEDURES:

Research protocolwaspresented to EthicalReviewCommittee of the Punjab Medical College. After the approval, Researcher approached participants in the indoor department of Psychiatry and Behavioral Sciences, PMC, Faisalabad. The researcher took informed consent fromthe patients. The Mental State Examination of Participants was done, then they were further interviewed according to Diagnostic and Research Criteria of ICD-1O for dissociative disorder, generalized anxiety disorder, depression and mixed anxiety and depressive disorder. All the Data were documented immediately and shifted to SPSS17to analyze.

## RESULTS

The mean age of patients in dissociative disorder was 19 years with range from 18-21 years. The mean age of dissociative patients co morbid with Generalized Anxiety was 22 years; mean age of dissociative patients with co morbid Mild depression was 19 years; and dissociative patients co morbid with moderate depression had mean age of 24 years. In dissociative patients co morbid with Mixed anxiety anddepression mean age was30years(see figure1).

Out of 100 dissociative patients 51 (51%) had a psychiatric co morbidity with dissociative disorder. In comorbidity 51,16 (31.37 %) hadgeneralized anxiety, 19(37.25 %) had milddepression, 10(19.61

%) had moderate depression and06(11.76%) hadmixedanxiety and depressive disorder.Most of the patients were females (93 %),single (67 %), withlow education i-e up till8th(54%) or uneducated (see table1).

28% of the patients had family history of psychiatric illness;patients who had family history of Depression had higher rates of co morbid anxiety anddepression withdissociative disorder (seetable2).

Most of the patients in the sample had social support available to them(seetable2).

In family system wise analysis generalized anxiety disorder and mixed anxiety and depressive disorder were more prevalent co morbidities in dissociative patients who lived in nuclear families while mild to moderate depression was seen more co morbid with dissociative disorder patientsliving in jointfamily system.Regardless of psychiatric co morbidity dissociative disorders were more common in 1st and 2nd born children than in subsequent birth orders.

## DISSCUSSION:

The results showed that about half of the dissociative patients hada psychiatric comorbidity of mild to moderate depression,generalized anxiety and mixed anxiety depression. The evidence from other researches confirmthat thesedisorders werecommon psychiatric co morbidities among dissociative patients'·'•·". It showed that dissociative patientshadunderlyingdepressive illness.Their inability to present the psychological symptoms of depression results in dissociation and related symptoms which receive more attention.In our setups depression, somatization, generalized anxiety disorder, phobias, and dissociative disorder are overlapping with each other due to presentation of physical symptoms. This suggests two plausible theories to explain the reason; at one hand these may be the co morbidities that occur by chance but this explanation of co occurrence does not sound that good. On the other hand it may be theorized that the depression in it self in mild or moderate form exposes its patients to the hypersensitivity to the stress and hence make them more vulnerable to dissociative disorders; that way it means if the depression ispicked up earlier and treated properly, the patients may be saved from falling into the diagnosis of dissociative disorder.

Although in western culture the prevalence of dissociative disorder has decreased, but in our population it is still very high; may be because of lack of proper approach towards mental health facilities. The socio demographic characteristics of participants revealed that dissociative disorder is more among females, unmarried, and low educated people.Previous researches confirm these findings'·10 11 11 onlyonestudyshowedmoreprevalence in marriedandcontradicted our resultslO.The mean age of dissociative patients was between 19

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- 22 years. This is in agreement with literature on dissociative disorder in general'°·""·". Another study found out the mean age of dissociative patients between 16 to 25 years".This is high alarming state that dissociative disorder and depression is common among late teens and early twenties. So we must be careful in dealing and treatingthesedisorders at youngage.

The interesting thing in our study is availability of social support which is quite high in dissociative patients; 85% of the patients had the availability of reinforcement that helps sustain the symptoms and it also indicates that there arelapses in providing proper family education to the attendants / care givers/ family members of the dissociative patients. It also stresses that more emphasis should be paidon psycho education of thefamily about the secondary gains of the illnessandwaysto manageit.

Dissociative disorder was seen more prevalent in 1st and 2nd birth order thanin subsequentbirth orders.Which hintsatthefactthatour society is tended to pay more attention on elder siblings than younger ones.Because of the fact that the dissociativesymptoms are sustained in presence of attention andfulfillment of secondary gains

which are also dependent for their fulfillment, in part, on attention given to the dissociative patients. A second line of reasoning for fewer incidences of dissociative disorders in subsequent birthorders is that the children born with later birth orders are socially more adjusted and more realistic as per developmental theories of Freudians and neo Freudians. That is why they handle their stress appropriately and do not fallin thediagnosisof dissociative disorder.

Figure I

Mean and range of the ages of dissociative patients with and without psychiatric co morbidities.

## CONCLUSION

There is higha psychiatric co morbidity among dissociative disorder patients. The prevalence is high among young, females, single, and low educated people.Every dissociative patient must be screened for depression and anxiety. It needs to be communicated to mental health professionals and general practitioners/medical specialists should be sensitized about early diagnosis, management and referral.It willhelp decreasethe stigmaand burdenof the disease.

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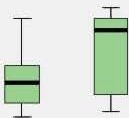
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Disorder

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**Co-Morbidity**



**Table** I

Education level of the dissociative patients with and without co morbidity

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Co-Morbkllly** | *, -\_*·*"'i'* | <',  **qt'** | ;-- | ,.,.,".' | /" | *i*·*'* ".'. |  |
| Generalized Anxiety  Disorder  **M;ld** Depression Disorder  Moderate Depression Disorder  Mixed Anxiety Depression Dissociative Disorder  without co morbidity | 3  4  2  1  6 | 3  s  1  1  9 | 6  6  4  3  16 | D  1  3  1  11 | 2  2  D D 3 | 2  1  D D 4 | 16  19  10  6  49 |
| Total | 16 | 19 | **3S** | 16 | *7* | 7 | 100 |

**Table 2**

Past family psychiatric history of dissociative patients with and without psychiatric co morbidity

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Family History Psychiatric lllneas** | | **Family Social Psychiatric Support Illness** | | | |
|  | | **Yes** | **No** | **Yes** | **No** |
| **Co-Morbidity** | **Generalized Anxiety**  **Disorder** | 3 | 13 | 12 | **4** |
|  | **Mild Depression Disorder** | 5 | 14 | 18 | 1 |
|  | **Moderate Depression**  **Disorder** | 4 | 6 | 9 | 1 |
|  | **Mixed Anxiety Depression** | 0 | 6 | 6 | 0 |
|  | **Dissociative Disorder without**  co morbidity | 16 | 33 | 40 | 9 |
| Total |  | **28** | **72** | **85** | **15** |

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