



CONVERSION DISORDER

The Merck Manual of Medical Information
Second Home Edition

In conversion disorder, physical symptoms that resemble those of a neurologic disorder develop. The symptoms are triggered by mental factors such as conflicts or other stresses.

- An arm or leg may be paralyzed, or people may lose their sense of touch, sight, or hearing.
- Many physical examinations and tests are usually done to make sure symptoms do not result from a physical disorder.
- Reassurance from a supportive, trusted doctor is important.

Conversion disorder, once referred to as hysteria, is thought to be caused by mental factors, such as stress and conflict, which people with this disorder experience as (convert into) physical symptoms. Although conversion disorder tends to develop during late childhood to early adulthood, it may appear at any age. The disorder appears to be more common among women.

Symptoms

The symptoms – such as paralysis of an arm or leg or loss of sensation in a part of the body - suggest nervous system dysfunction. Other symptoms may include seizures and loss of one of the special senses, such as vision or hearing.

Often, symptoms begin after some distressing social or psychological event.

People may have only one episode in their lifetime or episodes that occur sporadically. Usually, the episodes are brief. Most people with conversion symptoms who are hospitalized improve within 2 weeks. However, in 20 to 25% of people, symptoms recur within a year and, for some people, become chronic.

Diagnosis

The diagnosis tends to be initially difficult for a doctor to make because people believe that the symptoms stem from a physical problem and may resist being seen by a psychiatrist or other mental health practitioner. Also, doctors take great care to be certain no physical disorder is causing the symptoms. Thus, the diagnosis is usually considered only after extensive physical examinations and tests fail to detect a physical disorder that can fully account for the symptoms.

Last full review/revision June 2008 by Katharine A. Phillips, MD