



CONVERSION DISORDER

Conversion disorder consists of symptoms or deficits that develop unconsciously and nonvolitionally and usually involve motor or sensory function. Manifestations resemble a neurologic or other physical disorder but rarely conform to known pathophysiologic mechanisms or anatomic pathways. Onset, exacerbation, or maintenance of conversion symptoms is typically attributed to mental factors, such as stress. Diagnosis is based on history after excluding physical disorders as the cause. Treatment begins by establishing a consistent, supportive physician-patient relationship; psychotherapy can help, as may hypnosis.

Conversion disorder tends to develop during late childhood to early adulthood but may occur at any age. It is more common among women.

Symptoms and Signs

Symptoms often develop abruptly, and onset can often be linked to a stressful event. Symptoms involve apparent deficits in voluntary motor or sensory function and sometimes include seizures, thus suggesting a neurologic or general physical disorder. For example, patients may present with impaired coordination or balance, weakness, paralysis of an arm or a leg, loss of sensation in a body part, seizures, blindness, double vision, deafness, aphonia, difficulty swallowing, sensation of a lump in the throat, or urinary retention.

The symptoms are severe enough to cause significant distress or impair social, occupational, or other important areas of functioning. Patients may have a single episode or sporadic repeated ones; symptoms may become chronic. Typically, episodes are brief.

Diagnosis

The diagnosis is considered only after a physical examination and tests rule out physical disorders that can fully account for the symptoms and their effects.

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