

A Study of Clinical and Socio-Demographic Profile of Patients with Dissociative Disorder

Dr. E. Ramachandra Rao¹, Dr. Archana.V²

¹Asst.Prof. of Psychiatry, ²Resident specialist in psychiatry

Department of Psychiatry, Rangaraya Medical College, Kakinada, Andhra Pradesh, India.

Abstract: Dissociative disorders manifest as disruptions of the normal integration between memories of the past, awareness of identity and immediate sensations and control of bodily movements. Compared to developed western countries, it is more prevalent in developing countries. This study is undertaken to find the occurrence of dissociative disorder and significance of clinical presentations. The main objective is to study the clinical and Socio-demographic profile of patients with Dissociative Disorder. Sample consists of 80 patients who were interviewed and ICD-10 were used to attain the diagnosis of various Dissociative disorders. Results showed that the occurrence of dissociative disorder was found to be higher in females (75%) than in males (25%). The predominant study population was between the age group of 30-40 years (53.75%), married (76.25%) and housewives (45%). Trance and Possession and Motor dissociation were the commonest presentations with 30% and 25% respectively. Dissociative disorders can have varied presentations and the recent developments in the field will help to further establish the importance of dissociation.

Keywords: clinical, dissociative, motor dissociation, prevalent, trance.

I. Introduction

The common theme shared by dissociative (or conversion) disorders is a partial or complete loss of the normal integration between memories of the past, awareness of identity, immediate sensations, and control of bodily movements. No evidence of a physical disorder that can explain the symptoms that characterize the disorder and convincing associations in time between the symptoms of the disorder and stressful events, problems or need are required^[1].

Epidemiological studies in North America, Europe and Asia have found Dissociative disorders to be common in samples of general population as well as in samples of psychiatric in-patients and out-patients. Incidence and prevalence of dissociative disorder vary across various countries and communities. Compared to developed western countries, it is more prevalent in developing countries^[2,3].

The proportion of patients in general medical settings with idiopathic medical symptoms for which no organic cause can be found have been estimated to range between 20-80%. It is quite common for these idiopathic physical symptoms to co-occur with psychiatric disorders especially, with anxiety and mood disorders. Dissociative disorders have been found to occur more in females as compared to males and most common in rural populations, people with little education, those with low IQ and in low socio-economic groups^[4]. This study is undertaken to find the occurrence of dissociative disorder and significance of clinical presentations.

II. Objective

To Study the clinical and socio-demographic profile of patients with Dissociative Disorder.

III. Methodology

Sample consists of 80 patients who attended the Psychiatry Out-Patient Department of Government General Hospital, Kakinada and were diagnosed to be suffering from dissociative disorder. The patients and attendants were interviewed and the study tools were used to attain the diagnosis of various Dissociative disorders.

Study tools:

1. ICD-10 classification of Mental and Behavioral disorders - **Green book**
2. Semi-structured pro forma to record socio-demographic details including age, sex, education, marital status, occupation, domicile, socioeconomic status and clinical diagnosis.

IV. Results

TABLE 1: Sex distribution

Sex	
Male	20(25%)
Female	60(75%)

In the study it was found that the Dissociative disorder was more among females as compared to males.

TABLE 2:Age wise incidence of Dissociative disorder

Age(in years)	Males	Females	Total (n=80)
10-20yrs	2	2	4(5%)
20-30yrs	6	10	16(20%)
30-40yrs	9	34	43(53.75%)
> 40yrs	3	14	17(21.25%)

$X^2 = 3.39$, $df = 3$, $p > 0.05$,

In this study majority belong to age group 30-40 years.

TABLE 3:Marital status

Marital status	Male	Female	Total (n=80)
Married	16	45	61(76.25%)
Unmarried	4	11	15(18.75%)
Separated/ widowed	0	4	4(5%)

$X^2 = 1.4$, $df = 2$, $p > 0.05$,

In this study sample, there were more cases of married females (45) with dissociative disorder.

TABLE 4:Occupation

Occupation	Male	Female	Total (n=80)
Student	4	6	10(12.5%)
Unemployed	5	7	12(15%)
Employed	11	11	22(27.5%)
Housewife	0	36	36(45%)

$X^2 = 22.2$, $df = 3$, $P = 0.000$,

In this study, it was found that dissociative disorder was more in housewives. It was found that almost same number of males and females in the employed group and more females in unemployed group. Among students, majority were females.

TABLE 5:Literacy

Literacy	Male	Female	Total (n=80)
Illiterate	8	45	53(66.25%)
Literate	12	15	27(33.75%)

$X^2 = 8.21$, $df = 1$, $p < 0.001$.

From the above study we found that dissociative disorder was significantly high in illiterate females and males as compared to literate males and females.

TABLE 6:Domicile

Domicile	Males	Females	Total (n=80)
Urban	17	14	31(38.75%)
Rural	3	46	49(62.25%)

$X^2 = 24.13$, $df = 1$, $p = 0.000$,

Significantly high number of dissociative disorder patients observed in females residing in rural areas.

TABLE 7:Socio-economic status

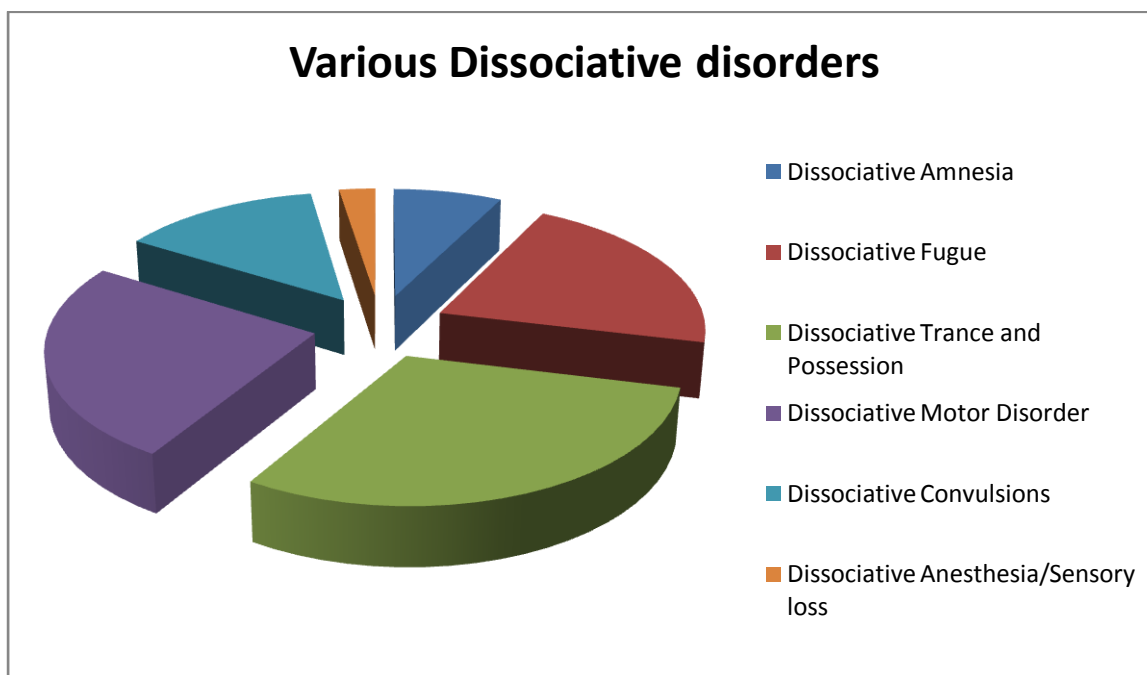
Socio-economic status	Male	Female	Total (n=80)
Lower	7	45	52(65%)
Middle	8	8	16(20%)
Upper	5	7	12(15%)

$X^2 = 8.65$, $df = 2$, $p < 0.025$,

In this study, majority were females of the low socio-economic group.

TABLE 8: Various Dissociative disorders

Disorder	Total (n=80)
Dissociative Amnesia	6(7.5%)
Dissociative Fugue	17(21.25%)
Dissociative Stupor	0 (0%)
Dissociative Trance and Possession	24(30%)
Dissociative Motor Disorder	20(25%)
Dissociative Convulsions	11(13.75%)
Dissociative Anesthesia/Sensory loss	2(2.5%)
Mixed and other dissociative disorders	0



In the present study sample, 24 of them were suffering from Dissociative trance and Possession because of the cultural and religious beliefs. It is followed by Dissociative Motor Disorder in 20 cases and Dissociative Fugue in 17 cases.

V. Discussion

In this study, occurrence of dissociation disorder was found to be higher in females (75%) than in males (25%). These findings support already established findings of prevalence of dissociative disorder. Majority of the subjects were illiterates.

Majority of the patients were in the age group of 30-40yrs which is in contrast to the studies done by **Vyas et al.**,^[4] **Bagadia et al.**,^[5] who found more incidence in young adults and children. A study from Oman reported that the mean age of the patients with dissociative disorders was 22.4 years and about 80.0% of the patients were less than 30 years of age.^[6]

Similar finding was reported in another study conducted in Saudi Arabia. In that study it was reported that 80.0 % of the patients with dissociative disorders were less than 30 years of age.^[7] Similarly Tina M and colleagues from the US reported the mean age of onset of dissociative seizures to be 25 years; slightly higher than that found in this study.^[8] Another study from Turkey also reported the mean age of onset of Dissociative disorder to be 25.9 years.^[9] However a study from Sweden reported that the mean age of the patients with dissociative motor disorders was 38.8 years.^[10]

The predominant study population was between the age group of 30-40years (53.75%) , married (76.25%) and housewives (45%). This is in according with the findings of **Jain and Varma et al.**^[11]

As many as 62.25% of the study population belonged to the rural community and belonged to the lower socio-economic group (65%).

Trance and Possession and Motor dissociation were the commonest presentations with 30% and 25% respectively. This was followed by Dissociative Fugue (21.25%) and Dissociative convulsions (13.75%). This is in contrast to the findings of **Roelofs et al.**,^[12] who found paralysis/paresis to be the commonest.

VI. Conclusion

Dissociative disorders can have varied presentation but common age group 30-40 yrs and usually occurring in females with low socioeconomic status. Considering the unique history of the dissociation theory, with a first peak of interest in the last two decades of the 19th century followed by a decline at the beginning of the 20th century and a resurgence since the 1970s, the recent developments in the field will help to further establish the importance of dissociation in psychiatry, psychotherapy and psychosomatic medicine.

References

- [1] World Health Organization: ICD-10 Classification of Mental and Behavioral Disorders: Clinical Descriptions and Diagnostic Guidelines. World Health Organization, Geneva. 2002; 151-61.
- [2] Nandi DN, Banerjee G, Nandi S, et al. Is hysteria on the wane? A community survey in West Bengal, India. *Br J Psychiatry*. 1992; 160; 87-91.
- [3] Stefansson JG, Messina JS, Meyerowitz S. Hysterical neurosis, conversion type; Clinical and epidemiological considerations. *Acta Psychiatr Scand*. 1976; 53:119-38.
- [4] Vyas JN, Bharadwaj PK. A study of hysteria-AN analysis of 304 patients. *Indian J Psychiatry*. 1977;19:71-4.
- [5] Bagadia et al. Hysteria, A study of demographic factors, *Indian Journal of Psychiatry*, 1973;5:179.
- [6] Chand SP, Al-Hussaini AA, Martin R, Mustapha, Zaidan Z, Viernes N, Al-Adawi S. Dissociative Disorders in the Sultanate of Oman. *Acta Psychiatr Scand* 2000; 102: 185-187.
- [7] Habeeb T, Al-Zaid K, Rahim F, Al-Farris EA. Hysteria: A clinical and sociodemographic profile of 40 patients admitted to a teaching hospital, 1985-1995. *Ann Saudi Med* 1997;17(1): 35-38.
- [8] Tina M, Tojek MA, Lumley M. Stress and other psychosocial characteristics of patients with psychogenic NES. *Psychosom* 2000; 41: 221-226.
- [9] Uguz S, Toros F. Sociodemographic and clinical characteristics of patients with conversion disorder. *Turk Psikiyatri Derg* 2003; 14(1) : 51-58.
- [10] Binzer M, Andersen PM, Kullgren G. Clinical characteristics of patients with motor disability due to Conversion Disorder: a prospective control group study. *J Neurol Neurosurgery Psychiatry* 1997; 63: 83-88.
- [11] Verma KK and Jain A, Is Hysteria still prevailing? A retrospective study. Paper presented in 52nd annual conference of Indian Psychiatric Society 2000.
- [12] Roelfs K et al. Childhood Abuse in children with Conversion Disorder, *American Journal of Psychiatry* 2002, 159:1908-13.