Care of Patient with Conversion Disorder

Introduction

Conversion disorder is characterized by pseudoneurologic symptoms that become physical symptoms because of an unconscious emotional conflict. It's brought on by psychological stressors, and patients typically have a history of such stressors during their early years. Conversion disorder involves one or more neurologic symptoms, such as blindness, deafness, an inability to move an extremity, loss of balance, loss of the sense of touch, or a medical condition. (See *Diagnostic criteria for conversion disorder*.) The symptoms can't be attributed to a neurologic or physical condition and aren't a result of the use of legal or illegal substances.

A person with conversion disorder isn't feigning the symptoms to benefit from a secondary gain. The condition causes social or physical dysfunction and severe distress, which necessitates medical intervention.

DIAGNOSTIC CRITERIA FOR CONVERSION DISORDER[2]

These criteria are used to diagnose conversion disorder.

A. One or more symptoms or deficits affecting voluntary motor or sensory function that suggest a neurological or other general medical condition are present.
B. Psychological factors are judged to be associated with the symptom or deficit because the initiation or exacerbation of the symptom or deficit is preceded by conflicts or other stressors.
C. The symptom or deficit is not intentionally produced or feigned.
D. The symptom or deficit cannot, after appropriate investigation, be fully explained by a general medical condition, or by the direct effects of a substance, or as a culturally sanctioned behavior or experience.
E. The symptom or deficit causes clinically significant distress or impairment in social, occupational, or other important areas of functioning or warrants medical evaluation.
F. The symptom or deficit isn't limited to pain or sexual dysfunction, doesn't occur exclusively during the course of somatization disorder, and isn't better accounted for by another mental disorder.

Equipment

- Stethoscope
- Sphygmomanometer
- Thermometer
- Scale

Implementation

1. Review the patient's medical record for psychiatric illnesses, medication history, laboratory and other diagnostic studies, current symptoms, and any verified medical disorders that are currently affecting him.
2. Introduce yourself to the patient *to begin the process of building a trusting rapport and a therapeutic relationship.*
3. Confirm the patient's identity using two patient identifiers according to your facility's policy.[3]
4. Explain to the patient procedures or interventions, using simple terms and language, before implementing them.
5. Obtain a comprehensive medical and psychological history from the patient or his significant other, including the location, duration, and characteristics of his symptoms. Be aware that patients with conversion disorder tend to be vague about their symptoms and may provide a disorganized medical history.
6. Assess the patient's vital signs and obtain a baseline weight and height.
7. Assess the functional abilities of the patient, including his ability to perform activities of daily living.
8. Assess safety risks resulting from exhibited symptoms and remove safety hazards *to prevent injury.*
9. Assess the patient for secondary gains that may be obtained from the symptoms, such as payment of workers' compensation, attention from relatives, and relief from daily responsibilities. *Secondary gains may make it more difficult for the person to give up the symptoms.*
10. Identify the patient's ability to communicate his feelings and emotional needs.
11. Review the medications that the patient takes on a daily basis and as needed *to determine whether they're necessary. Dependence on pain relievers is common in persons with conversion disorder.*
12. Alleviate the patient's symptoms, if possible, *so that the patient is able to focus on the emotional factors related to the illness. The emotional stressors can't be dealt with until the patient's symptoms are stable.*
13. Consult with the occupational or physical therapist *for symptom management and to improve physical functioning.*
14. Provide positive reinforcement for goals obtained.
15. Encourage the patient to begin discussing the stressors that resulted in the outward demonstration of physical symptoms.
16. Provide journaling opportunities for the patient to write down his emotions and feelings.

17. Provide one-on-one interaction for the patient to discuss his feelings. If the patient begins focusing on the symptoms, allow the patient to discuss feelings for a set period of time *to allow for relief from anxiety.*
18. Relate a sense of acceptance to the patient. *Patients with conversion disorder are commonly looked at by peers and health care providers as malingerers.*
19. Document the procedure.[4]

Patient Teaching

Teach the patient and his family about the disorder. Emphasize that the illness is real and that his symptoms are real. Educate the patient on his current medication regimen.

Complications

Medical conditions related to the patient's symptoms must be ruled out *to reduce the risk of the patient suffering irreparable harm because of a diagnostic error or oversight*.

Documentation

Document the admission assessment and daily nursing assessment findings as well as observations from each shift (or more frequently as needed). Record specifics about the patient's symptoms, including their characteristics, when they began, and their severity, as well as any relief obtained from interventions. Document nursing diagnoses, the patient's goals, your nursing interventions, and the effectiveness of nursing interventions. Record the patient's response to treatment and whether he reaches his goals.

Describe your progress in identifying the associated factors influencing the patient's symptoms. Also note the patient's response to the environment and interactions with others. Describe any teaching provided to the patient or his family.

References

1. Aybek, S., et al. "The Neuropsychiatry of Conversion Disorder," *Current Opinions in Psychiatry* 21(3):275-80, May 2008.
2. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed., Text Revision. Arlington, Va.: American Psychiatric Association, 2000.
3. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook.* Standard NPSG.01.01.01. Oakbrook Terrace, Il.: The Joint Commission, 2010.
4. The Joint Commission. *Comprehensive Accreditation Manual for Hospitals: The Official Handbook.* Standard RC.01.03.01. Oakbrook Terrace, Il.: The Joint Commission, 2010.
5. Mohr, W.K. *Psychiatric-Mental Health Nursing: Evidence-Based Concepts, Skills, and Practices,* 7th ed. Philadelphia: Lippincott Williams & Wilkins, 2008.

6. Stonnington, C.M., et al. "Conversion Disorder," *American Journal of Psychiatry* 163(9):1510-17, September 2006.
7. Varcarolis, E.M., et al. *Foundations of Psychiatric Mental Health Nursing: A Clinical Approach*, 5th ed. St. Louis: Saunders, 2006.
8. Videbeck, S.L. *Psychiatric-Mental Health Nursing*, 4th ed. Philadelphia: Lippincott Williams & Wilkins, 2007.

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1. Review the patient's medical record.
2. Introduce yourself to the patient.
3. Confirm the patient's identity.
4. Explain procedures or interventions to the patient.
5. Obtain a medical and psychological history.
6. Assess the patient's vital signs and obtain a baseline weight and height.
7. Assess the functional abilities of the patient.
8. Assess safety risks resulting from exhibited symptoms and remove safety hazards.
9. Assess the patient for secondary gains that may be obtained from the symptoms.
10. Identify the patient's ability to communicate his feelings.
11. Review the medications that the patient takes.
12. Alleviate the patient's symptoms, if possible.
13. Consult with the occupational or physical therapist.
14. Provide positive reinforcement for goals obtained.
15. Encourage the patient to discuss the stressors that resulted in the physical symptoms.
16. Provide journaling opportunities for the patient.
17. Provide one-on-one interaction for the patient.
18. Relate a sense of acceptance to the patient.
19. Document the procedure.