

Conversion disorder

Conversion disorder (CD) is a diagnostic category previously used in some psychiatric classification systems. It is sometimes applied to patients who present with neurological symptoms, such as numbness, blindness, paralysis, or fits, which are not consistent with a well-established organic cause, and which cause significant distress. It is thought that these symptoms arise in response to stressful situations affecting a patient's mental health or an ongoing mental health condition such as depression. Conversion disorder was retained in DSM-5, but given the subtitle functional neurological symptom disorder. The new criteria cover the same range of symptoms, but remove the requirements for a psychological stressor to be present and for feigning to be disproved.

The theory of conversion disorder stems from ancient Egypt, and was formerly known as "hysteria". The concept of conversion disorder came to prominence at the end of the 19th century, when the neurologists Jean-Martin Charcot and Sigmund Freud and psychologist Pierre Janet focused their studies on the subject. Before their studies, people with hysteria were often believed to be malingering.

The term "conversion" has its origins in Freud's doctrine that anxiety is "converted" into physical symptoms.

Though previously thought to have vanished from the west in the 20th century, some research has suggested that conversion disorder is as common as ever.

ICD-10 classifies conversion disorder as a dissociative disorder while DSM-IV classifies it as a somatoform disorder.

Minghetti S, Lenge M, Pisano T, Gori S, Mongardi L, Sestini S, Cavallo MA, Genitori L, Giordano F. Deep Brain Stimulation of Subgenual Cingulate Region for Treatment of an Early-Onset Conversion Disorder with Psychogenic Non-Epileptic Seizures and Prolonged Catatonia: Preliminary Results in One Patient. Stereotact Funct Neurosurg. 2021 Feb 10:1-3. doi: 10.1159/000513317. Epub ahead of print. PMID: 33567439.

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