

**Australian Paediatric Surveillance Unit  
PROTOCOL SHEET – CONVERSION DISORDER  
January 2002**

## **Background**

'Conversion Disorder' is one of the conditions within the group of disorders in the Diagnostic and Statistical Manual (DSMIV) now known as Somatoform disorders. In the past, Conversion Disorder has been classified within the term 'hysteria' or 'hysterical conversion reactions'. The child presenting with Conversion Disorder describes symptoms which are suggestive of a medical illness but on further history, examination and investigation cannot be explained in terms of known pathology and pathophysiology. Most commonly the symptoms represent neurological disease. Frequently reported symptoms include pseudoseizures, paraesthesia, paresis, abnormal gait and other abnormal movements. According to the DSMIV definition there must be a recognised psychological stress that can be related to the onset of symptoms however this may not be immediately evident at presentation.

There are no epidemiological studies providing an estimate of the prevalence of Conversion Disorder in developed countries and there are no clear guidelines for the management of children presenting with this difficult diagnosis. Many children require admission to hospital and a range of health professionals including general paediatricians, paediatric neurologists, psychiatrists, physiotherapists and occupational therapists may be asked to contribute to patient care. Failure of aggressive treatment can lead to serious long term complications such as muscle wasting, osteoporosis, scoliosis or even contractures. Deteriorating academic function, social isolation and psychological distress and withdrawal may also occur.

This study aims to describe the pattern of illness in Australian children and to provide information to improve knowledge and understanding of the condition.

## **Objectives**

- To estimate the incidence of Conversion Disorder in Australian children
- To describe the clinical features of Conversion Disorder
- To describe associated features such as comorbid psychiatric or medical illness and family history of psychiatric illness
- To describe the current management of children with Conversion Disorder including investigations and interventions
- To determine the duration of illness and the short term outcome

## **CASE DEFINITION**

*Any child  $\leq 15$  years seen during the previous month newly diagnosed with Conversion disorder.*

Conversion Disorder is defined as the presence of one or more symptoms and/or signs affecting voluntary motor or sensory function

AND

The symptoms and/or signs

- Cannot be adequately explained by a medical condition after full investigation (according to the clinical judgement of the treating paediatrician)
- Have no evidence that they have been intentionally produced
- Cause significant distress and/or impairment in daily activities such as self-care, school, play or family activities
- Are accompanied by psychological factors that are judged to be associated with or contribute to the presentation

**Exclusion criteria**

any child in whom :

- The clinical picture is predominantly or exclusively pain
- The dominant picture is another psychiatric disorder such as depression or psychosis

Frequent presenting symptoms in Conversion Disorder include: pseudoseizures, parasesthesia, paresis, abnormal gait and abnormal movements.

**Follow-up of positive returns**

A questionnaire requesting further details will be forwarded to clinicians who report a case of Conversion disorder to the APSU. A copy of the questionnaire is enclosed for your information.

**If you have any questions please contact :**

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