

CLINICAL AND PERSONAL CHARACTERISTICS OF PATIENTS WITH DISSOCIATIVE DISORDER AT PSYCHIATRY DEPARTMENT THAI NGUYEN CENTRAL HOSPITAL

Nguyen Dac Vinh*, Dam Thi Bao Hoa, Trinh Quynh Giang
TNU - University of Medicine and Pharmacy

ABSTRACT

The rate of mental disorders is increasing in developing countries, especially the increase in stress-related disorders including dissociation disorders. This study used cross-sectional descriptive method to describe the clinical and personality characteristics of 32 patients with dissociation disorders treated at the Psychiatry Department at Thai Nguyen Central Hospital from January 2019 to December 2019. Research results show that dissociative disorder occurred suddenly in 100% participants and happened after the psychological trauma, especially, psychological trauma in the family (46.88%) and at work (34.37%). The onset of symptoms was often similar to physical illness. The most common clinical symptom was dissociated convulsions (56.25%); the autonomic nervous system - visceral Dissociative symptoms manifested differently, among which headache (43.75%) and shortness of breath (31.25%) were common symptoms. Mental disorders associated with dissociative disorder made up a high proportion including depression (53.12%) and anxiety (40.62%). The dissociative disorder was more likely to happen in people with extroverted personalities (62.5%), the majority of patients had unstable mental properties (78.13%).

Keywords: *medical; dissociative; stress; clinical features; personality characteristic.*

Received: 14/01/2020; Revised: 03/4/2020; Published: 10/4/2020

ĐẶC ĐIỂM LÂM SÀNG VÀ NHÂN CÁCH Ở BỆNH NHÂN RỐI LOẠN PHÂN LY TẠI KHOA TÂM THẦN BỆNH VIỆN TRUNG ƯƠNG THÁI NGUYÊN

Nguyễn Đắc Vinh*, Đàm Thị Bảo Hoa, Trịnh Quỳnh Giang
Trường Đại học Y Dược - ĐH Thái Nguyên

TÓM TẮT

Tỷ lệ các rối loạn tâm thần ngày càng gia tăng ở các nước đang phát triển, đặc biệt là sự gia tăng các rối loạn liên quan đến stress trong đó có rối loạn phân ly. Nghiên cứu này sử dụng phương pháp mô tả cắt ngang nhằm mô tả đặc điểm lâm sàng và nhân cách ở 32 bệnh nhân rối loạn phân ly điều trị tại khoa Tâm thần, Bệnh viện Trung ương Thái Nguyên từ tháng 1 năm 2019 đến tháng 12 năm 2019. Kết quả nghiên cứu cho thấy, rối loạn phân ly xuất hiện đột ngột ở 100% các trường hợp nghiên cứu và xảy ra sau sang chấn tâm lý, chủ yếu là sang chấn trong gia đình (46,88%) và sang chấn trong công việc (34,37%). Triệu chứng khởi phát thường giống các bệnh lý thực thể. Triệu chứng lâm sàng hay gặp nhất là co giật phân ly (56,25%), triệu chứng thực vật nội tạng phân ly biểu hiện nhiều trên lâm sàng, trong đó đau đầu (43,75%) và khó thở (31,25%) là triệu chứng phổ biến. Các rối loạn tâm thần kết hợp với rối loạn phân ly chiếm tỷ lệ cao, trầm cảm (53,12%) và lo âu (40,62%). Rối loạn phân ly thường xảy ra ở những người có nhân cách hướng ngoại (62,5%); đa số các bệnh nhân có tính thần kinh không ổn định (78,13%).

Từ khóa: *y tế; rối loạn phân ly; stress; đặc điểm lâm sàng; đặc điểm nhân cách.*

Ngày nhận bài: 14/01/2020; Ngày hoàn thiện: 03/4/2020; Ngày đăng: 10/4/2020

* Corresponding author. Email: vinhydtn@gmail.com

DOI: <https://doi.org/10.34238/tnu-jst.2020.05.2538>

1. Introduction

Mental disorders are becoming more and more common, especially the increase in stress-related disorders including dissociation disorders. Dissociation Disorder is a dysfunction that often occurs after psychological trauma in people with weak personality or artist type. The rate of dissociation disorder accounts for about 0.3-0.5% of the general population [1]. The clinical manifestations of dissociation disorders are diverse, manifested by many types of symptoms from physical symptoms to neurological symptoms, so dissociation disorders have caused many difficulties and confusion in diagnosis. distinguish between functional and entity diseases. In fact, 20 - 25% of patients with dissociative disorders have been diagnosed with neurological diseases - internal medicine [2]. On the other hand, dissociative disorder often arises in people with weak personality traits with the characteristic of recurring symptoms if left untreated or ineffective treatment will affect psychological and social functions. Assembly of the sick. Therefore, identifying the clinical morphology of dissociation disorder as well as early identification of dissociative traits is an essential issue in clinical practice to improve the quality of diagnosis, treatment and projections. Prevention of relapse for patients. For this reason, we conduct this study to: Describe the clinical and personality characteristics in patients with dissociation disorders treated at the Department of Psychiatry in Thai Nguyen Central Hospital in 2019.

2. Subjects and research methods

2.1. Research subjects

Consisting of 32 patients diagnosed with dissociation disorder in inpatient treatment at the Department of Psychiatry, Thai Nguyen Central Hospital from January 2019 to December 2019.

** Criteria for selecting research subjects:*

- Patients selected for the study must meet the diagnostic criteria for dissociation disorder (item F44) of the 10th International Classification of Diseases in Mental and Behavioral Disorders [3].

- The patient agreed to participate in the study.

** Exclusion criteria:*

+ Patients were having physical, neurological pathologies.

+ Patient and/ or patient's family refused to participate in the study.

** Research location:* Department of Psychiatry - Thai Nguyen Central Hospital.

2.2. Research methods

- Methods: descriptive research

- Sample size: convenient sample, take all patients qualified to research.

- Steps to take:

+ Patients were detailed clinical examination and did subclinical tests: Patients were admitted to psychiatry ward, then had a detailed medical examination, mental and neurological activities. The patients were offered basic tests: blood counts, blood biochemistry, electrocardiograms, and CT scans to exclude true pathologies.

+ Then proceed to test personality Eysenck, psychological test Beck, Zung.

+ Interviewing family members and caregivers with pre-designed questionnaires related to patients: development process, psychological trauma, disease history, clinical manifestations before entry institute.

- Data collection technique: Collecting data in medical treatment, clinical examination and interviewing patients and families based on a consistent research sample.

2.3. Research targets

- General characteristics of the research team: age, gender, education level, occupation ...

- Clinical characteristics of dissociative patients: dissociated convulsions, paralysis (stiff or tender paralysis in the limbs, normal muscle tone), trembles (often with irregular trembles, increased with attention), pronunciation disorders (difficulty speaking, slurred speech, not speaking), sensory disturbance (loss or reduction of pain sensation, increased pain sensation, segregation blindness, deafness dissociation), organ disorders (shortness of breath, hiccups, feeling a lump in the throat, headache).
- Characteristics of dissociated patients based on Eysenck personality test table: introverted, extroverted personality... stability, instability.

2.4. Methods of data processing: According to the method of medical statistics.

2.5. Research ethics:

The research was conducted through an ethics committee and was conducted on subjects who voluntarily agreed to participate after it was clearly explained about the research requirements and purposes. The information about the research subjects was kept confidential. The research results are used to serve health care for the community.

3. Results and discussion

3.1. General characteristics of the research team

The research results in Table 1 show that: dissociation disorders were encountered at any age, but most commonly in the age group of 20 - 29 years, accounting for 43.75%, the average age of the research group is 25.36 ± 9.318 years old. A study by Tasca *et al.* (2012) included 628 dissociated women aged 18 to 65 with an average age of 28.83 [4]. Our findings are similar to some studies of authors in the world about the average age of dissociative disorders. Among the studied patients, there were 71.88% of patients at age <29 years old and those aged ≥ 40 only accounted for 6.25%. In the study group, the majority of patients were female, accounting for 87.5%, the female/ male ratio was 7/1. The rate of female/ male with dissociative disorders varied according to each study subject and each study period with a variable rate from 2/1 to 10/1. Kaplan and Sadock said that the incidence of dissociation disorder in women was 5 times higher than men [2]. The results of the study were also consistent with the literature, this is a disease mainly encountered in women. The majority of patients affected were Kinh people accounting for 78.13%, other ethnic groups account for a low rate.

Table 1. Age, gender and ethnicity characteristics

| Characteristics | Participants | Sample (n=32) | Percentage (%) |
|-----------------|------------------|-------------------|----------------|
| Age | < 20 | 9 | 28.13 |
| | 20 - 29 | 14 | 43.75 |
| | 30 - 39 | 7 | 21.87 |
| | ≥ 40 | 2 | 6.25 |
| | $\bar{X} \pm SD$ | 25.36 ± 9.318 | |
| Gender | Male | 4 | 12.50 |
| | Female | 28 | 87.50 |
| Ethnicity | Kinh | 25 | 78.13 |
| | Other | 7 | 21.87 |

The results in Table 2 show the educational level, occupation and place of residence of the study subjects. It is obviously seen that nearly half of the patients had secondary education level (43.75%). According to Khan [5], up to 71% of the dissociated patients with the highest level of education were in grade 11. Educational attainment was associated with emotional expression in the form of physical symptoms and people with low levels of education often had little

experience in dealing with life trauma. The majority of patients lived in countryside (71.88%) and the main occupation was farming, accounting for a high proportion (37.5%); the patients were mainly distributed in mountainous areas in the province Thai Nguyen and nearby.

Table 2. *Characteristics of educational attainment, occupation and region of residence*

| Characteristics | | Participants | Sample (n=32) | Percentage (%) |
|------------------|----------------------|--------------|---------------|----------------|
| Education levels | Primary school | | 2 | 6.25 |
| | secondary school | | 14 | 43.75 |
| | High school | | 12 | 37.50 |
| | University, college | | 4 | 12.50 |
| Occupation | Farmer | | 12 | 37.50 |
| | Worker | | 6 | 18.75 |
| | Officer | | 4 | 12.50 |
| | Business, housewives | | 2 | 6.25 |
| | Other | | 8 | 25.00 |
| Region | Countryside | | 23 | 71.88 |
| | City | | 9 | 28.12 |

3.2 Clinical and personality characteristics in dissociative patients

Table 3. *Characteristics of onset symptoms*

| Characteristics | | Sample (n=32) | Percentage (%) |
|-----------------|---------------------|---------------|----------------|
| Emergence | Suddenly | 32 | 100.00 |
| | Slowly | 0 | 0.00 |
| | Total | 32 | 100.00 |
| Onset Symptom | Headache | 12 | 37.50 |
| | Shortness of breath | 9 | 28.13 |
| | Fainted | 7 | 21.87 |
| | Other Symptoms | 4 | 12.50 |
| | Total | 32 | 100.00 |

Table 4. *Clinical symptoms of dissociative disorders*

| Symptom | Sample | Percentage (%) |
|-----------------------------------|--------|----------------|
| Dissociated convulsions | 18 | 56.25 |
| Aphonia | 7 | 21.88 |
| Paralysis | 3 | 9.38 |
| Trembles | 8 | 25.00 |
| Sensory disturbance | 6 | 18.75 |
| Headache | 14 | 43.75 |
| Shortness of breath | 10 | 31.25 |
| Hiccup | 1 | 3.16 |
| Pain (chest paint, joint pain,..) | 7 | 21.87 |
| Feeling a lump in the throat | 3 | 9.38 |
| Other | 5 | 15.63 |

The results of the study in Table 3 show that all patients in the study group had symptoms of dissociation appear suddenly. This is a sign to distinguish dissociative disorders from body diseases. The disease usually starts with symptoms similar to the physical conditions of the specialties of neurology, respiratory, cardiology, emergency care accounting for

87.5% of which the most common was headache 37.5%, that was Manifestations of the body's response to stress. According to Nunn [6], patients with diseased segregation disorder for the first time were introduced to a psychiatric consultation with a very low rate, mainly at emergency departments, neurologists.... In fact, it was easier for

patients to accept physical conditions, so they came to see and treat at physical specialties such as neurology, respiratory, cardiovascular... without having to visit and treat at psychiatric specialists are therefore only accessible to psychiatric specialists after ineffective examination and treatment at other physical body specialties, so early diagnosis of dissociation disorders is often delayed Interfering with treatment.

The results of the study in Table 4 show the frequency of clinical symptoms, the most common symptom was dissociated convulsions (56.25%); attacks often occurred suddenly related to psychosocial trauma. In a patient who is not conscious, the seizure is irregular, the attack usually lasts and ends when the patient is treated with psychotherapy. Aphonia was seen in 21.88% of patients; 25% of patients had symptoms of trembles; 18.75% had symptoms of sensory and sensory disorders; Paralysis symptoms were only seen in 9.38% of patients. According to Nunn [6], the most common symptom (41.4%) was followed by paralysis. According to Micale [7], the proportion of tremor symptoms is 47.4%; 21.6% seizures, 10.5% reduced sensation symptoms and inexplicable physical symptoms including headache, abdominal pain, back pain, chest

pain, dizziness and fatigue are symptoms common dissociation. This shows that the clinical morphology of dissociation is manifested differently according to the characteristics of different cultures and countries. The characteristics of dissociated organ disorders, the most common symptom is headache, accounting for 43.75%, shortness of breath for 31.25%, pain at different locations. Pain (chest pain, joint pain,..) accounted for 21.87%, hiccups symptoms and lumps in the throat accounted for a lower proportion. These are symptoms commonly seen in patients with dissociation disorders, sometimes they manifest so much like physical pathologies that make patients see other specialists without having to visit and treat psychiatrists. Research results of Micale [7] showed inexplicable symptoms of pain in movement disorders including headache, abdominal pain, backache, chest pain. According to research by Owens and Simon Dein [8], the symptom of laryngeal (Hysteria) is common and also the factor that causes the most dissociated patients to complain, but in our study, we only found in a small number of patients (9.38%). This result also shows that the clinical morphology of dissociation disorder today has changed.

Table 5. *Psychosis combined disorder at time of hospitalization*

| Psychosis combined disorder | Sample (n = 32) | Percentage (%) |
|------------------------------------|------------------------|-----------------------|
| Depression disorder | No depression | 46.88 |
| | Mild depression | 18.75 |
| | Moderate depression | 21.87 |
| | Severe depression | 12.50 |
| | Total | 100.00 |
| Anxiety disorders | No Anxiety disorders | 59.38 |
| | Anxiety disorders | 40.62 |
| | Total | 100.00 |

The results of the study in Table 5 show that the mental disorders associated with dissociation disorders at the time of the study are common depressive disorders and anxiety disorders assessed by psychological tests Beck and Zung. Our research results of anxiety disorders accounted for 40.62% of the study patients; depressive disorder accounted for 53.12%, mainly mild and moderate depression. Research results of Khan [5] showed anxiety symptoms in 35% of patients and depression in 29% of patients. The combined psychiatric disorder made the clinical situation of dissociative disorder more complicated.

Table 6. *Characteristics of psychological trauma in the study patient group*

| Psychological trauma | Sample | Percentage |
|------------------------------------|--------|------------|
| Psychological trauma in the family | 15 | 46.88 |
| Psychological trauma at work | 11 | 34.37 |
| Psychological trauma in society | 4 | 12.50 |
| Other psychological trauma | 2 | 6.25 |

Table 7. *Characteristics of dissociated patients*

| Personality element | Stability | | Unstable | | Total | |
|-------------------------|-----------|------------|----------|------------|--------|------------|
| | Sample | Percentage | Sample | Percentage | Sample | Percentage |
| Extroverted personality | 4 | 12.50 | 16 | 50.00 | 20 | 62.5 |
| Introverted personality | 3 | 9.37 | 9 | 28.13 | 12 | 37.5 |
| Total | 7 | 21.87 | 25 | 78.13 | 32 | 100.0 |

The results of the study in Table 6 show the characteristics of the types of traumatic trauma related to the onset of dissociation disorder, we find that the most common psychological trauma was the trauma in the family found in 46.88 % of patients. These traumas were conflicts between family members and patients, families with dead relatives, sudden relatives with serious cancer... and economic difficulties. Work injuries occurred in 34.37% of patients. These patients had job failures such as losing money, losing positions, studying stress, or failing exams. Social trauma appeared in 12.5% of patients. These were contradictions in the relationship of colleagues and neighbor. Gambling was unprofitable. Our research results are in line with other research issues at school such as failure in exams, changes in learning environment, conflicts with classmates, teacher punishment... Psychological trauma was common in patients with dissociative disorders.

The results of the psychological test Eysenck in Table 7 show that the personality characteristics of patients with dissociation disorders were often extroverted (62.5%), showing that it is easy for patients to express their opinions, needs and his demands before all; neurological instability (78.13%) should be very easy to react with people and easily touched. According to Eysenck's personality circle, those with high emotional instability scores have a more emotional personality, easy to lose their temper, a temper, a change

in personality, and a greater risk of mental illness [2]. Apartment Personality factors increase vulnerability, which is a condition for the development of functional body symptoms and also explains why one patient can restore psychological balance after trauma while another individual. have serious symptoms. This result is different for studies on stress-related disorders generally found in patients with introvert personality. Our study is different, perhaps due to the limited number of patients studied.

4. Conclusion

Through the study of 32 patients with dissociation disorders, we draw some conclusions

4.1. General characteristics of the study patient group

Female patients made up the majority; the female/ male ratio was 7/1; Common at young age, the average age of the study group was 25.36 ± 9.318 years old. Patients' education was mainly secondary school. They lived mainly in rural areas and farming occupied a high proportion.

4.2. Clinical and personality characteristics of the study group patients

Dissociative disorder occurred suddenly in 100% of participants and happened after the psychological trauma, especially, psychological trauma in the family (46.88%) and at work (34.37%). The onset of symptoms was often similar to physical illness.

The most common clinical symptom was dissociated convulsions (56.25%); the autonomic nervous system - visceral Dissociative symptoms manifested differently, among which headache (43.75%) and shortness of breath (31.25%) were common symptoms. Mental disorders associated with dissociative disorder made up a high proportion including depression (53.12%) and anxiety (40.62%).

The dissociative disorder was more likely to happen in people with extroverted personalities (62.5%), the majority of patients had unstable mental properties (78.13%).

REFERENCES

- [1]. D. H. Anh, *Lecture Psychiatry*, Hanoi, Medical Publishing House, 2013.
- [2]. V. T. Cam, "Research clinical characteristics of conversion disorder," PhD thesis, Hanoi Medical University, 2014.
- [3]. World Health Organization, *Dissociation disorder*, 10th International Classification of Mental and Behavioral Disorders, Geneva, pp. 122-125, 1992.
- [4]. C. Tasca, and M. G. Carta, "Women and Hysteria in The history of Mental Health," *Clinical Practice and Epidemiology Mental Health*, vol. 8, pp. 110-119, 2012.
- [5]. M. N. Khan, S. Ahmad, and N. Ullah, "Anxiety and Depressive symptoms in patients with conversion disorder," *J. cole Physicians Surg Pak*, vol. 15, pp. 489-492, 2005.
- [6]. K. P. Nunn, K. Kozlowska, and D. Rose, "Conversion disorder in Australian pediatric practice," *J. Am. Acad. Child Adolesc. Psychiatry*, vol. 46, pp. 68-75, 2017.
- [7]. S. Micale, *On the Disappearance of Hysteria: A Study in the Clinical Deconstruction of a Diagnosis*, Harvard University Press, The United State of America, 2013.
- [8]. C. Owens, and S. Dein, "Conversion disorder the modern hysteria," *The Royal College of Psychiatrists*, vol. 12, pp. 152-157, 2016.