A Case of Paediatric Conversion Disorder

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Introduction

Conversion disorder refers to impairment in voluntary motor control or sensory function, which cannot be fully explained by a recognized medical or neurological condition.
The following case outlines an unusual presentation of conversion disorder with regurgitation and collapse.
Written and informed consent for presentation of this case report was obtained from the patient and her carer.

Case History

This is the case of a 14 year old female who presented to CAHMS with an 18 month history of;

- Regurgitation/Spitting up of food after every meal
- Avoidance of eating and weight loss
- Gait disturbance and collapse

She had required inpatient admission to an acute national pediatric hospital for NG feeding due to weight loss. On admission her weight was < 2nd centile. While asleep she tolerated NG feeding but vomited after feeds when awake. She ate a purely liquid diet, consisting of soup, melted chocolate and nutritional shakes.

Medical investigations including, a CT Brain and lumbar puncture, found no physiological abnormalities. Neurological examination findings were in keeping with functional disorder.

She also had episodes of functional collapse and gait disturbance. Collapse often occurred when she had been asked to do an activity independently from her mother.

Psychology assessed her primary coping strategies to be suppression of emotion and avoidant behavior.

She was significantly functionally impaired by her symptoms and had prolonged school absences and had missed exams. She used the support of walls and furniture to ambulate around her house and did not leave her home independently.

Treatment

Medication	• Sertraline 75mg OD
Medical Management	• Medical sequlae of weight loss and malnutrition treated • Investigated to rule out organic causes of illness • Inpatient admission avoided when possible and number of investigations minimized to avoid over-medicalisation
Psychology	• Individual and family psycho-education on functional illness • Work on family dynamics and balance of power • Exploring mind-body links • Biofeedback and sensory training
Occupational Therapy	• Building routine and negotiating phased routine to school • Behavioral Activation- encouraging social outlets • Using activities to facilitate discussions about worries and concerns
Physical Rehabilitation	• Focus on reconditioning and strength • Combination of physical treatment and explanation and encouragement
Dietician	• NG Feed when required • Fortisip 3 – 4 bottles/day (300kcal x 4) • Scandishake x 2/day (600kcal x 2)

Discussion

In any case of conversion disorder there is always a complex interplay between management of physical symptoms and psychological investigation and treatment.
This case was particularly challenging due to the significant medical sequlae caused by substantial weight loss and nutritional deficit. There was diagnostic complexity in differentiating between eating disorder, ARFID and conversion disorder.

The literature on this topic recommends;

1. Investigating psychologically, the patient and their families' fears and beliefs of a physical cause of symptoms.
2. Emphasis on potential for recovery and expectation of same.
3. Facilitating an "escape route" to move on from physical symptoms as patient is invested in sick role.
4. Avoiding unnecessary tests and procedures
5. Remaining alert to potential of physical disease
6. There are mixed reports on efficacy of pharmacotherapy with some evidence on use of citalopram in the adult population. There is a lack of robust clinical trials in the paediatric population.

Conclusion

In this case, the patient benefitted from the treatment strategy described. She had gained weight and her nutrition had improved. She was working with the psychiatric MDT to expand the range and type of food taken and showed improved social, emotional and motor functioning.

References

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