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DSM-III DIAGNOSTIC CATEGORIES FOR ICD-9 HYSTERIA: A STUDY ON 103 CASES

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SUMMARY

Rediagnosing 103 ICD-9 Hysteria cases on DSM-III, the authors found Conversion Disorder and Atypical Dissociative Disorder to be the most common diagnosis. Somatization Disorder was diagnosed only in 8.7 per cent of cases. Twenty-nine per cent cases received double diagnoses. Limitations of using DSM-III on Hysteria patients are mentioned and a suggestion is made to include a new category of 'Simple Dissociative Disorder' in the DSM-III.

Introduction

Diagnostic and Statistical Manual, III edition of American Psychiatric Association (1980) is a major advancement in psychiatric classification and it has aroused great interest even in the developing countries (Wig and Saxena 1982, Alarcon 1983, Wig 1983). One of the major new features of DSM-III is complete re-organization of the diagnosis Hysteria, with creation of several new categories for this disorder. This re-organization is of great importance to the psychiatrists of developing countries as Hysteria patients constitute a major proportion of psychiatric patient population in these countries (German 1972, Neki 1973, Wig et al 1982), in contrast to many developed countries. Some difficulties encountered in the application of DSM-III on hysteria patients have been mentioned by Wig (1983), however the need for systematic clinical studies in this area is obvious. The present retrospective study is an initial attempt in this direction.

Material and Methods

Case records of all new patients who attended the Main Adult Clinic of the Psychiatry Outpatient Department of the A. I. I. M. S. Hospital, New Delhi, between July 1982 and September 1983 were screened for the diagnosis of Hysteria under ICD-9, made at the time of detailed work-up. These case records, numbering 153 were jointly reviewed by two psychiatrists. All cases in which the diagnosis of Hysteria was in doubt on review or the information provided in the record was insufficient were excluded. These numbered 50, leaving behind 103 cases which have been included in this study.

Socio-demographic variables (sex, age, marital status, education and occupation) were noted. Each case was then given DSM-III (axis-I) diagnoses based on the criteria given in the manual. In those cases where the criteria for two or more diagnostic categories were simultaneously applicable multiple diagnoses were made according to the rules under DSM-III. Those cases which did not fit into any specific diagnostic category, were placed into the most suitable 'Atypical' category as suggested by the DSM-III manual. Diagnoses were given jointly by two psychiatrists and concordence was achieved by discussions.

Results

The sample consisted of 103 cases out of

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which 86 (83.5%) were females and 17 (16.7%) males. According to age groups 34.9% were twenty years or less, 37.9% between 21 and 30 years and 27.1 above 30 years. Sixty five per cent were married. Thirty per cent were illiterates, 60.2% had school education and only 9.7% had studied in college. Analysis for occupation showed the largest group to be of housewives (62.1 %), followed by students (24.3 %) and others (13.6 %).

The total number of DSM-III diagnoses made for the 103 cases was 133, with 30 (29.1 %) cases receiving two diagnoses each. The distribution of these diagnoses is given in the Table.

Table
DSM-III Diagnoses

Diagnostic Category	No. of cases	Percentage (N = 103)*
Somatization Disorder	9	8.7
Conversion Disorder	63	61.2
Psychogenic Pain Disorder	4	3.9
Atypical Somatoform Disorder	3	2.9
Psychogenic Amnesia	1	1.0
Atypical Dissociative Disorder	53	51.5

* The total percentage is more than 100 because of double diagnoses.

Discussion

One important finding of this study is the significant proportion of patients (29.1 %) who had to be given more than one diagnoses under DSM-III. In most of these cases the diagnoses were Conversion Disorder and Atypical Dissociative Disorder. Any classification system which assigns more specific diagnoses to patients based on precise and narrow criteria is conceptually a better one. However, if in the process, a significant number of patients get more than one diagnoses, especially a combination of the same two diagnoses, it represents a certain amount of redundancy from the theoretical viewpoint and is practically more difficult to apply. The present study suggests that this may be one of the shortcomings of DSM-III when used among patients suffering from Hysteria in our country. The concurrent presence of conversion as well as dissociation symptoms is common enough to justify this criticism of DSM-III.

The commonest specific diagnostic category for ICD-9 Hysteria is Conversion Disorder and it accounts for 61.2% of all cases in the present study. Other specific categories are Somatization Disorder, Psychogenic Pain Disorder and Psychogenic Amnesia; however they are comparatively much less common. On the other hand a large proportion of cases (51.5 %) receive the diagnosis of Atypical Dissociative Disorder. The frequency of specific dissociative disorders like Multiple Personality and Psychogenic Amnesia was insignificant with latter being diagnosed in only one patient. Majority of Hysteria patients had episodes of dissociative states lasting from a few minutes to few hours as a part of hysterical seizure or otherwise which under DSM-III can be categorized only as atypical. This appears to be a major limitation in the usefulness of DSM-III on Hysteria patients.

The new category of Somatization Disorder can be diagnosed only in a minority of patients because of the long duration and the large number of symptoms required by the criteria for this entity. On the whole, although DSM-III seems to be a definite advance in facilitation of further research in the phenomenology of Hysteria, its clinical utility in its present form is limited to a considerable extent.

From the results of this study as well as from day-to-day clinical experience it can be suggested that there is a need to re-organize the diagnostic categories under Dissociative Disorders. Creation of a new category of 'Simple Dissociative Disorder' may be useful to diagnose the dissociative symptoms of a large number of patients of Hysteria. This will obviate the need to use 'Atypical'

category for the large number of these patients. However the exact diagnostic criteria for such a category can be suggested only after a detailed prospective study on these patients.

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