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Conversion disorder: A systematic review of current terminology

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ABSTRACT

Objective: It has been argued that the label given to unexplained neurological symptoms is an important contributor to their often poor acceptance, and there has been recent debate on proposals to change the name from conversion disorder. There have been multiple studies of layperson and clinician preference and this article aimed to review these.
Design: Multiple databases were searched using terms including "conversion disorder" and "terminology", and relative preferences for the terms extracted.
Results: Seven articles were found which looked at clinician or layperson preferences for terminology for unexplained neurological symptoms. Most neurologists favoured terms such as "functional" and "psychogenic", while laypeople were comfortable with "functional" but viewed "psychogenic" as more offensive; "non-epileptic/organic" was relatively popular with both groups.
Conclusions: "Functional" is a term that is relatively popular with both clinicians and the public. It also meets more of the other criteria proposed for an acceptable label than other popular terms – however the views of neither psychiatrists nor actual patients with the disorder were considered.

1. Introduction

Conversion disorder is a condition where neurological symptoms are present without an identifiable "organic" neurological cause, and which are instead understood to be psychiatric in origin [1]. The disorder is widely considered to be unpopular with patients and clinicians [2], with uncomfortable diagnostic encounters and patients feeling dismissed [3,4]. It has been argued that the diagnostic labels used contribute to this - stigmatising patients and implying unhelpful aetiologies - and there has been intense recent debate over the need for a change [5–9].

Clearly this discussion is not new. The historical term, *hysteria*, was replaced by *conversion disorder* as recently as ICD-10 and DSM-III, presumably at least as much for its public connotations of emotional explosiveness as for its aetiological connotations of a wandering womb [10]. New terminology has flowered, but divided along aetiological lines (dissociation, stress) and those that shun aetiology (unexplained, non-epileptic); and between those of neurologists (functional, non-organic) and psychiatrists (conversion, psychosomatic). There is no consensus, even among the official diagnostic manuals, with both ICD and DSM hedging their bets, in "dissociative (conversion) disorder" and "conversion (functional neurological) disorder", respectively. This proliferation of terms may of course be as unhelpful as the terms themselves.

There have been several attempts to clarify clinicians' and patients' preferences with empirical surveys. This article aims to systematically review those surveys to see whether a consensus can be found.

2. Methods

Internet databases were searched for articles examining the use of terminology in conversion disorder from inception to May 2015. This included PubMed and OVID combined searches of EMBASE, MEDLINE and PSYCINFO. The MeSH terms "conversion disorder" and "Terminology as topic" were used, with search terms ("conversion disorder" or "psychogenic motor" or "medically unexplained") and "terminology", returning 31 and 54 abstracts from PubMed and OVID respectively. Excluding duplicates left 55 articles. Reference lists were searched and experts consulted to supply additional articles. Abstracts for each reference were screened using the following inclusion criteria: an empirical study on a human population, dealing with unexplained neurological

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symptoms and their terminology. 20 full text articles were assessed for eligibility, with 7 papers finally included in this review.

3. Results

3.1. Clinician perspectives

There were 4 studies identified that assessed clinician preferences, all by questionnaire (see Table 1).

The earliest study surveying clinician's preferences was by Mace & Trimble in 1991. This survey of 168 British neurologists found that the most popular terms used either informally/formally were "hysteria", "functional" and "psychogenic" [11]. Notably, when questioned on what was classified as functional, the majority of neurologists considered Munchausen's syndrome should be and a minority thought paranoid schizophrenia should as well (a smaller number of surveyed psychiatrists felt the same way about Munchausen's, but no schizophrenia). Despite the strong endorsement of "functional", numerically, it also raised concerns about its ambiguity and the study concluded its use should be discouraged. However, given the relative age of the study, views on many of these terms may well have changed

In a survey by LaFrance et al. in 2008, the most frequently used terms were "nonepileptic seizures" and "spells", with a minority of participants using "pseudoseizures" and "psychogenic seizures" [12]. The sample surveyed was a specialist group, which would have more experience with this disorder than other clinicians, and with the survey title as "nonepileptic seizures", this may have biased respondents towards selecting this as their preferred term.

The survey conducted by Espay et al. [13] found that "psychogenic movement disorder" was the most popular term used, though other terms were used concurrently. Interestingly, there was a difference in preferences for terms used formally and lay terms, with "psychogenic movement disorder" being the preferred medical term, and "stress-related" being the preferred lay term [13]. Like LaFrance et al., they had large numbers of respondents but a low response rate, with the potential bias that implies.

In a survey of 64 Danish paediatricians, the preferred terms when communicating the diagnosis were "functional" and "psychogenic non-epileptic seizures" [14]. This study also noted a diversity in coding practices, which bears on perceived aetiology. While some saw it as a conduct disorder, others considered it as a kind of syncope or collapse, with no singular agreed-upon code. This study was relatively small, and the study group was paediatricians, who would have different

Table 1
Surveys of clinician perspectives on terminology for unexplained neurological symptoms.

Study	Study group	Response rate	Terms in order of preference
Mace & Trimble [11]	UK neurologists	168/275 (61%)	1) Psychogenic 2) Functional 3) Hysteria 4) Psychosomatic 5) Hypochondriasis 6) Abnormal illness behaviour 7) Conversion disorder 8) Malingering 9) Neurotic 10) Somatoform 11) Supratentorial
LaFrance et al. [12]	American Epilepsy Society members[a]	317/1760 (18%)	1) Non-epileptic seizures. 2) Spells 3) Psychogenic seizures 4) Events 5) Pseudoseizures 6) Non-epileptic attack disorder 7) Functional seizures
Espay et al. [13]	Movement disorder society neurologists (international)	519/2106 (25%)	Medical terms: 1) Psychogenic movement disorder 2) Functional disorder 3) Non-organic disorder 4) Conversion disorder 5) Psychosomatic disorder 6) Medically unexplained symptoms 7) Functional somatic syndrome 8) Stress-related disorder 9) Hysterical Lay terms: 1) Stress related 2) Psychogenic movement disorder 3) Functional disorder 4) Medically unexplained symptoms 5) Psychosomatic disorder 6) Psychogenic tremor 7) Not real 8) Hysteria
Wichaidit et al. [14]	Danish paediatricians	61/64 (95%)	1) Functional seizures 2) Psychogenic non-epileptic

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