Introduction

Comorbidities are as common as 60% in cases of bipolar affective disorder in the form of substance use, borderline personality disorder, anxiety, conduct disorder and attention deficit hyperactivity disorder.\textsuperscript{1-3} Dissociation (conversion) disorder is common in Indian subcontinent, its comorbidity with anxiety and depression has been reported.\textsuperscript{4-6} A case of comorbid hypomania with dissociation and panic disorder has been reported.\textsuperscript{7} However there have been no case reports of mania occurring as comorbidity with Dissociation (conversion) disorder. Here we report a rare case which presented with Dissociation (conversion) disorder and later on developed concurrent mania without psychotic features. Its diagnosis and management is discussed in the light of available literature.

Case History

A 19 years old male unmarried Hindu patient, a student of class eleventh belonging to low socio-economic status was admitted to General Hospital Psychiatry Department with 15 days’ history of spontaneously having an impulse to laugh, dance and shout and then doing so, weakness in limbs, inability to walk and to rise from lying down posture, all this was episodic lasting for few minutes at a time, occurring 7-8 times per day. Patient and his family members attributed the symptoms to being possessed and controlled by spirit of his cousin sister who was suffering from mental retardation (M.R.) and used to laugh and shout inappropriately and who died 8 years ago. Patient believed that when her spirit enters in his body he has to behave the way she used to do. Patient had partial memory of the episodes after he recovered from them. Patient’s symptoms started 4 days after a quarrel with his neighbour and according to family members he was apprehensive about the consequences of that quarrel. His symptoms used to increase in presence of relatives and doctors which could be attributed to attention seeking attitude. There was no history of persistent sadness, lack of interest, sleep disturbance, anxiety, talkativeness, restlessness etc suggestive of mania, depression or anxiety.

In his family history his father and uncle were alcohol dependent and one of his uncles had anankastic traits. His maternal grandmother had psychotic disorder. One of his cousins was severely M.R. and died 8 years back due to physical illness.

All routine investigations and E.E.G. were normal. So a provisional diagnosis of Mixed Dissociation (conversion) disorder\textsuperscript{8} was made and he was put on clonazepam 1 mg tds and psychotherapeutic exploration was begun. But over the next 5-6 days gradually he developed symptoms independent of previous symptoms; he became much restless, irritable, disruptive and talkative throughout the day with severe sleep disturbance and on mental status examination had elevated mood and grandiose ideas. Hence an additional diagnosis of mania without psychotic features\textsuperscript{8} was put and sodium valproate was added to treatment. But he became extremely disruptive, running away and disturbing to other patients. So E.C.T. (Electro...
Convulsive therapy) was started. In next 20-25 days all his mood symptoms responded to treatment as expected but the dissociation (conversion) episodes continued throughout. Psychological work-up was done. On Rorschach, patient had selective perception and seemed to overlook those elements that do not fit which was suggestive of hysterical personality. On Thematic Apperception Test stories were on descriptive level and not so meaningful and thus were suggestive of wanting to avoid the situation. On 16 Personality Factor Questionnaire overall picture was suggestive of emotionally less stable, dependent type of personality and overprotected. As it became possible to talk with the patient psychological exploration was again started and in the sessions patient revealed being very much distressed from his father’s alcohol dependence and the frequent quarrels he had witnessed between his parents since his childhood. He was also distressed by the recent quarrel with his neighbour. But there was no significant history of childhood physical and/or sexual trauma. Patient told he has to work along with studies to support his family although he wanted to study only and had ambitious plans. Secondary gains for this patient could possibly be 1) Attention and care from the family members. 2) His father had reduced his alcohol intake due to patient’s illness. 3) Doing away with responsibilities. With psychotherapeutic exploration and ventilation sessions patient stopped having those episodes and mania improved concurrently and he was stable on sodium valproate 1400 mg and clonazepam 1mg tds since day 35th of admission. Psychological exploration and ventilation sessions were continued to know more about the psycho-dynamics of this case.

Discussion

The present case highlights the importance of diagnosing comorbid dissociation (conversion) disorder with mania which if neglected can affect the treatment outcome. Dissociation (conversion) disorder being a common disorder in third world countries including Indian subcontinent other clinicians might have come across cases with this dual diagnosis but probably not have been reported due to the lack of academic support. A clinical case study by Hanstock highlights how the comorbidity of bipolar disorder and dissociation increases a patient’s lethality risk and how both disorders may contribute to the volatile destabilization of the other.9 Pradhan et al have reported a case of comorbid dissociation with panic and hypomania and had highlighted the difficulties inherent in the concept and challenges in diagnosis and management.7 In our case patient’s mania responded to mood stabilizers and E.C.T. but his dissociation (conversion) symptoms reduced only after repeated psychological exploration and ventilation sessions, cutting down secondary gains and with counseling. The case once again stresses that the dissociative phenomenon can occur without a significant childhood physical and/or sexual trauma as also reported by Binzer et al and thus demands need for further research on psycho-dynamics and neurobiology of dissociation and occurrence of affective disorders especially mania with it.10 In Indian context the case acts as a guideline to alert other clinicians to be open for this dual diagnosis in their patients.

References

7. Pradhan T, Sharan P, Avasthi A. Comorbid
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