

Short Communication

Conversion Paralyse and Physical Medicine and Rehabilitation

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Abstract

Patients with conversion paralyse have the same disabilities and handicaps as patients with organic paralyse. Their treatment in physical medicine and rehabilitation is essential. Case study of four patients with conversion paralyse who have been treated in physical medicine and rehabilitation during twelve months.

INTRODUCTION

Patients with conversion paralyse have the same disabilities and handicaps as patients with organic paralyse. Their treatment in physical medicine and rehabilitation is essential [1,2].

MATERIALS AND METHODS

Case study of four patients with conversion paralyse who have been treated in physical medicine and rehabilitation during twelve months.

RESULTS

Two women and two men aged of 33,19,18 and 41 years presented conversion paralyse. Their paralyse are varied: hemiplegia, paraplegia, paralysis of the upper limb and paralysis of the lower limb. Three patients consulted before the 6th month and one patient consulted after the 6th month (paraplegia). All patients showed disabilities and restriction of their autonomy. Their successive FIM were of 90, 85, 107, 90. Two patients had an occupational disability. Psychiatric assessment revealed anxiety in all patients and hysterical personality and depression in three patients. All patients have been treated in physical medicine and rehabilitation, psychiatry and psychotherapy. Three patients recovered completely. Their FIM is 126. The patient with paraplegia can walk with an assistive device. Her FIM is 117. Anxiety persisted in all patients and depressive symptoms have improved among patients concerned. Both patients resumed their professional activity.

DISCUSSION

Conversion disorders designate some unexplained neurological symptoms (motor, sensory, epileptoid) influenced

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- Handicaps
- Multidisciplinary treatment
- Early treatment

by psychological factors [3]. Paralyse are the most common motor symptom of conversion disorders. They are commonly referred to as hysterical paralyse [4]. There is no consensus for the treatment of conversion paralyse. However, early treatment with a multidisciplinary team, involving neurologists, psychologists, psychiatrists and specialists in physical medicine and rehabilitation optimize patient outcomes [5]. Our patients had functional and professional disabilities and their autonomy was limited as if their paralyse were organic. Some psychiatric comorbidities were associated as: anxiety, depression and histrionic personality. The treatment in physical medicine and rehabilitation combined with a treatment in psychiatry and psychotherapy permitted the full recovery of autonomy in three patients and the partial recovery of autonomy in the patient with paraplegia. Anxiety symptoms persisted and depressive symptoms improved in patients.

CONCLUSION

Multidisciplinary treatment involving physical medicine and rehabilitation, psychiatry and psychotherapy has improved the autonomy and depression among our patients. Patients who were treated before reaching the 6th month had better results.

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