Admission of Hysteria in the Department of Psychiatry in Al-Thawra Hospital, Sanaa

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This is a retrospective study which was done on admissions of hysteria in AL- Thawra General Hospital, Dept of Psychiatry for the period January, 1988. December, 1992. It showed that women's admissions were more than men's admissions. More common among single males and married females. Hysterical fits were the most frequent diagnosis .There was a slight, gradual decline in the number of annual admissions. The proportion of hysterical disorders as compared to the total psychiatric disorders was 5.7% .Results were compared with other studies in the region and with western studies.

(Egypt.J. Psychiat.,1995,18: 45- 50).

Introduction

The terms hysteria and hysterical are widely used in many branches of medicine and hysteria is one of the few psychiatric diagnosis which non- psychiatrists commonly make with confidence (Kendall,1983).

However,the word hysteria is used in at least four ways :

(a) to describe a number of abnormal personalities, i.e. hysterical personality, (b) to describe certain disorders (hysterical disorders) i.e. conversion and dissociation disorders, these are induced by stress and the patient is unconscious of the mechanism.

(c) to describe unconscious exaggeration of organic diseases.

(d) to describe a state in which an individual becomes out of control. This is a layman's use of the term but surprisingly frequently used by doctors (Willes, 1976). Due to the variety of meanings of hysteria, it is hardly surprising that for over a century it has often been suggested that the term hysteria should be abandoned. Most psychiatrists,however, would be hard put to it if they could no longer make a diagnosis of hysteria, and therefore, the option to diagnose hysteria remains (kendall, 1983).

Although many European psychiatrists (Slater 1961) may deny the existence of hysteria as a primary entity and claim that it is secondary to either organic reaction or other psychiatric syndromes, yet many clinicians, especially in Africa, are aware of the fact that it can occur as a primary psychogenic disturbance (Okasha, 1988).

In ICD-10 classification the word hysterical disorder was abandoned and replaced by the terms; Dissociative (conversion) disorders and were defined as the following:

(a) no evidence of physical disorder that can explain the symptoms that characterize the disorders (but the physical disorders may be present which give rise to other symptoms).

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(b) for psychological causation of the characteristic symptoms in the form of convincing association in time with stressful events of problems, often disturbed relationships(WHO,1990).

Hysteria is one of the psychiatric disorders that has been said to be more common in developing countries than developed ones (Racy, 1980) .

Therefore, there is a need to make a valid comparison of the frequency and patterns of this disorder between westernized and developing societies by conducting population surveys .

These ventures require a considerable financial expenditure and a group of people with relevant experience.

By contrast, hospital statistics of psychiatric illnesses in terms of admission and outpatient attendance are relatively easier to document. Furthermore, they can provide base line statistics for local psychiatric services and help in the design of future population surveys.

The present study is the first study of this kind to be done in Yemen.

Aims of the study:

(1) To make inference from inpatient admission of this disorders in regards to its age,sex, marital status, clinical presentation, yearly distribution of admission and frequency of hysteria in comparison to total psychiatric admission in Al-Thawra General Hospital, Sana's.

(2) To compare the results of this study with other studies in neighboring and western countries in order to see differences and similarities of this disorder in different cultures.

Subjects and Method

Al-Thawra General Hospital is the main hospital in Sana's (the capital of Yemen) .It is also the teaching hospital of the Faculty of Medicine and health Sciences, Sana'a university. A 20 bed psychiatric unit was attached to Al-Thawra General Hospital in 1985 as an acute psychiatric ward. It is divided into 2 wards; male and female, with 10 beds each . There are no other inpatient facilities in any other general hospital in Sana'a. This psychiatric unit is equipped with a trained staff and investigational facilities. The catchement area includes nearly all of Yemen since it is the most prestigious hospital in the country.

This is a retrospective study in which cases of hysterical disorders admitted to Al-Thawra General hospital is Sana'a for the period Jan. 88-Dec. 1992, were obtained from the hospital records (paper work). Hysterical cases were recorded under the term Hysteria (code 300.1) according to ICD-9 classification (WHO,1987). These files were examined thoroughly and information regarding age, sex, residence,marital status, and type of clinical presentation were recorded. The diagnosis was the final diagnosis made by the psychiatrist in charge. The total number of hysterical cases were compared with the total number of psychiatric admission to the ward . Hospital records shows the number of spells rather than the number of persons; hence we were unable to estimate the number of re- admissions.

Results

Table (1) presents the distribution of patients according to age.The peak frequency is in the age range of 10-29, which represents 75%.

Table (2) shows that hysterical disorders is more common in married female (65%) as compared to single female (27)% and in single males (71)% as compared to married males (28)%: Divorced and widowed represent 8% of female cases.

Table (3) shows that the urban residence form the majority of the sample (64%).

Table (4) shows that the majority of the cases presented with conversion type of hysterical disorders and the dissociative disorders in the form of hysterical stupor represent 4% only of the total cases. On the other hand the most common single clinical presentation is hysterical fit (41%).

Meanwhile we should mention that cases presented with, abdominal pain, vomiting and headache were all referred from medical ward of the hospital after they had the necessary investigations to exclude serious organic pathology.

Table (5) shows the annual distribution of admission to the psychiatric ward, Female admissions were more than male admissions in all five years .The table also shows that there was a slight gradual decline in the total number admitted during those five years.

Comparing table (6a) and (6b), there is a marked difference in the proportion of hysterical admissions in men (1.6%) and women (9.7%) . The total % of male and female hysterical cases to the total admission of both is 5.7%.

Table 2
Distribution According to Martial Status

Status	Male (%)	Female (%)	Total	%
Single	15 (71%)	13 (27%)	28	41
Married	6 (29%)	30 (65%)	36	53
Divorced	.....	2 (4%)	2	3
Widowed	.....	2 (4%)	2	3
Total	21	47	68	100

Table 3
Distribution According to Residence

Residence	Male	Female	Total	%
Urban	15	28	44	64
Rural	6	19	24	36
Total	21	47	68	100

Table 1
Age Distribution of Hysterical Cases

Age Years	Male	Female	Total	%
10-19	5	19	24	35.3
20-29	10	17	27	39.7
30-39	3	6	9	13.2
40-49	2	3	5	7.4
Over49	1	2	3	4.4
Total	21	47	68	100

Table 4
Frequency of Clinical Presentation of Hysterical Disorders

Presentation	Male	Female	Total	%
Fits	14	12	28	41
Paralysis	2	7	9	13
Abdominal pain	1	8	9	13
Mutism	2	6	8	12
Vomiting	-	6	6	9
Headache	-	2	3	4
Stupor	1	2	3	4
Gait	1	1	2	2
Hicough	-	2	2	2
Total	21	47	68	100

Table 5
Annual Distribution of Admission

Year	Male	Female	Total
1988	7	11	18
1989	5	11	16
1990	5	10	15
1991	3	10	13
1992	1	5	6
Total	21	47	68

Table 6 a
Total Male Admissions in Comparison to the Admissions of Hysterical Cases

Year	Total Admissions	Admissions of hysteical cases	%
1988	251	7	2.9
1989	236	5	2.1
1990	264	5	1.9
1991	248	3	1.2
1992	304	11	0.3
Total	1303	21	1.6

Table 6 b
Total Female Admissions in Comparison to the Admissions of Hysterical Cases

Year	Total Admissions	Admissions of hysteical cases	%
1988	89	11	12.4
1989	94	11	11.7
1990	96	10	10.4
1991	96	10	10.4
1992	112	5	4.5
Total	487	47	9.7

Discussion

Hysterical disorder admission in the present study were more among women (69%) as compared to men (31%), which is consistent with most studies in this region and in western countries (Okasha, 1988, Dabbagh et al, 1976, Kiev, 1978, El-Asra & Amin, 1988).The most comon age range of this sample was 10-29,which is expected in hysterical disorers as it is after the age of 40 (Gelder et al, 1983). These results are also consists with other studies (Okasha, 1988, Ineichen et al, 1984). This study revealed that hysterical disorder is more common among married women (65%) and single men (72%). This results is consistent with Egyptian studies (Okasha, 1988). Meanwhile, studies in western culture indicate that marriage seems to be a protective factor for men and vulnerability factor for women to suffer from neurotic disorders (Freeman, 1983).

This can be applied here as hysteria is a neurotic disorder.

Divorced and widowed marital status was found only among females (8%). This could be due to the difficulties of women in developing independent life after the death of their husband. Meanwhile, they are not expected to contain their frustrations. Indeed they are not encouraged and expected to be emotionally expressive (Kiev,1978).

Patients from urban areas (64%) were more than those of rural ones (36%). This finding is inconsistent with the general belief that hysterical disorders are more common among less educated and sophisticated individuals in both the developed and developing countries (Kiev, 1978).

However, the results of this study could be explained by the fact that the people in urban areas are more aware to seek medical help and have an easy access to hospitals, while those who live in rural areas are more likely to go to faith healers (Okasha, 1988).

The vast majority of cases are conversion type of hysterical disorders (96%). Dissocative type in the form of stupor represent only 4% of the cases. Meanwhile, the most common single clinical presentation of hysterical disorders are the hysterical fits(41%) which is consistent with Egyptian studies(Okasha, 1988).

Annual distribution of admission of hysterical disorders to the ward shows a mild, gradual decline in the number of cases admitted from 1988 to 1992. This does not indicate the decrease in hysterical disorders presented to the hospital, but may be it is due mainly to the gradual change in the policy of the ward in not admitting patients with these kinds of disorders and dealing with them as outpatients, in order not to reinforce their hysterical behaviour by admission Shortage of beds and the priority for admitting psychotic patients might also be ano'her cause for the decrease.

The proportion of admitted hysterical disorders compared to the admission of other psychiatric disorders in this study was 5.7% (9.7% for females and 1.6% for males). This results is lower than Egyptian; 10.9% an Iraqi studies;9%, (Okasha, 1988, Dabbagh et al, 1976), but close to Saudi studies (Thorley & Stern 1979).

United Kingdom rates of hysterical neurosis used to be around 6% before 1950 (Thorley& Stern 1979), but since then, have steadily dropped, till it reached 0.2% in recent studies (Leff, 1981). A possible explanation was put forward by Reed (1975) who attributed the decline in rate to the change in attitude of patients toward mental health, thus making it acceptable for them to seek medical advice for the symptoms of depression or anxiety which so commonly proceed and accompany hysterical reactions .

Conclusion

The result of this study may be beneficial for more comprehensive prospective population studies to gain more understanding of these interesting disorders in our country.

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Les troubles hystériques dans le département de psychiatrie, hôpital El Thawra, Sanaa

Ceci est étude retrospective faite sur les entrées à l' hôpital El Thawra, à Sanaa, dans le département de psychiatrie, de patients souffrant de troubles hystériques durant la période de janvier 1988 à decembre 1992. Nous avons trouvé que les entrées des femmes dépassaient celles des hommes, les hommes célibataires étaient plus nombreux que les femmes marriées. Le diagnostique de "crise hystérique" était le plus fréquent. Le nombre d'admission annuelle était légèrement en régression. Les troubles hystériques représentaient 5,7% des troubles psychiatriques. Nous avons comparé notre étude avec d'autres études similaires.

دخول وتشخيصات إضطراب الهستيريا فى قسم الطب النفسى فى مستشفى الثورة بصنعاء

تناقش هذه الدراسة تشخيصات الاضطربات الهستيرية التى دخلت قسم الطب النفسى فى مستشفى الثورة بصنعاء فى الفترة بين يناير ١٩٨٨ ، وديسمبر ١٩٩٢ .وتظهر الدراسة أن نسبة الإناث هى أكبر من نسبة الرجال، أن تشخيص نوبات الصرع الهستيرى كانت أكثر التشخيصاتشيوعاً. وكان مجمل الاضطرابات الهستيرية تمثل ٥,٧٪ من مجموع الاضطرابات النفسية ككل، كما تستعرض الدراسة النتائج المماثلة فى الدراسات الغربية.