

# Conversion disorder in children and youth (CD)

## CANADIAN PAEDIATRIC SURVEILLANCE PROGRAM

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## REPORTING INFORMATION

(To be completed by the CPSP Senior Coordinator)

Report number: \_\_\_\_\_  
Month of reporting: \_\_\_\_\_  
Province: \_\_\_\_\_  
Today's date: \_\_\_\_\_

**Please complete the following sections for the case identified above.  
Strict confidentiality of information will be assured.**

### CASE DEFINITION FOR CONVERSION DISORDER IN CHILDREN AND YOUTH

Report any new patient less than 18 years of age with suspected or diagnosed conversion disorder (CD)\* defined as the persistent appearance of symptoms/signs that affect the patient's:

- voluntary motor function (e.g., weakness, abnormal gait or movements, difficulty with swallowing or loss of speech), **and/or**
- sensory function (e.g., loss or diminished sensation of touch, sight, or hearing), **and/or**
- non-epileptic seizures ('pseudoseizures' or 'psychogenic seizures')

and suggest a neurological or medical disease/condition

#### AND

- may be accompanied by psychological factors at presentation,
- cause significant distress and/or impairment in daily activities, such as self-care, school, play, peer and family relationships and/or activities,

#### AND

- cannot be adequately explained by a medical condition, substance abuse, or other mental disorder according to the clinical judgment of the treating physician after a comprehensive physical exam and appropriate investigations,
- show no evidence that they have been intentionally produced.

\* If the diagnosis is uncertain or awaiting confirmation, the case should still be reported.

### Exclusion criteria

Patients who have predominantly or exclusively symptoms that are:

- secondary to substance abuse;
- intentionally produced;
- secondary to pain disorder, somatization disorder or fatigue;
- due exclusively to another psychiatric disorder, such as depression, psychosis or tic disorder diagnosed by a child psychiatrist.

**Month first seen** \_\_\_\_\_

## SECTION 1 – DEMOGRAPHIC INFORMATION

1.1 Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ 1.2 Sex: Male \_\_\_\_ Female \_\_\_\_  
DD MM YYYY

1.3 Postal code of home address, first three digit only: \_\_\_\_\_

1.4 Province/Territory of residence: \_\_\_\_\_

1.5 Ethnicity: First Nations \_\_\_\_ Innu \_\_\_\_ Inuit \_\_\_\_ Métis \_\_\_\_ Asian \_\_\_\_ Black \_\_\_\_ Caucasian \_\_\_\_  
Latin American \_\_\_\_ Middle Eastern \_\_\_\_ Other (specify): \_\_\_\_\_ Unknown \_\_\_\_

**SECTION 2 – CLINICAL PRESENTATION**

2.1 What was the presenting chief complaint by:  
 • patient? \_\_\_\_\_  
 • caregiver/accompanying adult? \_\_\_\_\_

2.2 Please list the primary motor or sensory symptom (s) unexplained medically by assessment:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

2.3 Time between the first appearance of a typical symptom/sign of CD to confirmation of diagnosis:  
 <1 week \_\_\_ 1- 4 weeks \_\_\_ 1- 6 months \_\_\_ 6-12 months \_\_\_ ≥12 months \_\_\_

2.4 Date of confirmation of CD diagnosis: \_\_\_ / \_\_\_ / \_\_\_  
DD MM YYYY

2.5 Is this the first episode of CD? Yes \_\_\_ No \_\_\_ Unknown \_\_\_  
 If no, how many previous episodes? \_\_\_\_\_ Describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

	Yes	No	Unknown	or	Yes	No	Unknown
2.6 Indicate other signs/symptoms present	at diagnosis				since diagnosis		
• Pseudo-seizures or non-epileptic seizures	___	___	___		___	___	___
• Motor weakness If yes, describe site: _____	___	___	___		___	___	___
• Paralysis If yes, describe site: _____	___	___	___		___	___	___
• Anesthesia/paresthesias If yes, describe site: _____	___	___	___		___	___	___
• Abnormal movements If yes, describe: _____	___	___	___		___	___	___
• Abnormal gait If yes, describe: _____	___	___	___		___	___	___
• Hearing disturbance	___	___	___		___	___	___
• Visual disturbance If yes, describe: _____	___	___	___		___	___	___
• Abnormal or loss of speech	___	___	___		___	___	___
• Psychogenic cough	___	___	___		___	___	___
• La Belle Indifference (e.g., lack of concern in child about the severity of symptoms)	___	___	___		___	___	___
• Pain If present, describe site: _____	___	___	___		___	___	___
• Fatigue	___	___	___		___	___	___
• Dizziness	___	___	___		___	___	___
• Other features, describe: _____ _____ _____	___	___	___		___	___	___

2.7 If no new symptoms, what is status of symptoms? Improving \_\_\_ Worsening \_\_\_ Staying the same \_\_\_

**SECTION 2 – CLINICAL PRESENTATION (cont'd)**

2.8 Functional impact	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
• Number of school days missed as a result of CD: _____ days/school year			
• Withdrawal from friends	___	___	___
• Withdrawal from extracurricular activities	___	___	___
• Physical accommodations for daily activities (e.g., wheelchair, assistive device)	___	___	___
• Other accommodations for daily activities (e.g., individualized learning plan, educational assistant)	___	___	___
• Sleep disturbance	___	___	___
• Impact on parental occupation (e.g., parent required to alter work hours, take leave from work to look after this patient)	___	___	___
• Has this patient reached menarche? <span style="float: right;">N/A ___</span>	___	___	___
• Do the following descriptions apply to this patient?	___	___	___
○ Perfectionist/high achieving personality (e.g., requires himself/herself to achieve very high marks)	___	___	___
○ “Acting out” behavior problems (e.g., truancy, trouble with the law)	___	___	___
• Any other current psychiatric conditions diagnosed? If yes, describe: _____	___	___	___
<hr/>			
2.9 Life stressors (occurring prior to or upcoming) related to onset of this episode of CD?			
(Check all that apply)			
• Parental separation/divorce	___	___	___
• Prolonged absence of a parent (e.g., a war zone)	___	___	___
• Death of a relative or friend	___	___	___
• Victim of bullying	___	___	___
• Victim of abuse	___	___	___
If yes, list type(s) of abuse: physical ___ sexual ___ emotional ___ other: _____			
• Hospital admission of a family member If yes, specify: parent ___ sibling ___	___	___	___
• Academic pressure (e.g., exams, high expectations, struggling)	___	___	___
• Break-up with a friend/boyfriend/girlfriend	___	___	___
• Confusion/apprehension regarding sexual orientation	___	___	___
• Other events, describe: _____ _____			
• Other psychological factors/family dynamics, describe: _____ _____			

**SECTION 3 – PAST MEDICAL HISTORY**

	<b>Yes</b>	<b>No</b>	<b>Unknown</b>
3.1 Any psychiatric conditions prior to present CD episode? If yes, list: _____	___	___	___

**SECTION 3 – PAST MEDICAL HISTORY (cont'd)**

**Yes No Unknown**

3.2 Any medical conditions requiring pediatric inpatient and/or outpatient consultation ever prior to onset of CD (e.g., epilepsy)? \_\_\_ \_\_\_ \_\_\_  
 If yes, list medical conditions and indicate if still active: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

3.3 List current medications/over the counter medications/herbal supplements use: \_\_\_\_\_  
 \_\_\_\_\_

3.4 List substance abuse, if applicable: \_\_\_\_\_

**SECTION 4 – FAMILY HISTORY**

**Yes No Unknown**

4.1 History of psychiatric disorder in a family member (including step and foster relations; including CD)? \_\_\_ \_\_\_ \_\_\_  
 If yes, list family member affected and psychiatric illness associated: \_\_\_\_\_  
 \_\_\_\_\_

4.2 Any medical illness in a biological or step-family member? \_\_\_ \_\_\_ \_\_\_  
 If yes, list family member affected and medical illness associated: \_\_\_\_\_  
 \_\_\_\_\_

4.3 Indicate if any of the following are relevant to this patient:

- parental separation/divorce \_\_\_ \_\_\_ \_\_\_
- Involvement of a child protection agency \_\_\_ \_\_\_ \_\_\_  
 If yes, list details: \_\_\_\_\_
- Child in foster care/group home \_\_\_ \_\_\_ \_\_\_

**SECTION 5 – LABORATORY INVESTIGATIONS AND CONSULTATION**

	<b>Yes</b>	<b>No</b>	<b>Unknown</b>	<b>Normal</b>	<b>Abnormal</b>
5.1. Blood tests (check those that were measured)					
• CBC	___	___	___	___	___
• Lytes, Ca, Mg, Po4, Glucose	___	___	___	___	___
• ASOT	___	___	___	___	___
• TSH, T4	___	___	___	___	___
• EBV Serology	___	___	___	___	___
• Lyme Serology	___	___	___	___	___
• Other, list: _____					

5.2 Other investigations

- EEG \_\_\_ \_\_\_ \_\_\_
- CT Scan \_\_\_ \_\_\_ \_\_\_  
 If abnormal, list anatomy: \_\_\_\_\_
- MRI \_\_\_ \_\_\_ \_\_\_  
 If abnormal, list anatomy: \_\_\_\_\_
- EMG:
- Nerve conduction \_\_\_ \_\_\_ \_\_\_
- Video Telemetry \_\_\_ \_\_\_ \_\_\_
- Other, list: \_\_\_\_\_

**SECTION 5 – LABORATORY INVESTIGATIONS AND CONSULTATION (cont'd)**

5.3 Other health professionals involved in the patient's care (check all that apply):

Family physician \_\_\_ Paediatrician \_\_\_ Adolescent medicine specialist \_\_\_ Paediatric neurologist \_\_\_  
 Adult neurologist \_\_\_ Psychologist \_\_\_ Child psychiatrist \_\_\_ Adult psychiatrist \_\_\_ Physiotherapist

\_\_\_

Occupational therapist \_\_\_ Social worker \_\_\_ Chiropractor \_\_\_ Acupuncturist \_\_\_

Other, specify: \_\_\_\_\_

Evidence of parents seeking multiple expert opinions? Yes \_\_\_ No \_\_\_ Unknown \_\_\_

**SECTION 6 – MANAGEMENT AND OUTCOME**

**Yes No Unknown**

6.1 Psychotropic medications prescribed for a co-morbid psychiatric disorder? \_\_\_ \_\_\_ \_\_\_

If yes, specify medication(s) and dosage(s): \_\_\_\_\_

6.2 Was patient hospitalized for CD (investigation and/or management)? \_\_\_ \_\_\_ \_\_\_

If yes, specify total length of stay: \_\_\_\_\_ days

6.3 Patient still in hospital? \_\_\_ \_\_\_ \_\_\_

If yes, estimate total length of stay to date: \_\_\_\_\_ days

6.4 Other treatments utilized, either conventional or non-conventional? \_\_\_ \_\_\_ \_\_\_

If yes, specify details: \_\_\_\_\_

\_\_\_\_\_

6.5 What type of health care professional will be providing follow-up? \_\_\_\_\_

\_\_\_\_\_

\_\_\_ I agree to be contacted by the research team for further information.

\_\_\_ I do not wish to be contacted by the research team for further information.

**SECTION 7 – REPORTING PHYSICIAN**

First name \_\_\_\_\_ Surname \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Province \_\_\_\_\_ Postal code \_\_\_\_\_

Telephone number \_\_\_\_\_ Fax number \_\_\_\_\_

E-mail \_\_\_\_\_ Date completed \_\_\_\_\_

**Thank you for completing this form.**