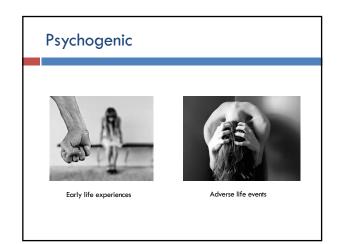


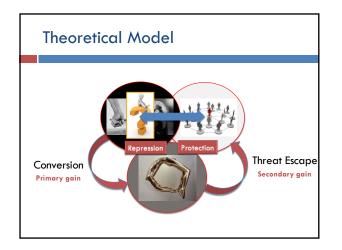
From DSM-IV to	DSM-5
Diagnostic Criteria for F44.x Conversion	Conversion Disorder
Disorder	
A. One or more symptoms or deficits affecting voluntary	(Functional Neurological Symptom Disorder)
notor or sensory function that suggest a neurological or other reneral medical condition	Diagnostic Criteria
 Psychosocial factors are judged to be associated with the 	A. One or more symptoms of altered voluntary motor or sensory function.
ymptom or deficit because the initiation or exacerbation of	B. Clinical findings provide evidence of incompatibility between the symptom and recognized neurological or medical conditions.
he symptom or deficit is preceded by conflicts or other tressors	C. The symptom of deficit is not better explained by another medical or menial disorder
2. The symptom or deficit is not intentionally produced or	D. The symptom or deficit causes clinically significant distress or impairment in social, or cupational, or other important areas of functioning or warrants medical evaluation.
eigned.	Coding note: The ICD-9-GM code for conversion disorder is 300.11, which is assigned
 The symptom or deficit cannot, after appropriate nyestigation, be fully explained by a known general medical 	regardless of the symptom type. The ICD-10-CM code depends on the symptom type (see
nvestigation, be fully explained by a known general medical condition or the direct effects of a substance, or as a culturally	below). Specify symptom type:
anctioned behavior or experience.	(F44.4) With weakness or paralysis
. The symptom or deficit causes clinically significant distress	(F44.4) With abnormal movement (e.g., tremor, dystonic movement, myoclonus, gai disorder)
or impairment in functioning, or warrants medical evaluation. 7. The symptom or deficit is not limited to pain or sexual	(F44.4) With swallowing symptoms
lysfunction, does not occur during the course of Somatization	(F44.4) With speech symptom (e.g., dysphonia, slurred speech) (F44.5) With attacks or seizures
Disorder, and is not better accounted for by another medical	(F44.6) With anesthesia or sensory loss
isorder.	(F44.6) With special sensory symptom (e.g., visual, offactory, or hearing distur
with Motor symptom or deficit	bance) (F44.7) With mixed symptoms
with Sensory symptom or deficit with Seizures or Convulsions	
7 with Mixed Symptoms	

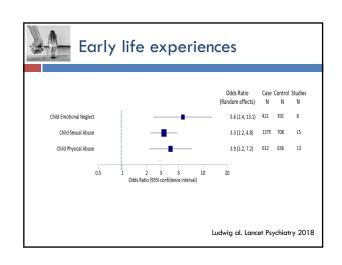












Adverse	e life eve	nts		
		Odds Ratio (Random effects)	Case Control N N	Studies N
Adult Life Event	s	2.2 (0.9, 5.4)	512 821	13
Life events preceding onse	et	2.8 (1.4, 6.0)	358 695	9
Life Events 3 months or les	s —	2.4 (1.3, 4.4)	119 430	3
Life Events in last 12 month	s 📕		203 507	4
Life events measured irrespective of onse	rt	1.0 (6.7E-2, 15.4)	154 126	4
	0.05 0.1 0.2 0.5 1 2 3 5 Odds Ratio (95% confidence inter	10 20 val)		
		Ludwig al	. Lancet P	sychiatry 2018

Table 3: Proportion of a compared with control		no exposure to specific stressors when		
	Cases	Healthy controls	Neurological disorder or psychiatric disorder controls	
No severe life event	t (assessed by LEDS)			
Baker and colleague		86%	78%	
House and colleague		75%	-	
Nicholson and collear	ues (2016)* 16%	36%	25%	
No stressful life eve	nts or maltreatment (as	essed by d	inical interview)	
Arnold and colleagu	es (1996) ²⁰ 14%	1.1	67%	
Kozlowska and collea (2011) ¹⁰	gues 25%	88%	-	
Scévola and colleage	res (2013)#* 51%	75%	-	
No stressful life eve only in cases)	nts or maitreatment (ra	te of no exp	posure described	
Reilly and colleagues	(1999) ¹⁰ 68%		-	
Roelofs and colleagu	es (2002) ¹⁴ 15%		-	
No exposure to ma	ltreatment (ir <mark>cluding e</mark>	otional n	eglect)	
Kuyk and colleagues	(1999)*5 56%	- C	75%	
Mökleby and colleag (2002) ^{al}	ues 70%	· .	83%	
No exposure to phy	sical or sexua abuse			
Alper and colleaguer		91%	-	
Dikel and colleagues	(2003)"	I	50%	
Tojek and colleagues	(2000)* 56%		67%	

