

Hysteria

Definition of hysteria:

It is a type of neurosis in which the develops somatic and psychological symptoms without any organize basis. A hysterical symptoms may have primary gain.(e.g. Reduction of anxiety, avoidance of social responsibility) and secondary gain(e.g. which is in the form of sympathy attention from others) which ensures that is becomes more frequent and persistent.

Etiology:

Psychogenic and environmental factors are more importance factors:-

1. **Age-** The pick incidence is between the age of 20-30 years children and old people show a high incidence of illness.
2. **Sex-** The incidence is higher is women then in male.
3. **Intelligence-** People with low intelligence suffer from hysteria.
4. **Hysterical personality.**
5. **Marital status-** Hysteria is reported to be more common in the unmarried, the widowed and the divorced.
6. **Socio-cultural factors-** Hysteria is more common in primitive developing and less sophisticated or agriculture societies.
7. **Parent-child relationship-** History of unhappy childhood, abnormal parent child relationship, broken home and unsatisfactory relationship between the parents.

Clinical features of hysteria:

Symptom-

1. Convulsion symptoms:-

A. Motor symptom such as-

- Paralysis
- Paresis(parietal paralysis)
- Fits
- Tremors
- Rigidity
- Abnormal gain

B. Sensory symptoms-

- Anesthesia
- Paresthesia
- Hyperalgesia(sense of pain) and pain
- Blindness
- Deafness
- Aphonia(loss of voice)
- Loss of smell
- Loss of taste

C. Visceral symptoms-

- Vomiting
- Pain
- Retention of urine

1. Dissociative symptoms:

- A. Amnesia:** - consists of forgetting specific or traumatic episodes a clear consciousness and complains that she or he knows nothing of his earlier life.
- B. Flugenstates:** It is a state of wandering about behavior and usually to escape from a disagree able or threatening situation. Emotional conflicts or stress is expressed by dissociation of the mind.

Types of hysteria:

1. **Conversion reaction:** When the tension of the unconscious mind manifests itself into somatic symptoms through the mental mechanisms of dislocation the resulting illness is known as a dissociation reaction.
2. **Dissociation reaction-** when the tension manifests itself into psychological symptoms through the mental mechanisms of dissociation. The resulting illness is known as a dissociation reaction.

Difference between Hysteria & Epilepsy:

Point	Epilepsy	Hysteria
Consciousness	Real loss	No real loss
Fits alone during sleep	Yes	No
Same fits in every situation	Some in each situation	Different in each situation
Movement of the limbs	Yes in typical fashion	Yes , but variable
Tongue wite	Present	Absent
Incontinence of urine faces	Present	Absent
History of fall and injury	Present and genuine	Mat be present due to constant friction over the ground
Sex	Both sexes	More in women
Planter reflex	Extension	Flexion
Eye sign	No eye movement	Rolling of eye ball
Recovery	Sudden	Gradually

Treatment and nursing management:

1. Isolation of the pt. from the pathogenic environment and it is necessary in the acute attack.
2. Visitors should not be allowed to meet the pt.
3. Reassure the patient.
4. Take immediate action to resolve any stressful circumstances that provoked the reaction.
5. Encourage the pt. to do normal behavior.
6. It should explain to the pt. and relatives that he/ she has disability which is not caused by physical disease but it is due to psychological stress. E.g. - conflict, anxiety and tension.
7. Need support from the family members.
8. Need will take detail history of pt. and the family members separately in order to understand the immediate precipitating factors and social background of the pt.
9. Nurse will establish good rapport with the pt.'s and the relatives of the pt.
10. Nurse will explain to pt. and relatives that the exact nature the problems and to convince them that the symptoms and due to psychological causes.
11. Discuss with the psychiatrist in order to decide the prognosis and the line of treatment.
12. Counseling to both the pt. and relatives for better adjustment.
13. Nurse will conduct family therapy.
14. Use placebo therapy it necessary.
15. Inj. Chlorpromazine (50 mg) TDS or diazepam (10 mg) TDS, 2 to 3 days in acute state of hysteria.

16. Care of nutrition and hydration.
17. Maintain personal hygiene of the pt.
18. Care of elimination.
19. Keep records and reports about patient's general condition and behavior.
20. Observe the mood of the pt.
21. Hypnosis may helps in relieving symptoms.
22. Psycho therapy is the principal treatment for hysteria.
23. Abreacted therapy may useful to discharge the tension of the patient.