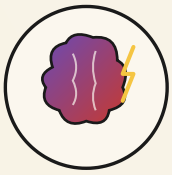
NCLEX 2026 MENTAL HEALTH / PSYCHIATRIC NURSING SOMATIC SYMPTOM & RELATED DISORDERS

Conversion *Disorder*

*Also called Functional Neurological Symptom Disorder (FND) in DSM-5-TR. Psychological conflict converts into **real neurological symptoms** — without an identifiable organic cause. The symptoms are not faked.*



01 Definition & Overview

A psychiatric disorder in which **unresolved emotional conflict** is unconsciously expressed as **real motor or sensory neurological symptoms** — with no medical explanation.

- **Now classified as** Functional Neurological Symptom Disorder (FND) under ***Somatic Symptom and Related Disorders*** in DSM-5-TR.
- **Unconscious process.** The patient is not intentionally producing symptoms. The distress is genuine.
- **Why it matters for NCLEX:** Tests distinguish this from ***malingering*** and ***factitious disorder***; nursing focus is therapeutic communication + safety, not pharmacology.

02 Pathophysiology — Simplified

Emotional energy gets "converted" into a physical symptom — relieving the underlying anxiety.

1. **Trigger:** Acute psychological stressor or unconscious internal conflict (loss, trauma, role pressure, repressed anger).
2. **Blocked expression:** Emotional distress cannot be consciously voiced or processed.
3. **Unconscious conversion:** Emotional tension is rerouted through somatic pathways → manifests as a **neurological symptom** (paralysis, blindness, seizure-like activity).
4. **Primary gain:** Anxiety is reduced — the symptom itself does the "emotional work." This explains ***la belle indifférence.***
5. **Secondary gain:** Attention, sympathy, avoidance of responsibilities reinforce the symptom unconsciously.
6. **Imaging:** Real functional brain-network changes appear on fMRI, but **no structural lesion** is found — confirming symptoms are real, not faked.

03 Signs & Symptoms

Motor Symptoms

- Sudden **paralysis** or weakness of a limb
- Tremors, dystonia, abnormal movements
- *Astasia-abasia* — inability to stand/walk normally despite intact strength
- **Aphonia** — loss of voice without laryngeal disease
- **Psychogenic non-epileptic seizures** (PNES) — convulsions w/o EEG changes

Sensory Symptoms

- **Blindness** or tunnel vision (pupils still react normally)
- Deafness without auditory pathway damage
- **Glove-and-stocking anesthesia** — does NOT follow dermatomes
- Numbness, tingling, paresthesia in non-anatomical patterns

RED-FLAG CLUES THAT POINT TO CONVERSION DISORDER

La belle indifférence | Non-anatomical pattern | Hoover's sign positive | Sudden onset after stressor | Symptoms ↓ with distraction | Symptoms ↑ with attention | No EEG/MRI findings

Key clue: A patient with sudden left-leg paralysis who appears strangely calm and unconcerned — classic *la belle indifférence*.

04 Priority Nursing Interventions

Priority order: Rule out medical cause → Safety → Therapeutic communication → Reduce secondary gain → Refer for psychotherapy.

- **ASSESS first (ABCs):** Complete neuro exam, vital signs — never assume conversion until organic cause is ruled out.
- **MAINTAIN SAFETY:** Fall precautions for paralysis/gait disturbance; seizure precautions for PNES; protect from injury.
- **COMMUNICATE THERAPEUTICALLY:** Acknowledge the symptom is real to the patient. Use calm, matter-of-fact tone.
- **AVOID CONFRONTING the symptom** — do not argue, ridicule, or call it "fake." This worsens anxiety.
- **REDIRECT focus from the body to feelings:** "Tell me what was happening when this started." Encourage **verbal expression** of emotions.
- **REDUCE SECONDARY GAIN:** Provide matter-of-fact care of the physical symptom; spend more time engaging when the patient is not talking about symptoms.
- **AVOID unnecessary diagnostic tests** once diagnosis is established — repeats reinforce sick role.
- **IDENTIFY stressors & coping patterns;** teach adaptive coping (relaxation, journaling, grounding).
- **REFER to psychotherapy:** Cognitive Behavioral Therapy (CBT) is first-line; physical therapy helps restore function.
- **INVOLVE family** — coach them to avoid reinforcing the sick role; promote return to normal activity.

✓ DO

- ✓ Acknowledge symptoms are real
- ✓ Treat physical needs matter-of-factly
- ✓ Encourage talking about feelings
- ✓ Promote independent self-care
- ✓ Reinforce non-symptom behaviors

× DON'T

- × Tell patient it's "all in your head"
- × Confront or argue about the symptom
- × Give excessive attention to complaints
- × Allow patient to avoid all activity
- × Order repetitive tests post-diagnosis

05 Pharmacology

No FDA-approved medication treats Conversion Disorder itself. Drugs target *comorbid* anxiety or depression. **Psychotherapy (CBT)** is the gold standard.

DRUG / CLASS	MECHANISM	KEY SIDE EFFECTS	NURSING CONSIDERATIONS
SSRIs sertraline, fluoxetine, escitalopram	↑ serotonin at synapse by blocking reuptake	GI upset, sexual dysfunction, insomnia, **serotonin syndrome**, suicidal ideation (esp. youth)	Full effect 4–6 wks; monitor mood; **no MAOIs within 14 days**
SNRIs venlafaxine, duloxetine	↑ serotonin & norepinephrine	↑ BP, dry mouth, sweating, nausea, withdrawal if stopped abruptly	Monitor BP; **taper** — do not stop suddenly
⚠ **AVOID Benzodiazepines** lorazepam, diazepam, alprazolam	GABA agonist (sedative)	Dependence, tolerance, sedation, paradoxical agitation	**Reinforces sick role & risk of dependency** — short-term use only if at all

Adjuncts: Physical therapy, occupational therapy, hypnosis, biofeedback, and relaxation training may all be added — but the core treatment is **CBT**.

06 NCLEX Test Traps ⚠

The classic NCLEX trap: distinguishing Conversion vs Factitious vs Malingering vs Somatic Symptom Disorder. Get this matrix into your head.

DISORDER	SYMPTOM PRODUCTION	MOTIVATION	KEY DISTINGUISHER
Conversion	Unconscious	Unconscious	Real neuro symptom; *la belle indifférence*; stressor precedes onset
Factitious (Munchausen)	**Conscious**	Unconscious (sick role)	Patient deliberately fakes/induces illness to be a patient — no external reward
Malingering	**Conscious**	**Conscious** (external gain)	Fakes for money, drugs, time off, avoiding jail — NOT a mental disorder
Somatic Symptom Disorder	Real or perceived	Excessive concern	Real distress + excessive thoughts/worry about symptoms; symptom is the focus

- TRAP 1 **"La belle indifférence"** = indifference about the physical symptom, NOT indifference toward life. They still care about other things.
- TRAP 2 Symptoms are **NOT faked**. NCLEX answers calling the patient a liar or saying "it's all in your head" are always wrong.
- TRAP 3 **Rule out organic cause first.** Skipping the neuro workup is never the right answer.
- TRAP 4 Best therapeutic response = explore **feelings/stressors**, not focus on the symptom itself.
- TRAP 5 The "correct" NCLEX intervention often **limits secondary gain** rather than providing extra comfort.
- TRAP 6 First-line treatment is **CBT / psychotherapy**, NOT medication.

07 Patient & Family Education

For the Patient

- "Your symptoms are **real** and not your fault — the body is responding to stress your mind couldn't process."
- Mind-body link: emotional stress can produce true physical symptoms.
- Commit to **psychotherapy / CBT** — this is the most effective long-term treatment.
- Practice stress management: deep breathing, journaling, mindfulness, regular exercise.
- Participate in **physical therapy** to restore function gradually.
- Avoid **"doctor shopping"** — repeated workups reinforce illness focus.
- Identify personal triggers; develop a written coping plan.

For the Family

- **Do not focus on the physical symptom.** Avoid sympathetic over-attention when symptoms appear.
- Encourage participation in **normal daily activity** and self-care.
- Reinforce **non-symptom behaviors** with attention, praise, engagement.
- Avoid taking over tasks the patient is capable of performing.
- Support the treatment plan — attend family therapy when offered.
- Recognize signs of worsening: new symptom emergence, suicidal ideation.

08 Memory Boosters & Mnemonics

C·O·N·V·E·R·T

- **C** **Calm** / indifferent → *la belle indifférence*
- **O** **Organic** cause ruled out FIRST
- **N** **Neurological** symptoms (motor + sensory)
- **V** **Verbalize** feelings — explore stressors
- **E** **Emotional** conflict → physical symptom
- **R** **Reduce** attention to symptoms (limit 2° gain)
- **T** **Treatment** = CBT, NOT medication

The 3 R's of Care

- **Rule out** medical cause
- **Respect** — the symptom is real to the patient
- **Reduce** secondary gain

Quick Differential

- **Convert**ed → Conversion (unconscious)
- **Fake**d for sick role → Factitious
- **Mal**icious motive → Malingering

Gain Cheat

- **Primary gain** = *internal* (↓ anxiety)
- **Secondary gain** = *external* (attention, care, avoidance)

Sudden neuro symptom + recent stressor + calm patient = Conversion Disorder