CASE REPORT

Road traffic accidents: more than just whiplash?

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heathercounsell@hotmail.com**SUMMARY**

Following a minor road traffic accident (RTA) a 55-year-old woman developed a new onset of whole body tremor and abnormal gait. This was in the context of significant previous depressive episodes and a traumatic background relating to RTAs. After extensive investigation, no organic causes were identified. The patient was subsequently referred to psychiatry and diagnosed with conversion disorder. Subsequently, various treatments including mirtazepine, venlafaxine, clonazepam, diazepam and lithium have been tried. Currently, the patient remains on mirtazepine 15 mg nocte, diazepam 2 mg twice daily, venlafaxine 225 mg and recently has been started on lithium 400 mg nocte. The patient has also been seen regularly by a psychologist for mindfulness therapy. There has been a significant improvement after seven sessions of mindfulness therapy and the patient has long periods without a tremor and is now able to walk normally. In addition, this case highlights the importance of communication skills with our patients in diagnostic uncertainty.

BACKGROUND

This was an unusual case of conversion disorder that presented and was investigated by a variety of departments such as Accident and Emergency (A&E), General Medicine, Neurology and Psychiatry before a diagnosis could be made. Conversion disorders are not widely understood and often such medically unexplained symptoms may be associated with a variety of adjectives: 'supratentorial', 'psychosomatic' or 'functional'.¹ Studies have shown variation in lifetime prevalence from 25%² to 33%,³ suggesting that the disorder is more common than clinicians may think. The purpose of this case report is to highlight the disorder by discussing a clinical case. This case in particular is an excellent example of the importance of considering a psychological history in relation to medically unexplained symptoms.

CASE PRESENTATION

The patient presented following a minor road traffic accident (RTA) to A&E. She had been hit from behind while stationary at a junction. She was signed off work for 7 days with a whiplash injury and then the sick note was extended by a further 2 weeks. She had a phased return to work, but as soon as she stepped out of the car at work she developed tremors, which did not dissipate. In A&E, she was given intramuscular procyclidine which resolved the tremor for a very short term. She was extensively investigated by neurologists at a large teaching hospital and no neurological cause was identified. The patient's general practitioner

then referred to the psychiatry department for further assessment. During this period of investigation, the patient felt frightened, helpless and hopeless and felt that the investigations and differential diagnoses were not thoroughly discussed with her.

Past psychiatric history

Depression—previously treated with mirtazepine and sertraline.

Anxiety.

Past medical history

- ▶ Gastro-oesophageal reflux.
- ▶ Irritable bowel syndrome.
- ▶ Dermoid cyst leading to hysterectomy and oophorectomy.
- ▶ Cataract operation, now blind in one eye.

Personal history and family history

This patient had experienced a difficult childhood. Her mother died in an RTA when the patient was 11 years old. Her father had a number of subsequent relationships following her mother's death and then he died when the patient was 43 years old from a stroke. The patient has been married twice, both relationships being either physically or emotionally abusive. She has four children from the two marriages.

Additional history relating to RTAs

- ▶ The patient's mother having been killed by a car when on a bicycle.
- ▶ Second husband's brother killed in a motorcycle accident in 1989.
- ▶ In 1999, she was involved in an RTA where her vehicle was written off. The patient sustained minor injuries.
- ▶ In 2006, the patient's son had a motorcycle accident which broke his back.

INVESTIGATIONS

MRI and x-rays of the cervical spine were normal.

DIFFERENTIAL DIAGNOSIS

Before a diagnosis of conversion syndrome was made, the following alternative diagnoses were considered:

- ▶ Organic neurological cause.
- ▶ Post-traumatic stress disorder.
- ▶ Serotonin syndrome.
- ▶ Parkinson's disease.

TREATMENT

Following psychiatric assessment, a diagnosis of severe depressive episode as part of a recurrent depressive disorder and conversion disorder were made. At that time her medication included

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mirtazepine 45 mg once daily and clonazepam 1 mg nocte. Mirtazepine was down titrated to 15 mg and venlafaxine was commenced and up titrated to 225 mg. Clonazepam was changed to diazepam 2 mg twice daily with the aim for long-term withdrawal. She was also referred to a psychologist where she has attended seven sessions and has undergone eye movement desensitisation (EMDR) as well as mindfulness therapy. This has improved her symptoms of tremor and gait abnormality significantly.

OUTCOME AND FOLLOW-UP

The patient now has had long periods without tremor and her gait, which was initially high stepping and festinate, has now returned to normal. With regard to her depressive symptoms she feels 80% back to her normal self.

DISCUSSION

Although there are multiple documented cases of conversion, this case was particularly unusual with the trigger being an RTA. RTAs are commonly assessed and managed by a variety of doctors from A&E, orthopaedics to general practitioners. It is however, very unusual to develop conversion symptoms following minor RTAs. In this patient's case, she had an overwhelming history of trauma relating to RTAs such that the disorder was precipitated. The other pertinent point is that the procyclidine given in A&E seemed to be a 'red herring' in the investigation for an organic cause of tremor. This again may have caused a delay in reaching the diagnosis of conversion disorder.

It is important to remember that communication with our patients is paramount, even if we have not reached the diagnosis. Miscommunication can lead to heightened anxiety for the patient while they are in a state of 'limbo'.

Learning points

- Conversion disorders are more prevalent than one might think.
- Patients rightly undergo extensive investigation to rule out organic causes before the diagnosis is reached.
- Clinicians should not trivialise symptoms of any kind felt subjectively by a patient.

Competing interests None.

Patient consent Obtained.

Provenance and peer review Not commissioned; externally peer reviewed.

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