Jonathan Burstein

Blanchet, Meg (DPH)

From: jburstei@bidmc.harvard.edu
Sent: Monday, December 24, 2012 4:06 AM
To: Blanchet, Meg (DPH)
Subject: Some mass psychogenic refs

Just the abstracts. If you want I can try to find the actual articles.
Jon

PaperChase provides 22,223,486 references -- all references found in the MEDLINE and OLDMEDLINE databases of the National Library of Medicine.

Indexing began in 1966 and is current through the DEC 13,2012 Update.

LIST	REFERENCES	LIST	REFERENCES
A) HYSTERIA	3490	C) *ON A&B	77
B) MASS	94155		

*****AMERICAN JOURNAL OF PSYCHIATRY*****

(REFERENCE 1 OF 9)
91353769

Small GW Propper MW Randolph ET Eth S Mass hysteria among student performers: social relationship as a symptom predictor.

In: Am J Psychiatry (1991 Sep) 148(9):1200-5

ISSN: 0002-953X

<Disease Outbreaks/SN> <Hysteria/DI/ET/PX> <Social Behavior> <Students/PX>

<Achievement> <Adolescence> <Age Factors> <Female> <Grief> <Human> <Imitative Behavior> <Male> <Probability> <Regression Analysis> <Sex Factors> <Social Facilitation> <Medline File>

OBJECTIVE: In April 1989 an outbreak of illness suddenly afflicted student performers in Santa Monica, Calif., and an extensive investigation revealed no environmental cause. To clarify the details of the epidemic and determine whether mass hysteria occurred, the authors examined physical, psychological, and social factors that might have contributed to the outbreak. METHOD: Participating middle- and high-school performers were surveyed; 93% (N = 519) responded; cases were defined as students who had one or more symptoms during the outbreak. A stepwise logistic regression analysis was used to determine significant predictors of illness. RESULTS: Characteristic features of mass hysteria were present, including preponderance of illness in girls, symptom transmission by sight or sound, presence of

hyperventilation, and evidence of psychological or physical stress. Symptomatic and asymptomatic groups differed in frequency of several physical and psychological variables, but observing a friend become sick was the best predictor of the development of symptoms. CONCLUSIONS: These results confirm earlier research demonstrating multiple psychological and physical factors that contribute to such outbreaks, particularly symptom transmission through social networks. Investigators should explore social transmission as an additional characteristic feature of mass hysteria in order to facilitate early identification of future outbreaks.

Institutional address:
Department of Psychiatry and Biobehavioral Sciences
UCLA School of Medicine.

*****ANNALS OF EMERGENCY MEDICINE*****

(REFERENCE 2 OF 9)
89334145

Selden BS
Adolescent epidemic hysteria presenting as a mass casualty, toxic exposure incident.

In: Ann Emerg Med (1989 Aug) 18(8):892-5

ISSN: 0196-0644

<Accidents> <Air Pollutants, Environmental/AE> <Hazardous Substances/AE> <Hysteria/DI> <Schools>

<Adolescence> <Case Report> <Diagnosis, Differential> <Dizziness/DI> <Female> <Headache/DI> <Human> <Mass Behavior> <Nausea/DI> <Medline File>

Discussed is a case of explosive epidemic hysteria presenting as a mass casualty, toxic inhalation incident. Fifteen adolescent female students were triaged from a school of 700 persons exposed to sewer gas and arrived simultaneously at the emergency department complaining of a variety of nonspecific symptoms without physical findings. These symptoms quickly remitted with reassurance and dispersion of the group. Factors important in the recognition and treatment of epidemic hysteria are presented.

Institutional address:
Emergency Department
Humana Hospital-Alaska
Anchorage.

*****ARCHIVES OF NEUROLOGY*****

(REFERENCE 3 OF 9)

Roach ES Langley RL
Episodic neurological dysfunction due to mass hysteria.

In: Arch Neurol (2004 Aug) 61(8):1269-72

ISSN: 0003-9942

<Epilepsy/CO/DI> <Hysteria/CO/DI> <Mass Behavior>

<Adolescent> <Electroencephalography/SN> <Female> <Human>
<Nervous System Diseases/CO/DI> <Schools/SN> <Medline File>

We describe 10 students from a small rural secondary school with episodes resembling seizures or syncopal attacks. Several students were initially treated for epilepsy or syncope, but the temporal pattern of the attacks, the simultaneous resolution of the episodes during a school holiday, and the fact that 4 students subsequently had pseudoseizures confirmed by video-electroencephalography strongly suggest mass hysteria. Seven students were treated with antiepileptic medications, and most underwent multiple diagnostic studies. Prompt recognition of mass hysteria allows physicians to avoid unnecessary tests and treatments and to reassure those affected as well as the general public.

Institutional address:
Department of Neurology
Wake Forest University School of Medicine
Winston-Salem
NC 27157
USA.

*****BRITISH JOURNAL OF PSYCHIATRY*****

(REFERENCE 4 OF 9)
96314189

Ali-Gombe A Guthrie E McDermott N
Mass hysteria: one syndrome or two?

In: Br J Psychiatry (1996 May) 168(5):633-5

ISSN: 0007-1250

<Developing Countries> <Hysteria/CL/DI/PX/DI> <Mass Behavior>
<Somatoform Disorders/CL/DI/PX/DI>

<Adolescent> <Adult> <Anxiety Disorders/CL/DI/PX> <Child> <Female> <>
<Motor Activity> <Nigeria> <Paralysis/PX> <Recurrence> <Sick Role>

<Social Environment> <Students/PX> <Suggestion> <Syndrome>
<Adolescence> <Human> <Medline File> <Healthstar File>

BACKGROUND: It has been suggested that mass hysteria can be divided into two syndromes; one with predominant features of anxiety and the other with predominant abnormalities of motor behaviour. In the former condition, prior tension is absent and spread is by visual contact. In the latter, prior tension is present, initial cases can be identified and spread is gradual. METHOD: The development and resolution of neurological symptoms in 156 Nigerian school girls were studied and a diagnosis of 'mass hysteria' made. RESULTS: The signs and symptoms manifested by the school girls during the outbreak of illness had features of both 'anxiety' and 'motor' predominant forms of mass hysteria. CONCLUSIONS: Although there may be two patterns of symptom presentation in mass hysteria, other supposedly discrete features overlap. This weakens the argument that there are two separate syndromes.

Institutional address:
Department of Medicine
College of Medical Sciences
University of Maiduguri
Nigeria.

(REFERENCE 5 OF 9)
91059145

Wessely S Wardle CJ
Mass sociogenic illness by proxy: parentally reported epidemic in an elementary school.

In: Br J Psychiatry (1990 Sep) 157:421-4

ISSN: 0007-1250

<Disease Outbreaks> <Gas Poisoning/PX> <Mass Behavior> <Parents/PX>
<Social Environment>

<Child> <Cluster Analysis> <Human> <Hysteria/PX> <Risk Factors>
<Medline File>

"In a cluster of illness reported among students at an elementary school parents mentioned many signs and symptoms including headache, pallor, dark circles under the eyes, nausea, and vomiting--which they attributed to exposure to recurrent leaks of natural gas at the school. It is likely that the parents spread among themselves the notion of toxic exposure at the school. A questionnaire revealed no spatial clustering, but increased reports of symptoms were related to intense media coverage. A thorough environmental and epidemiological investigation was negative, there being no evidence of a continuing gas leak or other potential causes. At a strictly biological level, the complaints in this reported 'cluster' apparently represented the

sporadic occurrence of common childhood illnesses. The possibility of an epidemic from toxic exposure at the school caused intense parental concern and led to a major public health problem. The established term 'mass sociogenic illness' seems inapplicable here because complaints did not come principally from the students and the apparent epidemic illness was not transmitted among them. The term 'mass sociogenic illness by proxy' is proposed to describe this incident, in which transmission in one group (the parents) resulted in reports of an epidemic in another group (students)."

Institutional address:
Institute of Psychiatry
Denmark Hill
London.

*****NEW ENGLAND JOURNAL OF MEDICINE*****

(REFERENCE 6 OF 9)
83141659

Small GW Borus JF
Outbreak of illness in a school chorus. Toxic poisoning or mass hysteria?

In: N Engl J Med (1983 Mar 17) 308(11):632-5

ISSN: 0028-4793

<Hysteria/DI> <Mass Behavior> <Poisoning/DI>

<Adolescence> <Child> <Diagnosis, Differential> <Epidemiologic Methods> <Female> <Human> <Length of Stay> <Male> <Music> <Sex Factors> <Stress, Psychological/CO> <Students> <Support, U.S. Gov't, P.H.S.> <Medline File> <Healthstar File>

[No Abstract Available]

*** <NOT IN Beth Israel Hospital Library> ***

*****NEUROLOGIC CLINICS*****

(REFERENCE 7 OF 9)
95371581

Rothman AL Weintraub MI
The sick building syndrome and mass hysteria.

In: Neurol Clin (1995 May) 13(2):405-12

ISSN: 0733-8619

<Air Pollution, Indoor> <Hysteria/DI/PX> <Mass Behavior>
<Occupational Diseases/DI/PX>

<Female> <Human> <Job Satisfaction> <Male> <Occupational Exposure>
<Sick Role> <Stress, Psychological/CO> <Review> <Review, Tutorial>
<Medline File>

Significant overlaps of symptoms in SBS and MH exist including central nervous system manifestations, mucous membrane irritation, skin abnormalities, and eye symptomatology. Both occur with greater frequency in women with lower job rank and in patients with psychological and physical stresses. No specific cause has been identified in over 75% of the cases of SBS. Remotely, less than 25% have been alleged to be secondary to an environmental toxin but even removal of the inciting irritant does not improve the symptoms. Not surprisingly, litigation is lurking in the background with the chronic complainer. There has been no evidence of exposure to toxins or VOCs that exceed the NIOSH safety standards in any SBS cases. The importance of a thorough work up is to distinguish those cases that are secondary to bacteria or toxic contaminants and infection where significant morbidity and death have occurred in the building related illness. Although this is a separate entity it indicates that the building environment can be a significant cause of morbidity and mortality. Other variables such as temperature and humidity do influence the frequency of SBS symptomatology. It may be that we are not yet sophisticated enough to find the causes that are present within our current paradigms. Current levels of toxic data testing may not be sensitive enough to realize that they might be a cause of toxicity. It might be that at low levels with multiple toxins and VOCs present, the additive effects may cause toxic symptomatology whereas individually they do not. In summary, SBS is an emerging phenomena within our litigious society.(ABSTRACT TRUNCATED AT 250 WORDS)

Institutional address:
Department of Neurology
Mt. Sinai School of Medicine
City University of New York
New York
USA.

*****REVUE D EPIDEMIOLOGIE ET DE SANTE PUBLIQUE*****

(REFERENCE 8 OF 9)
93067366

Desenclos JC Gardner H Horan M
Mass sociogenic illness in a youth center.

In: Rev Epidemiol Sante Publique (1992) 40(3):201-8

ISSN: 0398-7620

<Disease Outbreaks> <Food Poisoning/EP/PX> <Hysteria> <Mass Behavior>

<Child> <Child, Preschool> <Female> <Florida/EP> <Food Analysis>
<Gastrointestinal Diseases/EP/ET> <Human> <Male> <Sex Factors>
<Medline File>

In July, 1989, 63 (42%) of 150 children ages 4-14 years attending an outreach program at a youth center in Florida, but no employees, developed acute and rapidly resolving upper gastrointestinal symptoms 2 to 40 minutes after a prepackaged lunch. All ill children were sent to 3 local hospital emergency departments for evaluation. However, clinical evaluation was normal for all. Of 102 children who ate any prepackaged foods, 48 (47%) became ill compared to 1/19 (5%) for children who did not eat (rate ratio [RR] = 8.9; 95% confidence interval [CI]: 1.3-60.9). No employees ate any of the food items served. Consumption of sandwiches was associated with a moderate increased risk of illness (RR = 1.7, 95% CI: 1.0-2.9). The attack rate did not differ by age, but was greater for girls (39/56, 70%) than for boys (9/46, 20%; [RR = 3.6, 95% CI: 1.9-6.6]). Over 3,000 similar prepackaged meals from the same caterer were served in the same area of Florida that day. An inquiry in the area documented absence of similar symptoms elsewhere. Unopened meal samples tested negative for pesticide residues, heavy metals, staphylococcal toxin, or Bacillus cereus. We diagnosed the outbreak as mass sociogenic illness. Complaints of a bad tasting sandwich by the index case and possible staff anxiety about food poisoning may have contributed to the development of the outbreak.

Institutional address:
Division of Field Services
Centers for Disease Control
Public Health Service
Atlanta
GA.

*****VETERINARY AND HUMAN TOXICOLOGY*****

(REFERENCE 9 OF 9)

Doyle CR Akhtar J Mrvos R Krenzelok EP Mass sociogenic illness--real and imaginary.

In: Vet Hum Toxicol (2004 Apr) 46(2):93-5

ISSN: 0145-6296

<Hysteria/DI> <Mass Behavior>

<Child> <Diagnosis, Differential> <Female> <Gas Poisoning/DI> <Human> <Male> <Poison Control Centers> <> <Medline File>

Mass sociogenic illness is the occurrence of a group of nonspecific physical symptoms for which no organic cause can be determined and is often transmitted by 'line of sight'. The fear of bioterrorism can also lead to panic and produce cases of mass sociogenic illness, in which people develop symptoms in response to an imaginary threat. Poison centers are faced with resolving the dilemma of sociogenic vs poison related symptoms. We report 2 situations of mass sociogenic illnesses involving school age children where multiple victims exhibited similar symptoms prompted by the presence or suggestion of fumes. Symptoms resolved spontaneously. When clusters of unexplained illness occur, a sociogenic etiology should be considered in the differential diagnosis. As fears about bioterrorism increase, the frequency of such incidents and the anxiety generated may increase.

Institutional address:
Pittsburgh Poison Center
Children's Hospital of Pittsburgh
DL45-PUH
200 Lothrop Street
University of Pittsburgh Schools of Pharmacy and Medicine
Pittsburgh
PA 15213
USA.

*** End of Printout ***