

Psychiatry 5th year



Chapter 11: Dissociative Disorders

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- Dissociation can be understood as a disruption in the integrated sense of self.
- This may involve:
 1. lapses in autobiographical memory (amnesia)
 2. feelings of detachment from one's self (depersonalization)
 3. Or from one's surroundings (derealization).

These symptoms often develop in the context or aftermath of significant trauma, particularly during childhood.

Dissociative amnesia

- Individuals with dissociative amnesia are unable to remember important personal information or history. **Procedural memory is preserved.**
- The unrecalled autobiographical information has **been stored in memory and is thus potentially retrievable.**
- More commonly, a single period of time (localized amnesia) or certain events (selective amnesia) are forgotten.
- Affected individuals often **do not have insight** regarding their deficits.
- There is a significant incidence of comorbid major depressive disorder or persistent depressive disorder (dysthymia) and an increased risk for suicide

Diagnosis

1. An inability to recall important autobiographical information, usually involving a traumatic or stressful event, that is inconsistent with ordinary forgetfulness.
2. May present with **dissociative fugue**: sudden, unexpected travel away from home, accompanied by amnesia for identity or other autobiographical information.
3. Not due to the physiological effects of a substance or another medical/ psychiatric/neurological disorder (including traumatic brain injury).
4. Symptoms cause significant distress or impairment in daily functioning.

Epidemiology

- Lifetime prevalence is 6–7%.
- More common in women than men.
- Single or repeated traumas often occur prior to the development of amnesia.

Treatment

- Important to establish the patient's safety.
- Psychotherapy
- No medications



A 19-year-old male is found wandering several miles from home several days after a missing persons report was filed by his family. He cannot recall his full name or address, even when shown his ID card. His family reports that he recently returned from combat deployment.

Likely diagnosis?

Dissociative amnesia with dissociative fugue

Depersonalization/Derealization Disorder

Characterized by repeated experiences of **detachment from one's self or surroundings**. Patients may feel as though they are observing themselves from a distance or have an "out-of-body" experience (depersonalization).

They may experience the world around them as if in a dream or movie (derealization).

WARDS QUESTION

True or False? Transient experiences of depersonalization or derealization commonly occur in many otherwise healthy individuals.

True. Depersonalization and derealization can occur under stress, intoxication with substances, and even in benign circumstances (e.g., staring into a mirror for a prolonged period).

Depersonalization/Derealization Disorder

- Diagnosis :

1. Persistent or recurrent experiences of one or both:
Depersonalization—experiences of unreality or detachment from one's body, thoughts, feelings, or actions
2. Derealization—experiences of unreality or detachment from one's surroundings.
3. Reality testing remains intact during an episode.
4. The symptoms cause significant distress or social/occupational impairment.
5. Not accounted for by a substance (e.g., drug of abuse, medication), another medical condition, or another mental disorder.

Course :persistent but may wax and wane

Epidemiology

- Lifetime prevalence is 2%.
- Gender ratio 1:1.
- Mean age of onset about 16 years.
- Increased incidence of comorbid anxiety disorders and major depression.
- Severe stress or traumas are predisposing factors.

Treatment

- Psychotherapy
- No medications

Dissociative Identity Disorder (Multiple personality Disorder)

- Dissociative identity disorder (DID) is characterized by the presence of **more than one distinct personality** state as a result of a fragmented sense of self.
- DID encompasses features of the other dissociative disorders, such as amnesia, depersonalization, and derealization. DID predominantly develops in **victims of significant and chronic childhood trauma**.

Patients diagnosed with DID often cope with posttraumatic stress disorder (PTSD), depression, and suicidality.

Diagnosis

1. Disruption of identity manifested as two or more distinct personality states dominating at different times. These symptoms may be observed by others or self-reported.
2. Extensive memory lapses in autobiographical information, daily occurrences, and/or traumatic events.
3. Not due to effects of a substance (drug or medication) or another medical condition.
4. The condition causes significant distress or impairment in social/occupational functioning.

Symptoms of DID may be similar to those seen in borderline personality disorder or psychotic disorders.

Epidemiology

- Rare. No epidemiologic studies of the national prevalence, although a few community-based studies claim a prevalence of 1%.
- Increased prevalence in women versus men.
- A history of childhood physical/sexual abuse or neglect is present in 90% of patients with DID.
- May manifest at any age, but some symptoms are usually present in childhood.
- High incidence of comorbid PTSD, major depression, eating disorders, borderline personality disorder, and substance use disorders.
- More than 70% of patients attempt suicide, often with frequent attempts and self-mutilation.

Course and prognosis

- Course is fluctuating but chronic.
- Worst prognosis of all dissociative disorders.

Treatment

- Psychotherapy is the standard treatment.
- Pharmacotherapy: **SSRIs** to target comorbid depressive and/or PTSD symptoms (especially hyperarousal). **Prazosin** may ameliorate nightmares and **naltrexone** may reduce self-mutilation.



A 21-year-old female is brought to the clinic by her boyfriend for evaluation of “memory issues.” The patient recently visited her family for the holidays. The boyfriend states that “she had to deal with her abusive, alcoholic father. She seems like someone else ever since.” The patient speaks in a childlike singsong voice and asks to be called by a name different than what is listed on her driver’s license. She denies any concerns.

Most likely diagnosis?

Dissociative identity disorder (DID).

Other Specified Dissociative Disorder

- Characterized by symptoms of dissociation that cause significant distress or impairment of functioning, but do not meet the full criteria for a specific dissociative disorder.

Examples

- Identity disturbance due to prolonged and intense coercive persuasion (e.g., brainwashing, torture, cults).
- Chronic and recurrent syndromes of mixed dissociative symptoms (with- out dissociative amnesia).
- Dissociative trance: An acute narrowing or loss of awareness of surroundings manifesting as unresponsiveness, potentially with minor stereotyped behaviors (not part of a cultural or religious practice).
- Acute dissociative reactions to stressful events (lasting hours/days → months)

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- Thank you all :))