

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

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**.

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.

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 :))