

clinical features of various Dissociative disorders

Disorder **DEPERSONALIZATION**
DISSOCIATIVE
Identity **Derealization**
Specified **Amnesia** **FUGUE**
Unspecified

Introduction :-

} Definition of Dissociation:

Unconscious defense mechanism involving the segregation of any group of mental or behavioural processes from the rest of the person's psychic activity.

} Definition of Dissociative Disorder:

As per DSM-IV-(TR), it is a disruption in the usually integrated functions of the consciousness, memory, identity or perception of the environment.

The disturbance may be sudden or gradual, transient or chronic.

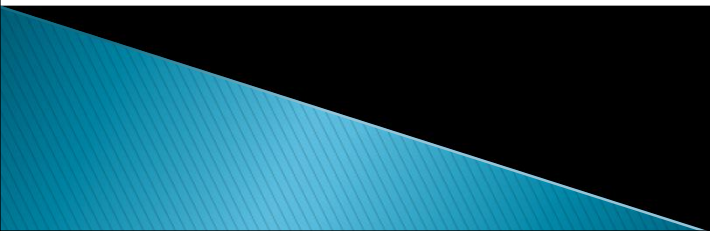
} As per DSM-5:

Conditions that involve disruptions or breakdown of memory, awareness, identity or perception.

} As per ICD- 10:

Partial or complete loss of normal integration between memories of past, awareness of identity and immediate sensations and control of bodily movements.

Various types of Dissociative Disorders:

- } F44.0– Dissociative Amnesia
 - } F44.1 – Dissociative Fugue
 - } F44.2– Dissociative Stupor
 - } F44.3– Trance and Possession Disorder
 - } F44.4– Dissociative Motor Disorder
 - } F44.5 – Dissociative Convulsions
 - } F44.80– Ganser’s Syndrome
 - } F44.81–Dissociative Identity Disorder
 - } F48.1 – Depersonalization Disorder
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Dissociative Amnesia –

- } Formerly known as Psychogenic Amnesia.
- } Most common type of dissociative disorder, affecting young adults.
- } Inability to recall important personal information, not due to organic mental disorder (organic brain disorders, intoxication)usually of a traumatic or stressful nature that is too extensive to be explained by normal forgetfulness or fatigue.
- } Classical presentation with overt, dramatic clinical disturbance that results in patient being quickly brought to medical attention.

} **Contd...**

} May occur after:

} Extreme acute trauma or in context of profound intrapsychic conflict or emotional stress.

} Traumatic events such as accidents or unexpected bereavements.

} History of childhood or adult abuse.

} Cannot be recalled in waking state.

} May present with somatoform or conversion symptoms.

} Alterations in consciousness.

} Depersonalization, derealization.

} Attention seeking behavior, trance states.



} Contd...

} Non classical presentation:

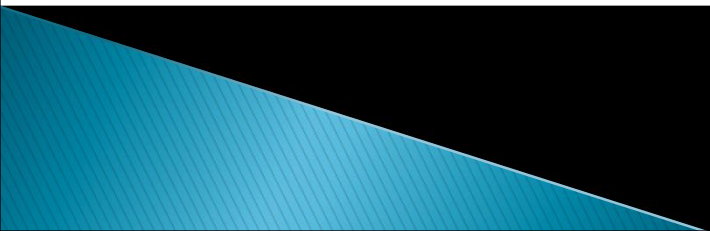
Patients present with symptoms such as:

- Mood swings
- Depression
- Sleep disturbances
- Eating problems
- Anxiety
- Suicidal or self mutilating acts and impulses.
- Violent outbursts and interpersonal problems.

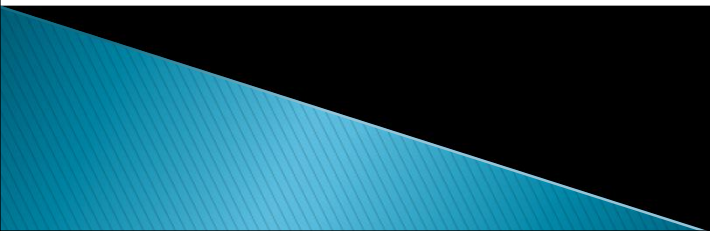
Depersonalization Disorder:

- } DSM-IV- (TR): Persistent or recurrent feeling of detachment or estrangement from one's self and as if one is an outside observer of, one's mental processes or body. (feeling like one is in a dream.)
- } Features showing: sense of
 - a) bodily changes
 - b) duality of self as observer and actor
 - c) being cut off from others
 - d) being cut off from one's own emotion.


Dissociative Fugue:

- } Formerly known as Psychogenic Fugue.
 - } Sudden, unexpected travel away from home or one's own customary place of daily activities, with inability to recall some or all of one's past.
 - } Purposeful journey away from home or place of work during which self care and social interaction with strangers are maintained.
 - } Accompanied by confusion about personal identity
 - } Assumption of new identity.
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Continued...

- } Organized travel to place(s) of emotional importance.
 - } May last from minutes to months.
 - } May display mood disorder symptoms, intense suicidal ideations, or anxiety disorder symptoms.
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Dissociative Identity Disorder:

- } Formerly known as Multiple Personality Disorder.
 - } As per DSM IV–(TR) : characterized by presence of two or more distinct identities or personality states that recurrently take control of the individual's behavior accompanied by an inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
 - } Two or more distinct personalities within one individual, with only one of them being evident at a time.
 - } Each personality is complete, with its own memories, behavior, and preferences.
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} Contd...

} Dimensions of trauma:

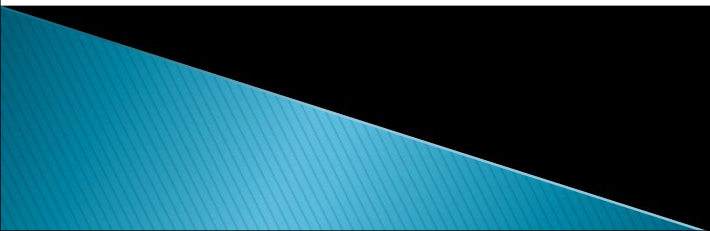
- ❑ Mood swings
- ❑ Depression
- ❑ Suicidal tendency
- ❑ Generalized irritability
- ❑ Impulse control is impaired
- ❑ Leads to substance abuse
- ❑ Inappropriate self destructive behaviors
- ❑ Anxiety levels are high
- ❑ Eating disorders.

Contd..

- } Memory and amnesia symptoms:
 - ❑ Blackouts
 - ❑ Disremembered memory
 - ❑ Inexplicable changes in relationships
 - ❑ Fluctuations in skills and habits
 - ❑ Fragmentary recall of entire life history

Contd..

Affective Symptoms:

- ❑ Depressed mood
 - ❑ Anhedonia
 - ❑ Mood swings
 - ❑ Suicidal thoughts and attempts
 - ❑ Guilt
 - ❑ Hopeless and helpless feelings.
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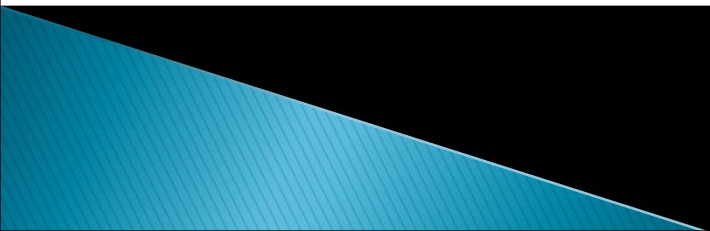
Dissociative Convulsions:

- } Also known as Pseudoseizures.
- } May mimic epileptic seizures very closely in terms of movements but the clinical features which help in differentiating them are mentioned below.

Clinical Features	Epileptic Seizures	Dissociative Convulsions
Precipitating factor	Stressor may or may not be present	Stressor present
History of presentation	Similar in every seizure episode	Not similar and may vary each time
Age of onset	Commonly seen in children	15–30 years
Gender	Both males & females	Predominantly young females are affected
Affected by presence of people	Not affected by presence of a crowd or gathering	Occurs more in front of a crowd or gathering
Nocturnal Seizures	Common	Uncommon
Stereotyped aura	Usually present	None
Cyanotic skin changes during seizures	Common	None
Self -Injury	Common	Rare
Incontinence	Common	Rare

Clinical features	Epileptic Seizures	Dissociative Convulsions
Forgetfulness after episode	Present	Absent
Response to Anti-convulsants	Responds well	Does not respond to anti convulsant drugs
Personality Disorder	None	Hysterical or borderline
Post ictal confusion	Present	None

Dissociative Stupor:

- } **Stupor:**– Profound diminution or absence of voluntary movement and normal responsiveness to external stimuli such as light, noise and touch.
 - } Lies or sits motionless for long periods of time.
 - } Speech and spontaneous purposeful movements are completely or almost completely absent.
 - } Some degree of disturbance of consciousness seen.
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Continued Dissociative stupor..

- But the muscle tone, posture, breathing and eye opening movements are such that it becomes clear that the person is neither asleep nor unconscious.
- Person's behavior fulfills criteria of stupor but on examination and investigation it reveals no evidence of physical cause although a positive cause of a stressful event or interpersonal or social problems may be present.

Dissociative Motor Disorders:

- } Commonest varieties seen are loss of ability to move whole or a part of limb or limbs.
- } Paralysis may be partial with movements being weak or slow, or complete.
- } Variable degrees of incoordination may be seen. (Atasia- abasia inability to stand unaided, lateral distance between two legs is minimal)
- } Exaggerated trembling or shaking of one or more extremities or whole body may be seen.

Trance and Possession Disorder:


- Dissociative Trance and Possession Disorder–
 - Temporary marked alteration in state of consciousness or by loss of the customary sense of personal identity without the replacement by an alternate sense of identity.
 - Narrowing of attention & awareness
 - Stereotyped behavior or movements experienced beyond one's control
 - Repeated set of movements, postures and utterances.
 - Change in physical appearance or voice of person

} Possession disorder–

Possession trance involves replacement of customary sense of personal identity to a new identity, attributed to the influence of spirit, power, deity “force” or other person and associated with stereotyped involuntary movements or amnesia.

Most common dissociative disorder in Asia.

Examples including amok (Indonesia)
piblotiq (Arctic) ataque de nervios (Latin America)
Possession (India).

- Brainwashing–
 - Dissociation that occurs in individuals who have been subjected to periods of prolonged & intense persuasive brainwashing, or thought reform.
 - For eg seen in war imprisonment, torture of political parties, terrorist hostages etc.
 - People are subjected to physical or sexual abuse, torture, physical neglect.
 - Manifest as drastic alterations in identity, values and beliefs, diminished environmental responsiveness.
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Ganser Syndrome:

- } Characterized by giving approximate answers (paralogia) to simple questions.
- } Clouding of consciousness
- } Accompanied by hallucinations and other dissociative, somatoform or conversion disorders.
- } Hallmark feature is-passing over (vorbeigehen) the correct answer for a related, but incorrect one.
- } For example- $2 + 2 = 5$.
- } How many legs does a cat have? Ans 3.

- } Clouding of consciousness manifest by
- } Disorientation
- } Amnesia
- } Loss of personal information
- } Impairment of reality testing.
- } Visual and Auditory Hallucinations maybe seen.

DISSOCIATIVE AMNESIA	DISSOCIATIVE FUGUE	DISSOCIATIVE STUPOR	DISSOCIATIVE CONVULSIONS
Loss of memory of imp recent events beyond normal forgetfulness	Sudden, unplanned purposeful journey away from home/work place	Absence of voluntary movements & response to external stimuli	Pseudo-seizures mimicking true seizures
Can't be recalled in waking state	Organized travel to places	Motionless for long periods of time	Does not occur in sleep
Traumatic or stressful events forget	Inability to recall some or all of one's past	Speech & purposeful movements absent	Abnormal movements of body parts
May present with mood swings, confusion.	Confusion about own identity	Disturbed consciousness levels	Influenced by audience
Depression, anxiety	Socio-occupational functioning impaired	Loss of pain sensation, tingling sensation, blurred vision	Hysterical or borderline personality may be found

TRANCE & POSSESSION DISORDER	DISSOCIATIVE IDENTITY DISORDER	DISSOCIATIVE MOTOR DISORDER	GANSER SYNDROME
Temporary loss of sense of personal identity	Presence of 2 or more distinct identities	Loss of ability to move part or whole limb	Giving approximate answers but incorrect one
Narrowing of attention & awareness	Each personality complete on its own	Partial or complete paralysis	Clouding of consciousness
Taken over by deity or force and believing that body appearance has changed	Inability to recall personal information	Incoordination	Hallucinations (visual & auditory)
Repetitive set of movements and postures	Gaps in autobiographical memory (childhood events)	Trembling or shaking of limbs/ body	Echolalia and echopraxia may be seen.

thank you

