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Determination of cases of dissociative identity disorder

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Abstract

Background: Dissociative identity disorder (DID) is rarely reported in Asia. It is so uncommon that some authors have speculated that DID is a culture-bound syndrome primarily found within Euro-American cultures. The present study was conducted to determine cases of dissociative identity disorder (DID).

Materials & Methods: 25 patients diagnosed with dissociative identity disorder (DID) of both genders were subjected to self-rating measures such as dissociative experiences scale (DES).

Results: Out of 25 patients, males were 13 and females were 12. The mean DES score was 6.5 in males and 6.1 in females. The difference was non-significant ($P > 0.05$).

Conclusion: Both males and female had high DES score.

Keywords: Dissociative identity disorder, DES, Males

Introduction

Dissociative identity disorder (DID) is rarely reported in Asia. It is so uncommon that some authors have speculated that DID is a culture-bound syndrome primarily found within Euro-American cultures. In fact, DID does appear in Asian countries, though its prevalence is much lower than that in Western countries [1]. The prevalence of DID in the clinical population ranges 1 to 5% in North America, Europe, and Turkey, but only 0 to 0.5% in India, Bangladesh, and China. Dissociation is defined as a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment [2]. Dissociative disorders constitute a group of clinical syndromes covering disturbances attributed to one or more of these domains. Dissociation may be sudden or gradual, transient, or chronic. Being the most chronic and complex type of dissociative disorders, dissociative identity disorder (DID) constitutes an overarching syndrome covering all dissociative phenomena. Depersonalization disorder, dissociative amnesia, and dissociative fugue are further categories of dissociative disorders. Dissociative conditions which do not fit diagnostic criteria of these specific categories are diagnosed as having dissociative disorder not otherwise specified (DDNOS) [3].

Dissociative symptoms may accompany almost all psychiatric disorders including borderline personality disorder, conversion disorder and obsessive compulsive disorder [4]. In those cases, dissociation is usually correlated with childhood trauma history, suicidality, self-mutilative behavior, and elevated general psychiatric comorbidity regardless of the main diagnosis. Dissociative subtypes have been proposed for psychiatric disorders such as PTSD and schizophrenia [5]. The present study was conducted to determine cases of dissociative identity disorder (DID).

Materials and Methods

The present study was conducted among 25 patients diagnosed with dissociative identity disorder (DID) of both genders in the department of Psychiatry. All patients were informed regarding the study and their consent was obtained.

Data such as name, age, gender etc. was recorded. A thorough clinical examination was performed in all patients. Self-rating measures such as dissociative experiences scale (DES) was used to measure the score. Results were tabulated and subjected to statistical analysis. P value less than 0.05 was considered significant.

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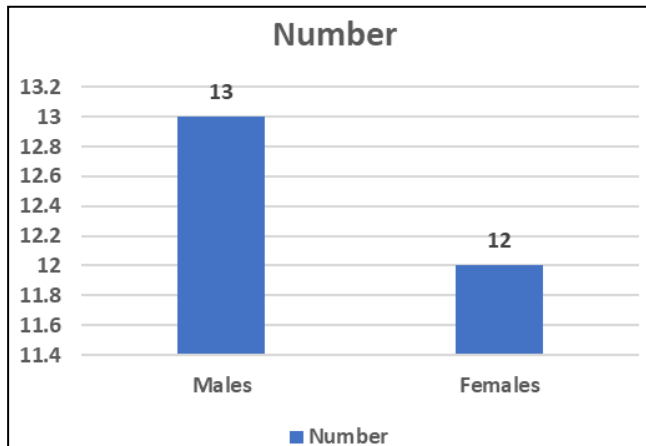
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Results

Table 1: Distribution of patients

Total- 25		
Gender	Males	Females
Number	13	12

Table I, graph I shows that out of 25 patients, males were 13 and females were 12.

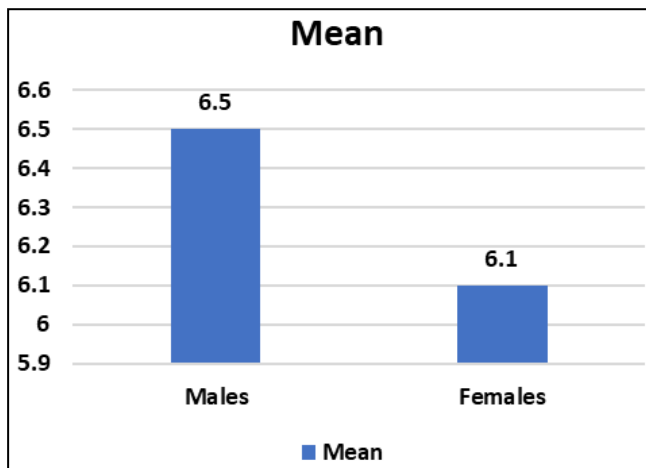


Graph 1: Distribution of patients

Table 2: Assessment of DES

Gender	Mean	P value
Males	6.5	0.81
Females	6.1	

Table II, graph II shows that mean DES score was 6.5 in males and 6.1 in females. The difference was non-significant ($P > 0.05$).



Graph 2: Assessment of DES

Discussion

Although not specified as such in official classification systems, the concept of chronic complex dissociative disorder deserves a rather detailed description here, because it is a significant category for epidemiological studies in particular [6]. Due to the tight definition of DID in DSM-IV, a larger group of subjects who are close to DID in their symptomatology are being diagnosed as having the type-1 of the dissociative disorder not otherwise specified (DDNOS1). The latter group is consisted of the subjects

who have identity alteration without dissociative amnesia or whose identity alteration is too mild to fit the diagnostic criterion of DID. In fact, the difference between two categories is a matter of severity but not a qualitative one. Thus, DID and DDNOS1 constitute the chronic complex dissociative disorders [7].

Patients who have been diagnosed with DID tend to possess extreme sensitivity to interpersonal trust and rejection issues, and this makes brief treatment in a managed care setting difficult [8]. Therapists who commonly treat patients with DID see them as outpatients weekly or biweekly for years, with the goal of fusion of the personality states while retaining the entire range of experiences contained in all of the alters. Patients tend to switch personality states when there is a perceived psychosocial threat. This switching allows a distressed alter to retreat while an alter who is more competent to handle the situation emerges [9]. The alter system may replicate the DID patient’s experience of the relationships and circumstances that prevailed in the family of origin. One of the most important issues to deal with in treatment is the fear on the part of an acting-out or antisocial personality state that he or she will be obliterated by therapy—that the psychiatrist’s goal is to “get rid” of an “alter” who may have committed illegal, even violent, acts. This would not be an appropriate goal of treatment. The personality state was created to defend the self against abuse and injury and can become a strong and important element when integrated more adaptively into the overall personality structure [10]. The present study was conducted to determine cases of dissociative identity disorder (DID).

In present study, out of 25 patients, males were 13 and females were 12. In Germany, a screening study was conducted on 51 male criminal offenders admitted to a medicolegal institution by the court so as to understand diminished or lack of responsibility for the offence due to psychiatric disorder, including a large group of persons with substance-use disorders. Using the SCID-D, a high prevalence of dissociative symptoms and disorders (23.5%), mostly DDNOS, was demonstrated. 22.6% of the group had a DES score 20.0 or higher [11].

We found that mean DES score was 6.5 in males and 6.1 in females. In Turkey, 26.8% of 108 male prisoners in a regular correctional center had a DES score 20 or above. This rate was 18.5% for DES scores 30 or above which is known to be the cut-off level for chronic dissociative disorders. Nevertheless, according to the SCID-D, 15.7% of the subjects had a dissociative disorder, that is, either DDNOS or dissociative amnesia [12].

Conclusion

Authors found that both males and female shad high DES score.

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