

A study of clinico-demographic profile of patients with dissociative disorder

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ABSTRACT

Objectives

To study the clinical and socio demographic profile of patients with dissociative disorder and their co-morbid mental illness.

Materials and methods

Fifty-one patients of dissociative disorder presenting to emergency and outpatient department of Psychiatry at College of Medical Sciences Teaching Hospital during the period from Jan to March 2012 were included. International statistical classification of diseases and related health problems tenth edition, diagnostic criteria for research (ICD-10, DCR) was used.

Results

Out of 51 patients, the majority 24 (47.1%), were in the age group 15-29. However the age of presentation ranged from 9-45 years. The females were more, 44 (86.3%) as compared to males 7 (13.7%). The majority of patients had low level of education with none of the patients having education above intermediate level. The majority of patients, 27(52.9%) belonged to lower middle class. 49% of the patients presented with dissociative convulsions, 15.7% with dissociative motor disorders, 15.7% with dissociative stupor, 11.8% with dissociative anesthesia and sensory loss and 7.8% with trance and possession disorder. Depressive illness was found co-morbid with dissociative disorder in 33.3%, borderline personality disorder in 9.8% and histrionic personality disorder in 7.8%. There was history of immediate stressful events that supposedly precipitated the event in 76.5%.

Conclusion

Dissociative disorder mainly affects young female of lower socio-economic and educational status with history of immediate stressful life events precipitating the illness.

Key words: Co-morbid mental illness, dissociative disorder, stressful life events.

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Introduction

Dissociation is defined as a disruption in the usually integrated functions of consciousness, memory, identity, or perception of the environment.¹ In dissociative disorders, there is disturbance in the normal integration between memory and awareness of identity, immediate sensations and control of bodily movements. No evidence of a physical disorder that can explain the symptoms that characterizes the disorder and convincing associations in time between the symptoms of the disorder and stressful events, problems or need are required.²

Incidence and prevalence of dissociative disorder vary across various countries and communities. Compared to developed western countries, it is more prevalent in developing countries.^{3,4} Dissociative disorders have a lifetime prevalence of about 10%.⁵ In a study from Zurich, Switzerland, among severely impaired psychiatric outpatients, prevalence of all dissociative disorders was 25%.⁶

Most studies reports that dissociative disorders occur mostly in people younger than 30 yrs with mean age group 22 to 25 years and female sex.^{7,8} The seemingly dominance of dissociative disorders in women may also depend on the socio-cultural context, because men with dissociative disorders usually do not enter the general health system, but rather the legal system, i.e. they can be found in jail or forensic institutions.⁹

This study was conducted to observe the socio-demographic profile of patients and the clinical presentation of dissociative patients.

Materials and Methods

This study is hospital based cross-sectional study, conducted in patients presenting with dissociative disorder in emergency and psychiatry OPD at CMSTH during the period from January to march 2012, after clearance from the institutional ethical committee.

Patients not willing to take part and those with comorbid physical illnesses, like diabetes mellitus, hypertension, stroke, neuropathies, movement disorders were excluded. Socio-demographic profile was documented with a semi-structured proforma and ICD-10 DCR was followed for the diagnosis. Data collected were analyzed using SPSS 20.

Results

A total of 51 patients with dissociative disorder were included in the study. The table 1 shows, the majority of patients, 24 (47.1%) were in the age group 15-29. The patients below 29 years were 34 (66.7%). There was statistical difference in the various age groups ($p=0.001$).

The table 2 shows the mean age of presentation of patients with dissociative disorders was 25.71. The minimum age of presentation was 9 years and the maximum was 45 yrs. ($p=0.510$).

The table 3 shows that out of the total 51, 44 (86.3%) were females and 7 (13.7%) were males. The number of female patients was statistically significantly higher ($p=0.000$).

The table 4 shows all of the patients were educated upto intermediate level or below. Patients educated upto high school or below were 86.3% but its distribution in the various educational levels was not different statistically ($p=0.433$).

The table 5 shows that majority of the patients 52.9% belonged to the lower middle class. The distribution of patients in various socioeconomic status groups was statistically different (p=0.000).

The table 6 shows that 49% of the patients presented with dissociative convulsions, 15.7% with dissociative motor disorders, 15.7% with dissociative stupor, 11.8% with dissociative anesthesia and sensory loss and 7.8% with trance and possession disorder. Subcategories of different types of dissociative disorder did not occur with equal probabilities (p=0.000).

The table 7 shows that depressive illness was found comorbid with dissociative disorder in 33.3%, borderline personality disorder in 9.8% and histrionic personality disorder was found in 7.8% of the cases. There was statistical difference in presence of comorbid mental illnesses (p=0.000).

The table 8 shows that there was history of immediate stressful events that supposedly precipitated the event obviously in 76.5% of the cases. There was statistically significant difference in the no of patients whose illness was precipitated by immediate stressful events (p=0.000).

Table 1: Age group distribution of cases

Age group in years	Frequency	Percent	Level of significance p value
<15	10	19.6	0.001
15-29	24	47.1	
30-44	13	25.5	
>44	4	7.8	
Total (N)	51	100.0	

Table 2: Age of presentation

	Age prgentaiton	Level of significance p value
Mean	25.71	
Std. Deviation	10.832	0.510
Minimum	9	
Maximum	45	

Table 3: Sex of the patients

Sex	Frequency	Percent	Level of significance p value
Male	7	13.7	0.000
Female	44	86.3	
Total	51	100.0	

Table 4: Educational status

Educational status	Frequency	Percent	Level of significance p value
Intermediate	7	13.7	0.433
High school	14	27.5	
Middle school	11	21.6	
Primary school	12	23.5	
Illiterate	7	13.7	
Total	51	100.0	

Table 5- Socioeconomic status

SES	Percent	Level of significance p value
Upper middle	7	13.7
Lower middle	27	52.9
Upper lower	15	29.4
Lower	2	3.9

Total 51 100.0

Table 6: Subtype of the disorder

Subtypes of dissociative disorder	Frequency	%	Level of significance p value
Dissociative stupor	8	15.7	0.000
Trance and possession disorder	4	7.8	
Dissociative motor disorders	8	15.7	
Dissociative convulsions	25	49.0	
Dissociative anesthesia and sensory loss	6	11.8	
Total	51	100.0	

Table 7: Comorbid mental illness

Comorbid mental illnesses	Frequency	%	Level of significance p value
Depressive episode	17	33.3	0.000
Borderline personality disorder	5	9.8	
Histrionic personality disorder	4	7.8	
Absent	25	49.0	
Total	51	100.0	

Table 8: Immediate stressful events precipitating the illness

Precipitating immediate events	Frequency	%	Level of significance p value
No	12	23.5	0.000
Yes	39	76.5	
Total	51	100.0	

Discussion

This study included 51 patients presenting to our hospital with dissociative disorder. The patients' age ranged from 9-45 years, with mean age of patients 25.71 yrs. The majority of patients 24 (47.1%) were within 15-29 yrs. A total of 34 (66.7%) were below 29 years. In a similar study conducted in eastern part of Nepal, mean age of patients was 21.23 years with majority of the patients (84.5 %) being less than 30 years of age¹⁰. Chand SP et al reported that the mean age of the patients with dissociative disorders was 22.4 years and 80.0% of the patients were less than 30 years of age⁸. In another similar study conducted in Saudi Arabia, 80% of the patients with dissociative disorders were less than 30 years of age⁷. In our study, 86.3% of the patients were female and 86.3% had education upto high school level or below. The majority of the patients belonged to the lower middle class 52.9%. Forty-nine percent (49%) of the patients presented with dissociative convulsions, 15.7% with dissociative motor disorders, 15.7% with dissociative stupor, 11.8% with dissociative anesthesia and sensory loss and 7.8% with trance and possession disorder. In a similar study conducted at BPKIHS, out of 39 patients 15 were of Dissociative convulsion, 10 of Dissociative motor disorder and 12 of Dissociative stupor¹⁰. In a prevalence study conducted in New York, twenty-four (29%) of the 82 patients who were interviewed met the criteria for a DSM-IV dissociative disorder diagnosis, with the diagnoses distributed as follows: dissociative amnesia, N=8 (10%); dissociative disorder not otherwise specified, N=7 (9%); dissociative identity disorder, N=5 (6%); and depersonalization disorder, N=4 (5%). None of the patients had a diagnosis of dissociative fugue. Only

four (5%) of the 82 patients had a dissociative diagnosis recorded in their clinical charts¹¹. The subtypes of dissociative disorders observed in our study were different than a study done in New York. However, there was similarity between the subtypes in our study and a study done in BPKIHS. The difference in subtypes could be due to difference in socioeconomic status, culture, lifestyle and level of education.

Depressive illness was found comorbid with dissociative disorder in 33.3%, borderline personality disorder in 9.8% and histrionic personality disorder in 7.8% of the cases. There was statistical difference in presence of comorbid mental illnesses ($p=0.000$). Dissociative disorders are frequently associated with other neuropsychiatric co-morbidity¹². In a outpatient study, 12% of Turkish outpatients could qualify for a diagnosis of a dissociative disorder, including 4% with dissociative identity disorder and 8% with dissociative disorder not otherwise specified. Only 1% of those patients had been given a dissociative disorder diagnosis before entering the study¹³. Studies especially from the developed countries have reported rather higher rates of co- morbid personality disorder. A study from Sweden reported that about half of the patients with dissociative disorder had personality disorder, while another study from Turkey reported that borderline personality disorder to be present in two thirds of the cases with dissociative disorder¹⁴. In a study of psychodynamics and psychiatric diagnosis of pseudo seizure subjects, personality disorder was present in 62.0% of the cases with dissociative disorder¹⁵. Depressive illness was found comorbid with dissociative disorder in 33.3%, borderline personality disorder in 9.8% and histrionic personality disorder

was found in 7.8% of the cases. In a similar study in Istanbul, the prevalence of borderline personality disorder was 8.5%. A significant majority (72.5%; 58/80) of the borderline personality disorder group had a dissociative disorder¹⁶.

There was history of immediate stressful events that precipitated the event in 76.5% of the patients in our study. Studies have also documented that dissociative patients report highest frequencies of childhood psychological trauma among all psychiatric disorders. Childhood sexual (57.1%–90.2%), emotional (57.1%), and physical (62.9%–82.4%) abuse and neglect (62.9%) are among them¹⁷.

Conclusion

Dissociative disorders can have varied presentation starting as early as below 10yrs of age, usually occurring in females with low education, low socioeconomic status, usually precipitated by some stressful life-events. Comorbid mental illness like depressive episode and personality disorders need to be taken care at the same time.

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