DISSOCIATIVE, SOMATIZATION AND FACTITIOUS DISORDERS

[Abstract:0632] Dissociative, somatization and factitious disorders

Psychiatric comorbidity in adolescents with dissociative disorders: a psychiatric outpatient sample

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Objective: The aim of the present study was to provide clinical data regarding comorbidity of psychiatric disorders in individuals with dissociative disorders (DD).

Methods: The study included 60 consecutive patients (8 male, 52 female, mean age: 15.6 +/- 1.8 years) diagnosed with DD in Istanbul Faculty of Medicine, Department of Child and Adolescent Psychiatry. The patients were diagnosed according to the DSM-IV criteria and the psychiatric comorbidity was assessed using the Schedule for Affective Disorders and Schizophrenia for School Age Children - Present and Lifetime Version. The patients also filled in a questionnaire to gather information about types of trauma, suicide attempts and self-mutilative behaviors. Adolescent Dissociative Experiences Scale (ADES) and Posttraumatic Stress Reaction Index (PSRI) were also administered.

Results: The mean age at first admission and diagnosis were 14.3 and 15.6 years, respectively. The types of trauma reported were emotional abuse (66.7%), physical abuse (63.3%), emotional neglect (56.7%), sexual abuse (50%), and incest (20%). Seventy-one percent of the sample reported multiple traumas. The frequency of suicide attempts and self-mutilative behaviors were 66.7% and 88.3%, while 46% reported multiple suicide attempts. Fifty-eight percent of the sample were diagnosed with Dissociative Identity Disorder and 42% with Dissociative Disorder Not Otherwise Specified. All patients reported at least one comorbidity. The mean number of psychiatric comorbidities was 3.8 and the most common ones were as follows: 88% major depressive disorder (MDD), 45% posttraumatic stress disorder (PTSD), 38% conversion disorder, 36% attention deficit hyperactivity disorder, 35% separation anxiety disorder, 33% social anxiety disorder, 30% conduct disorder, 25% anxiety disorder not otherwise specified, 23% obsessive compulsive disorder, 23% generalized anxiety disorder. Alcohol, tobacco and illicit drug abuse were described in 16%, 45% and 8% of the sample. The ADES and PSRI scores were higher in the depressive group. The number of comorbidities was higher in PTSD group. The number of comorbidities correlated with ADES (p<0.01, r=0.317) and the PSRI (p<0.001, r=0.408) scores. The ADES scores also correlated with the PSRI scores (p<0.0001, r=0.46).

Conclusion: DD is one of the most common disorders associated with traumatic experiences in the pediatric population. A recent study with 25 adolescents with DD from our clinic revealed that the most common comorbidities were MDD and PTSD. Our results support these findings with a bigger sample. In conclusion, DD is an important clinical diagnosis, which usually presents with high rates of psychiatric comorbidity in the adolescent age. The diagnosis of DD may be overshadowed by these comorbid conditions, which may be associated with late diagnosis.

Keywords: dissociative disorders, effects of trauma, psychiatric comorbidity