



Dissociative Identity Disorder Presenting as a Suicide Attempt or Drug Overdose: A Case Report

CASE REPORT

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ABSTRACT

The major feature of dissociative identity disorder is the existence of at least two different identities that alternately control a person's behavior. Dissociative identity disorder is known as a rare disorder due to underdiagnosis and misdiagnosis. One of the presenting symptoms in dissociative identity is a suicide attempt. In this case, dissociative identity disorder and overdose drug intake, which emerges during the treatment of depression with fluoxetine, is identified. With regard to this complex case, the issues of overdose drug intake, suicide attempt, depression, antidepressant-associated suicide or side effects in dissociative disorder and their relations with each other will be discussed.

Key words: Dissociative identity disorder, suicide, drug intoxication

INTRODUCTION

Dissociative identity disorder is known as a rare disorder due to its being underdiagnosed and misdiagnosed (1). The major feature of Dissociative Identity Disorder (DID) is the existence of at least two different identities that alternately control a person's actions. DID is also strongly linked to severe experiences of early childhood trauma (2). Suicide attempt is one of the presenting symptom in DID (3, 4). Suicide is sometimes a complicating condition in psychiatric practices. Suicide rates decrease after the treatment of depression but rarely suicide emerges related to antidepressant treatment in patients with depression that it is generally seen in adolescents and it seems to be associated to bipolarity (5-8).

Adjunctive antidepressants were accepted as a treatment option for DID in clinical practice (9). Despite extensive use of antidepressants in clinical practice, the unfavorable effects of antidepressant on dissociative identity has not been determined.

In this case we determined a dissociative identity and high dose drug intake which emerged during the fluoxetine therapy in treatment of depression. With the regard to this complex case, the issues of dissociative identity, high dose drug intake, suicide attempt, depression, antidepressant associated suicide or side effects and their relations will be discussed in dissociative identity disorder.

CASE REPORT

An 18 year-old student was found by her friends at the student dormitory unconscious and close to the drugs. She had been discharged from hospital after three days of intensive care treatment. Physical examination, laboratory tests, and cranial computer tomography did not reveal any pathology. She was referred to the psychiatry outpatient clinic. In her interview it was understood that she responded to the treatment of fluoxetine 20 mg/day, which was begun a month previously with major depression symptoms in the third week of treatment, and the treatment of fluoxetine 20 mg/day was continued. She reported that she had no idea or plan for suicide before the high-dose drug intake and she did not know why she acted in this way. She said that before intensive care at the hospital she remembered things in a very confused way and like a dream, she felt she was like a child, she played with candies of various colors (probably drugs), and then, she ate all of the candies. She stated that she did not know why she was in the hospital when cooperation was built. When it was reported that she took drugs, she responded that they were candies, not drugs, and she stated that she was confused with this situation. Additional drug, alcohol or other material intake was not reported. No hypermanic or manic episode in the past was identified. No suicide history in the past or in the family was found. No psychiatric disorder was found in the family. It was stated in the history that there had been several months of abuse by a person when she was 5-6 years of age. She identified herself as more childlike and immature compared to her peers. No additional story related to the existence of an additional identity or other dissociative cases, was recorded from her. Informed consent was obtained from patients who participated in this case. The mental status examination

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found that she was conscious, cooperative, full oriented, affect and mood; euthymic, physiological symptoms of fatigue, lack of energy. Hamilton Depression Rating Scale's was detected as 6 point.

DISCUSSION

Dissociative identity disorders are either underdiagnosed or misdiagnosed secondary to the mistaken belief that dissociative disorders are rare (1). Sar et al. (10) found that DID constituted 6 % of patients among emergency psychiatric admissions. DID generally has a reported history of childhood abuse, with the frequency of sexual abuse being higher. Patients who have been diagnosed with DID frequently report chronic suicidal feelings with some attempts (11). In this case; the patient had sexual abuse, existence of a different identity (child identity was eating the candies), drug overdose due to child identity (appears to be a suicide) and the proper diagnosis was DID. Psychiatric examination of the patient revealed that she had a different identity, and the act was not a suicide attempt but that it was a drug overdose. This case leads us to suggest that patients with a suicide attempt or drug overdose condition might have comorbid dissociative experiences, which cannot be identified easily.

In the differential diagnosis, several questions come to mind with regards to the case due to complication of this case's intake overdose drug. Was high dose drug intake associated to antidepressants or a depressive condition? Was it associated to the underlying bipolar disorder (5-8). Was the high dose drug intake related to antidepressant side effect; such as dysphoria, akathisia, anxiety, impulsiveness and agitation (12). It was found that major depression has begun a month previously in the patient, she responded to the anti-depressant treatment and no side effect related to the drug emerged in this period. It was found that there was no suicide idea or plan before present situation. No evidence of bipolarity was found in the past or at present. The patient did not understand why she had acted in this way. It was evaluated that the interview was reliable. No case or possibility of stigmatization with relation to drug intake was found. The case of abuse was also detected in this case. Taking into account all of these findings, it is thought that there had been drug (candy) intoxication related to dissociative identity (child type) which emerged during the treatment of fluoxetine 20/day.

Despite extensive use of antidepressants in the clinical practice of DID (10), the unfavorable effects of antidepressant on dissociative identity have not been determined. In only one study, dissociative disorder emerged following an electroconvulsive therapy during the depression treatment (13). Our observation (dissociative identity emerged during the treatment of fluoxetine) was that it might be determined by coincidence or fluoxetine may have a trigger effect on dissociative identity in a person who has a history of sexual abuse. So it is difficult to make general statements about this observation.

Suicide is one of the most observed symptoms in the DID and suicide rates were reported as 70-72% in DID and also the presence of a dissociative disorder was the strongest predictor of a suicidal tendency (3, 4, 11). Taking into account this case, the cases of suicide in DID's should be evaluated with care, and it should be discussed whether the case is not a suicide but another act (like the act of eating candies in a child identity) appearing to be a suicide related to a dissociative identity. Unresolved suicide cases in DID consequently will be at greater risk of recurrent suicidal behavior.

CONCLUSION

This case has several important implications. Clinically, the case points to the risk of drug overdose due to child identity which accompanies dissociative identity disorders, suggesting that greater efforts should be made to screen for this disorder and highlighting the need for vigilant attention to safety issues when working with dissociative identity patients. With better understanding of these cases, it will be possible to take preventive measures and provide treatments towards possible repeater acts of the patient in the future. Incorporation of this new finding into everyday (suicide with DID patients) emergency psychiatry practice is urgently needed.

Informed Consent: Written informed consent was obtained from patients who participated in this case.

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