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Opinion Article

Dissociative Symptoms and Psychotic Features in Bipolar Disorder

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ABOUT THE STUDY

Along a spectrum from adaptive coping mechanisms to more problematic states, dissociative phenomena encompass a wide range of processes and events. The fifth edition of the Diagnostic and Statistical Manual of Mental Disorders lists depersonalization, derealization, amnesia, identity confusion, and identity alteration as the five components of dissociation. Dissociative symptoms are defined as "a disruption of and/or discontinuity in the normal integration of consciousness, memory, identity, emotion, perception, body representation, motor control, and behaviour." The origin of dissociative symptoms has been explained by two main ideas. According to the "trauma theory," dissociation is a coping mechanism used to manage the extreme anxiety symptoms brought on by traumatic experiences. According to the "disrupted sleep theory," the cause of the experience is thought to be the distortion of cognitions, emotions, and sensations brought on by extended sleep deprivation.

Patients with Bipolar Disorder (BD) frequently display dissociative symptoms, especially those who mention having had serious childhood trauma. Additionally, the presentations of dissociative symptoms brought on by acute and ongoing sleeplessness, which affects the physiologic process of memorising, may be related to disruption in circadian rhythms, which is typically described by BD patients. As a result, both exposure to trauma and sleep disruption can cause cognitive dysfunctions that impair a patient's ability to cope and increase the occurrence of dissociative symptoms. Dissociative symptoms may also exist prior to the commencement of the disorder and may increase the likelihood of developing BD. Additionally, dissociative symptoms are typically linked to a worse prognosis and more mood swings.

Patients who had attempted suicide in the past reported more dissociative symptoms overall and a higher Dissociative Experiences Scale-II (DES-II) total score. Suicide may be an effort to manage dissociative symptoms or a final effort to enter a dissociative state. In order to enhance risk assessment and create models of care for individuals with BD, the relationship between dissociative symptoms and suicide behaviours represents an intriguing topic.

A higher DES-II overall score is linked to mixed traits. Patients with dissociative disorder may be resistant to therapy because of mixed traits, which are linked to a lack of response to mood stabilisers in BD. Antidepressant therapy frequently results in mixed characteristics, and the correlation analysis shows that this feature is also linked to more severe dissociative symptoms. In our sample, seasonality is linked to dissociative symptoms. This study is the first to show such a connection. This finding may be explained by the seasonal pattern that is linked to a worse prognosis and a larger incidence of relapses.

Dissociative phenomena and the existence of psychotic symptoms in BD, particularly in BD I, are closely connected. In the future, the relationships might serve as a BD diagnostic marker. A number of clinical indicators cross-reference a poor response to mood stabiliser therapy, a worsening of the condition, and the occurrence of dissociative symptoms. Therefore, it is crucial to assess if ongoing dissociation exists in BD in order to help the doctor determine the best course of action. Future research should delve deeper into the factors that underlie this link and the best therapeutic approach to lessen the influence that these symptoms have on the development of BD.

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