Management of Dissociative Identity Disorder on the Inpatient Psych Unit

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Introduction: Occasionally you will encounter patients who report having multiple personalities or alters. Formerly called "multiple personality disorder," this condition is now termed Dissociative Identity Disorder (DID). Here are the essential points to know about this disorder.

DSM-5 Diagnostic Criteria:

- Two or more distinct identities control the person's behavior at different times.
- Patients experience memory gaps, especially relating to experiences that occurred while a specific identity was controlling them.

Clinical Manifestations:

- Patients with DID are usually admitted due to depression, suicidal ideation, and/or self harm.
- There may be many distinct alters with specific names, genders, and personalities; the average number of reported alters has increased from about 2 in the 1970s to over 10 currently.
- Can be hard to distinguish alters from auditory hallucinations.
- Certain stimuli, or "triggers," can prompt a switch between identities or lead to distressing dissociative symptoms. Triggers include sounds, sights, physical sensations, and specific situations and interpersonal interactions.
- Don't expect identity switches to be dramatic or obvious; they can be subtle.
- Different identities might have different allergies and even need different vision prescriptions.

Etiology: A history of trauma, especially childhood sexual or physical abuse, is very common (about 90% of patients). Theoretically, DID serves as a way of coping with painful memories by transferring the experiences from the main personality to one of the alters, so that the emotional pain is "walled off."

Comorbidities: Depression, anxiety, substance use disorders, eating disorders and PTSD.

Differential Diagnosis:

- Bipolar Disorder: Patients may appear to have distinct personalities in different mood states.
- Borderline Personality Disorder (BPD): Patients often experience dissociative symptoms and engage in self-injurious behaviors.
- Factitious disorder/malingering: Watch out for exaggerated symptoms, inconsistent stories, and possible secondary gains like disability benefits or avoidance of criminal prosecution.

Sample Questions to ask:

- "Have others mentioned things you've done, but you can't recall?"
- "Do you ever find yourself in places without remembering how you got there?"
- "Do you find new items in your home that you don't recall purchasing?"

Management strategies for DID in an Inpatient Psychiatric Unit:

- Sudden switches between alters (alternate identities) can be disorienting not just for the patient but also for the staff and other patients. Create a "DID management plan" specific to the patient, outlining triggers and preferred interventions for each identity.
- With frequent staff shifts and interactions with multiple healthcare professionals, patients with DID might struggle to establish consistent trust. Assign a primary staff member who interacts with the patient regularly.
- The controlled nature of inpatient settings can resemble abusive environments from the patient's past. Create a safe space where patients can retreat if feeling overwhelmed. Staff should be trained in trauma-informed care, emphasizing empathy, patience, and understanding.

- Different identities might have varied responses to medications. Maintain a detailed medication log noting responses of different identities.
- Group therapies, which are common on inpatient units, might expose DID patients to triggers. If available, prioritize individual therapy sessions for DID patients.

Treatment Approaches:

- First, ensure safety by addressing self-injurious thoughts and behaviors, if any.
- Psychotherapies: Cognitive behavior therapy, dialectical behavior therapy, insight-oriented therapy, hypnotherapy, and eye-movement desensitization and reprocessing (EMDR) can help. If these therapies aren't provided on your psychiatric unit, arrange for outpatient treatment.
- Pharmacotherapy: consider prescribing antidepressants, anxiolytics, or antipsychotic medications to address comorbid symptoms.