



European Society for Trauma & Dissociation, UK Network

The role of medication in treating dissociative disorders in adults

Information for clinicians, patients and carers

Introduction

Although studies of dissociation date back more than a century, it has not commonly been included in medical and other professional training in the UK. There is a large and growing body of clinical and research evidence concerning the dissociative disorders and increasing numbers of patients with these conditions are presenting for help. This information is provided for clinicians such as general practitioners, psychiatrists, psychologists, psychotherapists and for patients and carers to explore the role of medication in managing symptoms associated with the hyper and hypo-arousal states common to dissociative conditions.

Definition of dissociation

A disruption in the usually integrative functions of consciousness, memory, identity, or perception (DSM-IV). The dissociative conditions are characterised by symptoms in the following 5 areas: amnesia; depersonalisation; derealisation; identity confusion; identity alteration. These core symptom constellations are often accompanied by a range other common post-traumatic symptoms.

Further information

For an expanded symptom profile, assessment, diagnosis, treatment & further information, please see ESTD UK information sheet, Dissociative Disorders in Adults: Information for clinicians and NHS fund holders._

Relevant guidelines

NICE has not yet produced any for guidelines for the dissociative conditions. These conditions belong to the spectrum of post-traumatic disorders, specifically complex post-traumatic stress usually originating in childhood. When formulating guidelines concerning PTSD, NICE specifically excluded consideration of complex post traumatic conditions originating in childhood (NICE Guidelines for PTSD, Para. 2.1, p. 13). At present, standards for assessment and treatment of dissociative conditions can only be found in the International Treatment Guidelines of the International Society for The Study of Trauma Dissociation. A free downloadable copy, available via the ISSTD website (www.isst-d.org) . The ISSTD Guidelines, now in their 3rd edition (2011), meet the standards normally expected by NICE. They summarize expert consensus concerning effective assessment and treatment for patients suffering from dissociation and present key findings and generally accepted principles that reflect current scientific knowledge and clinical experience specific to the diagnosis and treatment of dissociative disorders.

The role of medication: Summary of recommendations

The Guidelines recommend that:

- **the primary treatment for dissociative conditions is phase-orientated, individual psychodynamically orientated psychotherapy on an outpatient basis.**
- **Effective therapeutic treatment & skills training in affect regulation & the management of post-traumatic and dissociative symptoms may be more effective than medication.**

- **The nature of dissociation means that symptoms may fluctuate & responses to medication may vary throughout the person's personality system.**
- **Medications have an adjunctive role and are 'usually best conceptualised as "shock absorbers" rather than as curative interventions'.**
- **Specific recommendations await systematic research. Currently, the use of medication for dissociative symptoms is 'almost entirely empirical & based on clinical experience'.**
- **The Guidelines review the role of anti-depressants, sedatives, antipsychotics, mood stabilisers, psycho-stimulants and other medications.**

Further information

- **More detailed information for prescribing clinicians can be found in the Guidelines. For a review of specific medications, see also Loewenstein (2005)**
- **It has been demonstrated that significant cost savings are accompany specialist therapeutic treatment (Lloyd, 2011)**

Professional bodies with useful websites

- **European Society for Trauma and Dissociation (www.estd.org)**
- **International Society for the Study of Trauma and Dissociation (www.isst-d.org)**

References

- **ISSTD (2011) Guidelines for Treating dissociative Identity Disorder in Adults. Journal of Trauma and Dissociation, 12,2, 115-187.**
- **Loewenstein, R.J (2005) Psychopharmacologic treatments for dissociative identity disorder. Psychiatric Annals, 35,8 666-673**
- **Lloyd, M. (2011) How investing in therapeutic services provides a clinical cost saving in the long term. Health Service Journal, 1 September 2011**