

Dissociative Identity Disorder in a pregnant woman: a case report

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Abstract

Dissociative Identity Disorder is a rare diagnosis, resulting from criteria present in the Diagnostic and Statistical Manual of Mental Disorders five edition that characterize this disorder as a chronic and uncommon psychiatric condition, which cures with the disruption of the patient's identity, which may form two or more. Amnesias, headaches, divergent and dangerous behaviors are present and described over the years as severely affecting patients, in addition to other major psychiatric disorders. We report the case of a patient with dissociative identity disorder during her second pregnancy.

Keywords: Identity disorder; Psychiatric; Trauma; Dissociative identity.

Introduction

Dissociative identity disorder (DID) is a chronic psychiatric condition that courses with the corrupting senses of consciousness, memory, and identity [1]. The patient experiences two or more identities who differ from each other, associated with amnesia of events that occurred in the fluidity of the other personality states or traumatic events that are rarely forgettable in the population without the identity disorder [2].

The epidemiology is estimated at approximately 1 percent in community-based studies [3]. Secondary psychiatric comorbidities severely affect the individual's life, leading to posttraumatic stress disorder in adults, depression, and substance abuse [3]. About 90% of patients have suffered some type of childhood abuse, be it physical, sexual, or emotional [4, 5]. Women are more affected by this syndrome (more than 80% of the cases) and are mostly diagnosed between the ages of 29 and 35 [2].

We report the case of a patient with a rare dissociative identity disorder during her second pregnancy with the main to describe the case and their particularities with an epidemiologically relevant review.

Case Report

A 36-year-old woman with a history of DID has been in outpatient follow-up for 15 years for control of symptoms secondary to dissociative identity episodes. She has a history of childhood sexual abuse at age 12 and this is the risk factor that increases the epidemiology of these case as a response to the trauma [3]. The patient has a distinct personality of a prepubertal child and the periods of dissociative lasted a maximum of 2 days.

The first episode of dissociation occurred during the sexual abuse, when the patient assumed the identity of a younger child as a form of response to the traumatic event. The patient suffers successive daily amnesias and fainting spells unresponsive to previous treatment - the adult personality state is aware of the infantile one but is not reciprocally recognized. Prior to the current pregnancy, treatment for headaches was topiramate 150 mg/d for five years and was discontinued for teratogenic risks to both mother and baby. Drugs from the anticonvulsants class have been used to prevent current fainting that follows the headaches but without any successful outcome.

The infantile profile does not manifest the aspects of maternal life such as breastfeeding her 3-year-old son

and other sights related to the current pregnancy. The patient also clings to her husband analogously to a father figure and demands immature rewards for doing small acts as demanding chocolate bars in exchange for taking her daily medication.

Currently, she is at 32 weeks pregnant and takes sertraline 200 mg/d with partial control of the of anxiety symptoms related to a possible unexpected personality change with maintenance of clinical presentation without permanent effect in controlling the dissociations that occurs without rule of "switching". A statement was provided to the obstetrician for a cesarean section indication because if during delivery the infantile personality manifests it will make normal delivery impossible.

Discussion

DID involves multiple environmental and biological characteristics culminating in a difficult-to-manage psychiatric disorder. According to some authors, depersonalization and derealization are the main symptoms that are difficult to manage. Due to the high probability of disorders associated with DID, careful attention must be paid by the psychiatric team to avoid new predisposing factors that may corrupt the identity into further fragmentation.

It is often seen that patients with DID take on severe depressive or substance abuse disorders, putting their own mental and physical health in imminent danger [4]. DID is commonly associated with identity breakdown, but

usually there is a predominance of one personality over the other, often implying a guarded prognosis in the eyes of society [1]. Despite the dramatic turns described and associated with lower rates of complete response to treatment the efficiency of psychotherapy in the long-term integration of identities [4].

This case adds to the literature of rare cases, extensive research is still needed to fully elucidate the chronic psychiatric conditions associated with DID5. It is relevant to say that pregnancy is a triggering factor for several modifications in the maternal organism, hormonal and emotional lability, in questions of prevalence of mental disorders such as anxiety or depression was pondered in a study in which 38,000 pregnant women were

evaluated, and 43.6% presented at least one mental illness [5]. We report the case of a patient with a rare dissociative identity disorder during her second pregnancy with the main objective of describing the case and its particularities with an epidemiologically relevant review.

We searched PubMed for articles with no time restriction for articles published in English, using the term "dissociative identity disorder" and "pregnancy". We emphasized in case reports to describe the scientific reports and improve valiance to the few studies about this disorder in pregnant women. The articles selected for the discussion are presented in Table 1 with a short description of its main findings.

Table 1. Review of case reports

Author	Year	Country	Main findings
O'dwyer JM, Friedman T [7]	1993	England	A case report of a 26-year-old patient five weeks after the birth of her first son, that experimented multiple personalities witch the patient had the known but not control of them. The first sign of the disorder was about of age 10. She had an unhappy childhood with both physically and sexual abuse by her parents.
Coons PM [8]	1992	United States of America	The first case report introduces a 32-year-old woman that had affective symptoms, since as child, with history of sexual abuse, but increased by the birth of her 4-year-old son. The patient was hospitalized for 13 months for the treatment of symptoms as depersonalization and amnesia, treated with carbamazepine. The second case report 17-year-old 6 months pregnant also presented symptoms of amnesia and depersonalization, as well as self-injuries

McCarty T, Schneider-Braus, K, Goodwin, J [9]	1986	United States of America	and “inner voices”. She had a history of a traumatized childhood with sexual abuse by her father. The treatment with carbamazepine was introduced following the childbirth.
Seeman MV [10]	1980	Canada	This article shows us 2 cases that an alternative therapy was introduced in 2 different patients that had a first diagnosis of borderline syndrome. The process of a long-term therapy with the same professional provided benefits for the patients in reducing the fluctuance of their mood and self-injuries behavior.
Welner M, Burgess A, O'Malley KY [11]	2021	United States of America	The article brings the meaning and influence of names and identity. The influence of name in the Multiple Personality Disorder was identified by a desire of the patient to introduce a new character in their personality, with individual characteristics that established the interest of that personality alternating between alter egos.
			A case series of 15 patients with fetal abduction by maternal evisceration, in an investigation of the forensic psychiatric of the cases and the motivation, associated with multiple mental disorders, including pseudocyesis when the woman was raving about a pregnancy. Also, portrays 2 cases of dissociative disorder that patients experimented an immersion in a fantasy world, followed by flashbacks and depersonalization during the moments of the crime.

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