

Clinical/Medical Writing Sample

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Topic: Dissociative Identity Disorder

Format: Clinical Decision Support (CDS) Disease and Condition content

Purpose: Evidence-based information for clinicians at the point-of-care

Audience: Interdisciplinary healthcare providers (e.g., physicians, nurses, and social workers)

Style manual: AMA

Dissociative Identity Disorder

Description

Dissociative identity disorder (DID), formerly called multiple personality disorder, is a chronic condition characterized by the presence of two or more separate personality states within one individual. This complex disorder impairs a person's sense of having a unified self and is associated with recurrent lapses in memory. People living with DID experience significant disruptions to identity, awareness, memory, and consciousness.

Etiology/Pathophysiology

Although the exact cause is unknown, DID is associated with environmental risk factors including^{1,2,4}:

- history of physical and sexual abuse
- severe childhood trauma
- long-term emotional abuse
- natural disasters
- war combat
- medical/surgical procedures
- acts of terrorism

DID is one of three dissociative disorders, all of which are believed to develop (often during childhood) as a way of coping with trauma.^{2,4} Recent research suggests those with DID have smaller brain volumes in the regions associated with memory, indicating that traumatic events may impact neural development.^{2,3}

Treatment Considerations

Although there is no cure or standard treatment, symptom management can often be achieved through long-term supportive therapies. Some cultures view the alternate personality as a "spirit" or form of "possession", and these beliefs should be considered during care. Traditional psychotherapy treatment options include^{1,2,4}:

- Cognitive behavioral therapy (CBT)
- Dialectical behavioral therapy (DBT)
- Eye movement desensitization and reprocessing (EMDR)

The effects of living with DID can be debilitating and require ongoing care. Treatment is complex and often complicated by related, co-existing conditions including^{1,4}:

- post-traumatic stress disorder (PTSD)
- depression
- anxiety
- substance use disorder
- self-injury
- non-epileptic seizures

Drug therapy is ineffective in addressing the core features of DID. However, some medications, like antidepressants, can help manage comorbid conditions like depression.²

It is critical to assess and monitor suicide risk while providing treatment in both acute and non-acute settings. An estimated 70% of people with DID have attempted suicide in the past and multiple attempts are common.¹

References

1. American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. American Psychiatric Association; 2013.
2. Black DW. *Pocket Guide to Psychiatric Practice*. 1st ed. American Psychiatric Association Publishing; 2018.
3. Dimitrova LI, Dean SL, Schlumpf YR, et al. A neurostructural biomarker of dissociative amnesia: a hippocampal study in dissociative identity disorder. *Psychological Medicine*. 2023;53(3):805-813. doi:10.1017/S0033291721002154
4. National Alliance on Mental Illness. *Dissociative disorders*. Accessed December 29, 2023. <https://www.nami.org>