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Paucity of Derealization and Depersonalization Signs in Chronic Schizophrenia

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Abstract

Introduction: *Derealization (subjective experience of unreality of the surrounding world) and depersonalization (feeling detached from one's mental or bodily processes) have been been considered as pathological symptoms. We examined the presence and stability of depersonalization-derealization over time in chronic schizophrenia.*

Method: *Patients with chronic schizophrenia (N=41, 28 men, 13 women, mean age 38.5 years, SD=12.4) were rated at baseline, week 2, week 5, and week 8 with the Hamilton Depression Rating Scale (HAM-D) and with other psychiatric scales, i.e., 4 times. The Item 19 of the 31 item version of the Hamilton Depression Rating Scale (HAM-D) measures the depersonalization-derealization (DD): we evaluated the changes in DD scores over the 4 time points.*

Results: *Most patients (68.3%) consistently reported absence of symptoms of DD over the 4 timepoints. Five patients (12.2%) described a "mild" symptom of DD at least once at the 4 time points, 7 patients (17.1%) reported DD at a "moderate" level at least once,and only one patient (2.4%) reported "severe" DD, however, only once over the 4 time points.*

The DD measures were not significantly correlated (p>.05, one tailed) with the Scale for the Assessment of Negative Symptoms(SANS) and its subscales, the Brief Psychiatric Rating Scale (BPRS), the HAM-D version that includes only the first 17 items (i.e., without Item 19), and the Positive and Negative Syndrome Scale (PANSS). An exception was the PANSS subscale of positive symptoms (r=.40, p=.005, 1-tailed): those with DD signs experienced more intense positive symptoms of psychosis.

Conclusions: *Only minimal variation in the level of DD was observed over 8 weeks. DD symptoms were completely absent in about two-thirds of these patients. The DD scores were not significantly correlated to various measures of psychopathology (SANS, PANSS, BPRS) except for the PANSS subscale of positive symptoms.*

Keywords: *Depersonalization, Derealisation, Schizophrenia, Positive Symptoms*

Introduction

Rene Descartes [1] drew our attention to the fact that while dreaming, we might at times struggle to decide if situations encountered in the dream are real or only a dream: Descartes extended this to our experiences in the waking life, pointing out that we cannot be sure if we are only dreaming them. Even before Descartes, spiritual texts such as the Bhagavad Gita [2] and the Tibetan Book of the Great Liberation [3] postulated that our daily perceptions of the world, including also the view of oneself as an individual person, are inherently flawed, based largely on self-deception. In this philosophical or spiritual context, the experience of derealisation and depersonalization should not be considered as pathological.

The derealization is a subjective experience of unreality of the surrounding world. Depersonalization involves the sense of watching oneself act, as if in a dream, while "the observer" feels detached from one's mental or bodily processes. They both involve

a sense of detachment or unreality. Depersonalization and derealization (DD) have occasionally been reported concurrently with symptoms of depression, schizophrenia, anxiety, or with sleep deprivation, PTSD, migraine, and epilepsy.

The DSM5 [4] includes DD under the concept of the "Depersonalization/Derealization Disorder." Diagnostic criteria of DSM5 require that the DD symptoms must "cause clinically significant distress or impairment in social, occupational, or other important areas of functioning." The other DSM5 criteria for DD specify that the disturbance occurs in the presence of intact reality testing (unlike in psychosis), and "is not attributable to the physiological effects of a substance (e.g., a drug of abuse, medication) or another medical condition (e.g., seizures)," and "is not better explained by another mental disorder such as schizophrenia, panic disorder, major depressive disorder, acute stress disorder, PTSD, or another dissociative disorder."

With respect to the prevalence of DD, the DSM5 manual specified, that "Transient depersonalization/derealisation symptoms lasting hours to days are common in the general population" and that "In general, approximately one-half of all adults have experienced at least one lifetime episode of depersonalization/derealisation."

Our study examined the prevalence and persistence of the DD symptoms in chronic schizophrenia.

Materials and Method

Our sample consisted of 41 patients with chronic schizophrenia (28 men, 13 women; mean age 38.5 years, SD=12.4). All 41 patients were stabilized on antipsychotics, but their baseline scores on the Scale for the Assessment of Negative Symptoms (SANS) [5] were all above 24, thus indicating intense negative symptoms. All 41 patients were involved in a double-blind controlled study of the impact of ginseng on schizophrenic symptoms [6]. Nineteen of the 41 patients were assigned to a group exposed (after the baseline) to daily dose of ginseng for 8 weeks and the other 22 were on placebo for the same stretch of time. Psychiatric symptoms in both groups of patients were rated at baseline, week 2, week 5, and week 8, i.e., at 4 time points, via HAM-D [7], SANS, the Positive and Negative Syndrome Scale (PANSS) [8], and with the Brief Psychiatric Rating Scale (BPRS) [9]. The Item 19 of HAM-D measures depersonalization-derealization (DD). This Item 19 is usually not included in the calculations of total HAM-D scores: the HAM-D total score is usually calculated only on the first 17 items. We used the scores on this Item 19 as our key measure of DD: we evaluated the DD changes over the 4 time points. Only patients with no missing data on the Item 19 participated in our study. It is important to note that the DD scores of our 41 patients were not significantly affected by the presence or absence of ginseng: absolutely no pharmacological effect of ginseng on DD scores was noted when statistically comparing the patients in our placebo group to those exposed to ginseng for 8 weeks ($r=.00$, $p>.05$).

Results And Discussion

Most patients (68.3%) consistently reported complete absence of symptoms of DD over the 4 time points. Four patients (9.8%) described a "mild" symptom of DD only once in the 4 time points, and one patient (2.4%) at 2 times, with an absence of DD at the other 2 time points. Seven patients (17.1%) reported DD at a "moderate" level at least once, but not more than 3 times in the 4 interviews, but never reached the "severe" level.

Only one patient (2.4%) reported "severe" DD, however, only once in the 4 time points.

No significant Pearson correlations at $p<.05$, one-tailed, were found of baseline DD scores to baseline scores on the SANS and on its subscales, PANSS, the BPRS, and HAM-D (the version that includes only the first 17 items). The only exception to this trend was a significant correlation of DD to the positive symptoms subscale of PANSS ($r=.40$, $p=.005$, 1-tailed): those with DD signs experienced more intense positive symptoms of psychosis.

The baseline DD scores did not significantly correlate ($p>.05$, 1-tailed) with age, gender, and duration of illness.

Our data suggest that DD symptoms are not very frequent in patients with schizophrenia and that DD is not closely correlated with symptoms of psychiatric pathology as measured by SANS, PANSS, HAM-D (17 item version), and BPRS, except for positive symptoms of psychosis. This is rather consistent both with the DSM5 classification of the DD disorder as a separate nosological entity and with the DSM5 stipulation, in differential diagnosis, to exclude persons with impaired reality testing [4].

Conclusions

DD symptoms were completely absent in about two-thirds of our patients with chronic schizophrenia. We inspected the data of those patients who reported at least the mild level of DD symptoms at least once over 4 time points spread over 4 weeks. Only minimal variation in levels of DD was observed over the 8 weeks in our patients.

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