



Universitätsklinikum
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Dissociation in patients with schizophrenia: Relationships with childhood trauma and psychotic symptoms

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Dissociation and Schizophrenia: Research questions

- ▶ Prevalence and nature of dissociative symptoms in patients diagnosed with schizophrenia?
- ▶ Relationships between dissociation and childhood trauma?
- ▶ Overlap/co-occurrence and differentiation of dissociative disorders and schizophrenia?

Studies using the DES in schizophrenic patients

Study	Sample	DES-Score
Horen et al. (1995)	<i>Schizophrenia</i> (N=19; DSM-IV)	M=20.4 (\pm 19.6)
Hlastala et al. (2005)	<i>Schizophrenia</i> (N=27; DSM-IV)	M=26.9 (\pm 21.5)
Glaslova et al. (2004)	<i>Schizophrenia</i> (N=50; DSM-IV) <i>Controls</i> (N=50)	M=28.4 (\pm 8.4) M=8.9 (\pm 9.7)
Bob et al. (2006)	<i>Schizophrenia</i> (N=82; DSM-IV) <i>Controls</i> (N=50)	M=15.7 (\pm 8.5) M=8.5 (\pm 9.0)
Brunner et al. (2003)	<i>Schizophrenia</i> (N=82; DSM-IV) <i>Controls</i> (N=50)	M=14.0 (\pm 10.6) M=17.2 (\pm 11.3)
Vogel et al. (2006)	<i>Schizophrenia spectrum</i> partly remitted (N=87; ICD-10) <i>Controls</i> (N=297)	M=15.3 (\pm 14.1) M=6.4 (\pm 5.3)
Modestin et al. (2007)	<i>Schizophrenia spectrum</i> in remission (N=26; ICD-10) <i>Controls</i> (N=1056)	M=9.9 (\pm 6.8) M=7.6 (\pm 6.3)

Childhood Trauma and Dissociation in Female Patients With Schizophrenia Spectrum Disorders

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Psychopathology at admission (t1) and one month later (t2; $M=34.7$ days, $SD=19.4$)

Scales	t1 Mean (SD)	t2 Mean (SD)
PANSS^a		
Positive score	19.7 (6.4)	15.7 (6.4)
Negative score	16.9 (7.2)	13.0 (5.1)
Global score	38.9 (10.4)	29.8 (8.5)
Total score	75.6 (20.8)	58.4 (17.2)
DES^b		
Subscale amnesia	13.2 (15.0)	5.8 (7.9)
Subscale absorption	25.6 (21.5)	15.3 (10.6)
Subscale depersonalization	24.7 (25.3)	13.3 (15.2)
Total score	21.0 (17.7)	11.9 (9.9)

(N=30)

Relationships with positive symptoms

- ▶ Patients with predominance of positive symptoms had significantly higher DES mean scores (M=21.1 vs. M=9.2).

(Spitzer et al. 1997)

- ▶ Dissociation associated with positive schizophrenic features, particularly hallucinations.

(Ross & Keyes 2004, Kilcommons & Morrison 2005)

- ▶ Inconsistent findings regarding the relationship between negative schizophrenic symptoms and dissociative symptoms.

(Spitzer et al. 1997, Ross & Keyes 2004)

Relationships with childhood trauma

- ▶ Significant correlations between childhood sexual and/or physical abuse and dissociation in both, chronic and first-episode patients.
(Goff et al. 1991, Greenfield et al. 1994)
- ▶ DES scores significantly correlated ($r=.50$ and $r=.54$) with the 'Sexual Abuse Trauma Index' of the TSC-40.
(Bob et al. 2006, Glaslova et al. 2004)
- ▶ Studies using the CTQ found strongest relationships with childhood emotional abuse.
(Holowka et al. 2003, Schäfer et al. 2006)

Study in patients with schizophrenia spectrum disorders

- ▶ Are dissociative symptoms state-dependent ?
- ▶ Link between childhood trauma and dissociation when patients are stabilised?
- ▶ Is relationship mediated by psychotic symptoms?

Study population

Consecutive admissions to inpatient unit for psychotic disorders at University Medical Center Hamburg-Eppendorf

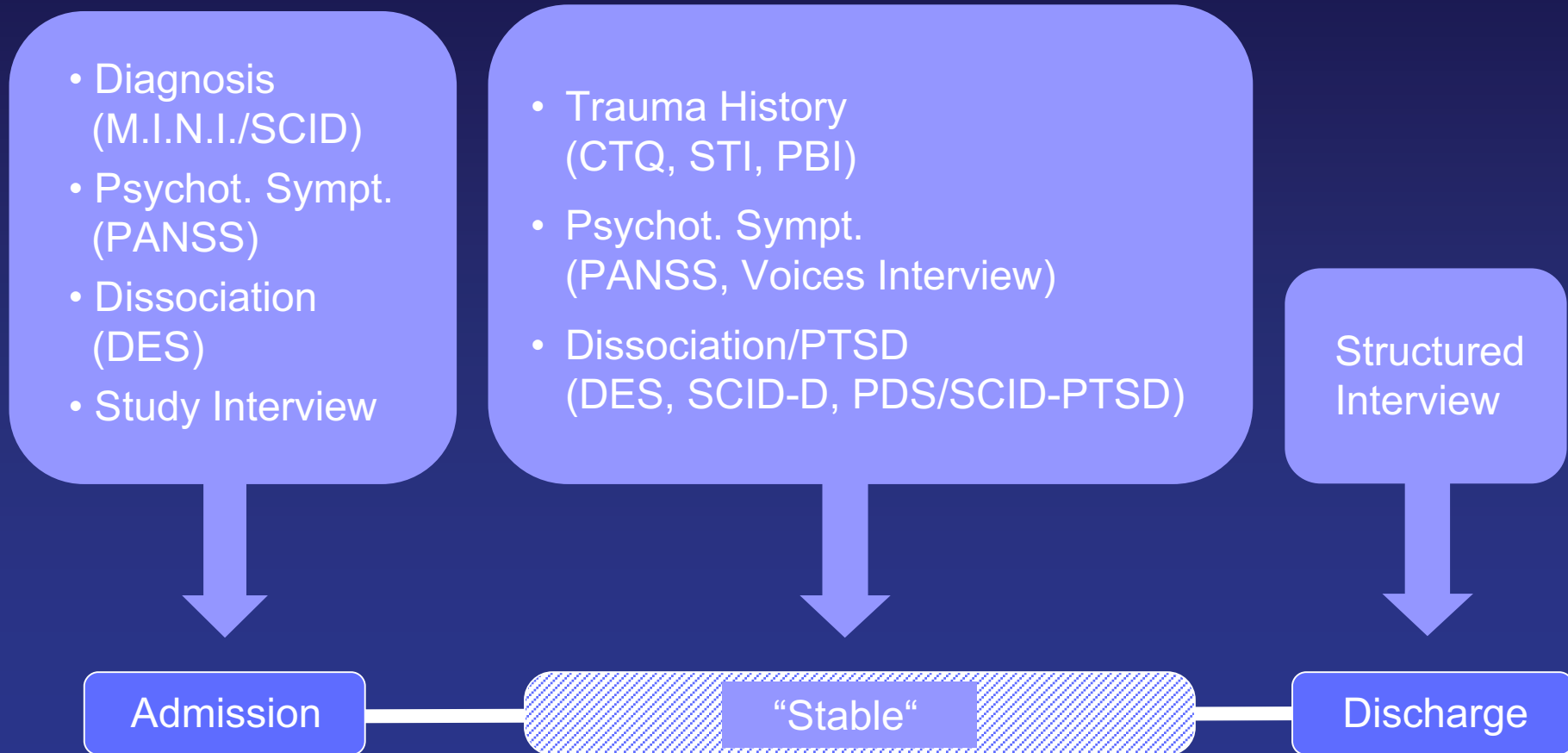
Inclusion criteria:

- ICD-10-diagnoses F20-F29
- Aged 18 - 60 years
- Literacy in German

Exclusion criteria:

- Length of stay less than 14 days
- Persisting suicidality

Study design



Sample characteristics (N=103)

<i>Variables</i>		<i>%</i>
Age	<i>M</i> =33.5 (<i>SD</i> =11.2)	
Gender	Male	66
	Female	34
Diagnosis	Schizophrenia	70
	Schizoaffective disorder	25
	Delusional disorder	2
	Schizophreniform disorder	3
Duration of illness	< 1 year	29
	1-5 years	30
	> 5 years	41

Psychopathology at admission and main interview

Scales	T0 Mean (SD)	T1 Mean (SD)
DES*		
Subscale Amnesia	14.0 (15.3)	9.7 (11.4)
Subscale Absorption	25.8 (17.4)	21.1 (16.0)
Subscale Depersonalization	19.4 (19.4)	13.5 (14.9)
Total Score	20.1 (15.9)	14.5 (12.8)
PANSS**		
Positive Score	18.0 (5.3)	14.1 (4.4)
Negative Score	20.6 (6.2)	18.1 (5.1)
Global Score	41.2 (8.7)	34.5 (7.5)
Total Score	79.8 (15.9)	66.7 (14.0)

p < .001

Notes. T1: *M*=21.6 days; *T0: *N*=71, T1: *N*=103; **T0: *N*=70, T1: *N*=74 .

Dissociation and childhood trauma (T1)

CTQ	DES			
	Amnesia	Depers.	Absorption	Total-Score
Sexual abuse	$r=.451^{**}$	$r=.210^*$	$r=.326^{**}$	$r=.362^{**}$
Phys. abuse	$r=.335^{**}$	$r=.098$	$r=.136$	$r=.200^*$
Phys. neglect	$r=.275^{**}$	$r=.055$	$r=.129$	$r=.165$
Emot. abuse	$r=.327^{**}$	$r=.183$	$r=.246^*$	$r=.277^{**}$
Emot. neglect	$r=.108$	$r=-.024$	$r=.087$	$r=.069$
Total-Score	$r=.451^{**}$	$r=.210$	$r=.326^{**}$	$r=.315^{**}$

(N=103)

Stepwise multiple regression model

- ▶ Sexual abuse contributes significantly to the prediction of self-reported dissociation when patients were stabilized ($F_{inc}(1, 66) = 5,81, p = .019$).

Addition of psychopathology variables in the second step of the regression did not result in a significant increment in R^2 .

- ▶ In a corresponding model at T0, the PANSS Positive-Subscale was the only significant predictor in step 2 ($F_{inc}(3, 48) = 4,88, p = .005$).

Addition of trauma variables to the equation did not reliably improve R^2 .

Summary

- ▶ Dissociation as measured by the DES is state-dependent in patients with schizophrenia spectrum disorders.
- ▶ Significant relationships between psychotic symptoms and dissociation at admission (due to symptom-overlap, e.g. hearing voices?).
- ▶ Sexual abuse was the only significant predictor of dissociation when patients were stabilised, no influence of psychotic symptoms.



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**Thank you
for your attention !**