Specifičnosti dijagnostike disocijativnih poremećaja kod djece i adolescenata

/ Specificity of Diagnosing Dissociative Disorders in Children and Adolescents

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Disocijativni poremećaji mogu se definirati kao raskol u obično cjelovitim funkcijama svijesti, pamćenju, identitetu i opažanju, dakle disocijativni poremećaj karakterizira prekid normalne integracije svijesti. Kada se govori o djeci i adolescentima, najčešći su konverzivni poremećaji kao i poremećaji identiteta koji uključuju značajan diskontinuitet doživljaja selfa uz promjene afekta i ponašanja što se najčešće opaža kao poremećaj pamćenja, koncentracije i privrženosti, što dovodi do značajnog oštećenja u socijalnom, radnom i drugim važnim područjima funkcioniranja. Uzroci se nalaze u traumatskim događajima zlostavljanja, ali i brojnim drugim traumatskim iskustvima, kao što su hospitalizacije, preseljenja, gubitak važnih osoba i sl. Neurobiološka istraživanja traumatizirane djece pokazuju abnormalnosti (funkcijske i strukturne) u razvoju limbičkog sustava, kao i kortikalne promjene. Van der Kolk u svojim istraživanjima navodi da povećana razina emocionalne pobuđenosti dovodi do promjena u hipokampusu koji je odgovoran za neadekvatno evaluiranje senzornih informacija. Važno je naglasiti da djeca normalno pokazuje fantaziju i maštanje u ponašanju što je teškoća u dijagnostičkom procesu u odnosu na patološku disocijaciju. Poseban su problem diferencijalna dijagnoza, kao i komorbidne bolesti.

/ Dissociative disorders can be defined as disruptions in the usually complete functions of consciousness, memory, identity and perception, therefore characterized by the disruption of normal consciousness integration. When talking about children and adolescents, the most common are conversion disorders as well as identity disorders, which include a significant discontinuity of self-experience with changes in affect and behaviour, most commonly observed as memory disorder, concentration and attachment disorder, leading to significant impairment in social, work and other important areas of functioning. Causes are found in traumatic events of abuse, but also in many other traumatic experiences, such as hospitalization, relocation, loss of important persons, etc. Neurobiological studies of traumatized children show abnormalities (functional and structural) in the development of the lymphatic system as well as cortical changes. In his research, Van der Kolk states that an increased level of emotional upheaval leads to changes in the hippocampus responsible for inadequate evaluation of sensory information. It is important to emphasize that children normally exhibit fantasy and imagination in behaviour, which presents difficulties in the diagnostic process in relation to pathological dissociation. A special problem is differential diagnosis, as well as comorbid diseases.

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UVOD

Disocijacija je psihološki proces koji dopušta osobi da se kognitivno i/ili emocionalno brani od traumatskih iskustava. Ona nije samo patološka, već egzistira i u preživljajući kontinuum i uobičajeni je odgovor na traumu, kako je „protjerati iz svijesti". Termin je uveo Pierre Janet (1) opisavši ga kao fragmentiranje splitinga u kojem osoba, vremenom gubi osjećaj kohezivnosti. Prema DSM V (2) disocijativni poremećaj definira se kao raskol u obično cjelovitim funkcijama svijesti, pamćenja, identiteta i opažanja okoline, kao i percepcije tjelesne reprezentacije i kontrole ponašanja.Od 1980. koncept disocijativnih poremećaja dobio je novo značenje, kako s teorijskog, tako i s kliničkog stajališta, posebice u SAD-u, gdje se kao uzroci navode rane dječje traume.

PODJELA DISOCIJATIVNIH POREMEĆAJA

Prema DSM V (2) u disocijativne poremećaje ubraja se disocijativna amnezija, disocijativne fuge, disocijativni poremećaji identiteta, depersonalizacijski poremećaji i neodređeni disocijativni poremećaji. Važno je naglasiti utjecaj kulturoloških i religijskih stavova. Od navedenih oblika disocijacija najkompleksniji je disocijativni poremećaj identiteta, koji uključuje dva ili više identiteta koji naizmjenično preuzimaju nadzor nad ponašanjem osobe uz nesposobnost prisjećanja važnih osobnih podataka te se svako stanje ličnosti doživljava kao da ima vlastitu prošlost i sliku o sebi. Kod depersonalizacije osoba ima osjećaj odvojenosti ili otuđenosti kod vlastitog sebstva te se često doživljava kao promatrač vlastitih duševnih zbivanja,vlastitog tijela ili dijelova tijela. Kako su disocijativna stanja često vezana uz PTSP, prema Harveyu i Bryantu (3) predlaže se nova kategorija kod osoba koje imaju prolongirane i ponavljajuće traume – kompleksni PTSP.

INTRODUCTION

Dissociation is a psychological process that allows a person to cognitively and/or emotionally defend themselves from traumatic experiences. It is not only pathological but also exists in the surviving continuum and is a common response to trauma, as it is to the state of being "out of consciousness". The term was introduced by Pierre Janet (1), describing it as a fragmentation of a splitting in which a person, in time, loses a sense of cohesiveness. According to the DSM V (2), dissociative disorder is defined as a break in the usually complete functions of consciousness, memory, identity and perception of the environment as well as perception of body representation and behaviour control. Since 1980, the concept of dissociative disorders has gained new significance, both theoretically and clinically, especially in the United States, where early causes of childhood trauma are mentioned as causes.

CLASSIFICATION OF DISSOCIATIVE DISORDERS

According to DSM V (2), dissociative disorders include dissociative amnesia, dissociative fugue, dissociative disorder of identity, depersonalization disorder and undefined dissociative disorders. It is important to emphasize the influence of cultural and religious attitudes. Of the aforementioned forms of dissociation, the most complex is the dissociative disorder of identity, which includes two or more identities that alternately take over the behaviour of a person with an inability to recall important personal data, and each person's condition is perceived as having his own past and self-image. In the depersonalization of a person, there is a sense of separation or alienation in their own self and they are often seen as an observer of their own mental events, their own body or parts of the body. As dissociative states are of-

EPIDEMIOLOŠKA ISTRAŽIVANJA

Epidemiološka istraživanja disocijativnih poremećaja uglavnom se odnose na odraslu populaciju. Prema istraživanjima Johnsona (4) disocijativna amnezija u općoj populaciji javlja se u 2,6-7,3 %, depersonalizacija u 0,9-1,45 %, dok se u psihijatrijskoj populaciji nalaze 10- 12 % i posebice se povezuju s PTSP-om (5). Vrlo je mali broj istraživanja kod djece. Prema Rossu (6), disocijativni poremećaji kod djece i adolescenata u općoj populaciji javljaju se u 5–10 %. Disocijativni poremećaju ličnosti kod adolescenata u općoj populaciji javljaju se u 1 %, a u psihijatrijskoj populaciji u 5 %.

SPECIFIČNOSTI DJEČJIH I ADOLESCENTNIH DISOCIJATIVNIH STANJA

Najčešći oblici disocijativnih stanja kod djece i adolescenata su konverzivni poremećaji i poremećaji identiteta (7). Diskontinuitet doživljaja selfa i kontrole kod djece može se manifestirati u komunikaciji sa zamišljenim prijateljima ili funkcioniranju u mašti. Djeca mogu djelovati kao da je nešto izvan djeteta preuzelo kontrolu te se dijete počinje ponašati drugačije, što se pripisuje fantaziji ili igri, a razlikuje se po tome što djeca s disocijativnim poremećajem žive simultano s multiplim self statusom, ali koji su međusobno separirani, a kod adolescenta se često poistovjećuje s adolescentnim previranjem. Klinička slika kod djece se vrlo često javlja iznenada kao agresija, promijenjen odnos prema sebi i okruženju, dolazi do oscilacija raspoloženja, od agresivnog do pasivnog, što se najčešće opaža kao poremećaj pamćenja, koncentracije te dovodi do problema na socijalnom, radnom i drugim važnim područjima funkcioniranja (8). Opisana klinička slika vrlo često se dijagnosticira prema oblicima ponašanja, dakle prema dominantnoj simptomatologiji, najčešće prema MKB 10 kao F92, F 93 i F 94,

ten linked to PTSD, Harvey and Bryant (3) suggest a new category for people with prolonged and recurrent traumas - complex PTSD.

EPIDEMIOLOGY

Epidemiological studies of dissociative disorders are mainly related to the adult population. According to Johnson's research (4), dissociative amnesia makes up 2.6-7.3% of the general population, depersonalization is 0.9-1.45%, while in the psychiatric population there is 10-12% and such cases are particularly related to PTSD (5). There is very little research conducted on children. According to Ross, (6) dissociative disorders in children and adolescents in the general population make up 5-10%. Dissociative personality disorders make up 1% in adolescents in the general population and 5% in the psychiatric population.

SPECIFICITY OF DISSOCIATIVE STATES IN CHILDREN AND ADOLESCENTS

The most common forms of dissociative conditions in children and adolescents are conversion disorders and identity disorders (7). The discontinuity of self-experience and control can manifest itself in children in communication with imaginary friends or functioning in imagination. Children can act as if something outside them has taken control and they begin to behave differently, which is attributed to fantasy or play, and it is different because children with dissociative disorder live simultaneously with multiple selves which are interdependent, and in adolescents this is often identified as adolescent turmoil. The clinical picture of children frequently occurs as sudden aggression, a changed attitude toward oneself and the environment, mood swings from aggressive to passive, and is most often seen as a memory or

ali koje dijagnoze upućuju na simptome, ali ne i na genezu problema što je od bitnog značenja za terapijski proces.

Disocijacija se uobičajeno dijeli na normalnu disocijaciju ili slabu disocijaciju, kada je dijete zaokupljeno određenim sadržajem ili aktivnostima i ne reagira na podražaje okoline. Takvo dijete, npr., u školi, ne sluša učitelja ili nema kontrolu nad svojim ponašanjem te se često proglašava poremećajem pažnje ili ADHD poremećajem (9). Normalna disocijacija ne interferira s dječjim razvojem ili socijalno akademskom progresijom za razliku od patološke, koja dijete blokira te dijete djeluje kao da je u transu bez kontakta s okruženjem. Često takva djeca imaju osjećaj da ne osjećaju vlastito tijelo, što se često dijagnosticira kao depersonalizacija i derealizacija i vrlo često se javlja nakon, npr. raznih medicinskih intervencija. Ozbiljna ili teška disocijacija, kada se dijete potpuno separira od osjećaja, sjećanja na strašne misli, naziva se i disrupcija identiteta (10). Djetetove reakcije ovise o brojnim faktorima, posebno o stavu roditelja i vjerovanju koliko je svijet siguran.

POVEZANOST EMOCIONALNIH I NEUROLOŠKIH PROMJENA

Istraživanja brojnih autora (11-16) opisuju kako emocionalno okruženje i emocionalni utjecaji djeluju na hipokampus, koji je odgovoran za neadekvatno evaluiranje senzornih informacija.Prema Van der Kolku (17) traumatska iskustva pokreću procese u talamusu te šalju informacije u amigdala i orbitofrontalni korteks uz istovremeno aktiviranje hormonskih odgovora na stupanj stimulacije hipokampusa, što pod utjecajem stresa dovodi do promjena u hipotalamo pituitarno adrenalnoj osi, refleksija čega je češće smanjena nego povećana podražljivost. Sve veći broj istraživača povezuje problem obrasca privrženosti, traumu i disocijaciju (12,18).

concentration disorder leading to problems in social, working and other important areas of functioning (8). The clinical picture described here is very often diagnosed according to behavioural patterns, i.e. dominant symptomatology, most often according to MKB 10 as F 92, F 93 and F 94, which tell us about the symptoms and not the genesis of the problem, which is essential to the therapeutic process.

Dissociation is commonly divided into normal dissociation or poor dissociation when a child is embedded in a certain content or activity and does not respond to the stimuli of the environment. For example, such a child does not listen to teachers at school or has no control over his behaviour and is often diagnosed with attention disorder or ADHD disorder (9). Normal dissociation does not interfere with a child's development or social academic progression, as opposed to the pathology that the child blocks, acting as if in a trance and without contact with the environment. Such children often have the impression that they do not feel their own body, which is frequently diagnosed as depersonalization and derealization and very often occurs after various medical interventions. Serious dissociation or hardship, when the child is completely separated from feeling or remembering horrible thoughts, is also called disruption of identity (10). The child's reaction depends on a number of factors, especially the attitude of his or her parents and the belief that the world is safe.

RELATIONSHIP BETWEEN EMOTIONAL AND NEUROBIOLOGICAL CHANGES

Research by numerous authors (11-16) describes how the emotional environment and emotional influences affect the hippocampus, which is responsible for inadequate evaluation of sensory information. According to Van der Kolk (17), traumatic experiences trigger pro-

Pitanje koje se postavlja je odnos emocionalnih problema i traume te sekundarno dolazi do organskih promjena na mozgu ili su primarno promjene na mozgu dovele do problema u funkcioniranju, kako ponašajnom tako i emocionalnom (19,20).

DIFERENCIJALNA DIJAGNOSTIKA

Pitanje koje se postavlja je kako postaviti dijagnozu s obzirom na kompleksnost utjecaja traume te kako prepoznati krije li se ispod iste ili slične simptomatologije psihička bolest - poremećaj ili se radi o disocijativnom stanju ili i o komorbiditetu. Kao najčešći problemi u odnosu na diferencijalnu dijagnozu postavljaju se pitanja shizofrenije, akutnih psihotičnih poremećaja, bipolarnih poremećaja, graničnih poremećaja osobnosti,uzimanje sredstava ovisnosti, temporalna epilepsija, ADHD i drugi. Iako velik broj istraživanja (21) ukazuje u odnosu na shizofreniju da je jedan od dominantnih faktora procjena afekta, procjena realiteta i halucinatorna doživljavanja, poznato je da trauma koja je uzrok disocijativnim stanjima može uzrokovati afektivnu udaljenost kao mehanizam obrane. Vrlo često se spominju shizodisocijativni poremećaji. Kada se govori o akutnoj disocijativnoj psihozi, postavljanje dijagnoze je jednostavije, jer se javlja nakon stresne situacije, kratkog je trajanja i neposredan je odgovor na stres uz, kasnije, često razvoj PTSP-a. Velik broj istraživanja odnosi se na depresije, odnosno povezanost depresije i traume te depresije kao samostalnog poremećaja. Kao jedan od kriterija za razlikovanje navodi se distimični poremećaj prije pojave depresivnih simptoma. Postoje i brojne dileme vezane uz ovisnosti, granične poremećaje ličnosti (22), kao i ADHD.

U procesu dijagnostike važno je znati što nije disocijacija. Disocijacije nisu razvojni poremećaji (23), kao ni psihotični poremećaji, ali da bi se na to moglo odgovoriti, kao i kada se radi o komorbidnim poremećajima, važno je dobro

cesses in the thalamus and transmit information to the amygdala and the orbital frontal cortex while simultaneously activating hormonal responses to the degree of stimulation of the hippocampus, which, under the influence of stress, leads to changes in the hypothalamus pituitary adrenal axis, the result of which is more frequently reduced than increased susceptibility. An increasing number of researchers link the problem of attachment, trauma and dissociation (12,18).

There is the question of the relationship between emotional problems and trauma, and secondary organic changes in the brain and primary brain changes have led to problems in both behavioural and emotional functioning (19,20).

DIFFERENTIAL DIAGNOSIS

The question that arises is how to set up a diagnosis with regard to the complexity of the trauma's influence and how to identify it if a symptomatology or a similar symptomatology is a disorder, a dissociative condition or a comorbidity. The most common problems related to differential diagnosis are questions of schizophrenia, acute psychotic disorders, bipolar disorders, borderline personality disorders, addiction, temporal epilepsy, ADHD and others. Although a large amount of research (21) point to schizophrenia as one of the dominant factors in the estimation of the affect, the estimation of reality and the hallucinatory perception, it is known that trauma caused by dissociative states can cause an affective distance as a defence mechanism. Schizodissociative disorders are frequently mentioned. When it comes to acute dissociative psychosis, the diagnosis is simple because it occurs after a stressful situation, which is of a short duration and is a direct response to stress, and later often develops into PTSD. A large number of studies relate to depression, associated depression and trauma

poznavanje normalnog razvoja djeteta, specifičnosti svake faze, kao i povezanosti s utjecajima okruženja i refleksije razvoja, kako na kognitivni, tako i na emocionalni razvoj (24,25). S naglaskom da svaka razvojna faza ima svoje specifičnosti, trauma u ovisnosti o fazi razvoja uključuje različite dijelove mozga. S obzirom na specifičnosti, neophodan je multidisciplinski pristup, kako u procesu dijagnostike, tako i terapije (26).

ZAKLJUČAK

Disocijativni poremećaji svojom specifičnošću čine poseban problem kod djece i adolescenata, kako s dijagnostičkog, tako i s etiološkog i terapijskog stajališta te zahtijevaju dobro poznavanje faze razvoja, promjene koje traumatska iskustva izazivaju u svakoj fazi razvoja, refleksije promjena na funkcioniranje mozga te na emocionalni, kognitivni i ponašajni razvoj. Potrebno je dobro poznavanje terapijskih pristupa, što zahtijeva, uz navedeno, i multidisciplinski pristup.

and depression as an independent disorder. As one of the criteria for differentiation, there is a distal disorder before the appearance of depressive symptoms. There are also numerous dilemmas related to addiction, border personality disorders (22), as well as ADHD.

In the process of diagnosis, it is important to know what dissociation is not. Dissociations are not developmental disorders (23) nor psychotic disorders, but in order to respond to this, as in the case of comorbid disorders, it is important to know the normal development of the child, the specificity of each stage as well as the correlation with the effects of the environmental reflexes of the same, both cognitive and emotional development (24,25). With the emphasis that each stage of development has its specifics, the trauma dependent on the development phase includes different parts of the brain. In terms of specificity, a multidisciplinary approach, both in the process of diagnostics and therapy (26), is indispensable.

CONCLUSION

Dissociative disorders with their specificity pose a particular problem for children and adolescents, which is diagnostic as well as aetiological and therapeutic, and requires a good understanding of the developmental phase, the changes that traumatic experiences cause at each stage of development, their effect on brain functioning and emotional, cognitive and behavioural development. They require a good understanding of therapeutic approaches, which, in addition, requires a multidisciplinary approach.

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