Case Report

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Postpartum onset depersonalization-a rare case report

Abstract

Background: Primary or isolated depersonalization has an uncommon occurrence. There seems to be no definitive first line management guideline either pharmacological or psychological. This seems to be the first case on isolated depersonalization in a postpartum case managed effectively by self psycho-education and Yoga to be reported. Thirty year old qualified psychiatrist within three days post normal vaginal delivery developed episodic depersonalization that lasted for 3 to 4 weeks. Depression and stress reaction disorder were ruled out on ICD -10 guidelines. This isolated depersonalization was managed by Self Psycho-educating and meditative practices. Depersonalization symptoms can occur in isolated form not only secondary to depression in postpartum onset. Further, Yoga and self Psycho-education can be considered for management of Primary depersonalization.

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Introduction

Gentile J et al.[1] points out that depersonalization disorder to be categorized under dissociative disorder.[1] It has been emphasized as a persistent, pervasive phenomenon, causing subjective distress and functional impairment.[2] Some literature points out women are more commonly affected as compared to men whereas others have mentioned it affects both gender equally.[2,3] Proportion of individual in which depersonalization occurs primarily or in isolated form is minimal.[2] Further, studies have demonstrated inconsistent evidence for efficacy of both psychotropic and psychological intervention in management of depersonalization disorder.[3] It seems this postpartum case with primary depersonalization which was effectively managed with psycho-education and Yoga is first to be reported.

Case

A 30 year old woman, post 72hrs (unassisted) vaginal delivery developed episodic depersonalization described as feeling being detached from her body, cut off from emotions and feelings, felt as if she had completely lost herself and as if she was in a dream. Further, she felt as if her limbs were reduced to the size that of her child. The episodes lasted for 3 to 4weeks and each episode lasted for few seconds to few minutes occurring multiple times in a day worsening with evening. Patient was orientated to time, place and person. On the basis of ICD-10 (International Classification of Diseases-10thEdition), depression, phobia, panic, psychotic, insomniac symptoms and stress reaction disorder were ruled out. No psychotropic medication was prescribed but the patient managed herself on non- pharmacological approach that is psycho-educating on neuro-psycho-pathological basis that her symptoms are body's reaction to child birth which is a traumatic experience. Further, she practiced Yogic meditating practices including 'pranayama' like 'Om chanting' and 'Brahamri'. She witnessed complete resolution of the depersonalization symptoms and had no relapse over 9month's period.

Discussion

Zambaldi CF study on dissociative experience during childbirth reveals 11.8% (sample size being 328) up to 72 hrs postpartum develop depersonalization symptoms like a sensation of time change during the event, this seemed to be happening in slow motion not being aware of things that happened and disorientated.[4] In our case, onset of depersonalization was 72hrs post partum but the patient orientation was not affected. Somer Eli et al.[3] review indicated that depersonalization symptoms can occur in medical condition especially neurological for instance migraine and epilepsy and psychiatric morbidities including depression, panic disorder, post traumatic stress disorder, schizophrenia and stress. There is no history of aforementioned diseases except for stress, as childbirth is often a traumatic experience perceived as stress.[3]

Cohen P[5] reported minocycline and cited innumerable medications which may be associated with depersonalization disorder. On contrary, the patient was not on any of the medications that could have accounted for the symptoms.

Medford have also pointed out studies that have mentioned the use of lamotrigine in conjuction with SSRIs (selective serotonin receptor inhibitors) to give reliable benefit in treatment of primary (isolated) depersonalization as compared to lamotrigine alone.[3] On the contrary, our case was managed using non-pharmacological approach. Further, he mentions that there is yet to be recognized psychological treatment for depersonalization though there have been case report citing the use of behavior therapy, directive therapy, Psycho-analytical therapy and Cognitive -Behavioral model of depersonalization. He advocated treatment aimed at psycho-education.[2] Similarly, our patient managed by self psycho-educating on neuro-psycho-pathological basis that her symptoms are body reactions to child birth which is itself a traumatic experience (stress) along with practice of Yoga 'pranayama' -'Om' chanting and 'Brahmri' and with 3 to 4weeks there was complete resolution of the symptoms. Although, this is a single rare case report but it definitely paves way for identification of primary depersonalization in post partum period. The use of psycho-education in conjunction with meditative practices might have an effective role to play in its management. This case report also warrants need for randomized control trial or meta- analysis of 'Yoga' practices in managing primary depersonalization in postpartum case.

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None.

Conflict of interest

The author declares no conflict of interest.

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