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Kad identiteti govore: dijagnostička dilema između disocijacije i psihoze

/ When Identities Speak: The Diagnostic Dilemma Between Dissociation and Psychosis

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Disocijativni poremećaj identiteta i psihotični poremećaji mogu imati preklapajuće kliničke manifestacije, što može otežati diferencijalnu dijagnostiku. Prikazuje se slučaj mlade pacijentice hospitalizirane zbog epizoda u kojima opisuje prisutnost različitih identitetskih stanja s odvojenim imenima, karakteristikama i autobiografskim sadržajem, uz izraženu tjeskobu i pad funkcionalnosti. U početnoj kliničkoj procjeni dominirala je disocijativna simptomatologija, uz izražene amnestičke epizode i subjektivan doživljaj izmjene *selfa*. Tijekom hospitalizacije dolazi do promjene kliničke slike s izraženijom negativnom simptomatologijom u obliku afektivne zaravnjenosti, avolicije, alogije, anhedonije i socijalnog povlačenja uz

Dissociative identity disorder and psychotic disorders can have overlapping clinical manifestations, which may complicate differential diagnosis. We present the case of a young female patient hospitalized because of episodes in which she described the presence of different identity states with separate names, characteristics, and autobiographical content, accompanied by pronounced anxiety and a decline in functioning. In the initial clinical assessment, dissociative symptomatology predominated, with marked amnestic episodes and a subjective experience of self-switching. During hospitalization, the clinical picture changed, with more prominent negative symptoms in the form of affective flattening, avolition, alogia, anhedonia, and social withdraw-

prisutnost halucinatornih doživljaja. Disocijativni elementi ostaju prisutni, no u daljnjem tijeku postaju manje dominantni u odnosu na psihotičnu simptomatologiju. Anamnestički podatci uputili su na traumatska iskustva u djetinjstvu te ranije prisutne slušne halucinacije. U obradi su razmatrani disocijativni poremećaj identiteta, shizofrenija, shizoafektivni poremećaj te granični poremećaj ličnosti s disocijativno-psihotičnim obilježjima. Nakon uvođenja antipsihotika (risperidon) dolazi do poboljšanja psihičkog stanja uz postupno blijeđenje psihotične simptomatologije. U ovom trenutku postavljena je dijagnoza nespecificiranog psihotičnog poremećaja uz potrebu daljnjeg praćenja. Slučaj naglašava važnost dinamičke procjene psihopatologije, s obzirom na to da se početno disocijativno obilježena klinička slika može tijekom vremena razviti prema dominantno psihotičnom sindromu. Traumatska iskustva u anamnezi zahtijevaju pažljivu procjenu disocijativnih fenomena, no sama po sebi ne isključuju mogućnost psihotičnog poremećaja. Longitudinalno praćenje, uz procjenu kvalitete simptoma, razine uvida, funkcionalnog pada i odgovora na liječenje, ključno je za precizniju dijagnostiku i optimalan terapijski pristup.

al, along with the presence of hallucinatory experiences. Dissociative elements remained present but became less dominant over time compared with psychotic symptomatology. Anamnestic data pointed to traumatic experiences in childhood and previously present auditory hallucinations. In the diagnostic workup, dissociative identity disorder, schizophrenia, schizoaffective disorder, and borderline personality disorder with dissociative–psychotic features were considered. After the introduction of an antipsychotic (risperidone), there was an improvement in mental state with gradual fading of psychotic symptoms. At this point, a diagnosis of unspecified psychotic disorder was made, with a need for further follow-up. The case highlights the importance of dynamic assessment of psychopathology, given that a clinical picture initially marked by dissociative features may, over time, develop into a predominantly psychotic syndrome. Traumatic experiences in the history require careful assessment of dissociative phenomena, but in themselves do not rule out the possibility of a psychotic disorder. Longitudinal follow-up, including assessment of symptom quality, level of insight, degree of functional decline, and treatment response, is crucial for more precise diagnosis and an optimal therapeutic approach.