

PW01-49 - DEPERSONALIZATION IN PATIENTS WITH PANIC DISORDER: ROLE OF PERSONALITY

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Introduction: Depersonalization (DP) is a common and complex clinical phenomenon in neurology and psychiatry. It is defined as an experience in which the individual feels a sense of unreality and detachment from him/herself. Prevalence and clinical correlates of dissociative symptoms in general, and DP in particular have been associated to panic disorder (Hunter et al., 2004). Moreover, DP has been associated with certain personality traits, specifically “harm-avoidant” temperament dimension, immature defenses, and overconnection and disconnection cognitive schemata (Simeon et al., 2002).

Objectives: To investigate the prevalence of DP syndrome in panic disorder and its relationship with personality.

Methods: One-hundred-four consecutive adult patients with panic disorder were assessed with the Semi-Structured Clinical Interview for DSM-IV-Axis I and II. All participants were evaluated with the Cambridge Depersonalization Scale (Sierra and Berrios, 2000) and the Cloninger Temperament and Character Inventory. The severity of panic disorder was measured with the Panic and Agoraphobia Scale.

Results: Seventeen patients (16.3%) had a DP syndrome. There were not socio-demographic differences between both groups with and without DP syndrome. Patients with DP syndrome showed a higher score in “self-transcendence” character dimension ($p < .001$), higher prevalence of personality disorders ($p = .007$) and greater severity of panic disorder ($p = .007$). A logistic regression analysis showed that severity of panic disorder ($p = .031$) and higher “self-transcendence” personality dimension ($p = .019$) predicts DP syndrome in panic disorder patients. The Hosmer-Lemeshow test showed the goodness-of-fit of the model.

Conclusions: The study confirms the association of DP syndrome with panic disorder and their relationship with “self-transcendence” personality dimension.