

# Assessing severity of depersonalisation and derealisation symptoms

Transient symptoms of depersonalisation and derealisation are very common in the general population, often during periods of stress or fatigue, or concurrent with a number of medical conditions. They can also occur as a chronic primary mental health disorder called Depersonalisation/Derealisation Disorder (DPRD).

### What your patient may say

- It's like I'm just watching life from behind glass
- I feel completely detached from everything around me
- I feel as if I'm living in a dream
- I feel like I don't exist anymore

Increasing symptom severity →

### 1 Transient symptoms

Mildly distressing

Seconds to a few days

**Typical triggers**

- Fatigue
- Jet lag
- Life-threatening incidents
- After heavy alcohol use
- Illicit drug use

**Comorbidities and risk factors**

None

**Intervention**

Give the patient a name for their symptom. Explain why it might have been triggered in their case.

Review after 2 weeks. If symptoms persist, consider other levels of severity

### 2 Secondary to other disorder

Moderately distressing

Panic attacks: Minutes

Psychiatric disorders: Weeks to months

**Typical triggers**

- Panic attack
- Aura of migraine or seizure

**Comorbidities and risk factors**

- Neurological conditions  
E.g. migraine or temporal lobe epilepsy
- Psychiatric conditions  
E.g. depression or schizophrenia
- Anxiety disorders  
Particularly those with panic or obsessive compulsive disorder

**Intervention**

**Treat primary condition**

**Anxiety or depression**  
Psychopharmacological management  
Psychological management  
Refer for low intensity psychological therapy

**Psychosis**  
Refer to CMHT\*

Review after treatment. If symptoms persist, consider primary DPRD.

### 3 Part of PTSD or personality disorder

Moderately–severely distressing

Functional impairment possible

Months to years

**Typical triggers**

Period of prolonged stress

**Comorbidities and risk factors**

- History of significant childhood abuse and trauma
- Post-traumatic stress disorder
- Personality disorders  
Particularly borderline personality disorder

**Intervention**

**Treat primary condition**

**Childhood or adult trauma**  
Refer for high intensity trauma-focused psychological therapy

**Personality disorder**  
Refer to secondary care services

Review after treatment. If symptoms persist, consider primary DPRD.

### 4 Primary DPRD

Moderately–severely distressing

Functional impairment likely

Months to years

Onset often in adolescence

**Typical triggers**

- Acute stress
- Use of illicit drugs  
Particularly after cannabis use

**Comorbidities and risk factors**

- May be none
- A history of anxiety problems
- Family history of anxiety disorders
- Reported parental emotional abuse, perceived criticism and/or emotional neglect

**Intervention**

Elicit concerns, and offer reassurance and hope that they can recover. Signpost patient to self-help material, online and phone support, particularly recovery stories.

Review after 2 months. If symptoms persist, refer to local secondary care services for psychiatric assessment and intervention.

Review after treatment. If symptoms persist, consider referral to tertiary or specialised DPRD centre.

\*CMHT = Community Mental Health Teams

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