

•;• CASE 49

A 45-year-old man is brought to the emergency department after a fight in the bar where he has been employed for the past 3 weeks. The patient says that his name is "Roger Nelson," but he has no identification. He states that he does not know where he lived or worked prior to 3 weeks ago. although he does not seem upset by this. He says that the fight broke out in the bar because one of the customers attempted to steal money from the cash register.

On a mental status examination, the patient is seen to be alert and oriented to person, place, and time. The results of all other aspects of the examination are normal. A physical examination shows a 3-in-long laceration on the patient's right forearm, which requires suturing. There is no head trauma or any other abnormalities. When the police run a description check on the patient, they find that he fits the description of a missing person, Charles Johnson, who disappeared from a town 50 miles away 1 month prior to his emergency department admission. Mrs. Johnson is able to identify Roger Nelson as her husband. Charles. The patient claims not to recognize her, however, Mrs. Johnson explains that in the months prior to his disappearance, her husband was under increasing work pressures and was afraid that he was going to be fired. She says that the day before his sudden disappearance, her husband had a huge fight with his boss. He came home and had a fight with her as well, culminating in her calling him a "loser." She woke up the next morning to find him gone. She states that the patient has no psychiatric history or problems and denies that he uses drugs or alcohol. He has no medical problems.

- **What is the most likely diagnosis for this patient?**
- **What are the course of and the prognosis for this disorder?**

## ANSWERS TO CASE 49: Dissociative Fugue

*Summary:* A 45-year-old man is brought to the emergency department after a fight in the bar where he is employed. Other than a laceration on his forearm, there are no physical abnormalities. The results of his mental status examination are normal. The patient has been working at the bar for the past 3 weeks but has no memory of his life prior to that. When his wife is located, the patient does not recognize her. The wife reports that the patient has been missing for 1 month, his disappearance apparently precipitated by increasing problems at work and fights with his boss and his wife. The patient has no history of psychiatric problems, drug or alcohol use, or medical problems.

- **Most likely diagnosis:** Dissociative fugue.
- + **Course and prognosis:** Dissociative fugue is usually brief in duration, lasting hours to days. Occasionally it lasts for months, and the patient can travel thousands of miles from home. Generally, there is a rapid, spontaneous recovery, and a recurrence after recovery is rare.

### Analysis

#### Objectives

1. Recognize dissociative fugue in a patient (see Table 49-1 for diagnostic criteria).
2. Understand the usual course of illness in this disorder.

#### Considerations

This man suddenly disappeared after experiencing a series of difficulties and traumatic events in his life. He appears suddenly several weeks later with a different name and a different life and does not recognize his wife. The results of his mental status examination are otherwise normal. There is no history of a dissociative identity disorder, drug use, or a general medical condition that might better account for his behavior. Individuals experiencing **dissociative**

**Table 49-1**

#### DIAGNOSTIC CRITERIA FOR DISSOCIATIVE FUGUE

1. Unexpected, sudden departure from home and travel to a new location: the individual is unable to recall his or her past.
2. The individual is not aware of his or her identity and may create a new one.
3. The condition does not occur in an individual with dissociative identity disorder and is not caused by a medical condition or substance.
4. The condition must be distressing or impair social and/or occupational functioning.

**fugue suddenly and unexpectedly travel far away from their homes and cannot recall their previous identity or past.** The person usually adopts a **new identity** in the course of the fugue. Dissociation is a way in which people defend themselves against overwhelming trauma: most instances of dissociative fugue occur during times of war or other overwhelming disasters but can also be triggered by severe marital, family, or occupational distress. It is a rare disorder.

## APPROACH TO DISSOCIATIVE FUGUE

### Definitions

**Depersonalization:** Persistent or recurrent alteration of one's perception of oneself as unreal or strange.

**Dissociation:** A form of defense against trauma: the individual "splits off" the memory of the traumatic event, emotions, thoughts, or behaviors, which then exist on a "parallel" level of awareness.

**Dissociative amnesia:** Inability to recall specific information, usually about one's identity, but having an intact memory about general information: usually caused by a traumatic or stressful memory. This disorder does not involve traveling and adopting a new identity.

**Dissociative identity disorder:** Commonly known as multiple personality disorder, a disorder in which a person invents multiple personalities to help deal with a traumatic event, usually one that has occurred in childhood. Two or more identities or personality states recurrently take control of the person's behavior.

### Clinical Approach

Severely traumatic events, such as those occurring during a war, or intense personal crises can precipitate these rare events. Individuals affected by dissociative fugue display more purposeful behavior than those with dissociative amnesia. They travel away from their families, take on new identities, and often new occupations. Alcohol abuse and certain mood and personality disorders can predispose one to this disorder but are not the cause.

### Differential Diagnosis

The main purpose of dissociative fugue appears to be escape from a traumatic experience; therefore there is always a history of the occurrence of an overwhelming event in these cases. However, a clinician faced with such patients is unlikely to be aware of this history, as the patients have blocked the events from their memories. The clinician must therefore consider and rule out other diagnoses. **In dissociative amnesia**, individuals lose their memory *of the past but do not leave home or invent a new identity*. **In dissociative identity disorder**, the

patient **experiences himself or herself as at least two separate identities** with individual behaviors, emotions, and histories.

Patients with **dementia or delirium have memory problems and can wander far from home**, but their travels are purposeless and disorganized, and they **do not invent new identities**. Patients with complex partial seizures can travel away from home, but they do not invent new identities, and there is usually no history of a traumatic event. Patients with **bipolar disorder** experiencing an episode of mania often travel far from home, but they are often delusional, have hallucinations, and display other symptoms of bipolar illness. Intoxication caused by many different substances can cause amnesia and result in sudden travel; alcohol and hallucinogens, in addition to barbiturates, benzodiazepines, steroids, and phenothiazines, can all produce retrograde amnesia. Another possibility is malingering, that is, falsifying a fugue to obtain some gain, such as to escape creditors or drug dealers.

## Treatment

There is no indicated psychopharmacologic treatment for dissociative fugue, although an interview under Amytal Sodium (amobarbital sodium) or a benzodiazepine can render helpful diagnostic information. It is generally treated by first obtaining a complete psychiatric history, perhaps aided by the use of hypnosis, so that the psychological stressors that precipitated the fugue can be discovered. On identification of the precipitating event, psychodynamic psychotherapy is typically helpful in helping the patient deal with the stressor in a more healthy, integrated way to minimize the risk of a dissociative recurrence.

## Comprehension Questions

- [49.1] A man who appears to be approximately 70 years of age is brought to the emergency department by the police. He was picked up after he tried to order food in a restaurant but had no money to pay the bill. He is oriented to place and time and gives his name as "Bill," but he cannot remember where he lives, his telephone number, or the names of his family members. He does recall that he served in the Pacific during World War II and that he was raised in rural New Hampshire. The results of his physical examination are essentially normal, and his routine laboratory tests reveal mild anemia. Which of the following is the most likely diagnosis?
- A. Dissociative amnesia
  - B. Dissociative fugue
  - C. Alcohol dependence
  - D. Dementia

- [49.2] Dissociative fugue is distinguished from dissociative amnesia by which of the following?
- A. The presence of retrograde amnesia
  - B. Travel far from home or family
  - C. A precipitating traumatic event
  - D. Creation of multiple identities
- [49.3] A 38-year-old woman has adopted a new identity in a city 120 miles away from her hometown and has no memory of her prior life. Apparently, this event was precipitated by confrontation of her addiction to gambling and a threat of divorce. Which of the following is most likely to be an associated factor in her illness?
- A. History of head trauma
  - B. Paranoid personality disorder
  - C. Birth of a baby within 3 months
  - D. Female gender

### Answers

- [49.1] D. Dementia. This patient has preserved some past memory, which is characteristic of dementia but not of dissociative fugue or amnesia. If he had a history of alcoholism, there would be some evidence from his physical examination (or in his blood alcohol level).
- [49.2] B. Travel far from one's home or family distinguishes dissociative fugue from dissociative amnesia; both are precipitated by trauma and are characterized by retrograde amnesia. In neither dissociative fugue nor dissociative amnesia are multiple identities created, as they are in dissociative identity disorder.
- [49.3] A. A history of head trauma predisposes one to dissociative fugue.

### CLINICAL PEARLS

Dissociative fugue is rare, and several disorders must be considered and ruled out before it is definitively diagnosed.

Interviews conducted under hypnosis or Amytal Sodium (amobarbital sodium) or benzodiazepines can confirm the diagnosis if a corroborative history is lacking.

## REFERENCES

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