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## Abstract

Many former addicts who have not been taking drugs for a while suffer from the so-called depersonalization-derealization disorder (DPD-DR) –a peculiar sensation of unreality and strangeness towards the environment, something like “living in a permanent dream”. It is not an altered conscious state but a different conscience of the world which makes the individual become a virtual spectator of a life that sometimes looks real to them, and sometimes looks illusory. Nearly all studies on the depersonalization-addiction binomial refer to current drug addicts, but there are no studies on former addicts.

Objective: 7R ¿ QG RXW WKH SUHYDOHQFH RI GHSHUVRQDOL]DWLRQ GHUHDOL]DWLRQ

Method: 68 former addicts were compared with 59 individuals from the control group. CDS (Cambridge Depersonalization Scale) scale, version CDS-11, and DES (Dissociative Experiences Scale by Bernstein & Putnam) scale were applied.

Results: Nearly 25% of drug-free addicts (former addicts) suffer or have suffered from severe depersonalization disorder (DES scale). If we consider mild depersonalization disorder, the number rises up to 43.55% (DES scale) and 19.38% (CDS-11 scale). It should be noted that DPD-DR prevalence in the general population is 1.5%.

Conclusions : Depersonalization-derealization disorder is a surprise both for former addicts and their relatives, as well as for the clinical staff, who is usually unaware of this phenomenon and can mistake it for nostalgia towards the consumption environment. Who knows how many drug-free or former addicts have been victims of a mistake by their therapist? DPD-DR can be overcome through an adequate intervention in 3-6 months from onset. We think healthcare professionals should be well aware of this phenomenon.

**Keywords:**Prevalence; Depersonalization; Derealization; Addiction; Evaluation; Dishabituation; Rehabilitation; Former addiction

## Introduction

Dissociative experiences are relatively common in the general population. They are equally distributed in women and men, and they tend to be less frequent with age [1,2]. According to WHO CIE-10 classification, the process falls within the family of neurosis as a secondary phenomenon to stressful situations and it groups depersonalization-derealization disorder (DPD-DR) within a single category. However, American Psychiatric Association's 2014 DSM-5 [3] classification is more explicit, reflecting that self-strangeness or self-estrangement is the essential characteristic of this disorder. Patients feel as external observers of their mental processes, their own body, or part of it, as if they were oblivious, dead, or empty, as if automated or living in a dream or a movie [4]. Depersonalization disorder is usually described as a set of unreality and self-estrangement experiences, or as feeling as an external observer towards internal sensations and feelings or towards the own body and actions. Derealization refers to unreality or estrangement experiences towards the environment [5,6].

The DPD-DR phenomenon or estrangement due to the direct physiopathological effects of a substance differs from conventional depersonalization disorder in that such substance (for instance, drugs, medicines, or even addictive behavior) is considered as etiologically related to estrangement [7]. Depersonalization may appear as a syndrome in acute intoxication or in alcohol or other drug abstinence. Additionally, the use of drugs may intensify the symptoms of a preexistent depersonalization disorder.

Most studies on the depersonalization-addiction binomial refer to current drug users or to substances' immediate effects. One of them

[8] compared addicts (especially to cannabis and hallucinogens) with non addicts suffering from depersonalization. Both groups presented a similar course and deterioration with suicidal tendencies and limited treatment response. A similar study [9] compared patients with drug-induced depersonalization disorder and patients with simple depersonalization disorder. No significant clinical differences were found regarding the disorder.

DPD-DR disorder is not only present during the active drug use phase, but it also reappears when patients give it up. This phenomenon is applicable to drugs, psych medications, and other addictive behaviors such as gambling [10,11]. According to some studies, former alcohol users present with higher levels of depersonalization [12] than other former addicts (cocaine). However, both groups present high DPD-DR levels depending on the number of years they have been using these

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### Investigated variables

CDS (Cambridge Depersonalization Scale) scale, version CDS-11, and DES (Dissociative Experiences Scale by Bernstein & Putnam) scale were used.

Regarding the CSD-11 Scale, scores equal to or greater than 22.5 are considered positive, being severe those that exceed 30 points.

Regarding the DES Scale, scores equal to or above 30 are considered positive and severe those exceeding 40 (applicable both to the general scale and factors). Table 2 shows the distribution of the sample according to the instruments applied (Table 2).

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factor is slightly higher. However, the amnesia factor is clearly higher (Table 9).

## Conclusions and Discussion

The prevalence of DPD in former addicts was higher than 20% in both scales. More specifically, DES scale showed a prevalence of 43.55%, whereas CDS-11 scale reduced it down to 19.38%. When raising the cut-off points, we see that the prevalence of severe depersonalization is 12.31% for CDS-11 scale and 20.97% for DES scale.

These scores seem more accurate to us. If we compare these data with Michal et al. [21]'s prevalence studies with broad general population samples, which estimated prevalence at 1.9% in the general population within the range of clinical significance, such percentage would correspond to 23.4% of the addict population if we

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