



Managing Risk and Safety Planning in Ataque de Nervios: A Case Report

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Case Report

AG is a 20-year-old woman with a history of dissociative episodes, living in a shelter with her four-year-old daughter. AG was born in the Dominican Republic, where she was living with extended family until age eight, at which time she moved to the Boston area. She lived with her mother and father and suffered emotional and physical abuse by her father.

AG describes starting to have dissociative episodes around age 12, when she was hospitalized for aggressive behavior during one of these episodes. AG remained largely psychiatrically stable as a teenager, and had a daughter at age 16.

Over the past year, AG started experiencing low mood after the death of a friend and loss of a desired third trimester pregnancy. She had a dissociative episode in which she has limited memory, but was told she began crying and making self-blaming and suicidal statements about jumping off the second story of a building. She was subsequently psychiatrically hospitalized. She is now followed by a therapist and psychiatrist, and remains the primary caretaker for her daughter. She repeatedly presents as reserved, withdrawn and dysphoric during appointments. AG has continued to have dissociative episodes. She has been diagnosed as suffering from ataque de nervios.

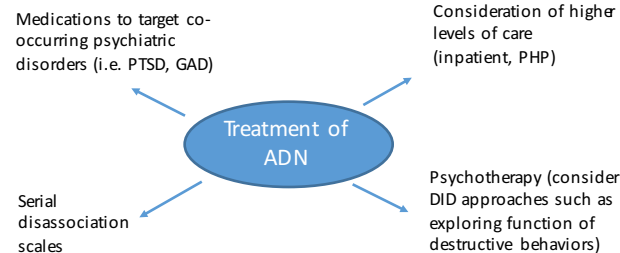
Background

- Ataque de nervios (ADN) is a collection of anxiety symptoms common among Latinx populations and one of several cultural concepts of distress as described in the DSM
- It was first conceptualized in the 1950s as an extreme emotional reaction in Puerto Rican military members in response to stress¹
- ADN episodes, often occurring after distressing events, can include shaking, fainting, anger, crying, disassociation and suicidal or violent behavior^{2,3}
- In one study, it was estimated that two-thirds of those reporting at least one ADN experience met criteria for another psychiatric condition, most commonly affective and anxiety disorders¹

DISCUSSION

This case raises important questions as to how we understand safety risk in patients who experience dissociative episodes. Multiple studies have found a positive relationship between disassociation and suicide risk generally and across psychiatric disorders.^{4,5,6}

- In one meta-analysis, those with a dissociative disorder were found to be more likely than those without a dissociative disorder to have a lifetime history of a suicide attempt (OR=6.07, 95% CI=3.73–9.87) and non-suicidal self injurious behavior (OR=7.85, 95% CI=3.13–19.68)⁷



Specific approaches to managing safety risk in disassociating patients can largely be found in literature describing treatment of patients with dissociative identity disorder (DID).

- Psychotherapeutic approaches emphasize exploration of the function of destructive behaviors that may occur outside of consciousness, and if necessary, helping the patient become aware of which self-aspects are responsible for these behaviors and build an alliance with these aspects⁸
- A therapist may want to devise a safety contract with the patient as they work towards resolving internal conflict and building adaptive coping skills⁸
- Pharmacologically, the prescriber should consider medications targeting co-occurring affective or anxiety disorders⁹
- Higher levels of care, such as inpatient or partial hospitalization, can have short-term utility during high-risk periods
- Dissociative scales may be helpful when working with patients with dissociative disorders longitudinally

Conclusion

- Despite the observation of suicidal and violent behavior in ADN, little has been published specifically assessing risk or safety planning in patients with repeated ADN episodes
- While we can derive some guidance using what has been studied about risk in DID patients, these approaches may not be appropriate for patients experiencing repeated ADN episodes
- It is important that providers are aware of ADN, and appreciate the particular safety concerns that may need to be considered in these cases.

REFERENCES

1. Salmán E, Liebowitz MR, Guarnaccia PJ, et al. Subtypes of ataques de nervios: the influence of coexisting psychiatric diagnosis. *Cult Med Psychiatry*. 1998;22(2):231-244. doi:[10.1023/a:1005326426885](https://doi.org/10.1023/a:1005326426885)
2. Keough ME, Timpano KR, Schmidt NB. Ataques de nervios: culturally bound and distinct from panic attacks? *Depress Anxiety*. 2009;26(1):16-21. doi:[10.1002/da.20498](https://doi.org/10.1002/da.20498)
3. Moitra E, Duarte-Velez Y, Lewis-Fernández R, Weisberg RB, Keller MB. Examination of ataque de nervios and ataque de nervios like events in a diverse sample of adults with anxiety disorders. *Depress Anxiety*. 2018;35(12):1190-1197. doi:[10.1002/da.22853](https://doi.org/10.1002/da.22853)
4. Zoroglu SS, Tuzun U, Sar V, et al. Suicide attempt and self-mutilation among Turkish high school students in relation with abuse, neglect and dissociation. *Psychiatry and Clinical Neurosciences*. 2003;57(1):119-126. doi:[10.1046/j.1440-1819.2003.01088.x](https://doi.org/10.1046/j.1440-1819.2003.01088.x)
5. The interaction of dissociation, pain tolerance, and suicidal ideation in predicting suicide attempts - ScienceDirect. Accessed February 16, 2022. <https://www.sciencedirect.com/epz-prod1.hul.harvard.edu/science/article/pii/S0165178119311163>
6. Foote B, Smolin Y, Neft DI, Lipschitz D. Dissociative Disorders and Suicidality in Psychiatric Outpatients. *The Journal of Nervous and Mental Disease*. 2008;196(1):29-36. doi:[10.1097/NMD.0b013e31815fa4e7](https://doi.org/10.1097/NMD.0b013e31815fa4e7)
7. Calati R, Bensusi I, Courtet P. The link between dissociation and both suicide attempts and non-suicidal self-injury: Meta-analyses. *Psychiatry Research*. 2017;251:103-114. doi:[10.1016/j.psychres.2017.01.035](https://doi.org/10.1016/j.psychres.2017.01.035)
8. Brand B. Establishing Safety with Patients with Dissociative Identity Disorder. *J Trauma Dissociation*. 2001;2(4):133-155. doi:[10.1300/J229v02n04_07](https://doi.org/10.1300/J229v02n04_07)
9. Brown LS. Guidelines for treating dissociative identity disorder in adults, third revision: a tour de force for the dissociation field. *J Trauma Dissociation*. 2011;12(2):113-114. doi:[10.1080/15299732.2011.537249](https://doi.org/10.1080/15299732.2011.537249)