## Appendix A

Audio-visual summaries of this project are available from: [anonymised link](https://osf.io/ufbkn/?view_only=1d03bff147f54dcf88376513d477547f).

Below is a ‘plain English’ summary, authored by AUTHOR4 and edited by The Transdiagnostic DPDR Project Lived Experience Advisory Panel:

This project looked at how depersonalisation and derealisation (DPDR) symptoms can accompany three other experiences: psychosis, anxiety, and depression. After reviewing global academic papers from the last 30 years, we tried to identify patterns in the findings to see if they might improve our current understanding of DPDR and highlight areas for future study that have not previously been considered. We involved lived experience advisors throughout: two assisting in managing the project; holding regular meetings with our Lived Experience Advisory Panel (LEAP) to interpret the results; and contracting artists with DPDR to create a short video and infographic to help circulate the findings online.

Multiple papers suggested treating DPDR might be important in psychosis and could lead to improvements in psychotic symptoms as a result. The intensity of DPDR also reliably predicted the level of certain psychosis symptoms, though not all. However, treatment papers were largely limited in their sample size (many were individual case studies) and non-treatment papers mainly focussed on people aged 20 to 45. Further, one of the larger studies that found no correlation involved only university students. Given DPDR onset most commonly occurs during teenage years, we cannot be sure whether this limited age range affected the findings or not.

Many papers from the anxiety search had to be excluded as they dealt with DPDR as a standalone disorder rather than a transdiagnostic (cross-cutting) experience – which was the focus of this project. From the remaining results, many had an emphasis on panic disorders – where DPDR was considered a secondary symptom of panic attacks rather than its own concept – and others were unclear whether they were viewing anxiety as a disorder or an everyday emotional experience. Overall, it was difficult to draw firm conclusions about the direction of influence between anxiety and DPDR, possibly because they are often a joint experience for many people. But some papers did highlight promising potential avenues that future research into DPDR treatment could explore.

The depression search found significantly fewer results, as most papers seemed to combine depression with anxiety and considered them together. As such, identifying any significant patterns indicating a possible relationship between DPDR and depression was not possible. However, whilst some studies specifically highlighted that they found no association, others did loosely suggest DPDR being linked with more severe or complex depression, rather than mild. Our LEAP suggested one reason for the lack of results might be an overlap between depression and DPDR symptoms, leading to DPDR not being identified specifically in many cases.

Overall, our analysis showed that possible relationships between these three diagnoses and DPDR still need verifying. And, whilst important trends were identified and some papers did show optimistic results, there wasn’t any evidence of clear or effective treatments for DPDR. Much more diverse and inclusive research is needed in this area to understand the causes and effects of DPDR and develop new treatments. Such research should involve larger sample sizes of participants; across broader age ranges; and with increased guidance from lived experience experts.

## Appendix B

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