

1. PLoS One. 2012;7(1):e30405. Epub 2012 Jan 26.

[Familial Linkage between Neuropsychiatric Disorders and Intellectual Interests.](#)

Campbell BC, Wang SS.

Source

Neuroscience Institute, Princeton University, Princeton, New Jersey, United States of America.

Abstract

From personality to neuropsychiatric disorders, individual differences in brain function are known to have a strong heritable component. Here we report that between close relatives, a variety of neuropsychiatric disorders covary strongly with intellectual interests. We surveyed an entire class of high-functioning young adults at an elite university for prospective major, familial incidence of neuropsychiatric disorders, and demographic and attitudinal questions. Students aspiring to technical majors (science/mathematics/engineering) were more likely than other students to report a sibling with an autism spectrum disorder ($p=0.037$). Conversely, students interested in the humanities were more likely to report a family member with major depressive disorder ($p=8.8\times 10^{-4}$), bipolar disorder ($p=0.027$), or substance abuse problems ($p=1.9\times 10^{-6}$). A combined PREDisposition for Subject Matter (PRESUME) score based on these disorders was strongly predictive of subject matter interests ($p=9.6\times 10^{-8}$). Our results suggest that shared genetic (and perhaps environmental) factors may both predispose for heritable neuropsychiatric disorders and influence the development of intellectual interests.

PMID:

22291951

[PubMed - in process]

Related citations

2. J Atten Disord. 2012 Jan 30. [Epub ahead of print]

[Distinct ADHD Symptom Clusters Differentially Associated With Personality Traits.](#)

McKinney AA, Canu WH, Schneider HG.

Source

Appalachian State University, Boone, NC, USA.

Abstract

Objective: ADHD has been linked to various constructs, yet there is a lack of focus on how its symptom clusters differentially associate with personality, which this study addresses.

Method: The current study examines the relationship between impulsive and inattentive ADHD traits and personality, indexed by the Revised NEO Personality Inventory (NEO-PI-R) and the Millon Clinical Multiaxial Inventory (MCMI-III), in a sample of undergraduates.

Results: Impulsivity was associated with NEO-PI-R and MCMI-III traits characterized by emotional distress, interpersonal problems, and disruptive behavior, whereas inattention was associated only with focus-oriented constructs. Conclusion: ADHD-related inattention is a relatively modest predictor of personality traits, as compared with hyperactivity-impulsivity. These findings have implications regarding the distinctiveness and etiology of Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV-TR) ADHD types.(J. of Att. Dis. 2011; XX(X) 1-XX).

PMID:

22290697

[PubMed - as supplied by publisher]

Related citations

3. Pharmacopsychiatry. 2012 Jan 30. [Epub ahead of print]

[Are Ratings on the Positive and Negative Syndrome Scale for Schizophrenia Biased by Personality Traits?](#)

Huber CG, Hoppe A, Agorastos A, Andresen B, Naber D, Schroeder K.

Source

Department of Psychiatry and Psychotherapy, Centre for Psychosocial Medicine, University Medical Centre -Hamburg-Eppendorf, Hamburg, Germany.

Abstract

The aim of this study was to estimate the potential bias by personality traits for ratings on the Positive and Negative Syndrome Scale (PANSS). Personality dimensions (five factor model), personality traits (SCID-II) and PANSS scores were assessed prospectively in 45 patients with schizophrenia spectrum disorders (SSD). Borderline ($r=0.34$; $p=0.021$), avoidant ($r=0.66$; $p<0.001$) and depressive ($r=0.51$; $p<0.001$) personality traits were significantly correlated with the PANSS total score. There were significant correlations for all PANSS subscores with the exemption of PANSS positive. In multivariate analyses, the final models for PANSS total score and PANSS depressive explained a total of 45.3% and 54.3% of the variance. Avoidant traits could lead to a difference of 13.1 (95% CI: 5.6-20.7) points regarding PANSS total score, depressive traits could cause differences of 4.8 points (95% CI: 2.2-7.3) for PANSS depressive subscore. Although PANSS positive subscore and PANSS excited component are relatively robust against bias by personality traits, PANSS total score and the remaining subscores are affected to a clinically relevant degree. Outcome studies in SSD patients should control for personality traits.

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PMID:

22290202

[PubMed - as supplied by publisher]

Related citations

4. Pharmacopsychiatry. 2012 Jan 30. [Epub ahead of print]
[α-Adrenergic Receptor Function, Arousal and Sleep: Mechanisms and Therapeutic Implications.](#)

Broese M, Riemann D, Hein L, Nissen C.

Source

Department of Psychiatry and Psychotherapy, University Medical Center Freiburg, Freiburg, Germany.

Abstract

Noradrenergic (NE) neurotransmission and particularly α -adrenergic receptor function has been identified as a critical component of the sleep/wake regulation in animals and humans. This work (i) provides an update on the impact of NE neurotransmission on the sleep/wake regulation, (ii) summarizes the effects of α -receptor agonists and antagonists on arousal and sleep in animals and healthy humans, and (iii) reviews the current body of evidence for the effectiveness and safety of these compounds in the treatment of clinical conditions characterized by alterations of arousal or sleep, including attention deficit and hyperactivity disorder (ADHD), post-traumatic stress disorder (PTSD), borderline personality disorder and primary sleep disorders. This systematic evaluation of the potential and limitations of the effects of α -adrenergic compounds might promote novel inroads for the treatment of these highly prevalent clinical conditions.

© Georg Thieme Verlag KG Stuttgart · New York.

PMID:

22290201

[PubMed - as supplied by publisher]

Related citations

5. Subst Use Misuse. 2012 Jan 30. [Epub ahead of print]
[Prevalence and Determinants of Personality Disorders in a Clinical Sample of Alcohol-, Drug-, and Dual-Dependent Patients.](#)

Colpaert K, Vanderplasschen W, De Maeyer J, Broekaert E, De Fruyt F.

Source

¹Department of Orthopedagogics, Ghent University, Ghent, Belgium.

Abstract

The present study compares the prevalence rates of 12 personality disorders (PDs) among patients with alcohol, drug, and dual dependence through chi-square tests and analyses of variance. It further investigates possible predictors of these PDs through multiple linear regression analyses. Data were gathered in 2007-2008 among 274 patients admitted to

intensive, residential substance abuse treatment programs in Belgium, using the ADP-IV (Assessment of DSM-IV Personality Disorders), the EuropASI (European version of the Addiction Severity Index), and the MINI (Mini International Neuropsychiatric Interview). The analyses showed that drug- and dual-dependent patients have higher PD prevalence rates than alcohol-dependent patients. The severity, but not the nature of the dependence, appears as an important predictor for personality pathology.

PMID:

22288949

[PubMed - as supplied by publisher]

[Related citations](#)

6. *J Abnorm Psychol.* 2012 Jan 30. [Epub ahead of print]

[Inhibitory control and negative emotional processing in psychopathy and antisocial personality disorder.](#)

Verona E, Sprague J, Sadeh N.

[Abstract](#)

The field of personality disorders has had a long-standing interest in understanding interactions between emotion and inhibitory control, as well as neurophysiological indices of these processes. More work in particular is needed to clarify differential deficits in offenders with antisocial personality disorder (APD) who differ on psychopathic traits, as APD and psychopathy are considered separate, albeit related, syndromes. Evidence of distinct neurobiological processing in these disorders would have implications for etiology-based personality disorder taxonomies in future psychiatric classification systems. To inform this area of research, we recorded event-related brain potentials during an emotional-linguistic Go/No-Go task to examine modulation of negative emotional processing by inhibitory control in three groups: psychopathy (n = 14), APD (n = 16), and control (n = 15). In control offenders, inhibitory control demands (No-Go vs. Go) modulated frontal-P3 amplitude to negative emotional words, indicating appropriate prioritization of inhibition over emotional processing. In contrast, the psychopathic group showed blunted processing of negative emotional words regardless of inhibitory control demands, consistent with research on emotional deficits in psychopathy. Finally, the APD group demonstrated enhanced processing of negative emotion words in both Go and No-Go trials, suggesting a failure to modulate negative emotional processing when inhibitory control is required. Implications for emotion-cognition interactions and putative etiological processes in these personality disorders are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID:

22288907

[PubMed - as supplied by publisher]

[Related citations](#)

7. *J Anal Psychol.* 2012 Feb;57(1):21-39. doi: 10.1111/j.1468-5922.2011.01949.x.

[Psychic skin: psychotic defences, borderline process and delusions.](#)

Schmidt M.

Source

London.

Abstract

In this paper, I apply the concept of psychic skin to analytic work with people suffering from personality disorders and psychoses. When psychoses emerge, the defensive skin which protects the ego is breached and violent unconscious forces rip through the personality. Some of the patients diagnosed as schizophrenic with whom I work have identified with archetypal characters such as Christ, Satan, John Lennon and the Queen. I attempt to show how the adoption of these inflated personas can serve as secondary psychic skins. Such delusional identifications can provide a protective shield to hide the denuded self and prevent intrusion from the external world. Through clinical example, I try to demonstrate how these archetypal 'second skins' can preserve life until internal and external conditions make it possible for the self to emerge. I contrast such psychotic identifications with 'thin-skinned' and 'thick-skinned' narcissism as well as 'defences of the self' in borderline states where the psychic skin may be damaged but does not disintegrate. I also look at the ways in which Jung's own personal experience was different from this and how he managed to avert psychotic breakdown.

© 2012, The Society of Analytical Psychology.

PMID:

22288539

[PubMed - in process]

Related citations

8. Stress Health. 2012 Jan 28. doi: 10.1002/smi.2420. [Epub ahead of print]
[Maladaptive Emotion Regulation is Related to Distressed Personalities in Cardiac Patients.](#)
Messerli-Bürgy N, Barth J, von Känel R, Schmid JP, Saner H, Znoj H.

Source

Department of Psychology, Clinical Psychology and Psychotherapy, University of Bern, Switzerland; Psychobiology Group, Department of Epidemiology and Public Health, University College London, UK. nadine.messerli@psy.unibe.ch.

Abstract

BACKGROUND:

Cardiac patients with Type D ('distressed') personality perceive more stress. It is unclear to what extent Type D personality might represent deficits in emotion regulation that are known to play an important role in the development of mental disorders. This study evaluated the

relationship between emotion regulation and Type D personality and assessed the influence of mood and stress on Type D.

METHODS:

Emotion regulation, mood, perceived stress and Type D personality were assessed in 163 cardiac patients.

RESULTS:

Maladaptive emotional regulation was more pronounced in Type D patients. Depressed mood and perceived partner-related stress were higher in patients with Type D than in those with Non-Type D. Regression models revealed a stronger association between emotion regulation and Type D personality (odds ratio = 3.16; 95% confidence interval = 1.53, 6.54) than for depressed mood (odds ratio = 1.19; 95% confidence interval = 1.02, 1.38).

CONCLUSION:

Patients with deficits in emotion regulation are more likely to have Type D personality. Deficits in emotion regulation might be an agent for future intervention studies to change Type D and its prognostic effect. Copyright © 2012 John Wiley & Sons, Ltd.

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PMID:

22287116

[PubMed - as supplied by publisher]

Related citations

9. Psychiatry Res. 2012 Jan 26. [Epub ahead of print]

Cortisol awakening response and negative emotionality linked to asymmetry in major limbic fibre bundle architecture.

Madsen KS, Jernigan TL, Iversen P, Frokjaer VG, Mortensen EL, Knudsen GM, Baaré WF.

Source

Danish Research Centre for Magnetic Resonance, Copenhagen University Hospital, Hvidovre, Denmark; Center for Integrated Molecular Brain Imaging, Copenhagen, Denmark; Faculty of Health Sciences, University of Copenhagen, Copenhagen, Denmark.

Abstract

The limbic system plays an important role in regulating the hypothalamic-pituitary-adrenal (HPA) axis as well as aspects of emotion, and both neuroendocrine disturbance and increased negative emotionality are associated with risk for developing affective disorders. However,

the extent to which the architecture of connections between limbic structures may be linked to individual differences in basal HPA-axis reactivity and negative emotionality is unknown. Here we tested the hypotheses that microstructural asymmetry of the major limbic fibre bundles would be associated with cortisol awakening response (CAR) and neuroticism, a personality trait associated with the tendency to experience negative emotions. Sixty-nine healthy adults were studied with diffusion-weighted imaging, and fractional anisotropy (FA) was extracted from the cingulum and uncinate fasciculus. Higher neuroticism scores, which were associated with higher CAR, were also correlated with higher right relative to left cingulum FA. Elevated CAR was associated with the degree of FA asymmetry within both the cingulum and the uncinate fasciculus, but in opposing directions. These results suggest that the balance between left- and right-sided limbic circuits may bear an important relationship to hypothalamic-pituitary-adrenal axis reactivity, and to the tendency to experience negative emotions, and they raise important questions about the significance of limbic system architecture.

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PMID:

22285720

[PubMed - as supplied by publisher]

Related citations



10. Gen Hosp Psychiatry. 2012 Jan 26. [Epub ahead of print]

Psychopathological dimensions of tinnitus and psychopharmacologic approaches in its treatment.

Belli H, Belli S, Oktay MF, Ural C.

Source

Bagcilar Education And Research Hospital Department of Psychiatry, 34400 Istanbul, Turkey.

Abstract

BACKGROUND:

The aim of this review to investigate presence of psychopathological states and efficacy of psychopharmacological drugs in the treatment of tinnitus.

MATERIALS AND METHODS:

An extensive Internet search has been performed for this aim through PubMed by using related key words in English.

RESULTS:

Higher anxiety and depression levels and somatoform disorder clusters are defined in patients with tinnitus. Additionally, impulsivity, hostility, demanding, physical discomfort, anxiety for health, emotionality and suicidal tendency are also defined in these people. Personality characteristics in these patients are depression, hysteria and hypochondriac features. Besides these symptom clusters, more severe psychopathologies like personality disorders may be encountered in these patients. Sertraline, paroxetine and nortriptyline can be considered as the first-line antidepressants in the psychopharmacological treatment of tinnitus. There are studies which have reported the efficacy of sulpiride. Carbamazepine, valproate and gabapentin can be effective as mood stabilizers. Short-acting benzodiazepines like alprazolam and midazolam are effective in signs of anxiety. Clonazepam and diazepam can be evaluated as other options. However, some glutamate receptor antagonists also can be used in the treatment of tinnitus. Disturbed sleep is frequently associated with tinnitus. Sleep disturbance can disrupt the quality of life in the patients with tinnitus. These patients might benefit from cognitive-behavioral therapy, which offers the promise of relief from tinnitus-related distress and insomnia.

CONCLUSION:

When pathophysiologic reasons are excluded, it should be at least considered that tinnitus is exaggerated by psychopathological symptoms. Life quality of patients can be increased by treating these symptoms.

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PMID:

22285367

[PubMed - as supplied by publisher]

Related citations



11. J Am Geriatr Soc. 2012 Jan 27. doi: 10.1111/j.1532-5415.2011.03788.x. [Epub ahead of print]
[Physical Health Conditions Associated with Posttraumatic Stress Disorder in U.S. Older Adults: Results from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions.](#)

Pietrzak RH, Goldstein RB, Southwick SM, Grant BF.

Source

National Center for Posttraumatic Stress Disorder, Veterans Affairs Connecticut Healthcare System, West Haven, Connecticut; Department of Psychiatry, School of Medicine, Yale University, New Haven, Connecticut.

Abstract

OBJECTIVES:

To present findings on past-year medical conditions associated with lifetime trauma exposure and full and partial posttraumatic stress disorder (PTSD) in a nationally representative sample of U.S. older adults.

DESIGN:

Face-to-face diagnostic interviews.

SETTING:

Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions.

PARTICIPANTS:

Nine thousand four hundred sixty-three adults aged 60 and older.

MEASUREMENTS:

Logistic regression analyses adjusting for sociodemographic characteristics and psychiatric comorbidity were used to evaluate associations between PTSD status and past-year medical disorders; linear regression models evaluated associations with past-month physical functioning.

RESULTS:

After adjustment for sociodemographic characteristics and comorbid lifetime mood, anxiety, substance use, attention-deficit/hyperactivity, and personality disorders, respondents with lifetime PTSD were more likely than respondents who reported experiencing one or more traumatic life events but who did not meet lifetime criteria for full or partial PTSD (trauma controls) to report being diagnosed with hypertension, angina pectoris, tachycardia, other heart disease, stomach ulcer, gastritis, and arthritis (odds ratios (ORs) = 1.3-1.8) by a healthcare professional; they also scored lower on a measure of physical functioning than controls and respondents with partial PTSD. Respondents with lifetime partial PTSD were more likely than controls to report past-year diagnoses of gastritis (OR = 1.7), angina pectoris (OR = 1.5), and arthritis (OR = 1.4) and reported worse physical functioning. Number of lifetime traumatic event types was associated with most of the medical conditions assessed; adjustment for these events reduced the magnitudes of and rendered nonsignificant most associations between PTSD status and medical conditions.

CONCLUSION:

Older adults with lifetime PTSD have high rates of several physical health conditions, many of which are chronic disorders of aging, and poorer physical functioning. Older adults with lifetime partial PTSD have higher rates of gastritis, angina pectoris, and arthritis and poorer physical functioning.

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PMID:

22283516

[PubMed - as supplied by publisher]

Related citations



12. BMC Public Health. 2012 Jan 24;12(1):75. [Epub ahead of print]

[Design of a multicentered randomized controlled trial on the clinical and cost effectiveness of schema therapy for personality disorders.](#)

Bamelis LL, Evers SM, Arntz A.

Abstract

ABSTRACT:

BACKGROUND:

Despite international guidelines describing psychotherapy as first choice for people with personality disorders (PDs), well-designed research on the effectiveness and cost-effectiveness of psychotherapy for PD is scarce. Schema therapy (ST) is a specific form of psychological treatment that proved to be effective for borderline PD. Randomized controlled studies on the effectiveness of ST for other PDs are lacking. Another not yet tested new specialized treatment is Clarification Oriented Psychotherapy (COP). The aim of this project is to perform an effectiveness study as well as an economic evaluation study (cost effectiveness as well as cost-utility) comparing ST versus COP versus treatment as usual (TAU). In this study, we focus on avoidant, dependent, obsessive-compulsive, paranoid, histrionic and narcissistic PD.

METHODS:

In a multicentered randomized controlled trial, ST, and COP as an extra experimental condition, are compared to TAU. Minimal 300 patients are recruited in 12 mental health institutes throughout the Netherlands, and receive an extensive screening prior to enrolment in the study. When eligible, they are randomly assigned to one of the intervention groups. An economic evaluation and a qualitative research study on patient and therapist perspectives on ST are embedded in this trial. Outcome assessments (both for clinical effectiveness and economic evaluation) take place at 6,12,18,24 and 36 months after start of treatment.

Primary outcome is recovery from PD; secondary measures include general psychopathological complaints, social functioning and quality of life. Data for the cost-effectiveness and cost-utility analyses are collected by using a retrospective cost interview. Information on patient and therapist perspectives is gathered using in-depth interviews and focus groups, and focuses on possible helpful and impeding aspects of ST.

DISCUSSION:

This trial is the first to compare ST and COP head-to-head with TAU for people with a cluster C, paranoid, histrionic and/or narcissistic PD. By combining clinical effectiveness data with an economic evaluation and with direct information from primary stakeholders, this trial offers a complete and thorough view on ST as a contribution to the improvement of treatment for this PD patient group. Trial registration This study is registered at the Dutch Trial Register NTR566.

Free Article

PMID:

22272740

[PubMed - as supplied by publisher]

Related citations



13. Child Psychiatry Hum Dev. 2012 Jan 24. [Epub ahead of print]
Temperamental Profiles of Dysregulated Children.

Althoff RR, Ayer LA, Crehan ET, Rettew DC, Baer JR, Hudziak JJ.

Source

Department of Psychiatry, Divisions of Child Psychiatry and Behavioral Genetics,
University of Vermont, 1 South Prospect St, Box 364SJ3, Burlington, VT, 05401, USA,
ralthoff@uvm.edu.

Abstract

It is crucial to characterize self-regulation in children. We compared the temperamental profiles of children with the Child Behavior Checklist (CBCL) Dysregulation Profile (CBCL-DP) to profiles associated with other CBCL-derived syndromes. 382 children (204 boys; aged 5-18) from a large family study were examined. Temperamental profiles were based on the Juvenile Temperament and Character Inventory. Children with the CBCL-DP had a temperamental profile characterized by high Novelty Seeking, high Harm Avoidance, low Reward Dependence and low Persistence. Linear mixed models and regression-based models demonstrated that the CBCL-DP was associated with a "disengaged" temperamental profile. This profile is similar to the profile seen in adult disorders of self-regulation, including cluster B personality disorders. These results support the hypothesis that the CBCL-DP measures poor self-regulation.

PMID:

22271225

[PubMed - as supplied by publisher]

[Related citations](#)



14. J Behav Health Serv Res. 2012 Jan 20. [Epub ahead of print]

Arrest Types and Co-occurring Disorders in Persons with Schizophrenia or Related Psychoses.

McCabe PJ, Christopher PP, Druhn N, Roy-Bujnowski KM, Grudzinskas AJ Jr, Fisher WH.

[Source](#)

Center for Mental Health Services Research, Department of Psychiatry, University of Massachusetts Medical School, 55 Lake Avenue North, Worcester, MA, 01655, USA, patrick.mccabe@umassmed.edu.

[Abstract](#)

This study examined the patterns of criminal arrest and co-occurring psychiatric disorders among individuals with schizophrenia or related psychosis that were receiving public mental health services and had an arrest history. Within a 10-year period, 65% of subjects were arrested for crimes against public order, 50% for serious violent crimes, and 45% for property crimes. The presence of any co-occurring disorder increased the risk of arrest for all offense categories. For nearly all offense types, antisocial personality disorder and substance use disorders conferred the greatest increase in risk for arrest. Among anxiety disorders, post-traumatic stress disorder was associated with a greater risk of arrest for serious violent crimes but not other offense types. Criminal risk assessments and clinical management in this population should focus on co-occurring antisocial personality disorder and substance use disorders in addition to other clinical and non-clinical factors.

PMID:

22270830

[PubMed - as supplied by publisher]

[Related citations](#)



15. Psicothema. 2012 Feb;24(1):156-60.

Psychometric properties of the Spanish version of the self-report Personality Diagnostic Questionnaire -4+ (PDQ-4+) in psychiatric outpatients.

Calvo N, Gutiérrez F, Andi6n O, Caseras X, Torrubia R, Casas M.

Source

Hospital Universitari Vall d'Hebron y Universitat Autònoma de Barcelona.

Abstract

We examined the psychometric properties of the Spanish version of the self-report Personality Diagnostic Questionnaire-4+ (PDQ-4+) in a sample of 437 psychiatric outpatients. Psychometric properties were assessed through internal consistency analysis, exploratory factor analysis (EFA) and concurrent validity. Results indicate that the Spanish version of the PDQ-4+ has moderate internal consistency, which was acceptable for 7 of the 12 self-report scales. The factor structure roughly replicated the DSM-IV clusters. The presence of Personality Disorders was associated with the character dimensions of the Temperament and Character Inventory (TCI).

PMID:

22269379

[PubMed - in process]

Related citations

16. J Neuroimaging. 2012 Jan 23. doi: 10.1111/j.1552-6569.2011.00668.x. [Epub ahead of print] [The Optic Radiation and the Cerebellar Peduncles in Adolescents with First-Admission Schizophrenia -A Diffusion Tensor Imaging Study.](#)

Henze R, Brunner R, Thiemann U, Parzer P, Klein J, Resch F, Stieltjes B.

Source

From the Section Disorders of Personality Development, Department of Child and Adolescent Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Germany (RH, RB, UT, PP, FR); the Section Quantitative Imaging-based Disease Characterization, Department of Radiology, German Cancer Research Center, Heidelberg, Germany (RH, BS); and the Fraunhofer MEVIS, Bremen, Germany (JK).

Abstract

BACKGROUND AND PURPOSE:

Previous studies have found gray matter alterations in the cerebellum and in the visual system in both adults and adolescents with schizophrenia. The present study was conducted to investigate whether white matter tracts associated with these regions are also affected in the early stages of the disorder.

METHODS:

Using a 1.5 Tesla magnetic resonance imaging (MRI) scanner and fiber tracking, the optic radiations and the middle cerebellar peduncles were examined in 13 adolescents with first-admission schizophrenia and 13 healthy controls matched for age, gender, school type, and handedness.

RESULTS:

Patients with schizophrenia displayed significantly decreased fractional anisotropy in the optic radiations, but no differences in the middle cerebellar peduncles compared to healthy controls.

CONCLUSIONS:

Our findings of altered fiber integrity in the optic radiations in adolescents with schizophrenia are in line with gray matter alterations in the visual cortices previously reported in the same sample and are in accordance with other studies that found decreased fractional anisotropy in these regions. These findings support the view that the visual system plays an important role in the pathogenesis of schizophrenia and may enhance our understanding of associations between the visual cortex and symptoms of the disorder. *J Neuroimaging* 2012;XX:1-6.

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PMID:

22268521

[PubMed - as supplied by publisher]

Related citations



17. *Gen Hosp Psychiatry*. 2012 Jan 20. [Epub ahead of print]
[Psychiatric morbidity predicts perceived burn-specific health 1 year after a burn.](#)

Low AJ, Dyster-Aas J, Willebrand M, Ekselius L, Gerdin B.

Source

Department of Surgical Sciences, Plastic and Maxillofacial Surgery, Burn Center, Uppsala University Hospital, 75185 Uppsala, Sweden.

Abstract

OBJECTIVE:

Individual factors such as gender, age, coping and personality traits and injury-related factors such as injury severity have been implicated as risk factors for poor perceived health after

burns. As psychiatric morbidity is common in individuals who sustain burns, the aim of this study was to examine the effect of preinjury psychiatric problems on perceived health after injury.

METHOD:

A total of 85 consecutive patients treated at a national burn center were prospectively assessed: the patients were interviewed during acute care with the Structured Clinical Interview for DSM-IV Axis I Disorders. One year after injury, perceived health was assessed with the Burn-Specific Health Scale-Brief (BSHS-B). Multiple regression analyses were used to evaluate the predictive effect of preinjury psychiatric history on perceived postinjury health.

RESULTS:

Psychiatric morbidity, especially mood disorders, affected outcome for six of the nine BSHS-B subscales, with the covariates mainly being the length of hospital stay and total burn size.

CONCLUSION:

The results show that a history of preinjury psychiatric disorders, especially during the year before the burn, affects perceived outcome regarding both physical and psychological aspects of health 1 year after injury and that it is a risk factor for worse perceived outcome.

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PMID:

22266132

[PubMed - as supplied by publisher]

Related citations



18. Psychother Psychosom. 2012 Jan 18;81(2):108-117. [Epub ahead of print]
Type D Personality as a Cardiovascular Risk Marker in the General Population: Results from the Gutenberg Health Study.

Beutel ME, Wiltink J, Till Y, Wild PS, Münzel T, Ojeda FM, Zeller T, Schnabel RB, Lackner K, Blettner M, Zwiener I, Michal M.

Source

Department of Psychosomatic Medicine and Psychotherapy, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany.

Abstract

Background: Type D personality is considered as an independent risk factor for morbidity and mortality in cardiovascular patients and a vulnerability factor for distress in the general population. Because representative community studies are rare, we sought to determine the prevalence of type D personality and its relationship with demographic characteristics, different features of mental disorders, cardiovascular risk factors, health behavior, endothelial function and cardiovascular biomarkers in the general population. **Methods:** The prevalence of type D personality and its correlates were analyzed cross-sectionally in a population-based sample of 5,000 Mid-Europeans aged 35-74 years from the Gutenberg Health Study. **Results:** The prevalence of type D personality was 22.2% without remarkable differences in sex distribution. Type D subjects were characterized by lower socioeconomic status, lack of a partnership, increased depression, anxiety, depersonalization and health care utilization. Despite its strong association with mental disorders, type D personality emerged as psychometrically distinct. Although type D personality was independently associated with coronary heart disease (OR = 1.54, $p = 0.044$), no associations with traditional cardiovascular risk factors were found independently from depression or anxiety. **Conclusions:** Although type D personality is strongly associated with depression, anxiety, impaired mental and somatic health status, and increased health care utilization, the type D construct seems to comprise dysfunctional personality patterns not covered by depression and anxiety scales. Beyond these associations, the pathways of the cardiotoxic impact of type D personality remain to be elucidated. There is a need for prospective population studies on potential links between type D personality and cardiac disease.

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PMID:

22262039

[PubMed - as supplied by publisher]

Related citations



19. Curr Opin Psychiatry. 2012 Jan 18. [Epub ahead of print]
[Emotion regulation and mental health: recent findings, current challenges, and future directions.](#)

Berking M, Wupperman P.

Source

aDepartment of Clinical Psychology and Psychotherapy, Philipps-University, Marburg, Germany bJohn Jay College, City University of New York, New York cYale School of Medicine, New Haven, Connecticut, USA.

Abstract

PURPOSE OF REVIEW:

In recent years, deficits in emotion regulation have been studied as a putative maintaining factor and promising treatment target in a broad range of mental disorders. This article aims to provide an integrative review of the latest theoretical and empirical developments in this rapidly growing field of research.

RECENT FINDINGS:

Deficits in emotion regulation appear to be relevant to the development, maintenance, and treatment of various forms of psychopathology. Increasing evidence demonstrates that deficits in the ability to adaptively cope with challenging emotions are related to depression, borderline personality disorder, substance-use disorders, eating disorders, somatoform disorders, and a variety of other psychopathological symptoms. Unfortunately, studies differ with regard to the conceptualization and assessment of emotion regulation, thus limiting the ability to compare findings across studies. Future research should systematically work to use comparable methods in order to clarify the following: which individuals have; what kinds of emotion regulation difficulties with; which types of emotions; and what interventions are most effective in alleviating these difficulties.

SUMMARY:

Despite some yet to be resolved challenges, the concept of emotion regulation has a broad and significant heuristic value for research in mental health.

PMID:

22262030

[PubMed - as supplied by publisher]

Related citations



20. Early Interv Psychiatry. 2012 Jan 19. doi: 10.1111/j.1751-7893.2011.00324.x. [Epub ahead of print]

Personality disorders and accentuations in at-risk persons with and without conversion to first-episode psychosis.

Schultze-Lutter F, Klosterkötter J, Michel C, Winkler K, Ruhrmann S.

Source

University Hospital of Child and Adolescent Psychiatry, Research Department, Bern, Switzerland
Department of Psychiatry and Psychotherapy, University of Cologne, Cologne, Germany.

Abstract

Aim: The Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition Cluster A personality disorders (PDs), particularly schizotypal PD, are considered a part of the schizophrenia spectrum and a risk factor of psychosis. The role of PDs and personality accentuations (PAs) in predicting conversion to psychosis was studied in patients symptomatically considered at risk, assuming a major role of the schizotypal subtype. **Methods:** PDs and PAs, assessed at baseline with a self-report questionnaire, were compared between gender- = 50) and without conversion to psychosis (n = risk-, 50). **Results:** Overall, and age-matched at-risk patients with (n Cluster A-PDs were the least frequent cluster (14%), and schizotypal PD was rare (7%). Yet, PDs in general were frequent (46%), especially Cluster B- (31%) and C-PDs (23%). Groups did 0.057) = not differ in frequencies of PDs, 0.027). In regression analyses, yet converters tended to have a higher expression of = and Cluster A-PAs (P schizoid = schizoid (P 1.685; 95% CIs: 1.134/2.504). **Conclusions:** Unexpectedly, PA was selected as sole but weak predictor of conversion (OR schizotypal PD was infrequent and did not predict conversion. Conversion was best predicted by schizoid PA, indicating more severe, persistent social deficits already at baseline in later converters. This corresponds to premorbid social deficits reported for genetic high-risk children and low social functioning in at-risk patients later converting to psychosis. Further, PDs occurred frequently in at-risk patients irrespective of conversion. As psychopathology and personality relate closely to one another, this result highlights that, beyond the current narrow focus on schizotypal PD, personality-related factors should be considered more widely in the prevention of psychosis.

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PMID:

22260339

[PubMed - as supplied by publisher]

Related citations



21. J Psychiatr Res. 2012 Jan 16. [Epub ahead of print]

Prevalence, correlates, and comorbidity of DSM-IV obsessive-compulsive personality disorder: Results from the National Epidemiologic Survey on Alcohol and Related Conditions.

Grant JE, Mooney ME, Kushner MG.

Source

Department of Psychiatry, University of Minnesota Medical School, 2450 Riverside Avenue, Minneapolis, MN 55454, USA.

Abstract

Although recognized for over 100 years, there is a relative dearth of empirical research on obsessive compulsive personality disorder (OCPD). The goal of the current study is to present nationally representative findings on prevalence, sociodemographic correlates, and comorbidity of OCPD among men and women. The current study uses nationally representative data to examine sociodemographic correlates and comorbidity of OCPD. Face-to-face interviews were conducted with 43,093 adults in the United States. The prevalence of lifetime OCPD was 7.8%, with rates the same for men and women. OCPD was significantly less common in younger adults and in Asians and Hispanics but was significantly more common in individuals with a high school education or less. When sociodemographic variables and other comorbidities were controlled for, current associations remained significant for all mood and anxiety disorders as well as lifetime personality disorders among both men and women. OCPD is a prevalent personality disorder in the US population and is equally represented in men and women. The results highlight the need for further research to identify common pathophysiological elements common to OCPD and associated disorders.

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PMID:

22257387

[PubMed - as supplied by publisher]

Related citations



22. Emotion. 2012 Jan 16. [Epub ahead of print]

[Reliving emotional personal memories: Affective biases linked to personality and sex-related differences.](#)

Denkova E, Dolcos S, Dolcos F.

Abstract

Although available evidence suggests that the emotional valence and recollective properties of autobiographical memories (AMs) may be influenced by personality- and sex-related differences, overall these relationships remain poorly understood. The present study investigated these issues by comparing the effect of general personality traits (extraversion and neuroticism) and specific traits linked to emotion regulation (ER) strategies (reappraisal and suppression) on the retrieval of emotional AMs and on the associated postretrieval emotional states, in men and women. First, extraversion predicted recollection of positive AMs in both men and women, whereas neuroticism predicted the proportion of negative AMs in men and the frequency of rehearsing negative AMs in women. Second, reappraisal predicted positive AMs in men, and suppression predicted negative AMs in women. Third, while reliving of positive memories had an overall indirect effect on postretrieval positive mood through extraversion, reliving of negative AMs had a direct effect on postretrieval negative mood, which was linked to inefficient engagement of suppression in women. Our

findings suggest that personality traits associated with positive affect predict recollection of positive AMs and maintenance of a positive mood, whereas personality traits associated with negative affect, along with differential engagement of habitual ER strategies in men and women, predict sex-related differences in the recollection and experiencing of negative AMs. These findings provide insight into the factors that influence affective biases in reliving AMs, and into their possible link to sex-related differences in the susceptibility to affective disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID:

22251043

[PubMed - as supplied by publisher]

[Related citations](#)

23. J Abnorm Psychol. 2012 Jan 16. [Epub ahead of print]

[DSM-5 personality traits and DSM-IV personality disorders.](#)

[Hopwood CJ, Thomas KM, Markon KE, Wright AG, Krueger RF.](#)

[Abstract](#)

Two issues pertinent to the Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5) proposal for personality pathology, the recovery of DSM-IV personality disorders (PDs) by proposed DSM-5 traits and the validity of the proposed DSM-5 hybrid model, which incorporates both personality pathology symptoms and maladaptive traits, were evaluated in a large undergraduate sample (N = 808). Proposed DSM-5 traits as assessed with the Personality Inventory for DSM-5 explained a substantial proportion of variance in DSM-IV PDs as assessed with the Personality Diagnostic Questionnaire-4+, and trait indicators of the 6 proposed DSM-5 PDs were mostly specific to those disorders with some exceptions. Regression analyses support the DSM-5 hybrid model in that pathological traits, and an indicator of general personality pathology severity provided incremental information about PDs. Findings are discussed in the context of broader issues around the proposed DSM-5 model of personality disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID:

22250660

[PubMed - as supplied by publisher]

[Related citations](#)

24. Psychol Assess. 2012 Jan 16. [Epub ahead of print]

[Using dynamic risk and protective factors to predict inpatient aggression: Reliability and validity of start assessments.](#)

[Desmarais SL, Nicholls TL, Wilson CM, Brink J.](#)

Abstract

The Short-Term Assessment of Risk and Treatability (START; C. D. Webster, M. L. Martin, J. Brink, T. L. Nicholls, & S. L. Desmarais, 2009; C. D. Webster, M. L. Martin, J. Brink, T. L. Nicholls, & C. Middleton, 2004) is a relatively new structured professional judgment guide for the assessment and management of short-term risks associated with mental, substance use, and personality disorders. The scheme may be distinguished from other violence risk assessment instruments because of its inclusion of 20 dynamic factors that are rated in terms of both vulnerability and strength. This study examined the reliability and validity of START assessments in predicting inpatient aggression. Research assistants completed START assessments for 120 male forensic psychiatric patients through review of hospital files. They also completed Historical-Clinical-Risk Management-20 (HCR-20; C. D. Webster, K. S. Douglas, D. Eaves, & S. D. Hart, 1997) and Hare Psychopathy Checklist: Screening Version (PCL:SV; S. D. Hart, D. N. Cox, & R. D. Hare, 1995) assessments. Outcome data were coded from hospital files for a 12-month follow-up period using the Overt Aggression Scale (OAS; S. C. Yudofsky, J. M. Silver, W. Jackson, J. Endicott, & D. W. Williams, 1986). START assessments evidenced excellent interrater reliability and demonstrated both predictive and incremental validity over the HCR-20 Historical subscale scores and PCL:SV total scores. Overall, results support the reliability and validity of START assessments and use of the structured professional judgment approach more broadly, as well as the value of using dynamic risk and protective factors to assess violence risk. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID:

22250595

[PubMed - as supplied by publisher]

Related citations

25. Ir J Med Sci. 2012 Jan 14. [Epub ahead of print]

[The occurrence of neurological symptoms in currently abstinent misusers of alcohol.](#)

Khalily MT, Hallahan B.

Source

Department of Psychology, Roscommon Mental Health Services, School of Psychology, National University of Ireland, Galway, Galway, Ireland, khalily64@yahoo.com.

Abstract

BACKGROUND:

Significant neurological symptoms may be overlooked because of the traditional view that the non-Korsakoff's psychosis, middle aged alcoholic misuser is neurologically preserved.

AIMS:

In this study, we wanted to investigate the presence of neurological symptoms in individuals with misuse or dependence on alcohol who were abstinent for at least 1 month.

METHOD:

We used two scales from the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) to ascertain the presence of both neurological symptoms (HEA-2) and symptoms of general health concern (HEA-3) in 70 individuals who had a diagnosis of alcohol misuse or dependence, who were abstinent for greater than 1 month.

RESULTS:

Individuals reported significantly more neurological symptoms than general health difficulties ($p < 0.001$). We detected neurological symptoms, unlike general health difficulties in individuals who were abstinent from alcohol for 12 months. When we examined diagnostic subgroups, general health difficulties were most present in individuals with anxiety disorders; however, neurological difficulties were present across diagnostic groups.

CONCLUSION:

Neurological symptoms persist to a greater extent than general health concerns in individuals who previously were dependent or misused alcohol.

PMID:

22246542

[PubMed - as supplied by publisher]

Related citations

26. Drug Alcohol Depend. 2012 Jan 12. [Epub ahead of print]

[Index of the transmissible common liability to addiction: Heritability and prospective associations with substance abuse and related outcomes.](#)

Hicks BM, Iacono WG, McGue M.

Source

Department of Psychiatry, University of Michigan, 4250 Plymouth Rd, Ann Arbor, MI, 48109 USA.

Abstract

BACKGROUND:

Substance use disorders (SUDs) are highly comorbid and exhibit a relatively late onset. As such, many behaviors and personality traits present prior to the initiation of substance use can be used to predict later SUDs. The transmissible liability index (TLI) is a quantitative measure of such behaviors that indexes the common liability to SUDs. We examined the predictive utility and heritability of the TLI in a large community twin sample.

METHODS:

Using the Minnesota Twin Family Study (N=2510), we estimated TLI scores from mother, child, and teacher reports of symptom and personality measures assessed at age 11. We then estimated the genetic and environmental contributions to the association between TLI scores at age 11 and composite measures of substance abuse and behavioral disinhibition (antisocial behavior) at age 17.

RESULTS:

For both male and female twins, TLI scores were highly heritable (.76) and exhibited moderate associations with adolescent substance abuse ($r=.29$) and behavioral disinhibition ($r=.40$). Genetic factors accounted for the association between TLI scores and the adolescent outcomes.

CONCLUSIONS:

Findings support the utility of the TLI as a measure of the inherited, common liability to SUDs.

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PMID:

22245078

[PubMed - as supplied by publisher]

Related citations



27. J Pers Assess. 2012 Jan 13. [Epub ahead of print]

Personality Assessment Screener in a Primary Care Sample of Low-Income Urban Women.

Porcerelli JH, Kurtz JE, Cogan R, Markova T, Mickens L.

Source

a Department of Family Medicine & Public Health Sciences , Wayne State University School of Medicine.

Abstract

The diagnostic efficiency of the Personality Assessment Screener (PAS; Morey, 1997) total score was evaluated using selected scales from the Patient Health Questionnaire (Spitzer, Kroenke, & Williams, 1999), the fourth edition of the Personality Diagnostic Questionnaire (Hyler, 1994), and the Alcohol Use Disorders Identification Test (Saunders, Aasland, Babor, DeLaFuente, & Grant, 1993) as reference standards. Complete data were collected from 110 women seeking treatment at an urban family medicine training clinic. Total PAS scores were effective in identifying patients with mood disorders, cluster B personality disorders, and alcohol use disorders, but the optimum cut scores were higher than the cut score of 19 recommended by Morey (1997). The 10 PAS element scores showed good convergent and discriminant correlations with the reference measures. These findings support the utility of the PAS to screen for major forms of psychopathology in an urban primary care setting.

PMID:

22242900

[PubMed - as supplied by publisher]

Related citations



28. Am J Drug Alcohol Abuse. 2012 Jan 13. [Epub ahead of print]
[Differences in Treatment Outcome among Marijuana-Dependent Young Adults with and without Antisocial Personality Disorder.](#)

Easton CJ, Oberleitner LM, Scott MC, Crowley MJ, Babuscio TA, Carroll KM.

Source

Division of Substance Abuse, Yale University School of Medicine , New Haven, CT , USA.

Abstract

Background: Few studies have addressed comorbid antisocial personality disorder (ASPD) and marijuana dependence in young adults, and results from previous studies are inconsistent. **Objectives:** This study evaluated differences in pretreatment characteristics and treatment outcomes between marijuana-dependent young adults with and without ASPD. **Methods:** Data for this study were derived from a randomized trial, in which marijuana-dependent young adults (n = 136) between 18 and 25 years of age were randomized to four behavioral conditions: (1) MET/CBT with CM, (2) MET/CBT without CM, (3) DC with CM, and (4) DC without CM. **Results:** Forty-four percent of the participants met DSM-IV-TR criteria for ASPD. ASPD clients had significantly more lifetime alcohol dependence

disorders, marijuana use in the 28 days pretreatment, arrests, and assault and weapon charges compared to those without ASPD. ASPD clients did not differ in retention or substance use outcomes at 8 weeks posttreatment or the 6-month follow-up. In general, both groups had more attendance in the voucher condition, but there were no significant ASPD by treatment interactions. Conclusions: These data suggest that marijuana-dependent young adults with comorbid ASPD do not necessarily have poorer retention or substance use outcomes compared with marijuana-dependent young adults who do not have ASPD when treated in a well-defined behavioral therapy protocol. Scientific significance: Previous research has shown increased risks for clients with comorbid ASPD and marijuana dependence; however, our findings suggest that specialized programs for clients with ASPD may not be necessary if they are provided with empirically supported, structured treatments.

PMID:

22242558

[PubMed - as supplied by publisher]

Related citations



29. Epilepsy Behav. 2012 Jan 10. [Epub ahead of print]

[Using personality disorders to distinguish between patients with psychogenic nonepileptic seizures and those with epileptic seizures.](#)

Direk N, Kulaksizoglu IB, Alpay K, Gurses C.

Source

Department of Epidemiology, Erasmus Medical Centre, Rotterdam, The Netherlands.

Abstract

Identifying psychiatric disorders rather than psychiatric symptoms might help to distinguish patients with psychogenic nonepileptic seizures (PNES) from those with epileptic seizures (ES). Patients with PNES (n=35), patients with ES (n=35), and healthy controls (n=37) were compared with respect to the prevalence of psychiatric disorders in this study. We tested the predictive power of having axis I psychiatric disorders, as well as personality disorders, in distinguishing ES from PNES. There was no significant difference between the patient groups in the prevalence of axis I psychiatric disorders. Personality disorders were more prevalent in the PNES group than in the ES group ($P < 0.05$). Having a personality disorder was the only predictor for the PNES group. Having a personality disorder seems to be a more significant predictor for PNES than having an axis I psychiatric disorder. Greater attention should be paid to personality disorders in the differentiation of PNES and ES and the provision of effective treatment.

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PMID:

22236571

[PubMed - as supplied by publisher]

Related citations



30. Drug Alcohol Depend. 2012 Jan 5. [Epub ahead of print]
Prevalence of psychiatric disorders among young injection drug users.

Mackesy-Amiti ME, Donenberg GR, Ouellet LJ.

Source

Community Outreach Intervention Projects, Division of Epidemiology and Biostatistics, School of Public Health, University of Illinois at Chicago, 1603 West Taylor Street, Chicago, IL 60612, USA.

Abstract

BACKGROUND:

Studies of individuals in treatment for substance use have found high rates of psychiatric disorders, however little is known about the mental health of drug users not in treatment. This study aimed to assess the prevalence of lifetime and recent substance use and psychiatric disorders among young injection drug users (IDU) outside of a treatment setting.

METHODS:

Participants were recruited through outreach and respondent-driven sampling. Trained interviewers administered the Psychiatric Research Instrument for Substance and Mental Disorders. Interviews were conducted at two field stations operated by Community Outreach Intervention Projects in Chicago. Participants were 570 young adults (18-25 years) who injected drugs in the previous 30 days. Heroin was the primary drug used in this sample. Past 12-month and lifetime substance use disorders and primary and substance-induced mental disorders were based on DSM-IV diagnostic criteria.

RESULTS:

Nearly all participants met the criteria for heroin dependence. Multiple substance use disorders were common; cannabis was the most common substance involved after heroin, followed by alcohol and cocaine. Major depression, alcohol dependence, antisocial personality disorder, and borderline personality disorder were highly prevalent. Other psychiatric disorders were observed at levels consistent with other young adult samples.

CONCLUSIONS:

Young IDU experience major depression, alcohol dependence, anti-social personality disorder, and borderline personality disorder at high rates, and multiple substance use

disorders are common. Anxiety disorders in this population appear to be similar in prevalence to young adults in general.

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PMID:

22226707

[PubMed - as supplied by publisher]

[Related citations](#)



31. Compr Psychiatry. 2012 Jan 5. [Epub ahead of print]

[Relationship of alexithymia and dissociation with severity of borderline personality features in male substance-dependent inpatients.](#)

[Evren C, Cinar O, Evren B.](#)

[Source](#)

Bakirkoy State Hospital for Mental Health and Neurological Disorders, Alcohol and Drug Research, Treatment and Training Center, Istanbul, Turkey.

[Abstract](#)

The aim of this study was to evaluate possible interactions between severity of borderline personality features (BPFs), dissociative experiences, and alexithymia among substance-dependent men while controlling for their current age, depression, and anxiety. Participants were 200 substance-dependent men consecutively admitted to a dependency treatment unit. The Borderline Personality Inventory, the Toronto Alexithymia Scale, the Dissociative Experiences Scale, the Beck Depression Inventory, and the Spielberger State-Trait Anxiety Inventory were administered to all participants. Severity of negative affect, alexithymia, dissociative experiences, and BPF were correlated with each other. Being younger, severity of dissociative experiences, difficulty in identifying feelings, depression, and trait anxiety predicted the severity of BPF in linear regression analysis. These findings suggest that alexithymia and dissociative experiences may be a way of coping with depression and chronic anxiety, but they also seem to be related to the severity of BPF independent of the negative affect and from each other.

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PMID:

22225788

[PubMed - as supplied by publisher]

[Related citations](#)



32. J Pers. 2012 Jan 6. doi: 10.1111/j.1467-6494.2012.00761.x. [Epub ahead of print]

Interpersonal Development, Stability, and Change in Early Adulthood.

Wright AG, Pincus AL, Lenzenweger MF.

Source

The Pennsylvania State University.

Abstract

Objective: This goal of this research was to explore the development of the interpersonal system mapped by the interpersonal circumplex in early adulthood (Ages 18-22). **Method:** This study uses the Longitudinal Study of Personality Disorders sample (N = 250; 53% Female). Participants completed the Revised Interpersonal Adjective Scales (Wiggins, Trapnell, & Phillips, 1988) in their freshman, sophomore, and senior years of college. Estimates of structural, rank-order, mean, individual, and ipsative stability were calculated for the broad interpersonal dimensions of Dominance and Affiliation, and also the lower-order octant scales. Additionally, the interpersonal profile parameters of differentiation and prototypicality were calculated at each wave and explored longitudinally, and also used as predictors of interpersonal stability. **Results:** We found excellent structural and high rank-order and ipsative stability in the interpersonal scales over this time period. Mean increases on the Affiliation axis, but not on the Dominance axis, were found to mask differential rates of change among the octant scales, along with significant individual variation in the rates of change. Interpersonal differentiation and prototypicality were related to higher stability in overall interpersonal style. **Conclusions:** Results point to evidence of both stability and nuanced change, illuminating some of the features of the structural variables that can be derived from interpersonal circumplex profiles.

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PMID:

22224462

[PubMed - as supplied by publisher]

Related citations

33. Am J Drug Alcohol Abuse. 2012 Jan 5. [Epub ahead of print]
[Personality Differences between Drug Injectors and Non-injectors among Substance-Dependent Patients in Substitution Treatment.](#)

Saint-Lèbes J, Rodgers R, Birmes P, Schmitt L.

Source

Laboratoire du Stress Traumatique (LST-JE 2511), Université de Toulouse-UPS , Toulouse, France.

Abstract

Background: Understanding personality differences between injectors and non-injectors in substitution treatment may provide new insights to help improve treatment programs. **Objective:** The aim of this study was to compare drug injectors and non-injectors in terms of personality disorders and dimensions. **Methods:** Forty participants recruited from substance abuse treatment centers (23 injectors and 17 non-injectors) completed the self-report Personality Diagnostic Questionnaire 4th version and Temperament and Character Inventory. Mann-Whitney U tests were used to compare means of personality disorder traits, temperament, and character differences between injectors and non-injectors. **Results:** The mean (SD) age of the sample (72.5% male) was 36.5 (8.7) years. Injectors reported more borderline personality disorders and increased global personality disturbance ($p < .05$). Similarly, Anticipatory worry, Shyness, and Fatigability facet scores were higher among injectors ($p < .01$). Attachment, Purposeful, and Congruent second nature facet scores were higher among non-injectors ($p < .01$). **Conclusion:** According to the route of drug administration, drug dependents differed in terms of personality disorders and dimensions. **Scientific Significance:** These results may have implications for the implementation of treatment programs. New research in this area may contribute to the understanding and prevention of intravenous drug use.

PMID:

22220585

[PubMed - as supplied by publisher]

Related citations



34. Nord J Psychiatry. 2012 Jan 3. [Epub ahead of print]

[Criminal recidivism and mortality among patients discharged from a forensic medium secure hospital.](#)

T B, de Santi G, Kjellin L.

Source

Psychiatric Research Centre, Örebro and Department of Clinical Neuroscience; Psychiatry, Karolinska Institutet, Stockholm, Sweden.

Abstract

Background: One of the goals in forensic psychiatric care is to reduce the risk of recidivism, but current knowledge about the general outcome of forensic psychiatric treatment is limited. **Aims:** To analyse the rate of criminal recidivism and mortality after discharge in a sample of patients sentenced to forensic psychiatric treatment in a Swedish county. **Methods:** All offenders in Örebro County, Sweden, sentenced to forensic psychiatric treatment and discharged during 1992-2007 were included: 80 males and eight females. Follow-up data was retrieved from the Swedish National Council for Crime Prevention, the National Cause-of-Death register and clinical files. Mean follow-up time was 9.4 years. **Results:** The mean

age at discharge was 40 years. Schizophrenia, other psychoses and personality disorders were the most prevalent diagnoses. Thirty-eight percent of those still alive and still living in the country re-offended and were sentenced to a new period of forensic psychiatric treatment or incarceration during follow-up. Four male re-offenders committed serious violent crimes. Substance-related diagnosis was significantly associated with risk of recidivism and after adjustment for diagnoses, age and history of serious violent crime, the Hazard Ratio was 4.04 (95% CI 1.51-10.86, P = 0.006). Of all included patients, 23% had died at the end of follow-up (standardized mortality rate 10.4). Conclusions: Since repetition of serious violent crimes was unusual, results indicate a positive development subsequent to treatment for those alive at follow-up. Clinical implications: The high mortality rate suggests that more attention should be paid in evaluation of the patients' somatic and psychiatric health during and after care in order to prevent premature death.

PMID:

22212020

[PubMed - as supplied by publisher]

Related citations



Items 1 - 40 of 40

1. Australas Psychiatry. 2012 Feb;20(1):44-8. Epub 2012 Jan 9.
[Survivors of self-inflicted stab wounds.](#)

Gerard A, de Moore G, Nielssen O, Large M.

Source

Psychiatrist, St George Hospital, Kogarah, NSW, Australia†

Abstract

OBJECTIVE:

There are a number of studies describing the survivors of self-incised wounds, but few studies have described the psychiatric condition of survivors of self-inflicted stab wounds. We aimed to describe the characteristics of a complete series of patients treated for self-inflicted stab wounds in a major hospital, and to compare the characteristics of patients with psychotic illness to those with other conditions.

METHODS:

A review of the files of all patients who had a psychiatric evaluation after presenting for treatment following deliberate self-harm. Stab wounds were defined as wounds made by a sharp instrument in which the width was less than the depth.

RESULTS:

There were 41 survivors of self-inflicted stab wounds among 2119 patients assessed after deliberate self-harm. Of these, 15 were diagnosed with a psychotic illness and the remainder had other conditions, including depression, personality disorder and substance use disorder. There was little difference in the demographic features, clinical variables and in the proportion who were intoxicated between patients diagnosed with psychotic illness and those with other disorders. The patients with psychosis were more likely to have inflicted multiple stab wounds, to have stabbed their chest or abdomen and to have reported the intention of committing suicide.

CONCLUSIONS:

The results suggest that a significant proportion of patients who present for treatment after stabbing themselves suffer from a psychotic illness. However, there were few differences in the characteristics of the patients who had a diagnosis of psychosis and those with other disorders.

PMID: 22357675 [PubMed - in process]

Related citations

2. Cogn Behav Neurol. 2012 Feb 17. [Epub ahead of print]
[Comparison of Personality Characteristics in Parkinson Disease Patients With and Without Impulse Control Disorders and in Healthy Volunteers.](#)

Farnikova K, Obereigneru R, Kanovsky P, Prasko J.

Source

Departments of *Neurology ‡Psychiatry, Palacky University Medical School, University Hospital †Department of Psychology, Philosophical Faculty, Palacky University Olomouc, Olomouc, Czech Republic.

Abstract

OBJECTIVE:

We aimed to assess personality characteristics in patients with Parkinson disease (PD) with and without impulse control disorders (ICD).

METHODS:

We tested patients and controls with the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) scales that have expected high sensitivity to apparent addictive behavior. We recorded mean disease duration and mean levodopa dose in the PD groups.

RESULTS:

Of the 46 PD patients, 13 had ICD: hypersexuality, binge eating, or dopamine dysregulation. The PD patients with ICD had a longer duration of disease (11 vs. 5 y) and were taking higher doses of levodopa (900 vs. 500 mg/d). They scored above the pathologic threshold in 4 domains of the MMPI-2 Clinical Scales and in 8 Clinical Subscales and Content Scales. The most significant abnormality was Alienation-Self and Others.

CONCLUSIONS:

ICDs in the general population have similarities to disorders of substance addiction. In PD patients, some personality profiles could play a role in development of ICDs or dopamine dysregulation syndrome. The MMPI-2 may be a useful test for PD patients in general, and for detecting ICD in particular.

PMID: 22353727 [PubMed - as supplied by publisher]

Related citations



3. Psychiatr Q. 2012 Feb 17. [Epub ahead of print]
[Perceived Emotional Intelligence and Clinical Symptoms in Mental Disorders.](#)

Lizeretti NP, Extremera N, Rodríguez A.

Source

Sanitary Consortium of Maresme, Mataro, Spain, nathaliepl@blanquerna.url.edu.

Abstract

Research in emotional regulation has revealed that difficulties in the use and processing of affective information constitute a key factor in most mental disorders. To evaluate perceived emotional intelligence (PEI) deficits in patients with diverse psychopathological disorders and their relationship with clinical symptoms. Differences in PEI have been identified between a clinical group (n = 163) and a group of non-clinical individuals (n = 163). In the clinical group, the patients met DSM diagnostic criteria for one of the following: anxiety disorder, mood disorder, substance abuse disorder, psychotic disorder or borderline personality disorder. The PEI and clinical symptoms were assessed using the Spanish version of the TMMS-24 and the SCL-90-R, respectively. Patients from clinical group show higher levels of attention to feelings, but lower scores in abilities to manage effectively their negative emotional states compared to participants from non-clinical control group. Similarly,

significant differences in PEI levels between different diagnostic groups were found. Our study provides preliminary evidence that deficits in PEI are related to the presence and severity of clinical symptoms in patients with different mental disorders.

PMID: 22350130 [PubMed - as supplied by publisher]

Related citations



4. J Psychiatr Res. 2012 Feb 18. [Epub ahead of print]

The state effect of depressive and anxiety disorders on big five personality traits.

Karsten J, Penninx BW, Riese H, Ormel J, Nolen WA, Hartman CA.

Source

Department of Psychiatry, University of Groningen, University Medical Center Groningen, PO box 30 001, 9700 RB Groningen, The Netherlands.

Abstract

BACKGROUND:

Neuroticism and extraversion are affected by depressive disorder state. Less is known about depressive state effects on conscientiousness, agreeableness and openness. Furthermore, state effects of anxiety disorders on personality have been far less studied than those of depressive disorder. Here, we aim to determine the extent of change in all five personality traits associated with the occurrence of or recovery from depressive and anxiety disorders.

METHODS:

Using the Composite International Diagnostic Interview (CIDI) at baseline and two-year follow-up, respondents from the Netherlands Study of Depression and Anxiety (NESDA) were divided into four groups: unaffected at baseline and follow-up, occurrence, recovery, and affected at baseline and follow-up. Personality change (NEO-five factor inventory) was examined in the occurrence and recovery groups relative to the unaffected and affected groups, respectively. Analyses were repeated, differentiating between (specific) depressive and anxiety disorders.

RESULTS:

We found small state effects of affective disorders on neuroticism, extraversion and conscientiousness. Corrected for each other, both depressive and anxiety disorders showed small state effects on neuroticism, but effects on extraversion and conscientiousness were mainly associated with depressive disorders.

CONCLUSIONS:

State effects were small. When assessing neuroticism, the presence of both depressive and anxiety disorders should be taken into account, as both may independently increase neuroticism scores. However, when assessing extraversion and conscientiousness, depressive disorders but not anxiety disorders are likely to be of influence. Agreeableness and openness are influenced by neither.

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PMID: 22349302 [PubMed - as supplied by publisher]

Related citations



5. Med Hypotheses. 2012 Feb 17. [Epub ahead of print]
[Neuroanalysis: A method for brain-related neuroscientific diagnosis of mental disorders.](#)

Peled A.

Source

Sha'ar Menashe Mental Health Center, Hadera, Israel; Rappaport Faculty of Medicine, Technion, Israel Institute of Technology, Haifa, Israel.

Abstract

BACKGROUND:

As an Ancient Chinese proverb says "The beginning of wisdom is to call things by their right names" thus we must start calling mental disorders by the names of their underlying brain disturbances. Without knowledge of the causes of mental disorders, their cures will remain elusive.

METHODS:

Neuroanalysis is a literature-based re-conceptualization of mental disorders as disturbances of brain organization. Psychosis and schizophrenia can be re-conceptualized as disturbances to connectivity and hierarchical dynamics in the brain; mood disorders can be re-conceptualized as disturbances to optimization dynamics and free energy in the brain, and finally personality disorders can be re-conceptualized as disordered default-mode networks in the brain.

RESULTS AND CONCLUSIONS:

Knowledge and awareness of the disease algorithms of mental disorders will become critical because powerful technologies for controlling brain activity are developing and becoming available. The time will soon come when psychiatrists will be asked to define the exact

'algorithms' of disturbances in their psychiatric patients. Neuroanalysis can be a starting point for the response to that challenge.

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PMID: 22342251 [PubMed - as supplied by publisher]

Related citations



6. Psychiatry Res. 2012 Feb 16. [Epub ahead of print]
[Relationship between personality disorder dimensions and verbal memory functioning in a community population.](#)

Park S, Hong JP, Lee HB, Samuels J, Bienvenu OJ, Chung HY, Eaton WW, Costa PT Jr, Nestadt G.

Source

Department of Psychiatry, Asan Medical Center, School of Medicine, Ulsan University, Seoul, Republic of Korea.

Abstract

Based on the Baltimore Epidemiologic Catchment Area (ECA) follow-up survey, we examined relationships between dimensions of Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) personality disorders and both subjective and objective memory functioning in a community population. Our study subjects consisted of 736 individuals from the ECA follow-up study of the original Baltimore ECA cohort, conducted between 1993 and 1996 and available for assessment in the Hopkins Epidemiology Study of Personality Disorders from 1997 to 1999. Subjects were assessed for DSM-IV personality disorders using a semi-structured instrument, the International Personality Disorder Examination, and were asked about a subjective appraisal of memory. Verbal memory function, including immediate recall, delayed recall, and recognition, were also evaluated. Multiple linear regression analyses were used to determine associations between personality dimensions of DSM-IV Axis II traits and subjective and objective memory functioning. Scores on schizoid and schizotypal personality dimensions were associated with subjective and objective memory dysfunction, both with and without adjustment for Axis I disorders. Borderline, antisocial, avoidant, and dependent personality disorder scores were associated with subjective memory impairment only, both with and without adjustment for Axis I disorders. This study suggests that subjective feelings of memory impairment and/or objective memory dysfunction are associated with specific personality disorder dimensions.

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PMID: 22342178 [PubMed - as supplied by publisher]

Related citations

7. *Epilepsy Behav.* 2012 Feb 15. [Epub ahead of print]

Psychiatric comorbidity in patients with pharmacoresistant focal epilepsy and psychiatric outcome after epilepsy surgery.

Hellwig S, Mamalis P, Feige B, Schulze-Bonhage A, van Elst LT.

Source

Department of Psychiatry and Psychotherapy, University Hospital Freiburg, Freiburg, Germany.

Abstract

There are only a few studies in which both preoperative psychiatric comorbidity in pharmacoresistant focal epilepsy and its outcome after epilepsy surgery have been investigated. In this study, 144 patients evaluated for epilepsy surgery received psychiatric examination, 84 proceeding to intervention were reassessed postoperatively. Preoperatively, 60% met criteria for ICD-10- or epilepsy-specific psychiatric diagnosis. Twenty-seven percent, predominantly female, suffered from dysphoric disorder (DD) associated with temporal epileptogenic foci. Prevalence of DD correlated with complex partial seizure frequency and presence of ictal fear suggesting limbic-cortical dysregulation. Psychotic syndromes were linked to a history of febrile convulsions and left-sided temporomesial epileptogenic foci. High seizure frequency and early epilepsy onset predisposed to the development of personality disorders. Postoperative assessment revealed 18% of patients with "de novo" interictal affective disorders after surgery. Symptoms in 48% of patients with preoperative affective syndromes and 60% of patients with DD remitted after surgery. Seizure freedom and improved psychosocial status predicted remission of preoperative psychopathology.

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PMID: 22341961 [PubMed - as supplied by publisher]

Related citations

8. *Drug Alcohol Depend.* 2012 Feb 15. [Epub ahead of print]

Screening for bipolar disorders in patients with alcohol or substance use disorders: Performance of the Mood Disorder Questionnaire.

van Zaane J, van den Berg B, Draisma S, Nolen WA, van den Brink W.

Source

Department of Psychiatry, EMGO institute, VU University Medical Center, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

Screening properties of the Mood Disorder Questionnaire (MDQ) to detect bipolar disorder (BD) in patients with substance use disorders are unknown.

METHODS:

403 treatment seeking patients with a substance use disorder completed the MDQ and subsequently 111 MDQ positives and 59 MDQ negatives were assessed with the Structured Clinical Interview for DSM-IV to diagnose BD. In addition, given the overlap with BD symptoms, the presence of borderline personality disorder (BPD), antisocial personality disorder (APD) and attention deficit/hyperactivity disorder (ADHD), were assessed using the Diagnostic Interview Schedule and the Structured Interview for DSM-IV Personality.

RESULTS:

Of the 170 patients with a SCID interview, 35 patients (20.6%) met criteria for a lifetime diagnosis of BD. Twenty-three patients (62.8%) with BD had a positive MDQ score and 47 of the 135 patients (34.8%) without BD had a negative MDQ score resulting in a weighted sensitivity of .43, a weighted specificity of .57, a positive predictive value of .21, a negative predictive value (NPV) of .80 and an area under the curve of .50. The area under the curve of the MDQ to detect BPD, APD, ADHD and any externalizing disorder ranged from .55 (APD) to .63 (ADHD).

CONCLUSIONS:

The MDQ is not a suitable screening instrument for the detection of BD or other externalizing disorders but it could be used for ruling out the presence of BD in treatment seeking substance use disorder patients.

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PMID: 22341144 [PubMed - as supplied by publisher]

Related citations



9. Psychol Med. 2012 Feb 17:1-11. [Epub ahead of print]

Do all schizophrenia patients need antipsychotic treatment continuously throughout their lifetime? A 20-year longitudinal study.

Harrow M, Jobe TH, Faull RN.

Source

Department of Psychiatry, University of Illinois College of Medicine, Chicago, IL, USA.

Abstract

BACKGROUND:

The prevailing standard of care in the field involves background assumptions about the importance of prolonged use of antipsychotic medications for all schizophrenia (SZ) patients. However, do all SZ patients need antipsychotics indefinitely? Are there factors that help to identify which SZ patients can enter into prolonged periods of recovery without antipsychotics? This 20-year longitudinal research studied these issues. **Method** A total of 139 early young psychotic patients from the Chicago Follow-up Study, including 70 patients with SZ syndromes and 69 with mood disorders, were assessed, prospectively, at the acute phase and then followed up six times over the next 20 years. Patients were assessed with standardized instruments for major symptoms, psychosocial functioning, personality, attitudinal variables, neurocognition and treatment.

RESULTS:

At each follow-up, 30-40% of SZ patients were no longer on antipsychotics. Starting at the 4.5-year follow-ups and continuing thereafter, SZ patients not on antipsychotics for prolonged periods were significantly less likely to be psychotic and experienced more periods of recovery; they also had more favorable risk and protective factors. SZ patients off antipsychotics for prolonged periods did not relapse more frequently.

CONCLUSIONS:

The data indicate that not all SZ patients need treatment with antipsychotics continuously throughout their lives. SZ patients not on antipsychotics for prolonged periods are a self-selected group with better internal resources associated with greater resiliency. They have better prognostic factors, better pre-morbid developmental achievements, less vulnerability to anxiety, better neurocognitive skills, less vulnerability to psychosis and experience more periods of recovery.

PMID: 22340278 [PubMed - as supplied by publisher]

Related citations



A systematic review of the evidence of clozapine's anti-aggressive effects.

Frogley C, Taylor D, Dickens G, Picchioni M.

Source

St Andrew's Academic Centre, Institute of Psychiatry, Northampton, UK.

Abstract

Reducing the risk of violent and aggressive behaviour in patients with schizophrenia remains a clinical priority. There is emerging evidence to suggest that the second-generation antipsychotic, clozapine, is effective at reducing this risk in patients with schizophrenia and some evidence to suggest that it may be best in selected patients. We conducted a systematic literature search in March 2011 of all prospective and retrospective studies, which investigated clozapine's anti-aggressive effects in a variety of mental disorders. The review identified six animal studies, four randomized controlled trials, 12 prospective non-controlled studies and 22 retrospective studies, with four case studies. We found considerable evidence in support of clozapine's ability to reduce violent and aggressive behaviour. Clozapine's anti-aggressive effect was most commonly explored in patients with schizophrenia, with less evidence available for other psychiatric disorders, including borderline personality disorder, autistic spectrum disorders, post-traumatic stress disorder, bipolar disorder and learning disability. There was mixed evidence to address the question of whether or not clozapine was any more effective than other antipsychotics. In the case of schizophrenia, there was evidence to suggest that clozapine's anti-aggressive effect was more marked particularly in those with treatment-resistant illness. Its anti-aggressive effects appeared to be 'specific', being to some extent greater than both its more general antipsychotic and sedative effects. There were significant methodological inconsistencies in the studies we identified, particularly surrounding patient recruitment criteria, the definition and measurement of violence and the lack of randomized, controlled trials. Data on therapeutic monitoring were also limited. Clozapine can reduce violence and persistent aggression in patients with schizophrenia and other psychiatric disorders. It may offer an advantage over other antipsychotics, although perhaps exclusively in the case of traditionally defined 'treatment resistance' or more broadly defined 'complex cases' with co-morbidity. Larger, randomized, blinded, controlled studies with robust characterization of participants, and standardized measures of violence and aggression are, however, needed to fully understand this link and explore the possible mechanisms.

PMID: 22339930 [PubMed - as supplied by publisher]

Related citations



11. J Pers Assess. 2012 Feb 16. [Epub ahead of print]

[Integrating Psychopathology and Personality Disorders Conceptualized by the MMPI-2-RF and the MCMI-III: A Structural Validity Study.](#)

van der Heijden PT, Egger JI, Rossi GM, Derksen JJ.

Source

a Centre for Adolescent Psychiatry, Reinier van Arkel Mental Health Institute , 's-Hertogenbosch , The Netherlands.

Abstract

The Minnesota Multiphasic Personality Inventory-2-Restructured Form (Ben-Porath & Tellegen, 2008) Restructured Clinical scales and Higher Order scales were linked to the Millon Clinical Multiaxial Inventory-III (Millon, Millon, Davis, & Grossman, 2009) personality disorder scales and clinical syndrome scales in a Flemish/Dutch sample of psychiatric inpatients and outpatients, substance abuse patients, correctional inmates, and forensic psychiatric patients (N = 968). Structural validity of psychopathology and personality disorders as conceptualized by both instruments was investigated by means of principal component analysis. Results reveal a higher order structure with 4 dimensions (internalizing disorders, externalizing disorders, paranoid ideation/thought disturbance, and pathological introversion) that parallels earlier research on pathological personality dimensions as well as research linking pathological personality traits with mental disorders. Theoretical and clinical implications are considered.

PMID: 22338624 [PubMed - as supplied by publisher]

Related citations



12. Biol Psychiatry. 2012 Feb 13. [Epub ahead of print]
[Beyond the Broken Error-Related Negativity: Functional and Diagnostic Correlates of Error Processing in Psychosis.](#)

Foti D, Kotov R, Bromet E, Hajcak G.

Source

Department of Psychology, Stony Brook University, Stony Brook, New York.

Abstract

BACKGROUND:

Studies of event-related potentials have consistently shown that schizophrenia is associated with a blunted error-related negativity (ERN), indicating a deficit in error monitoring. It is unknown whether this deficit is unique to schizophrenia or is common to psychotic disorders more broadly, and its associations with clinical characteristics of the illness are not well understood.

METHODS:

The ERN and the error positivity (Pe) were recorded from 33 individuals with schizophrenia, 45 individuals with other psychotic disorders, and 33 healthy control subjects. Patients were drawn from a cohort with psychotic disorders followed since first hospitalization and diagnosed by consensus based on 10 years of observation.

RESULTS:

The ERN was profoundly blunted in the patient group, regardless of diagnosis, indicating that this deficit is not unique to schizophrenia. The Pe, meanwhile, was blunted only among individuals with schizophrenia, indicating that the ERN and Pe are differentially related to psychotic illnesses. A blunted ERN was associated with more severe negative symptoms and poorer real-world functioning, as indicated by unemployment and re-hospitalization over 10 years of illness. Although reduced compared with control subjects, ERN amplitude was greater in patients with higher neuroticism, indicating that error processing is moderated by personality differences in the same manner as in healthy populations.

CONCLUSIONS:

The current study advances the literature by evaluating diagnostic specificity and functional correlates of impaired error processing in psychosis.

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PMID: 22336564 [PubMed - as supplied by publisher]

Related citations



13. Drug Alcohol Depend. 2012 Feb 13. [Epub ahead of print]

Nicotine dependence and comorbid psychiatric disorders: Examination of specific genetic variants in the CHRNA5-A3-B4 nicotinic receptor genes.

Chen LS, Xian H, Gruzca RA, Saccone NL, Wang JC, Johnson EO, Breslau N, Hatsukami D, Bierut LJ.

Source

Department of Psychiatry, Washington University, St. Louis, MO, USA.

Abstract

BACKGROUND:

The associations between nicotine dependence and specific variants in the nicotinic receptor CHRNA5-A3-B4 subunit genes are irrefutable with replications in many studies. The

relationship between the newly identified genetic risk variants for nicotine dependence and comorbid psychiatric disorders is unclear. We examined whether these genetic variants were associated with comorbid disorders and whether comorbid psychiatric disorders modified the genetic risk of nicotine dependence.

METHODS:

In a case control study of nicotine dependence with 2032 subjects of European descent, we used logistic regression models to examine the pleiotropy and risk moderation. Comorbid disorders examined were alcohol dependence, cannabis dependence, major depressive disorder, panic attack, social phobia, posttraumatic stress disorder (PTSD), attention deficit hyperactivity disorder (ADHD), conduct disorder, and antisocial personality disorder (ASPD).

RESULTS:

Nicotine dependence was associated with every examined comorbid psychiatric disorders, with odds ratio varying from 1.75 to 3.33. No evidence supported the associations between the genetic variants and the comorbid disorders (pleiotropy). No evidence suggested that the risks for nicotine dependence associated with the genetic variants vary with comorbid psychiatric disorders in general, but the power was limited in detecting interactions.

CONCLUSIONS:

The genetic risks of nicotine dependence associated with the CHRNA5-A3-B4 subunit genes are specific, and not shared among commonly comorbid psychiatric disorders. The risks for nicotine dependence associated with these genetic variants are not modified by comorbid psychiatric disorders such as major depressive disorder or alcohol dependence. However, the power is an important limitation in studying the interplay of comorbidity and genetic variants.

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PMID: 22336398 [PubMed - as supplied by publisher]

Related citations



14. Proc Natl Acad Sci U S A. 2012 Feb 28;109(9):E563-72. Epub 2012 Feb 13.

[Childhood maltreatment is associated with reduced volume in the hippocampal subfields CA3, dentate gyrus, and subiculum.](#)

Teicher MH, Anderson CM, Polcari A.

Source

Developmental Biopsychiatry Research Program and Brain Imaging Center, McLean Hospital, Belmont, MA 02478.

Abstract

Childhood maltreatment or abuse is a major risk factor for mood, anxiety, substance abuse, psychotic, and personality disorders, and it is associated with reduced adult hippocampal volume, particularly on the left side. Translational studies show that the key consequences of stress exposure on the hippocampus are suppression of neurogenesis in the dentate gyrus (DG) and dendritic remodeling in the cornu ammonis (CA), particularly the CA3 subfield. The hypothesis that maltreatment is associated with volume reductions in 3-T MRI subfields containing the DG and CA3 was assessed and made practical by newly released automatic segmentation routines for FreeSurfer. The sample consisted of 193 unmedicated right-handed subjects (38% male, 21.9 ± 2.1 y of age) selected from the community. Maltreatment was quantified using the Adverse Childhood Experience study and Childhood Trauma Questionnaire scores. The strongest associations between maltreatment and volume were observed in the left CA2-CA3 and CA4-DG subfields, and were not mediated by histories of major depression or posttraumatic stress disorder. Comparing subjects with high vs. low scores on the Childhood Trauma Questionnaire and Adverse Childhood Experience study showed an average volume reduction of 6.3% and 6.1% in the left CA2-CA3 and CA4-DG, respectively. Volume reductions in the CA1 and fimbria were 44% and 60% smaller than in the CA2-CA3. Interestingly, maltreatment was associated with 4.2% and 4.3% reductions in the left presubiculum and subiculum, respectively. These findings support the hypothesis that exposure to early stress in humans, as in other animals, affects hippocampal subfield development.

Free Article

PMID: 22331913 [PubMed - in process]

Related citations



15. Community Ment Health J. 2012 Feb 14. [Epub ahead of print]
[Utilization of Evidenced Based Dialectical Behavioral Therapy in Assertive Community Treatment: Examining Feasibility and Challenges.](#)

Burroughs T, Somerville J.

Source

The Johns Hopkins University School of Medicine, 1821 Portal St, Baltimore, MD, 21244, USA, Tburrou4@jhmi.edu.

Abstract

Assertive Community Treatment (ACT) programs have been treating individuals with chronic and severe mental illness since the 1970s. While ACT programs were developed to address the treatment needs of severely mentally ill persons traditionally suffering from chronic mental illnesses, ACT programs are seeing a growing number of persons with co-morbid personality disorders. The efficacy of traditional ACT programs in treating individuals with co-occurring personality disorders is uncertain, in particular individuals with co-morbid Borderline Personality Disorder (BPD). Dialectical Behavior Therapy (DBT) has been proposed as an effective approach to treating clients with BPD in this setting. The purpose of this paper is to examine the value of DBT for individuals with BPD in ACT programs. The writers discuss the prevalence of Borderline Personality Disorders in ACT populations, briefly review the literature on DBT in ACT, address the feasibility of implementing DBT in an ACT model, examine potential barriers to this implementation, and highlight potential areas for future research.

PMID: 22331474 [PubMed - as supplied by publisher]

Related citations



16. J Affect Disord. 2012 Feb 11. [Epub ahead of print]

The profile and familiarity of personality traits in mood disorder families.

Wu PJ, Chang SM, Lu MK, Chen WJ, Yang YK, Tzung-Lieh-yeh, Liao SC, Lu RB, Kuo PH.

Source

Institute of Behavioral Medicine, College of Medicine, National Cheng Kung University, Tainan, Taiwan.

Abstract

OBJECTIVE:

Personality traits have impacts on individuals' response to stress and mood expression. The current study aimed to investigate the profile of personality traits in patients with bipolar disorders and major depressive disorder (MDD). Familial aggregation of personality traits in mood disorder families was also evaluated.

METHODS:

We recruited 260 clinical patients of MDD (92), bipolar disorder-I and II (BP-I=111, BP-II=57), 190 first-degree relatives, and 180 controls. Four personality traits were assessed using the Eysenck and Tridimensional Personality Questionnaires, including Extraversion (E), Neuroticism (N), Harm Avoidance (HA), and Novelty Seeking (NS). The magnitude of

familiarity of personality traits in mood disorder families was evaluated by mixed models and intra-class correlation coefficients (ICC).

RESULTS:

Patients with mood disorders had lower E, and higher N, HA and NS than controls. Unaffected relatives were not differed from controls in the four personality traits. BP-I had higher E, NS and lower N, HA than MDD patients ($p < 0.01$). The scale N further distinguished BP-I from BP-II ($p = 0.02$) with lower N among BP-I patients. There exhibited moderate familiarity in E (ICC=0.184-0.239) and HA (ICC=0.355) in bipolar disorder families.

LIMITATION:

Personality traits were accessed cross-sectionally without quantitatively controlled severity of mood symptoms.

CONCLUSION:

Different patterns of personality traits distinguish patients from unaffected individuals as well as separate diagnoses of mood disorders, indicating the usage of more comprehensive evaluation of personality traits in clinical settings. Familiarity of extraversion and harm avoidance in bipolar disorder families provides insights for further investigating correlates of comorbid behavioral problems in bipolar disorders.

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PMID: 22331025 [PubMed - as supplied by publisher]

Related citations



17. Behav Brain Funct. 2012 Feb 13;8(1):9. [Epub ahead of print]
Psychiatric symptoms of patients with primary mitochondrial DNA disorders. Inczedy-Farkas G, Remenyi V, Gal A, Varga Z, Balla P, Meszaros A, Bereznai B, Molnar MJ.

Abstract

ABSTRACT:

BACKGROUND:

The aim of our study was to assess psychiatric symptoms in patients with

genetically proven primary mutation of the mitochondrial DNA.

METHODS:

19 adults with known mitochondrial mutation (MT) have been assessed with the Stanford Health Assessment Questionnaire 20-item Disability Index (HAQ-DI), the Symptom Check List-90-Revised (SCL-90-R), the Beck Depression Inventory-Short Form (BDI-SF), the Hamilton Depression Rating Scale (HDRS) and the clinical version of the Structured Clinical Interview for the the DSM-IV (SCID-I and SCID-II) As control, 10 patients with hereditary sensorimotor neuropathy (HN), harboring the peripheral myelin protein-22 (PMP22) mutation were examined with the same tools.

RESULTS:

The two groups did not differ significantly in gender, age or education. Mean HAQ-DI score was 0.82 in the MT (range: 0-1.625)

and 0.71 in the HN group (range: 0-1.625). Level of disability between the two groups did not differ significantly ($p = 0.6076$). MT patients scored significantly higher on the BDI-SF and HDRS than HN patients (12.85 versus 4.40, $p = 0.031$, and 15.62 vs 7.30, $p = 0.043$, respectively). The Global Severity Index (GSI) of SCL-90-R also showed significant difference (1.44 vs 0.46, $p = 0.013$) as well as the subscales except for somatization. SCID-I interview yielded a variety of mood disorders in both groups. Eight MT patient (42%) had past, 6 (31%) had current, 5 (26%) had both past and current psychiatric diagnosis, yielding a lifetime prevalence of 9/19 (47%) in the MT group. In the HN group, 3 patients had both past and current diagnosis showing a lifetime prevalence of 3/10 (30%) in this group. SCID-II detected personality disorder in 8 MT cases (42%), yielding 3 avoidant, 2 obsessive-compulsive and 3 personality disorder not otherwise specified

(NOS) diagnosis. No personality disorder was identified in the HN group.

CONCLUSIONS:

Clinicians should be aware of the high prevalence of psychiatric symptoms in patients with mitochondrial mutation which has both etiologic and therapeutic relevance.

Free Article

PMID: 22329956 [PubMed - as supplied by publisher]

Related citations



18. J Psychiatr Res. 2012 Feb 11. [Epub ahead of print]

Relationship between childhood adversity and clinical and cognitive features in schizophrenia.

McCabe KL, Maloney EA, Stain HJ, Loughland CM, Carr VJ.

Source

Schizophrenia Research Institute, Darlinghurst, New South Wales, Australia; Centre for Brain and Mental Health Research, University of Newcastle, Newcastle, New South Wales, Australia.

Abstract

Childhood adversity is associated with elevated risk for a wide range of adult psychiatric disorders, and has significant and sustained negative effects on adult behavioural and social functioning. Elevated rates of childhood adversity have been reported for people with a diagnosis of schizophrenia. The aim of the present study was to assess rates of retrospectively reported childhood adversity among adults with schizophrenia and to examine the relationship between childhood adversity and clinical and cognitive features. Data were available for 408 schizophrenia participants and 267 healthy control participants recruited through the Australian Schizophrenia Research Bank (ASRB). History of

childhood adversity was obtained using the Childhood Adversity Questionnaire (CAQ). A five-factor solution was identified from the CAQ. Schizophrenia participants reported experiencing more childhood adversities than controls. In both groups, those reporting childhood adversity were more likely to be female and older. Among participants with schizophrenia, positive symptom severity and fewer years of education were associated with childhood adversity. Lower IQ scores and personality traits were associated with reporting a greater number of childhood adversities and with adversity sub-types of abusive, neglectful and dysfunctional parenting. The rate of childhood adversity reported in this sample was high which suggests greater exposure to adverse childhood events among participants with schizophrenia in comparison with healthy controls. We identified unique groups amongst CAQ items that provided a salient framework from which to investigate the connection between childhood adversity and clinical and cognitive features.

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PMID: 22329951 [PubMed - as supplied by publisher]

Related citations



19. J Pers Assess. 2012 Feb 13. [Epub ahead of print]

[A Comparison of Passive-Aggressive and Negativistic Personality Disorders.](#)

Hopwood CJ, Wright AG.

Source

a Department of Psychology , Michigan State University.

Abstract

Passive-aggressive personality disorder (PAPD) has historically played an important role in clinical theorizing and was diagnosable prior to the Diagnostic and Statistical Manual of Mental Disorders (4th ed. [DSM-IV]; American Psychiatric Association, 1994), in which the construct was relabeled negativistic (NEGPD), expanded to include negative affective symptoms, and appendicized. In this study we tested the hypothesis that the expansion of PAPD to include content related to negative moods and nonspecific personality pathology compromised its discriminant validity. In an undergraduate sample (N = 1,215), a self-report measure of PAPD was only moderately related to NEGPD and showed less diagnostic overlap with other personality disorders than NEGPD. Furthermore, a conjoint factor analysis yielded a strong first factor (moodiness) that appeared less specific to passive-aggressive behavior than 3 other factors (irresponsibility, inadequacy, and contempt). We conclude that future research on this potentially important clinical construct should focus on core passive-aggressive features and abandon the negativistic content that has been added to it in successive editions of the DSM.

PMID: 22329420 [PubMed - as supplied by publisher]

Related citations



20. Assessment. 2012 Feb 11. [Epub ahead of print]
[The Shedler-Westen Assessment Procedure \(SWAP\): Evaluating Psychometric Questions About Its Reliability, Validity, and Impact of Its Fixed Score Distribution.](#)

Blagov PS, Bi W, Shedler J, Westen D.

[Source](#)

Whitman College, Walla Walla, WA, USA.

[Abstract](#)

The Shedler-Westen Assessment Procedure (SWAP) is a personality assessment instrument designed for use by expert clinical assessors. Critics have raised questions about its psychometrics, most notably its validity across observers and situations, the impact of its fixed score distribution on research findings, and its test-retest reliability. We review empirical data addressing its validity, emphasizing the multitrait-multimethod approach to evaluating test validity. To evaluate the hypothesis that the fixed, asymmetric score distribution artifactually inflates correlations between SWAP profiles, we conducted Monte Carlo simulations and also presented empirical data from a large patient sample. We observed a mean correlation of zero between simulated SWAP profiles, indicating that the score distribution does not impact the correlation coefficients. Empirical correlations between SWAP profiles of actual patients were small and similar to those obtained using Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) personality disorder scales that had no fixed score distributions, suggesting that the correlations were not a methodological artifact of the SWAP. We report new test-retest reliability data (median coefficient > .85) for the SWAP's trait and personality disorder dimensions. The SWAP appears to be reliable and valid. The data do not support its primary psychometric critiques. PMID: 22327208 [PubMed - as supplied by publisher]

[Related citations](#)



21. Neurosci Res. 2012 Feb 6. [Epub ahead of print]
[Theory of mind impairment in adult-onset myotonic dystrophy type 1.](#)

Kobayakawa M, Tsuruya N, Kawamura M.

[Source](#)

Brain Science Institute, Tamagawa University, 6-1-1 Tamagawagakuen, Machida, Tokyo 194-8610, Japan; Department of Neurology, Showa University School of Medicine, 1-5-8 Hatanodai, Shinagawa-ku, Tokyo 142-8666, Japan.

Abstract

Patients with myotonic dystrophy type 1 (DM 1) exhibit behavioral disorders and distinctive personality traits. We hypothesize that this is due to altered social cognitive function. To investigate the cognitive basis of this impairment in DM 1 patients, we examined their theory of mind (ToM) ability, which is the specific cognitive ability to understand the mental states of others. Nine adult-onset DM 1 patients (4 men and 5 women) performed 2 ToM tasks: "Reading the Mind in the Eyes" test and faux pas recognition test. DM 1 patients were found to be impaired in both ToM tests, but had no difficulty with control tasks designed to test visual and lexical comprehension. The present results indicate that social cognitive impairment in patients with adult-onset DM 1 is associated with ToM dysfunction, which could be due to the brain lesions associated with this disease.

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PMID: 22326781 [PubMed - as supplied by publisher]

Related citations



22. Schizophr Res. 2012 Feb 8. [Epub ahead of print]

Early cannabis use and Schizotypal Personality Disorder Symptoms from adolescence to middle adulthood.

Anglin DM, Corcoran CM, Brown AS, Chen H, Lighty Q, Brook JS, Cohen PR.

Source

The City College and The Graduate Center, City University of New York, United States.

Abstract

BACKGROUND:

While increasing evidence suggests that cannabis use may play a role in the development of schizophrenia in some young people, less is known about the strength and specificity of its relationship to latent schizophrenia liability, i.e., schizotypal personality disorder traits.

AIMS:

Determine the predictive value of cannabis use during childhood and early adolescence on schizotypal personality disorder (SPD) symptoms projecting into adulthood, using a community-based longitudinal cohort from upstate New York.

METHOD:

Prospective data from 804 participants was used to determine associations between early cannabis use and later schizotypal symptoms, accounting for important potential confounds (e.g., adolescent schizotypal symptoms).

RESULTS:

Cannabis use with onset prior to age 14 strongly predicted SPD symptoms in adulthood, independent of early adolescent SPD symptoms, major depression, anxiety disorder, other drug use, and cigarette use. There was no interaction effect of early cannabis use and early adolescent SPD symptoms on SPD symptoms into adulthood.

CONCLUSIONS:

Our data provide further support for a strong association of early cannabis use with the development of symptoms characteristic of schizophrenia spectrum disorders. As with studies in schizophrenia, early SPD symptoms could not fully explain the association of early cannabis use with later schizotypal symptoms. The mechanisms that underlie the association of cannabis use and schizotypal symptoms in a developmental context deserve further exploration.

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PMID: 22325079 [PubMed - as supplied by publisher]

Related citations



23. Alcohol Clin Exp Res. 2012 Feb 10. doi: 10.1111/j.1530-0277.2011.01724.x. [Epub ahead of print]

[Do People Who "Mature Out" of Drinking See The mselves as More Mature?](#)

Winograd RP, Littlefield AK, Sher KJ.

Source

Psychological Sciences, University of Missouri-Columbia, Columbia, Missouri.

Abstract

BACKGROUND:

Self-perceptions of adulthood during the 20s and 30s are influenced by role transitions, age-related norms, and character traits. These factors are also associated with alcohol use disorders (AUDs), which peak and subsequently decrease during this time of life. Previous developmental research has found that alcohol misuse in adolescence predicts lower reported maturity, whereas alcohol misuse in emerging adulthood is not related to maturity. This

study examines how self-perceived maturity (SPM) is affected by AUD status, maturity-related personality characteristics, and role transition variables at ages 25, 29, and 35, and how those relationships change over time.

METHODS:

Data were drawn from a cohort study of 410 college students (N = 489 at baseline). Students were ascertained as first-time freshmen at a large, public midwestern university in the fall of 1987 but were followed up regardless of subsequent enrollment. The data for the current study were drawn from Waves 5 to 7, when participants were, on average, 25, 29, and 35 years of age. Structural equation modeling was used to determine whether the relation between the SPM item "I feel mature for my age" and DSM-III AUD status was moderated by age.

RESULTS:

Results suggested that individuals with AUDs are more likely to endorse lower SPM levels compared to their nondiagnosing peers at ages 29 and 35 but not at age 25. In contrast, none of the relations between Conscientiousness, concern about Future Consequences, role status variables, and AUD was moderated by time.

CONCLUSIONS:

These results suggest that alcohol-related problems may be perceived as more "age appropriate" during the mid-20s than at later ages in life and that such developmentally sensitive aspects of self-concept might be useful in cognitive interventions for young adults.

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PMID: 22324647 [PubMed - as supplied by publisher]

Related citations



24. Psychiatr Q. 2012 Feb 10. [Epub ahead of print]

[Lamotrigine in the Treatment of Unipolar Depression with and Without Comorbidities: A Literature Review.](#)

Zavodnick AD, Ali R.

Source

Department of Psychiatry and Behavioral Medicine, Carilion Clinic-Virginia Tech Carilion School of Medicine, Roanoke, VA, USA, adzavodnick@carilionclinic.org.

Abstract

To review the available data behind the use of lamotrigine in unipolar depression and common comorbid conditions. A PubMed based literature review was conducted using keywords related to lamotrigine, depression, anxiety, post traumatic stress disorder (PTSD), obsessive-compulsive disorder (OCD), and personality disorders. A large number of trials using lamotrigine for unipolar depression and various comorbid conditions were reviewed. A major limitation behind the majority of studies was a limited course of the treatment phase. The most robust data was found among studies that followed patients for over 8 weeks, and used higher dosages. Patients with comorbid anxiety states appeared to benefit. Patients with borderline personality disorder also appeared to benefit. The benefits of lamotrigine in unipolar depression have been inconsistently noted in a number of studies. This is due in part to short treatment phases, atypical domains of benefit and different patient populations across studies. Patients with more treatment-resistance, comorbid anxiety and borderline personality disorder may be more able to benefit from lamotrigine.

PMID: 22322995 [PubMed - as supplied by publisher]

Related citations



25. J Pers. 2012 Feb 9. doi: 10.1111/j.1467-6494.2012.00775.x. [Epub ahead of print]
[Assessment of Maladaptive Variants of Five Factor Model Traits.](#) Lynam DR.

Source

Department of Psychological Sciences, Purdue University.

Abstract

Research has shown that the Personality Disorders (PDs) bear consistent relations to general models of personality functioning, particularly in relation to the Five Factor Model (FFM). In addition to suggesting that the PDs might be understood as constellations of traits from the FFM, this

research also suggests that these constellations might be used to assess the PDs. The present article reviews previous research using the NEO Personality Inventory -Revised (NEO PI-R; Costa & McCrae, 1992) to assess disordered personality and discusses some shortcomings of this approach. Next, I detail studies that have used what is known about the relations between the FFM and disordered personality to construct new assessments that are grounded in the basic science of personality but designed to assess the more pathological aspects. Finally, the advantages of this approach are outlined.

© 2012 The Authors. Journal of Personality

© 2012, Wiley Periodicals, Inc.

PMID: 22321444 [PubMed - as supplied by publisher]

[Related citations](#)

26. J Pers. 2012 Feb 9. doi: 10.1111/j.1467-6494.2012.00772.x. [Epub ahead of print]

[Construct Validation Theory Applied to the Study of Personality Dysfunction.](#)

[Zapolski TC, Smith GT.](#)

Source

Leila Guller.

Abstract

The authors review theory validation and construct validation principles as related to the study of personality dysfunction. Historically, personality disorders have been understood to be syndromes of heterogeneous symptoms. The authors argue that the syndrome approach to description results in diagnoses of unclear meaning and constrained validity. The alternative approach of describing personality dysfunction in terms of homogeneous dimensions of functioning avoids the problems of the syndromal approach and has been shown to provide more valid description and diagnosis. The authors further argue that description based on homogeneous dimensions of personality function/dysfunction is more useful, because it provides direct connections to validated treatments.

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PMID: 22321263 [PubMed - as supplied by publisher]

Related citations

27. J Pers. 2012 Feb 9. doi: 10.1111/j.1467-6494.2012.00771.x. [Epub ahead of print]
[The Five Factor Model of Personality Disorder and DSM-5.](#)

Trull TJ.

Source

University of Missouri.

Abstract

The Five Factor Model of Personality Disorders (FFMPD; Widiger & Mullins-Sweatt, 2009) developed from the recognition that the popular Five Factor Model (FFM) of personality could be used to describe and understand the official personality disorder (PD) constructs from the American Psychiatric Association's diagnostic manuals (e.g., DSM-IV-R, APA, 2000). This paper provides an overview of the FFM, highlighting its validity and utility in characterizing PDs as well as its ability to provide a comprehensive account of personality pathology in general. In 2013, DSM-5 is scheduled to appear, and the "hybrid" PD proposal will emphasize a 25 personality trait model. I present the current version of this new model, compare it to the FFMPD, and discuss issues related to the implementation of the FFMPD.

© 2012 The Authors. Journal of Personality © 2012, Wiley Periodicals, Inc.

PMID: 22321203 [PubMed - as supplied by publisher]

Related citations

28. J Pers. 2012 Feb 9. doi: 10.1111/j.1467-6494.2012.00778.x. [Epub ahead of print]
[A Five-Factor Model Framework For Understanding Childhood Personality Disorder Antecedents.](#)

De Clercq B, De Fruyt F.

[Source](#)

Ghent University, Belgium.

[Abstract](#)

The present contribution reviews evidence that supports the relevance of childhood antecedents of personality disorders, and advocates that the validity of a five-factor model framework for describing general trait differences in childhood can be extended towards the field of developmental personality difficulties. In addition, we suggest that several traditional childhood axis I conditions include a substantial trait component that may be responsible for the recurring finding that childhood axis I disorders are predictive for adult axis II disorders. Given the valuable information provided by a trait assessment, we further propose to integrate dimensional personality and personality pathology measures as standard tools in mental health assessments at a young age.

© 2012 The Authors. Journal of Personality © 2012, Wiley Periodicals, Inc.
PMID: 22320207 [PubMed - as supplied by publisher]

[Related citations](#)

29. J Pers. 2012 Feb 9. doi: 10.1111/j.1467-6494.2012.00777.x. [Epub ahead of print]
[Maladaptively High and Low Openness: The Case for Experiential Permeability.](#)

Piedmont RL, Sherman MF, Sherman NC.

[Source](#)

Loyola University Maryland.

[Abstract](#)

The domain of openness within the five-factor model (FFM) has received inconsistent support as a source for maladaptive personality functioning, at least when the latter is confined to the disorders of personality included within the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR; APA, 2000). However, an advantage of the FFM relative to the DSM-IV-TR is that the former was developed to provide a reasonably comprehensive description of general personality structure. Rather than suggest that the FFM is inadequate because the DSM-IV-TR lacks much representation of openness, it might be just as reasonable to suggest that the DSM-IV-TR is inadequate because it lacks an adequate representation of maladaptive

variants of both high and low openness. This paper discusses the development and validation of a measure of these maladaptive variants, the Experiential Permeability Inventory.

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PMID: 22320184 [PubMed - as supplied by publisher]

Related citations

30. J Pers. 2012 Feb 9. doi: 10.1111/j.1467-6494.2012.00776.x. [Epub ahead of print]
[Integrating Normal and Abnormal Personality Structure: The Five Factor Model.](#)

Widiger TA, Costa PT Jr.

Source

Department of Psychology, University of Kentucky.

Abstract

It is evident that the conceptualization, diagnosis, and classification of personality disorder is shifting toward a dimensional model. The purpose of this special issue of Journal of Personality is to indicate how the five-factor model (FFM) can provide a useful and meaningful basis for an integration of the description and classification of both normal and abnormal personality functioning. This introductory article discusses its empirical support and the potential advantages of understanding personality disorders including those included within the American Psychiatric Association's (APA) Diagnostic and Statistical Manual of Mental Disorders and likely future PDs from the dimensional perspective of the FFM.

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PMID: 22320149 [PubMed - as supplied by publisher]

Related citations

31. J Psychiatr Ment Health Nurs. 2012 Feb 6. doi: 10.1111/j.1365-2850.2011.01859.x. [Epub ahead of print]
[Ethnic differences in reported unmet needs among male inpatients with severe mental illness.](#)

Bruce M, Gwaspari M, Cobb D, Ndegwa D.

Source

Senior Clinical Psychologist Research Assistant Strategic Director of Forensic Services, Department of Forensic and Neurodevelopmental Science, Institute of Psychiatry, Kings College London, London, UK.

Abstract

Unmet needs in the domains of Inpatients of African ethnicity reported significantly psychotic symptoms, Literature less unmet needs than their White British counterparts. • suggests that ethnic minority groups are disadvantaged within current health care services in the UK. This study attempts to identify the rates and nature ACCESSIBLE of unmet health and social needs across three ethnic groups. • SUMMARY: • The ability to meet health and social needs is complicated by the presence of antisocial personality disorder and alcohol dependence. ABSTRACT: Health services are failing to meet the needs of ethnic minority groups with severe mental illness in the UK. Understanding these unmet social and health needs will assist service providers in developing culturally sensitive and responsive care pathways. Inpatients of White British heritage Using a cross-sectional design, appeared to have more unmet needs and/or were more willing to disclose these alcohol use and safety to self differed compared to other ethnic groups. • significantly across the three ethnic groups. • 165 service users were recruited from 10 acute inpatient wards across four South London boroughs. Needs were assessed using the Camberwell Assessment of Need Short Assessment Schedule and substance dependence and antisocial personality disorder were measured using the Alcohol Use Disorders Identification Test, Drug Use Disorders Identification Test and the Structured Clinical Interview for the Diagnostic and Statistical Manual for Mental Disorders. African, but not African-Caribbean, heritage continued to predict lower rates of reported unmet needs compared to White British ($P < 0.001$) following multivariate analysis. Different patterns of unmet needs were observed across ethnic heritage groups. Antisocial personality disorder and alcohol dependence were also independently associated with unmet needs. Consideration of a patient's ethnic identity and comorbidities is essential for effective needs assessment within psychiatric and mental health nursing.

© 2012 Blackwell Publishing.

PMID: 22309597 [PubMed - as supplied by publisher]

Related citations

32. Alcohol Clin Exp Res. 2012 Feb 6. doi: 10.1111/j.1530-0277.2011.01730.x. [Epub ahead of print]

[Borderline Personality Symptoms in Short-Term and Long-Term Abstinent Alcohol Dependence.](#)

Fein G, Nip V.

[Source](#)

Neurobehavioral Research, Inc., Honolulu, Hawaii.

Abstract

BACKGROUND:

Comorbidity of borderline personality disorder (BPD) and substance and alcohol use disorders (SUDs and AUDs) is very high. The literature suggests a negative synergy between BPD and SUDs, which may impact an individual's ability to achieve and maintain remission of either disorder in the face of the other.

METHODS:

We examined lifetime and current (past year) BPD symptom counts in 3 gender- and age-comparable groups: short-term abstinent alcoholics (STA, 6 to 15 weeks abstinent), long-term abstinent alcoholics (LTA, more than 18 months abstinent), and nonsubstance-abusing controls (NSAC). Abstinent individuals were recruited primarily from mutual-help recovery networks and about half had comorbid drug dependence. BPD symptoms were obtained using the Structured Clinical Interview for DSM-IV-TR Axis II Personality Disorders, followed up with questions regarding currency, but did not require that BPD symptoms represent persistent or pervasive behavior such as would meet criteria for BPD diagnosis. Thus, our study dealt only with BPD symptoms, not BPD diagnoses.

RESULTS:

Alcoholics had more lifetime and current symptoms for most all BPD criteria than NSAC. In general, STA and LTA did not differ in BPD symptoms, except for a group-by-gender effect for both lifetime and current anger-associated symptoms and for lifetime abandonment avoidance symptoms. For these cases, there were much higher symptom counts for STA women versus men, with comparable symptom counts for LTA women versus men.

CONCLUSIONS:

Our results suggest for the most part that BPD symptoms do not prevent the maintenance of recovery in AUD and SUD individuals who have established at least 6 weeks abstinence within the mutual-help recovery network-in fact the presence of BPD symptoms is the norm. However, we did find difficulty in establishing longer-term abstinence in women with anger-associated symptoms and abandonment avoidance symptoms.

Copyright © 2012 by the Research Society on Alcoholism.

PMID: 22309234 [PubMed - as supplied by publisher]

Related citations



33. J Clin Psychol. 2012 Feb 3. doi: 10.1002/jclp.21828. [Epub ahead of print]
[Depression and Anxiety Among Coronary Heart Disease Patients: Can Affect Dimensions and Theory Inform Diagnostic Disorder-Based Screening?](#)

Tully PJ, Penninx BW.

Source

School of Psychology and Discipline of Psychiatry, The University of Adelaide, Adelaide, South Australia, Australia.

Abstract

OBJECTIVES:

To examine the association between low positive affect, somatic anxiety and general distress with affective disorders, anxious misery, and visceral fear among coronary heart disease patients.

PARTICIPANTS:

Patients awaiting a coronary revascularization procedure (N = 158; 20.9% female; median age = 65, interquartile range 58-73) underwent structured interview with the Mini-International Neuropsychiatric Interview. Patients completed a brief version of the Mood and Anxiety Symptom Questionnaire (i.e., Anxiety Depression Distress Inventory-27) and a measure of Type D personality.

RESULTS:

Somatic anxiety scores yielded an area under the curve (AUC) = .784 and 75.0% sensitivity and 68.5% specificity in relation to panic disorder. Low positive affect yielded AUC = .811 and 70.4% sensitivity and 77.1% specificity for major depression. General distress yielded AUC = .795 and 75.0% sensitivity and 72.5% specificity for generalized anxiety disorder. No affective dimension was optimally associated with the anxious misery or visceral fear cluster. Trait negative affect was not a suitable screener for any disorder.

CONCLUSIONS:

The Anxiety Depression Distress Inventory-27 dimensions of low positive affect and somatic anxiety provided optimal detection of depression and panic disorder, respectively, as hypothesized, supporting discriminant validity.

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PMID: 22308051 [PubMed - as supplied by publisher]

Related citations



The Canadian Network for Mood and Anxiety Treatments (CANMAT) task force recommendations for the management of patients with mood disorders and comorbid personality disorders.

Rosenbluth M, Macqueen G, McIntyre RS, Beaulieu S, Schaffer A.

Source

Toronto East General Hospital Day, Treatment Program, East York, Ontario, Canada, Sunnybrook Health Sciences Centre, Department of Psychiatry, University of Toronto, Toronto, Ontario, Canada. E-mail: mrose@tegh.on.ca.

Abstract

BACKGROUND:

The association between mood disorders and personality disorders (PDs) is complicated clinically, conceptually, and neurobiologically. There is a need for recommendations to assist clinicians in treating these frequently encountered patients.

METHODS:

The literature was reviewed with the purpose of identifying clinically relevant themes. MedLine searches were supplemented with manual review of the references in relevant papers. From the extant evidence, consensus-based recommendations for clinical practice were developed.

RESULTS:

Key issues were identified with regards to the overlap of PDs and mood disorders, including whether certain personality features predispose to mood disorders, whether PDs can reliably be recognized if there is an Axis I disorder present, whether personality disturbances arise as a consequence or are a former fruste of mood disorders, and whether personality traits or disorders modify treatment responsiveness and outcome of mood disorders.

CONCLUSION:

This paper describes consensus-based clinical recommendations that arise from a consideration of how signals from the literature can impact clinical practice in the treatment of patients with comorbid mood and personality pathology. Additional treatment studies of patients with the comorbid conditions are required to further inform clinical practice.

PMID: 22303522 [PubMed - in process]

Related citations

35. Eur Eat Disord Rev. 2012 Feb 2. doi: 10.1002/erv.2157. [Epub ahead of print]

Influence of Attitudes towards Change and Self-directedness on Dropout in Eating Disorders: A 2-Year Follow-up Study.

Rodríguez-Cano T, Beato-Fernandez L, Moreno LR, Vaz Leal FJ.

Source

Eating Disorders Unit, General Hospital of Ciudad Real, Spain.

Abstract

OBJECTIVE:

This study examined dropout-related factors at the Outpatient Eating Disorders Treatment Programme.

METHOD:

One hundred ninety-six eating disorders patients following DSM-IV diagnostic criteria that consecutively commenced treatment were recruited and followed up for a 2-year period. A total of 151 patients completed the whole assessment with a set of questionnaires evaluating eating and general psychopathology. The Attitudes towards Change in Eating Disorders questionnaire was used, and personality was evaluated using the Temperament and Character Inventory. During the follow-up period, patients were re-assessed. Two years later, 102 patients continued on treatment.

RESULTS:

Scores on Precontemplation at the beginning were predictors for dropout at 2-year follow-up. Character variables, as Responsibility, Integrity and Self-acceptance were protective factors to be at Precontemplation stage.

DISCUSSION:

The clinician's challenge is to help eating disorders patients to develop an unyielding sense of responsibility and self-acceptance, aimed to integrate the therapeutic choice into their own intrapersonal frame of goals. Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 22302485 [PubMed - as supplied by publisher]

Related citations



Long-term outcomes of psychodynamic residential treatment for severely disturbed young adults: A naturalistic study at a Swedish therapeutic community.

Werbart A, Forsström D, Jeanneau M.

Source

Department of Psychology, Stockholm University, and Child and Adolescent Psychiatry, Stockholm County Council, Sweden.

Abstract

Aims: This study examined the long-term effectiveness of a treatment model at a Swedish therapeutic community for young adults with severe personality disorders, combining milieu therapy and inpatient long-term psychodynamic psychotherapy. **Methods:** Data were collected for the 56 residents between 1994 and 2008 at intake, termination and 2-year follow-up. Patient residency ranged from 2 to 60 months, with average psychotherapy duration of 30 months. Self-rated outcome was measured using the Symptom Checklist-90-R. Expert-rated outcomes comprised the Global Assessment of Functioning, the Strauss-Carpenter Outcome Scale and the Integration/Sealing-over Scale. A series of mixed-model analyses of variance with one fixed factor (time) was performed to examine the outcomes for the total sample of completers. Effect sizes for within-group change and percentages of improved, unchanged and deteriorated patients were calculated for patients participating in the data collection on all three time points. **Results:** All outcome measures showed significant improvement on a group level from intake to discharge. Most patients had maintained the therapeutic gains at the 2-year follow-up. The effect sizes were high and the Reliable Change Index provided evidence of good outcome for 92% of the patients at follow-up. The expert ratings gave somewhat larger effect sizes than the patients' self-ratings. **Conclusions:** The effect sizes and success rates are at a comparable level with corresponding studies of long-term treatments of personality disorders. Most patients had a substantial individual improvement from intake to termination and follow-up. This indicates the effectiveness of this highly specialized and intensive treatment approach for severely disturbed young adult patients.

PMID: 22300443 [PubMed - as supplied by publisher]

Related citations



37. Clin Drug Investig. 2012 Mar 1;32(3):213-9. doi: 10.2165/11597330-000000000-00000. Effect of quetiapine and norquetiapine on anxiety and depression in major psychoses using a pharmacokinetic approach: a prospective observational study.

Altamura AC, Moliterno D, Paletta S, Buoli M, Dell'osso B, Mauri MC, Bareggi SR.

Source

Department of Clinical Psychiatry, University of Milan, IRCCS Foundation Ca Granda, Ospedale Maggiore Policlinico, Milan, Italy.

Abstract

Background: Quetiapine apparently differs from other antipsychotic drugs in terms of its antidepressant activity and efficacy in bipolar depression. The mechanism of this activity is unknown although it may be mediated by its metabolite N-desalkylquetiapine (norquetiapine). **Objective:** The aim of the study was to analyse the relationships between quetiapine and norquetiapine plasma concentrations and clinical improvement in depressive and anxious symptoms. **Methods:** This was a prospective observational study. Recruited patients were evaluated during a clinical post-acute phase. Patients were recruited from patients hospitalized in the Psychiatric Department of Ospedale Maggiore Policlinico of Milan, Italy. After discharge they were followed-up as outpatients. The study involved 41 outpatients (23 males, 18 females; age >18 years) diagnosed as affected by schizophrenia (17 patients), borderline personality disorder (eight patients) or bipolar depression (16 patients) on the basis of the Diagnostic and Statistical Manual of Mental Disorders, fourth text revision (DSM-IV-TR) criteria. Patients were prescribed 50-800 mg of quetiapine (Seroquel®). Patients were evaluated after discharge from the psychiatric department (baseline, T0), after 15 days (T1) and after 3 months (T2) using the Brief Psychiatry Rating Scale (BPRS) with particular reference to the dimensions of depression (items 5, 9 and 13) and anxiety (items 1, 2 and 6). Plasma quetiapine and norquetiapine concentrations were determined by means of high-performance liquid chromatography at T2. **Results:** There was a significant improvement in the mean BPRS total score, as well as in the dimensions of anxiety and depression. The bipolar patients only showed a significant curvilinear relationship described by a second-order polynomial model between the plasma norquetiapine/quetiapine concentration ratio and the improvement in depression at T2. There was a significant negative linear correlation between the norquetiapine/quetiapine ratio and anxiety in all of the patients. **Conclusion:** The results of this study confirm the efficacy of quetiapine on both anxious and depressive symptoms. Norquetiapine has a specific effect on anxiety and depressive symptoms, showing a correlation between plasma concentrations and clinical efficacy only in patients with bipolar depression.

PMID: 22299714 [PubMed - in process]

Related citations



38. J Can Acad Child Adolesc Psychiatry. 2012 Feb;21(1):59-62.

[Clinical Case Rounds in Child and Adolescent Psychiatry: De Novo Self-Mutilation and Depressive Symptoms in a 17-year-old Adolescent Girl Receiving Depot-Medroxyprogesterone Acetate.](#)

St-André M, Stikarovska I, Gascon S.

Source

Sainte-Justine University Hospital Centre, Montréal, Québec.

Abstract

INTRODUCTION:

Contraception-induced mood changes have been identified since the 1960s. To our knowledge, there has been no reported case about self-mutilation associated to any form of contraception. We report the case of a 17-year-old adolescent girl who presented with de novo self-mutilation and depressive symptoms three and a half weeks after the administration of 150 mg of Depot-Medroxyprogesterone Acetate (DMPA).

METHOD:

Clinical case report and literature review. Possible confounding factors are reviewed.

RESULTS:

The patient had no personal psychiatric history and no significant family psychiatric history. A DSM-IV diagnosis of "mood disorder due to DMPA with depressive features" was formulated. There was no evidence of abnormal personality functioning. The mental status exam and collateral information validated the severity of her condition.

DISCUSSION:

DMPA is a birth control method especially useful for adolescent girls and possible secondary mood symptoms should not limit its access. However, since depressive symptoms substantially interfere with daily functioning and may have unfortunate consequences like self-mutilation and suicidal ideation, it is important to remain vigilant regarding the onset of mood symptoms following contraceptive use in adolescent girls. This vigilance should be more specific regarding adolescent girls with a history of mood disorders, anxiety disorders, self-mutilation or family diathesis of these conditions.

PMCID: PMC3269252 **Free PMC Article**

PMID: 22299016 [PubMed - in process]

Related citations



39. Clin Psychol Psychother. 2012 Feb 1. doi: 10.1002/cpp.1770. [Epub ahead of print]
The combined predictive effect of patient characteristics and alliance on long-term dynamic and interpersonal functioning after dynamic psychotherapy.

Hersoug AG, Høglend P, Gabbard GO, Lorentzen S.

Source

Institute of Clinical Medicine Vinderen, University of Oslo, Norway.
a.g.hersoug@medisin.uio.no.

Abstract

On the basis of the well-established association between early alliance and outcome, this exploratory study investigated the associations between the therapeutic alliance and long-term outcome, 3 years after treatment termination. In addition to the early alliance, pre-treatment patient characteristics and expectancies that were significantly related to early alliance were included in the statistical analyses. The data are from the First Experimental Study of Transference, a dismantling randomized clinical trial with long-term follow-up. One hundred out-patients who sought psychotherapy due to depression, anxiety and personality disorders were treated. Alliance was measured with Working Alliance Inventory after session 7. Change was determined using linear mixed model analyses. The alliance alone had a significant impact on long-term outcome of the predetermined primary outcome variables of the study: Psychodynamic Functioning Scales and Inventory of Interpersonal Problems. Contrary to common clinical wisdom, when the pre-treatment patient variables were included, more personality disorder pathology was the strongest predictor of favourable outcome, over and above the effect of the alliance, which was no longer significant. Clinical implications are discussed. Copyright © 2012 John Wiley & Sons, Ltd. Key Practitioner Message Patients with more personality pathology responded more favourably to long-term relational dynamic psychotherapy than patients with less personality pathology. Patient characteristic had stronger effect on long-term outcome, over and above the effect of alliance. In relational dynamic psychotherapy, it is important to focus on dysfunctional interpersonal problems, as they appear both in the transference and in the patients' day to day life outside therapy. The therapeutic task is to balance a forthright discussion of recurrent patterns of interpersonal difficulty with an empathic appreciation that these patterns are hard to change because of their longstanding entrenched nature.

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PMID: 22298434 [PubMed - as supplied by publisher]

Related citations



40. Med Sci Monit. 2012 Feb 1;18(2):CR119-124.

Self-esteem and styles of coping with stress versus strategies of planning in people with psychopathic personality disorders.

Pastwa-Wojciechowska B, Kaźmierczak M, Błażek M.

Source

Institute of Psychology, University of Gdansk, Gdansk, Poland.

Abstract

Background: Psychopathy is a notion that has been difficult to define. The operational definition of psychopathy by Hare is one of the most commonly used in psychology and it is usually identified with the scale used to measure this type of personality, which is the Psychopathy Checklist - Revision (PCL-R). PCL-R is composed of two factors: Factor 1 describes a constellation of psychopathic traits considered by many clinicians to be basic for this type of personality, and Factor 2 describes types of behaviour indicating impulsiveness, lack of stability and antisocial lifestyle. The aim of the research was to verify a hypothesis that people with psychopathic personality disorders are characterised by high self-esteem, unconstructive strategies of planning actions and non-adaptive styles of coping with stress.
Material/Methods: The group of participants included 30 people at the age of 22-36 convicted with a legally binding sentence. Methods were: 1. The Psychopathy Checklist-Revision (PCL-R); 2. Antisocial Personality Questionnaire (APQ); 3. Coping Inventory for Stressful Situations (CISS); 4. Generalised Self-Efficacy Scale (GSES).
Results: The participants were diagnosed as psychopaths (PCL-R), and more specifically - as primary psychopaths (APQ). They revealed a grandiose sense of self-worth, increased self-control, impulsive style of functioning, perceived high self-efficacy (which might be considered as a defence mechanism). Psychopaths prefer a coping style focused on emotions and avoidance.
Conclusions: The hypothesis was confirmed, that people with psychopathic personality disorders are characterised by high self-esteem, unconstructive strategies of planning actions and non-adaptive styles of coping with stress.
PMID: 22293875 [PubMed - in process]

Related citations

1. Psychosomatics. 2012 Mar 27. [Epub ahead of print]
[Delusional Infestation is Typically Comorbid with Other Psychiatric Diagnoses: Review of 54 Patients Receiving Psychiatric Evaluation at Mayo Clinic.](#)

Hylwa SA, Foster AA, Bury JE, Davis MD, Pittelkow MR, Bostwick JM.

Source

Department of Dermatology, Mayo Clinic, Rochester, Minnesota.

Abstract

OBJECTIVE:

Delusional infestation, which encompasses both delusions of parasitosis and delusions of infestation with inanimate objects (sometimes called Morgellons disease), has been said to represent a distinct and encapsulated delusion, that is, a stand-alone diagnosis. Anecdotally, we have observed that patients with delusional infestation often have one or more psychiatric comorbid conditions and that delusional infestation should not be regarded as a stand-alone diagnosis. The purpose of this study was to identify whether patients with delusional infestation have psychiatric comorbid conditions. We therefore identified patients who had been formally evaluated in the Department of Psychiatry during their visit to Mayo Clinic.

METHOD:

We retrospectively searched for and reviewed the cases of all patients with delusional infestation seen from 2001 through 2007 at Mayo Clinic, Rochester, Minnesota, and who underwent psychiatric evaluation. The diagnoses resulting from psychiatric evaluation were analyzed.

RESULTS:

During the 7-year study period, 109 patients seen for delusional infestation at Mayo Clinic were referred to the Department of Psychiatry, 54 (50%) of whom actually followed through with psychiatric consultation. Of these 54 patients, 40 (74%) received additional active psychiatric diagnoses; 14 patients (26%) had delusional infestation alone. Abnormal personality traits were rarely documented.

CONCLUSIONS:

Most patients with delusional infestation have multiple coexisting or underlying psychiatric disorders. Therefore, evaluation by a psychiatrist, when possible, is advised for all patients with delusional infestation.

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PMID: 22458994 [PubMed - as supplied by publisher]

Related citations



2. Am J Psychiatry. 2012 Mar 28. [Epub ahead of print]
Attainment and Stability of Sustained Symptomatic Remission and Recovery Among Patients With Borderline Personality Disorder and Axis II Comparison Subjects: A 16-Year Prospective Follow-Up Study.

Zanarini MC, Frankenburg FR, Reich DB, Fitzmaurice G.

Abstract

OBJECTIVE:

The purposes of this study were to determine time to attainment of symptom remission and to recovery lasting 2, 4, 6, or 8 years among patients with borderline personality disorder and comparison subjects with other personality disorders and to determine the stability of these outcomes.

METHOD:

A total of 290 inpatients with borderline personality disorder and 72 comparison subjects with other axis II disorders were assessed during their index admission using a series of semi-structured interviews, which were administered again at eight successive 2-year follow-up sessions. For inclusion in the study, patients with borderline personality disorder had to meet criteria for both the Revised Diagnostic Interview for Borderlines and DSM-III-R.

RESULTS:

Borderline patients were significantly slower to achieve remission or recovery (which involved good social and vocational functioning as well as symptomatic remission) than axis II comparison subjects. However, by the time of the 16-year follow-up assessment, both groups had achieved similarly high rates of remission (range for borderline patients: 78%-99%; range for axis II comparison subjects: 97%-99%) but not recovery (40%-60% compared with 75%-85%). In contrast, symptomatic recurrence and loss of recovery occurred more rapidly and at substantially higher rates among borderline patients than axis II comparison subjects (recurrence: 10%-36% compared with 4%-7%; loss of recovery: 20%-44% compared with 9%-28%).

CONCLUSIONS:

Our results suggest that sustained symptomatic remission is substantially more common than sustained recovery from borderline personality disorder and that sustained remissions and recoveries are substantially more difficult for individuals with borderline personality disorder to attain and maintain than for individuals with other forms of personality disorder.

PMID: 22456822 [PubMed - as supplied by publisher]

Related citations



3. Clin Schizophr Relat Psychoses. 2012 Apr;6(1):45-8.

A case of prolonged duration of untreated psychosis: barriers to treatment and strategies to improve the outcome.

Agarkar S.

Source

Weill Medical College of Clinical Psychiatry, White Plains, NY.

Abstract

Several factors may contribute to increase in duration of untreated psychosis (DUP). In most cases, early intervention, namely psychopharmacological or psychosocial intervention, is done after first-episode psychosis. It is important to know what factors can contribute to duration of untreated psychosis. During this phase, patients often display unspecific symptoms such as anxiety and depression, personality disorders, and abuse of alcohol or drugs. These symptoms could go unrecognized and, hence, cause a delay in seeking treatment. In addition, functional and social decline frequently occurs in the prodromal phase or in the early course of schizophrenia. The purpose of this paper is to highlight barriers that cause delay in treatment and to review early detection and specific treatment strategies that may help to improve outcomes leading to psychosocial recovery.

PMID: 22453869 [PubMed - in process]

Related citations

4. Personal Disord. 2012 Mar 5. [Epub ahead of print]
[The Role of Aberrant Salience and Self-Concept Clarity in Psychotic-Like Experiences.](#)
Cicero DC, Becker TM, Martin EA, Docherty AR, Kerns JG.

Abstract

Most theories of psychotic-like experiences posit the involvement of cognitive mechanisms. The current research examined the relations between psychotic-like experiences and two cognitive mechanisms, high aberrant salience and low self-concept clarity. In particular, we examined whether aberrant salience, or the incorrect assignment of importance to neutral stimuli, and low self-concept clarity interacted to predict psychotic-like experiences. The current research included three large samples ($n = 667, 724, 744$) of participants and oversampled for increased schizotypal personality traits. In all three studies, an interaction between aberrant salience and self-concept clarity was found such that participants with high aberrant salience and low self-concept clarity had the highest levels of psychotic-like experiences. In addition, aberrant salience and self-concept clarity interacted to predict a supplemental measure of delusions in Study 2. In Study 3, in contrast to low self-concept clarity, neuroticism did not interact with aberrant salience to predict psychotic-like experiences, suggesting that the relation between low self-concept clarity and psychosis may not be a result of neuroticism. Additionally, aberrant salience and self-concept clarity did not interact to predict two other SPD criteria, social anhedonia or trait paranoia, which suggests the interaction is specific to psychotic-like experiences. Overall, our results are consistent with several cognitive models of psychosis suggesting that aberrant salience and self-concept clarity might be important mechanisms in the occurrence of psychotic-like symptoms. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22452775 [PubMed - as supplied by publisher]

Related citations

5. Personal Disord. 2012 Mar 26. [Epub ahead of print]

[An Item Response Theory Analysis of DSM-IV Diagnostic Criteria for Personality Disorders: Findings From the National Epidemiologic Survey on Alcohol and Related Conditions.](#)

Harford TC, Chen CM, Saha TD, Smith SM, Hasin DS, Grant BF.

Abstract

The purpose of this study was to evaluate the psychometric properties of DSM-IV symptom criteria for assessing personality disorders (PDs) in a national population and to compare variations in proposed symptom coding for social and/or occupational dysfunction. Data were obtained from a total sample of 34,653 respondents from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC). For each personality disorder, confirmatory factor analysis (CFA) established a 1-factor latent factor structure for the respective symptom criteria. A 2-parameter item response theory (IRT) model was applied to the symptom criteria for each PD to assess the probabilities of symptom item endorsements across different values of the underlying trait (latent factor). Findings were compared with a separate IRT model using an alternative coding of symptom criteria that requires distress/impairment to be related to each criterion. The CFAs yielded a good fit for a single underlying latent dimension for each PD. Findings from the IRT indicated that DSM-IV PD symptom criteria are clustered in the moderate to severe range of the underlying latent dimension for each PD and are peaked, indicating high measurement precision only within a narrow range of the underlying trait and lower measurement precision at lower and higher levels of severity. Compared with the NESARC symptom coding, the IRT results for the alternative symptom coding are shifted toward the more severe range of the latent trait but generally have lower measurement precision for each PD. The IRT findings provide support for a reliable assessment of each PD for both NESARC and alternative coding for distress/impairment. The use of symptom dysfunction for each criterion, however, raises a number of issues and implications for the DSM-5 revision currently proposed for Axis II disorders (American Psychiatric Association, 2010). (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22449066 [PubMed - as supplied by publisher]

Related citations

6. Personal Disord. 2012 Mar 26. [Epub ahead of print]

[Emotional Processing in Borderline Personality Disorder.](#)

Suvak MK, Sege CT, Sloan DM, Shea MT, Yen S, Litz BT.

Abstract

This study examines whether individuals with borderline personality disorder (BPD) would exhibit augmented emotional responses to picture stimuli after being challenged with an

ideographic interpersonal conflict script. Participants were 24 adults diagnosed with BPD, 23 adults diagnosed with obsessive-compulsive personality disorder (OCPD), and 28 normal controls. Participants viewed emotionally evocative pictures before and after listening to the interpersonal script while a variety of physiological measures were recorded. Findings indicated that the interpersonal script was effective in eliciting enduring emotional responses from the BPD group relative to the control groups. However, despite the effectiveness of the interpersonal challenge task, there were no group differences in emotional responding to the affect eliciting stimuli. The findings underscore the complexities involved in examining emotional dysregulation in BPD in a laboratory setting. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22449065 [PubMed - as supplied by publisher]

Related citations

7. J Abnorm Psychol. 2012 Mar 26. [Epub ahead of print]

[The Hierarchical Structure of DSM-5 Pathological Personality Traits.](#)

Wright AG, Thomas KM, Hopwood CJ, Markon KE, Pincus AL, Krueger RF.

Abstract

A multidimensional trait system has been proposed for representing personality disorder (PD) features in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) to address problematic classification issues such as comorbidity. In this model, which may also assist in providing scaffolding for the underlying structure of major forms of psychopathology more generally, 25 primary traits are organized by 5 higher order dimensions: Negative Affect, Detachment, Antagonism, Disinhibition, and Psychoticism. We examined (a) the generalizability of the structure proposed for DSM-5 PD traits, and (b) the potential for an integrative hierarchy based upon DSM-5 PD traits to represent the dimensions scaffolding psychopathology more generally. A large sample of student participants (N = 2,461) completed the Personality Inventory for DSM-5, which operationalizes the DSM-5 traits. Exploratory factor analysis replicated the initially reported 5-factor structure, as indicated by high factor congruencies. The 2-, 3-, and 4-factor solutions estimated in the hierarchy of the DSM-5 traits bear close resemblance to existing models of common mental disorders, temperament, and personality pathology. Thus, beyond the description of individual differences in personality disorder, the trait dimensions might provide a framework for the metastructure of psychopathology in the DSM-5 and the integration of a number of ostensibly competing models of personality trait covariation. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22448740 [PubMed - as supplied by publisher]

Related citations

8. Psychiatr Q. 2012 Mar 24. [Epub ahead of print]

[Effects of Personality Disorder and Impulsivity on Emotional Adaptations in Prison Among Women Offenders.](#)

Mahmood ST, Tripodi SJ, Vaughn MG, Bender KA, Schwartz RD.

Source

Public Policy Studies, Saint Louis University, Tegeler Hall, Rm 300 W, St. Louis, MO, USA,
smahmoo3@slu.edu.

Abstract

The present study sought to better understand the influence of personality disorders and impulsivity on women's ability to adapt to incarceration. We analyzed the influence of personality disorders as screened with the Structured Clinical Interview for Personality Disorders, and impulsivity as assessed with the Barratt Impulsivity Scale on depression and anxiety, sleeping problems, and feeling afraid of being attacked in prison among a large sample of women incarcerated in a Virginia prison. Results from regression models indicated that schizotypal, borderline, avoidant and dependent personality disorders and cognitive impulsivity were significant predictors of symptoms of anxiety and depression net of demographic covariates. Women possessing a diagnosis of paranoid personality disorder were at increased odds of having difficulty sleeping in prison and borderline, dependent, and paranoid personality disorder were at increased odds of experiencing fear in prison. Women who had been in prison before were significantly less likely to experience these problems. Implications of study findings for policies and practices involving women offenders are discussed.

PMID: 22446948 [PubMed - as supplied by publisher]

Related citations



9. Med Hypotheses. 2012 Mar 22. [Epub ahead of print]
[Placebo forte: Ways to maximize unspecific treatment effects.](#)

Schneider R, Kuhl J.

Source

Department of Human Sciences, Personality Psychology Unit, University of Osnabrück,
Osnabrück, Germany.

Abstract

Placebo effects spark more and more interest in both medicine and psychotherapy. Neurobiological findings have helped to understand underlying biochemical and neurological mechanisms although many questions remain to be answered. One common denominator of empirical findings regarding placebo effects across a wide range of clinical conditions (e.g., depression, Parkinson's disease, pain, neurological disorders) is the involvement of higher cognitive brain functions associated with the prefrontal cortex. It is meanwhile commonly accepted that placebo effects involve self-regulatory mechanisms whose role in mediating those effects have not been thoroughly investigated yet. We propose a theoretical framework

which helps to identify relevant functional mechanisms. Drawing on psychological findings, we propose a mechanism by which placebo effects can be maximized in any type of medical and psychotherapeutic setting.

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PMID: 22445136 [PubMed - as supplied by publisher]

Related citations



10. J Psychiatr Res. 2012 Mar 23. [Epub ahead of print]

[Comparison of the course of substance use disorders among individuals with and without generalized anxiety disorder in a nationally representative sample.](#)

[Magidson JF, Liu SM, Lejuez CW, Blanco C.](#)

Source

Center for Addictions, Personality, and Emotion Research (CAPER), 2103 Cole Field House, University of Maryland, College Park, MD 20742, USA.

Abstract

Generalized anxiety disorder (GAD) and substance use disorders (SUDs) are highly comorbid, and GAD-SUD comorbidity is associated with a host of poor psychosocial outcomes, including higher rates of hospitalization, disability, functional impairment, and inferior GAD and SUD treatment outcomes. Despite the noted severity of this group and clinical implications, current research is limited in a few distinct ways; studies have rarely utilized a longitudinal design and non-treatment seeking individuals to examine how GAD comorbidity impacts SUD outcomes over time. The current study utilized a nationally representative sample of individuals in the U.S. assessed in the National Epidemiological Survey on Alcohol and Related Conditions (NESARC) at Wave 1 (2001-2002) and Wave 2 (2004-2005), comparing individuals who met criteria for both DSM-IV past year GAD and SUD ($n = 286$) and those who met criteria for past year SUD only without GAD ($n = 5730$) at Wave 1. Results indicated that GAD-SUD individuals were significantly more severe than the SUD only group across almost all outcomes assessed (with the exception of alcohol frequency); individuals with GAD-SUD had a more severe psychiatric history, worse health-related quality of life at both waves, greater incidence of new Axis I disorders, higher rates of treatment seeking, and greater self-reported drug use at the follow up. The current study is the first to compare individuals with SUD with and without comorbid GAD over time using a nationally representative sample. Findings further support the clinical severity of this group and suggest the need for GAD-SUD treatment options.

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PMID: 22444600 [PubMed - as supplied by publisher]

Related citations

11. Psychiatry Clin Neurosci. 2012 Apr;66(3):180-6. doi: 10.1111/j.1440-1819.2012.02329.x. Predictors of dropout among personality disorders in a specialist outpatients psychosocial treatment: A preliminary study.

Martino F, Menchetti M, Pozzi E, Berardi D.

Source

Institute of Psychiatry, Bologna University Mental Health Department, Local Health Unit Bologna, Bologna, Italy.

Abstract

Aim: The aim of this study was to identify factors that may affect treatment retention in a 1-year psychosocial program for adult personality disorders. **Methods:** The sample consists of patients admitted to the Adult Personality Disorder Outpatient Programme of the Bologna Community Mental Health Centre in the period 2003-2008. At the beginning of the program, patients were evaluated through a comprehensive assessment including sociodemographic form, diagnostic interviews and self-report questionnaires. Patients who dropped out from treatment were retrospectively compared with patients who completed the program. **Results:** Out of 39 patients enrolled in the program, 20 (51.3%) dropped out and 19 (48.7%) completed the treatment. Out of 20 patients who dropped out, 14 terminated the treatment within the first 2 months. The dropout group and the group which remained showed significant differences in diagnosis (borderline personality disorder [BPD]), demographic data (age, time from first contact with psychiatric services), clinical variable (impulsiveness) and subjective experience (motivation, treatment expectation, therapeutic relation perception and barriers to access). BPD and subjective evaluation were found to be predictors of premature termination in the sample. In detail, BPD patients who experienced a less satisfactory therapeutic relationship and reported many external problems were more likely to drop out of the program. **Conclusion:** Important factors contributing to dropout were identified, with potential implication for clinical practice. Further efforts need to be made to find ways to retain BPD patients who find the first subjective experience of the service more problematic.

© 2012 The Authors. Psychiatry and Clinical Neurosciences © 2012 Japanese Society of Psychiatry and Neurology.

PMID: 22443241 [PubMed - in process]

Related citations



12. Psychopathology. 2012 Mar 22;45(3):179-184. [Epub ahead of print] Anhedonia in Borderline Personality Disorder and Its Relation to Symptoms of Impulsivity.

Marissen MA, Arnold N, Franken IH.

Source

Centre for Personality Disorders, PsyQ, The Hague, The Netherlands.

Abstract

Background: Patients with borderline personality disorder (BPD) report strong negative affect and show impulsive, disruptive behaviors. The role of anhedonia, or the inability to experience positive affect, has been less examined in BPD. The present study examined the role of anhedonia in BPD patients and its relation to symptoms of impulsivity. **Sampling and Methods:** Anhedonia, affect, impulsivity and BPD symptoms were measured in BPD patients and healthy control participants. **Results:** It was found that BPD patients showed abnormally high anhedonia levels. In addition, anhedonia was found to be positively related to dysfunctional impulsivity in the BPD patient group, while in the control group, anhedonia was related to withdrawal behaviors. A strong relation was found between anhedonia and BPD symptoms, emphasizing the relevance of anhedonia as an important symptom of BPD. Finally, anhedonia was found to be an important contributor to the severity of borderline symptoms, independently of other factors such as affect and impulsivity. **Conclusions:** The results underline that anhedonia might be an important but currently overlooked feature of BPD. The results further suggest that anhedonia is associated with the impulsive behaviors that are typically observed in borderline patients.

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PMID: 22441143 [PubMed - as supplied by publisher]

Related citations



13. Psychol Med. 2012 Mar 22:1-10. [Epub ahead of print]

Predictors of suicide attempts in patients with borderline personality disorder over 16 years of prospective follow-up.

Wedig MM, Silverman MH, Frankenburg FR, Reich DB, Fitzmaurice G, Zanarini MC.

Source

Laboratory for the Study of Adult Development, McLean Hospital, Belmont, MA, USA.

Abstract

BACKGROUND:

It is clinically important to understand the factors that increase the likelihood of the frequent and recurrent suicide attempts seen in those with borderline personality disorder (BPD).

Although several studies have examined this subject in a cross-sectional manner, the aim of this study was to determine the most clinically relevant baseline and time-varying predictors

of suicide attempts over 16 years of prospective follow-up among patients with BPD. Two-hundred and ninety in-patients meeting Revised Diagnostic Interview for Borderlines (DIB-R) and DSM-III-R criteria for BPD were assessed during their index admission using a series of semistructured interviews and self-report measures. These subjects were then reassessed using the same instruments every 2 years. The generalized estimating equations (GEE) approach was used to model the odds of suicide attempts in longitudinal analyses, controlling for assessment period, yielding an odds ratio (OR) and 95% confidence interval (CI) for each predictor.

RESULTS:

Nineteen variables were found to be significant bivariate predictors of suicide attempts. Eight of these, seven of which were time-varying, remained significant in multivariate analyses: diagnosis of major depressive disorder (MDD), substance use disorder (SUD), post-traumatic stress disorder (PTSD), presence of self-harm, adult sexual assault, having a caretaker who has completed suicide, affective instability, and more severe dissociation.

CONCLUSIONS:

The results of this study suggest that prediction of suicide attempts among borderline patients is complex, involving co-occurring disorders, co-occurring symptoms of BPD (self-harm, affective reactivity and dissociation), adult adversity, and a family history of completed suicide.

PMID: 22436619 [PubMed - as supplied by publisher]

Related citations



14. BMC Psychiatry. 2012 Mar 22;12(1):22. [Epub ahead of print]

[Antenatal risk factors for postnatal depression: a prospective study of Chinese women at Maternal and Child Health Centres.](#)

Siu BW, Leung SS, Ip P, Hung SF, O'Hara MW.

Abstract

ABSTRACT:

BACKGROUND:

Risk factors for postnatal depression (PND) are under-explored in the Chinese populations. There is increasing recognition of the importance of identifying predictive factors during the antenatal period for PND. The present study aimed to identify the risk factors for postnatal depression in a community cohort of Chinese women with special focus on the antenatal risk factors.

METHODS:

Eight hundred and five Chinese women were interviewed during their third trimester of pregnancy and at around 2 months postnatally. Putative risk factors for PND were collected and the diagnosis of PND was confirmed by the Structured Clinical Interview for DSM-IV Axis I Disorders. The 2-month postnatal depression status was used as the dependent variable for univariate and multivariate analyses against putative risk factors.

RESULTS:

Marital dissatisfaction (Relative Risk = 8.27), dissatisfied relationship with mother-in-law (Relative Risk = 3.93), antenatal depressive symptomatology (Relative Risk = 3.90), and anxiety-prone personality (Relative Risk = 2.14) predicted PND in Chinese women independently.

CONCLUSIONS:

Chinese women tend to keep their own feelings and emotions and it is important to monitor Chinese pregnant women with these predictive risk factors so that PND can be identified early.

Free Article

PMID: 22436053 [PubMed - as supplied by publisher]

Related citations



15. Behav Sci Law. 2012 Mar 21. doi: 10.1002/bsl.2002. [Epub ahead of print]
Recognition of Problem Drinking among Young Adult Prisoners.

Plant G, Taylor PJ.

Source

Institute of Psychological Medicine and Clinical Neurosciences, School of Medicine, Cardiff University, U.K. plantgs@cardiff.ac.uk.

Abstract

Alcohol is a preventable cause of illness, offending and other adversities worldwide. Prisoners are especially vulnerable. The aim of this study was to test the hypotheses that younger adult male prisoners are more likely to be hazardous drinkers than their older peers, but less likely to recognize this. The study cohort comprised 100 male prisoners aged 18-20 years and 157 aged 21 and over, who were interviewed and completed standard alcohol and drug questionnaires just after reception into prison. It was found that younger men were significantly more likely to be hazardous drinkers than their older peers but less likely to

recognise this, even at scores on the Alcohol Use Disorders Identification Test (AUDIT) indicating dependency. They were also less likely to experience withdrawal symptoms, the main factor associated with problem drinking recognition at any age. Younger prisoners were less likely to be depressed, more likely to rate their social support as good and less likely to be dependent drug users. We conclude that reliance on younger prisoners to recognise their hazardous drinking would identify about one-fifth of them. With a lower likelihood of withdrawal symptoms than older men, they are probably still metabolizing alcohol more effectively. Given their similarities to older prisoners in terms of any previous imprisonment and likely personality disorder, formal screening for hazardous drinking might prevent decline into problem drug use, depression, reoffending, re-imprisonment, and social disconnection. Copyright © 2012 John Wiley & Sons, Ltd.

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PMID: 22434764 [PubMed - as supplied by publisher]

Related citations



16. Laryngoscope. 2012 Apr;122(4):844-53. doi: 10.1002/lary.23176.
Paradoxical vocal cord motion: Classification and treatment.

Forrest LA, Husein T, Husein O.

Source

Department of Otolaryngology, Ohio State University College of Medicine, Columbus, Ohio. arick.forrest@osumc.edu.

Abstract

Paradoxical vocal cord motion (PVCM), or vocal cord dysfunction, is a descriptive term for inappropriate adduction of the vocal folds during respiration. The laryngeal mistiming leads to breathing difficulty and is often misdiagnosed as refractory asthma. The etiology of PVCM has been unclear but has long been hypothesized to be psychological. The present thesis is a prospective study of 170 patients older than 18 years being evaluated for PVCM, with 117 of the 170 (68.8%) identified as having PVCM by video laryngoscopy. Laryngeal edema ($P = .021$) and reflux ($P = .026$) were increased in patients with PVCM. A flat inspiratory arm of the flow volume loop during spirometry testing was a predictor of PVCM ($P = .034$). A subgroup of 47 newly diagnosed patients with PVCM underwent psychological analysis. The psychological profiles were elucidated using the Minnesota Multiphasic Personality Inventory and the Life Experiences Survey to evaluate stress. Compared to established normative data, PVCM demonstrated a conversion disorder pattern ($P < .01$) but not an anxiety disorder or a correlation with stress. A subgroup, 11 of the 47 (23.4%), had normal psychological outcomes, and two of the 47 (4.3%) were identified as malingering. Previous studies have suggested that PVCM is strictly a psychological disorder. It is proposed that PVCM is a descriptive term that is multifactorial and the etiology should direct treatment. A classification scheme divides PVCM into primary, or psychological, and

secondary. The secondary form consists of medical disorders divided into irritable larynx syndrome and neurologic disorders. *Laryngoscope*, 2012.

Copyright © 2012 The American Laryngological, Rhinological, and Otological Society, Inc.
PMID: 22434681 [PubMed - in process]

Related citations



17. *Crim Behav Ment Health*. 2012 Apr;22(2):81-90. doi: 10.1002/cbm.1826.
[Tradition versus empiricism in the current DSM-5 proposal for revising the classification of personality disorders.](#)

Livesley J.

Source

Department of Psychiatry, University of British Columbia, Vancouver, BC, Canada, V6T 2A1. william.livesley@ubc.ca.

PMID: 22431232 [PubMed - in process]

Related citations



18. *Cogn Behav Ther*. 2012 Mar 19. [Epub ahead of print]
[The Role of Anger in Generalized Anxiety Disorder.](#)

Deschênes SS, Dugas MJ, Fracalanza K, Koerner N.

Source

a Department of Psychology , Concordia University , 7141 Sherbrooke Street West ,
Montréal , Québec , Canada , H4B 1R6.

Abstract

Little is known about the role of anger in the context of anxiety disorders, particularly with generalized anxiety disorder (GAD). The aim of study was to examine the relationship between specific dimensions of anger and GAD. Participants (N = 381) completed a series of questionnaires, including the Generalized Anxiety Disorder Questionnaire (GAD-Q-IV; Newman et al., 2002, *Behavior Therapy*, 33, 215-233), the State-Trait Anger Expression Inventory (STAXI-2; Spielberger 1999, *State-Trait Anger Expression Inventory-2: STAXI-2 professional manual*, Odessa, FL: Psychological Assessment Resources) and the Aggression Questionnaire (AQ; Buss & Perry 1992, *Journal of Personality and Social Psychology*, 63, 452-459). The GAD-Q-IV identifies individuals who meet diagnostic criteria for GAD (i.e. GAD analogues) and those who do not (non-GAD). The STAXI-2 includes subscales for trait anger, externalized anger expression, internalized anger expression, externalized anger

control and internalized anger control. The AQ includes subscales for physical aggression, verbal aggression, anger and hostility. The GAD-Q-IV significantly correlated with all STAXI-2 and AQ subscales (r 's ranging from .10 to .46). Multivariate analyses of variance revealed that GAD analogues significantly differed from non-GAD participants on the combined STAXI-2 subscales ($\eta(2) = .098$); high levels of trait anger and internalized anger expression contributed the most to GAD group membership. GAD analogue participants also significantly differed from non-GAD participants on the combined AQ subscales ($\eta(2) = .156$); high levels of anger (affective component of aggression) and hostility contributed the most to GAD group membership. Within the GAD analogue group, the STAXI-2 and AQ subscales significantly predicted GAD symptom severity ($R(2) = .124$ and $.198$, respectively). Elevated levels of multiple dimensions of anger characterize individuals who meet diagnostic criteria for GAD.

PMID: 22429207 [PubMed - as supplied by publisher]

[Related citations](#)



19. J Abnorm Psychol. 2012 Mar 19. [Epub ahead of print]

[Can DSM-IV Borderline Personality Disorder Be Diagnosed via Dimensional Personality Traits? Implications for the DSM-5 Personality Disorder Proposal.](#)

Miller JD, Morse JQ, Nolf K, Stepp SD, Pilkonis PA.

[Abstract](#)

The proposal for the diagnosis of personality disorders (PDs) in the Diagnostic and Statistical Manual of Mental Disorders, 5th edition (DSM-5; American Psychiatric Association, in preparation) involves, in part, the use of elevated scores on dimensional personality traits. For instance, the diagnosis of borderline personality disorder (BPD) in the DSM-5 will require evidence of self- and interpersonal impairment as well as elevated scores on traits of emotional lability, anxiousness, separation insecurity, depressivity, impulsivity, risk taking, and hostility. Using a sample of individuals from the community ($N = 134$), half of whom were receiving psychiatric treatment, we tested whether the summation of relevant personality trait scores, using data derived from a measure of the Five-Factor Model of personality (FFM), would result in a construct that corresponds to the Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM-IV, American Psychiatric Association, 2000) BPD construct as scored by expert consensus ratings. The DSM-IV and FFM BPD scores were significantly correlated ($r = .60$) and generated highly similar patterns of relations ($ricc = .84$) with key constructs from BPD's nomological network. These data should serve to allay concerns that the DSM-5's new diagnostic approach will be detrimental to the identification of BPD. (PsycINFO Database Record (c) 2012 APA, all rights reserved). PMID: 22428791 [PubMed - as supplied by publisher]

[Related citations](#)

20. Sleep Med. 2012 Mar 16. [Epub ahead of print]

Risk factors for incident chronic insomnia: A general population prospective study.

Singareddy R, Vgontzas AN, Fernandez-Mendoza J, Liao D, Calhoun S, Shaffer ML, Bixler EO.

Source

Sleep Research & Treatment Center, Penn State University College of Medicine, Hershey, PA, United States.

Abstract

OBJECTIVE:

The few population-based, prospective studies that have examined risk factors of incident insomnia were limited by small sample size, short follow-up, and lack of data on medical disorders or polysomnography. We prospectively examined the associations between demographics, behavioral factors, psychiatric and medical disorders, and polysomnography with incident chronic insomnia.

METHODS:

From a random, general population sample of 1741 individuals of the adult Penn State Sleep Cohort, 1395 were followed-up after 7.5years. Only subjects without chronic insomnia at baseline (n=1246) were included in this study. Structured medical and psychiatric history, personality testing, and 8-h polysomnography were obtained at baseline. Structured sleep history was obtained at baseline and follow-up.

RESULTS:

Incidence of chronic insomnia was 9.3%, with a higher incidence in women (12.9%) than in men (6.2%). Younger age (20-35years), non-white ethnicity, and obesity increased the risk of chronic insomnia. Poor sleep and mental health were stronger predictors of incident chronic insomnia compared to physical health. Higher scores in MMPI-2, indicating maladaptive personality traits, and excessive use of coffee at baseline predicted incident chronic insomnia. Polysomnographic variables, such as short sleep duration or sleep apnea, did not predict incident chronic insomnia.

CONCLUSION:

Mental health, poor sleep, and obesity, but not sleep apnea, are significant risk factors for incident chronic insomnia. Focusing on these more vulnerable groups and addressing the modifiable risk factors may help reduce the incident of chronic insomnia, a common and chronic sleep disorder associated with significant medical and psychiatric morbidity and mortality.

PMID: 22425576 [PubMed - as supplied by publisher]

Related citations



21. J Affect Disord. 2012 Mar 15. [Epub ahead of print]

Playing it safe: An examination of risk-avoidance in an anxious treatment-seeking sample.

Lorian CN, Mahoney A, Grisham JR.

Source

School of Psychology, University of New South Wales, Sydney, NSW 2052, Australia.

Abstract

It has been argued that individuals who are anxious are less likely and willing to take perceived risks across multiple behavioral domains (e.g., social, recreational, financial etc.), and that this bias is likely implicated in the etiology of pathological anxiety. While evidence is accumulating, there has been minimal research investigating the characteristics of risk-avoidance across anxiety disorders and across the specific risk-taking domains. The current study investigated risk-avoidance across domains in an anxious treatment-seeking sample. We hypothesized that: (i) individuals with anxiety would be more risk averse across domains relative to healthy controls; and, (ii) risk-avoidance would predict unique variance in anxiety symptoms, above and beyond other vulnerability factors (e.g., neuroticism). Individuals diagnosed with one or more anxiety disorders (n=67) completed measures of risk-taking, anxiety and depression symptoms, personality, and psychological distress. Healthy controls (n=58) completed measures of risk-taking and psychological distress. Results partially confirmed our hypotheses, demonstrating that anxious individuals were significantly more risk averse relative to controls across most domains, even after controlling for age and psychological distress. Furthermore, specific domains were found to account for unique variance in specific anxiety symptoms, as well as symptoms of depression. The results of this study provide novel evidence to suggest that risk-aversion is a possible transdiagnostic factor contributing to anxiety pathology.

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PMID: 22425431 [PubMed - as supplied by publisher]

Related citations



22. Psychiatry Res. 2012 Mar 13. [Epub ahead of print]

Facets of psychopathy among mentally disordered offenders: Clinical comorbidity patterns and prediction of violent and criminal behavior.

Wallinius M, Nilsson T, Hofvander B, Anckarsäter H, Stålenheim G.

Source

Forensic Psychiatry, Department of Clinical Sciences, Lund University, Sweden.

Abstract

The complexity and consequences of psychopathy are still debated, and its relation to other mental disorders, pathological personality traits, and criminality needs to be further investigated by clinical, longitudinal studies using structured diagnostic instruments. The present study used two groups of mentally disordered offenders (N=153) investigated with in-depth clinical assessments and prospective long-time follow-up to identify the convergence between 1) the four facets of psychopathy defined by the Psychopathy Checklist-Revised (PCL-R; Interpersonal, Affective, Lifestyle, and Antisocial), 2) mental disorders according to SCID I and II interviews, 3) personality traits as measured by the Karolinska Scales of Personality, and 4) criminal recidivism. The Interpersonal facet differed substantially from the other three facets by not being significantly associated with substance use disorders, antisocial personality disorder (the other facets at $P \leq 0.001$ level), or personality traits involving impulsive and aggressive antisocial behaviors (the other facets at $P < 0.01$ level). Furthermore, the interpersonal facet could not predict violent recidivism better than random. The Antisocial facet outperformed not only the other facets but also the total PCL-R score in the prediction of violent recidivism, $P < 0.001$. The findings confirm psychopathy as a heterogeneous phenomenon and have clinical implications for assessments of psychopathy and violence risk assessments in clinical and forensic contexts.

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PMID: 22421067 [PubMed - as supplied by publisher]

Related citations



23. Genes Brain Behav. 2012 Mar 15. doi: 10.1111/j.1601-183X.2012.00783.x. [Epub ahead of print]

5-HTTLPR S-Allele: A genetic plasticity factor regarding the effects of life events on personality?

Kuepper Y, Wielpuetz C, Alexander N, Mueller E, Grant P, Hennig J.

Source

Personality Psychology and Individual Differences Department of Psychology, Justus-Liebig-University Giessen Department of Psychology Chair of the Biopsychology, Dresden University of Technology.

Abstract

The S-allele of the 5-HTTLPR has been identified as a genetic vulnerability factor, being associated with an increased risk for affective disorders and/or maladaptive traits (e.g. neuroticism), especially after exposition to negative life-events. Alternatively, it has been hypothesized that this genetic risk factor might constitute a genetic plasticity factor. That is, S-allele carriers are vulnerable to the negative effects of a preponderance of stressful life-events but also disproportionally benefit from a preponderance of positive environmental influences. We tested this hypothesis in 367 subjects which were genotyped for the 5-HTTLPR and provided self reports of neuroticism, life-satisfaction and life-events. Results showed a relatively increased number of positive life-events to be associated with reduced neuroticism (men: $\beta = -.501$, $p < .05$, women: $\beta = -.369$, $p < .005$) and increased life-satisfaction ($\beta = .494$, $p < .001$) within SS-homozygotes. Within SL-heterozygotes similar tendencies were found. No associations were detected in LL-homozygotes. Extreme Group comparisons revealed a genotype x Life-Event interaction ($F((2,198)) = 5.593$, $p < .005$), with SS-homozygotes having experienced predominantly positive life-events exhibiting reduced neuroticism (women: $F((1,34)) = 4.764$, $p < .05$, men: $F((1,17)) = 2.092$, $p = .17$), and increased life-satisfaction ($F((1,53)) = 4.057$, $p < .05$), as compared to LL-homozygotes having experienced predominantly positive life-events. Our data support the idea that the S-allele of the 5-HTTLPR is associated with an overall increased reactivity to environmental influences, be they positive or negative in nature. These findings constitute a promising addition to earlier data and support the plasticity hypothesis.

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PMID: 22420614 [PubMed - as supplied by publisher]

Related citations



24. Aging Ment Health. 2012 Mar 15. [Epub ahead of print]
[Features and challenges of personality disorders in late life.](#)

van Alphen SP, Derksen JJ, Sadavoy JJ, Rosowsky EE.

Source

a Department of Old Age Psychiatry , Mondriaan Hospital, Heerlen-Maastricht, The Netherlands and Free University of Brussels , Belgium.

PMID: 22417221 [PubMed - as supplied by publisher]

Related citations



25. Psychother Res. 2012 Mar 15. [Epub ahead of print]

Is treatment in a day hospital step-down program superior to outpatient individual psychotherapy for patients with personality disorders? 36 months follow-up of a randomized clinical trial comparing different treatment modalities.

Gullestad FS, Wilberg T, Klungsøyr O, Johansen MS, Urnes O, Karterud S.

Source

a Department of Psychology , University of Oslo , Norway.

Abstract

Abstract Despite increasing interest in the development of effective treatments for patients with PDs, there is still no consensus about the optimal treatment setting for this group of patients. This study reports the 36months follow-up of the Ullevål Personality Project (UPP) (n=113), a randomized clinical trial comparing two treatment modalities for patients with PDs: an intensive long-term step-down treatment program, consisting of short-term day hospital treatment followed by combined group and individual psychotherapy organized in a hospital setting, with "ordinary" outpatient individual psychotherapy in private practice for patients with moderate to severe PDs. Patients in both treatment groups showed improvements in several clinical measures after 36 months. However, contrary to our expectations, patients in the outpatient treatment setting improved significantly more. Possible explanations for this surprising finding are discussed. The study cannot exclude the possibility that treatment aspects other than differences in modalities could explain some of the differential effectiveness (e.g. differences between therapists).

PMID: 22417131 [PubMed - as supplied by publisher]

Related citations



26. Int J Geriatr Psychiatry. 2012 Mar 13. doi: 10.1002/gps.3791. [Epub ahead of print]
Temporal relationships between depressive symptoms and white matter hyperintensities in older men and women.

Dotson VM, Zonderman AB, Kraut MA, Resnick SM.

Source

Laboratory of Personality and Cognition, Intramural Research Program, National Institute on Aging, National Institutes of Health, Baltimore, MD, USA. vonetta@phhp.ufl.edu.

Abstract

OBJECTIVE:

Associations between vascular disease and depression in late life, including increased white matter hyperintensities (WMHs), have been reported. Whether depression is an etiology or a

consequence of vascular disease is still unknown. We investigated the temporal relationship between depressive symptoms and WMHs in older men and women.

METHODS:

We utilized data from 90 dementia-free older adults (39 women, 51 men), 57 years of age and older at baseline, from the neuroimaging substudy of the Baltimore Longitudinal Study of Aging. Participants were followed for up to 8 years. Ratings of white matter disease burden were available for the first, last, and at least one interim visit, and participants completed the Center for Epidemiologic Studies Depression Scale (CES-D) annually. Statistical models, performed separately in men and women, examined whether depressive symptoms predicted subsequent WMH ratings or WMHs predicted subsequent depressive symptoms.

RESULTS:

The total CES-D score was not associated with WMHs in men or women. In men, the CES-D depressed mood subscale predicted accelerating longitudinal increases in WMHs at older ages, but WMHs did not predict subsequent depressive symptoms. In women, there were no significant associations between the CES-D depressed mood subscale and WMHs.

CONCLUSIONS:

White matter disease may be a consequence of depressed mood in men but not in women. Intervention strategies for depression may slow the progression of white matter disease in older men. These results add to previous findings documenting sex differences in the correlates of depressive disorders in late life. Copyright © 2012 John Wiley & Sons, Ltd.

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PMID: 22415749 [PubMed - as supplied by publisher]

Related citations



27. Arch Womens Ment Health. 2012 Mar 13. [Epub ahead of print]

Depression, anxiety and personality dimensions in female first-degree relatives of alcohol-dependent probands.

Raucher-Chéné D, Gierski F, Hübsch B, Cuervo-Lombard CV, Bera-Potelle C, Cohen R, Kahn JP, Kaladjian A, Limosin F.

Source

Faculty of Medicine, Reims Champagne-Ardenne University, Reims, France, draucherchene@chu-reims.fr.

Abstract

A total of 136 with or without first-degree relatives with alcohol dependence were compared according to lifetime prevalence of psychiatric disorders and personality dimensions. Family history positive women showed significant higher prevalence rates of depression and agoraphobia, and exhibited lower scores on Reward Dependence, Self-Directedness and Cooperativeness dimensions.

PMID: 22411191 [PubMed - as supplied by publisher]

Related citations



28. Psychiatry Res. 2012 Mar 8. [Epub ahead of print]

[Disturbed emotion recognition in patients with narcissistic personality disorder.](#)

Marissen MA, Deen ML, Franken IH.

Source

Centre for Personality disorders, PsyQ, The Hague, The Netherlands; Erasmus University Rotterdam, Institute of Psychology, Rotterdam, The Netherlands.

Abstract

Although theoretically the lack of empathy is a supposed key symptom of narcissistic personality disorder (NPD), empirical studies examining empathy in NPD are scarce. In the present study it was examined whether patients with NPD differ from healthy controls and a psychiatric control group in their empathic abilities. In order to examine this question, 20 patients with NPD, 20 patients with a personality disorder in the Cluster C spectrum and 20 healthy control participants were presented with a questionnaire and a facial recognition task designed to measure empathic abilities. It was found that patients with NPD did not differ from both control groups on a self-report questionnaire indicating that patients regard themselves as sensitive to the feelings of others. On the contrary, it was found NPD patients generally performed worse on a facial emotion recognition task compared to both control groups. In addition to this general deficit in emotion recognition, patients with NPD showed a specific deficit for emotions representing fear and disgust. These results provide the first empirical evidence for impaired emotion recognition in patients with NPD.

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PMID: 22406389 [PubMed - as supplied by publisher]

Related citations



29. J Affect Disord. 2012;138 Suppl:S3-S14. Epub 2012 Mar 9.

[Pharmacotherapy challenges in patients with first-episode psychosis.](#)

Abdel-Baki A, Ouellet-Plamondon C, Malla A.

Source

Department of Psychiatry, Université de Montréal, Clinique JAP, Centre hospitalier de l'Université de Montréal (CHUM), Montreal, QC, Canada.

Abstract

The first episode of a psychotic disorder typically occurs in late adolescence or young adulthood, a critical time of development with respect to personality, social role, education, and vocation. The first few years of psychosis appear to be a critical period during which intervention needs to be initiated before the consequences of psychosis become more severe. Early intervention is therefore crucial in maximizing outcomes. Although response rates to antipsychotic medication in first-episode psychosis (FEP) are good, there is a relatively high risk of relapse. The greatest challenges that physicians face in treating FEP and preventing relapse are engaging patients in treatment and preventing non-adherence to therapy. Overall rates of non-adherence to antipsychotic medications for FEP patients are estimated to be at or higher than 50% within the first year of treatment, suggesting that malleable factors linked to non-adherence need to be targeted in interventions provided. Factors influencing adherence can be categorized into four groups: (1) environment-related, (2) patient-related, (3) medication-related, and (4) illness-related. This paper will review the factors associated with adherence and discuss solutions to optimize engagement, adherence to medication, and treatment in order to prevent relapse. Factors like social and family support, therapeutic alliance, attitudes and beliefs toward illness and medication, insight, substance use disorders, medication efficacy, tolerability, and accessibility will be discussed. Solutions, such as early psychosis specialized services integrating psychosocial therapies and careful selection of appropriate antipsychotic medication, will be proposed.

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PMID: 22405590 [PubMed - in process]

Related citations



30. Gac Sanit. 2012 Mar 6. [Epub ahead of print]

[Registered prevalence of borderline personality disorder in primary care databases.](#)

Aragonès E, Salvador-Carulla L, López-Muntaner J, Ferrer M, Piñol JL.

Source

Research Unit, Tarragona-Reus Primary Care Area, Catalan Health Institute, Tarragona, Spain; Primary Care Research Institute (IDIAP) Jordi Gol, Barcelona, Spain.

Abstract

OBJECTIVE:

Borderline personality disorder (BPD) is a common personality disorder, with a population prevalence of 1.4-5.9%, although the epidemiology of this disorder in primary care is insufficiently known. Our objective was to determine the registered prevalence of BPD in primary care databases and to study the demographic and clinical characteristics of these patients.

METHODS:

We performed a cross-sectional study of the computerized databases of primary care clinical records. The target population consisted of all adults (≥ 16 years old) registered in the Catalan Health Institute ($n = 4,764,729$).

RESULTS:

The prevalence of recorded BPD was 0.017%, and was higher in patients with other mental disorders, particularly substance-abuse disorders (0.161%). These patients had twice as many appointments with the general practitioner as the general population (8.1 vs. 4.4).

CONCLUSION:

The number of diagnoses of BPD recorded in primary care is extremely low, which contrasts with the available population-based data.

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Free Article

PMID: 22402239 [PubMed - as supplied by publisher]

Related citations



31. Psychiatry Res. 2012 Mar 6. [Epub ahead of print]
Emotion regulation deficits in eating disorders: A marker of eating pathology or general psychopathology?

Svaldi J, Griepenstroh J, Tuschen-Caffier B, Ehring T.

Source

University of Freiburg, Department of Clinical Psychology and Psychotherapy, Germany.

Abstract

Preliminary evidence indicates that individuals with eating disorders (ED) show emotion regulation (ER) difficulties. However, it is yet unclear whether different types of ED differ in their ER profile and whether certain ER difficulties are specific for ED or rather a transdiagnostic factor. Twenty women with anorexia nervosa (AN), 18 with bulimia nervosa (BN), 25 with binge eating disorder (BED), 15 with borderline personality disorder (BPD), 16 with major depressive disorder (MDD) and 42 female healthy controls (HC) were administered the Emotion Regulation Questionnaire, the Inventory of Cognitive Affect Regulation Strategies, the Difficulties in Emotion Regulation Scale and the Affect Intensity Measure. The ED groups reported significantly higher levels of emotion intensity, lower acceptance of emotions, less emotional awareness and clarity, more self-reported ER problems as well as decreased use of functional and increased use of dysfunctional emotion regulation strategies when compared to HC. No significant differences between the ED groups emerged for most ER variables. However, there were indications that the BED group may show a slightly more adaptive pattern of ER than the two other ED groups. As a whole, all clinical groups performed very similar on most ER variables and reported more difficulties regulating their emotions than HC. The findings suggest that ER difficulties are not linked to a particular diagnostic category. Instead, ER difficulties appear to be a transdiagnostic risk and/or maintenance factor rather than being disorder-specific.

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PMID: 22401969 [PubMed - as supplied by publisher]

Related citations



32. Inj Prev. 2012 Mar 7. [Epub ahead of print]
[Mental health risk factors for suicides in the US Army, 2007-8.](#)

Bachynski KE, Canham-Chervak M, Black SA, Dada EO, Millikan AM, Jones BH.

Source

Injury Prevention Program, US Army Public Health Command, Aberdeen Proving Ground, Maryland, USA.

Abstract

Objective Suicides among active duty US Army personnel have been increasing since 2004, surpassing comparable civilian rates in 2008. This analysis uses US military data to assess suicide rates for the 2-year period 2007-8, and examines relative risks (RR) of suicide associated with mental health disorders. Methods Historical trends of US Army suicides were assessed using 1977-2008 data from Army G-1 (Personnel). Suicide rates, RR and the 2000-8 trends of mental health disorders were calculated using data from the Defense Casualty Information Processing System and Defense Medical Surveillance System. Results A total of 255 soldiers committed suicide in 2007-8 (2008 rate 20.2 per 100 000). Factors associated

with higher suicide risk included male gender, lower enlisted rank and mental health disorders treated on an outpatient basis (RR 3.9), as well as a number of mental health disorders (mood disorders, anxiety disorders, post-traumatic stress disorder, personality/psychotic disorders, substance-related disorders and adjustment disorder; RR range 4.7-24.5). Analysis of historical trends suggested that 25-50% of the suicides that occurred in 2008 might have been related to the major commitment of troops to combat beginning in 2003. Conclusions The recent increase in suicides parallels an increase in the prevalence of mental disorders across the army. This finding suggests that increasing rates of clinically treated psychopathology are associated with increasing rates of suicides; these rates probably serve as sentinels for suicide risk in this population. Soldiers seeking treatment for mental disorders and substance abuse should be a focus for suicide prevention. PMID: 22398362 [PubMed - as supplied by publisher]

Related citations



33. Psychiatry. 2012 Spring;75(1):3-17.

[Conceptions of modern psychiatry: the first william alanson white memorial lectures.](#)

Sullivan HS.

Abstract

Abstract The role of William Alanson White in the last four decades of American psychiatry was great indeed. To most of his students, the Professor was American psychiatry and a kindly benevolent father. In psychiatry he was a leader, a champion of progressive developments. He was a calm influence at the conference table and a wise counselor to those with whom he collaborated. In medicine, he was the foremost exponent of the doctrine of the Organism-as-a-whole. He was an integrator of constructive emergents in the field of the social sciences. He correlated divers scientific insights in the service of understanding human behavior. In the family, the community, and in the counsels of legislator and executive, he was a tireless proponent of the wise dissemination of psychiatry. His purpose and the purposes of psychiatry were one. Educator, collaborator, integrator, investigator humanitarian; he was a stimulus to great achievements, an ideal exemplarian of the doctrine of service. William Alanson White was admired and loved by all who came to participate with him in the common interests of human life. On 4 December, 1933, several former associates of Dr. White caused themselves to be incorporated as the William Alanson White Psychiatric Foundation. On 9 February, 1934, Dr. White became a Trustee of the Foundation and its Honorary President for life. Under his guidance the purposes of the Foundation took shape as directing research into human personality and interpersonal relations; evolving methods of benevolent intervention in the mental disorders of individuals and in disintegrating, deviant, or dangerous social processes; and providing postdoctoral training designed to produce psychiatrists of an entirely new level of competence. To the latter end, on 8 May, 1936, the Board of Trustees of the Foundation caused the incorporation of The Washington School of Psychiatry. Despite his failing health, Dr. White participated actively in the development of the nuclear plan of the school and lived to see his ideals embodied in its first Bulletin. In 1937, following Dr. White's untimely death, the Trustees

established the quarterly publication *Psychiatry: Journal of the Biology and the Pathology of Interpersonal Relations*, Number One of Volume One bearing the date of February, 1938. In the Autumn of 1938, the Board of Trustees decided to provide a series of William Alanson White Memorial Lectures to present to psychiatrists, social scientists, and others, various important developments in the field to which Dr. White devoted his life. Dr. Harry Stack Sullivan, one of the more distinguished of Dr. White's former associates-for many years Director of Clinical Research in the Sheppard and Enoch Pratt Hospital; thereafter for ten years in private practice-was chosen to give the first memorial lectures. Held at the Auditorium, Interior Department, Washington, D.C. on five successive Friday evenings beginning 27 October, 1939, under the joint auspices of the Superintendent and the Staff of Saint Elizabeth's Hospital and the Board of Trustees of the William Alanson White Psychiatric Foundation the lectures drew a distinguished audience the continued attendance of whom was most gratifying. Responsive to many requests the series is here presented as the first article in Volume Three.

PMID: 22397535 [PubMed - in process]

Related citations



34. *Psychiatr Q.* 2012 Mar 4. [Epub ahead of print]

[The Association of Bipolar Spectrum Disorders and Borderline Personality Disorder.](#)

Antoniadis D, Samakouri M, Livaditis M.

Source

Department of Psychiatry, School of Medicine, Democritus University of Thrace, Alexandroupoli, Greece, dio_psych@yahoo.gr.

Abstract

Bipolar Disorder (BD) and Borderline Personality Disorder (BPD) are two different entities sharing a variety of common features in a number of fields and, thus, presenting difficulties in their differential diagnosis. The aim of the review is to identify similarities and differences between BD and BPD concerning the symptomatology, causes, course and treatment of the two disorders. A systematic electronic search of Pubmed (Medline) was conducted in order to identify all relevant scientific articles published between 1990 and 2010. The main common clinical features of BD and BPD are affective instability and impulsivity, which, however, present with quality differences in each disorder. In the field of neuroanatomy, BD and BPD demonstrate similarities such as alterations in the limbic system, as well as specific differences, such as the increase in size of the amygdala in BD and the decrease in BPD. Both disorders appear to have a significant percentage of heritability, but environmental factors seem to hold an important role in BPD, in particular. Both BD and BPD are affected by alterations in the dopaminergic and serotonergic system. Functionability and prognosis are slightly worse for BPD. Concerning medication treatment, antidepressants are considered effective in BPD, whereas mood stabilizers are the main treatment of choice in BD. The effectiveness of a variety of psychotherapeutic methods is still under research for both

disorders. Despite the similarities and differences already being traced in clinical and biological fields, the relationship of the two disorders has not yet been thoroughly defined.
PMID: 22392448 [PubMed - as supplied by publisher]

Related citations



1. Psychoneuroendocrinology. 2012 Apr 27. [Epub ahead of print]

Lower levels of cannabinoid 1 receptor mRNA in female eating disorder patients: Association with wrist cutting as impulsive self-injurious behavior.

Schroeder M, Eberlein C, de Zwaan M, Kornhuber J, Bleich S, Frieling H.

Source

Department of Psychiatry, Socialpsychiatry and Psychotherapy, Hannover Medical School (MHH), Carl-Neuberg-Str. 1, 30625 Hannover, Germany; Department of Psychiatry, Psychosomatic Medicine & Psychotherapy, Goethe University Frankfurt, Heinrich-Hoffmann-Str. 10, 60528 Frankfurt/Main, Germany.

Abstract

The cannabinoid 1 (CB 1) receptor as the primary mediator of the endocannabinoid (EC) system was found to play a role in eating disorders (EDs), depression, anxiety, and suicidal behavior. The CB 1 receptor is assumed to play a crucial role in the central reward circuitry with impact on body weight and personality traits like novelty-seeking behavior. In a previous study we found higher levels of CB 1 receptor mRNA in patients with anorexia nervosa (AN) and bulimia nervosa (BN) compared to healthy control women (HCW). The aim of the present study was to investigate the possible influence of the EC and the CB 1 receptor system on wrist cutting as self-injurious behavior (SIB) in women with EDs (n=43; AN: n=20; BN: n=23). Nine ED patients with repetitive wrist cutting (AN, n=4; BN, n=5) were compared to 34 ED patients without wrist cutting and 26 HCW. Levels of CB 1 receptor mRNA were determined in peripheral blood samples using quantitative real-time PCR. ED patients with self-injurious wrist cutting exhibited significantly lower CB 1 receptor mRNA levels compared with ED patients without wrist cutting and HCW. No significant differences were found between ED patients without a history of wrist cutting and HCW. Furthermore, a negative association was detected between CB 1 receptor mRNA levels and Beck Depression Inventory (BDI) scores. To our knowledge, this is the first study reporting a down-regulation of CB 1 receptor mRNA in patients with EDs and wrist cutting as SIB. Due to the small sample size, our results should be regarded as preliminary and further studies are warranted to reveal the underlying mechanisms.

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PMID: 22542985 [PubMed - as supplied by publisher]

Related citations

2. Prog Neuropsychopharmacol Biol Psychiatry. 2012 Apr 18. [Epub ahead of print] Association of genetic polymorphisms with personality profile in individuals without psychiatric disorders.

Pelka-Wysiecka J, Ziętek J, Grzywacz A, Kucharska-Mazur J, Bienkowski P, Samochowiec J.

Source

Department of Psychiatry, Pomeranian Medical University, Broniewskiego 26, 71-460 Szczecin, Poland.

Abstract

OBJECTIVE:

Population-based twin studies demonstrate that approximately 40-50% of the variability in personality dimensions results from genetic factors. This study assessed selected polymorphisms in the COMT Val158Met, MAOA 3'VNTR, 5HTTLPR, 102T/C 5-HT2A, DAT 3'VNTR and DRD2 exon 8 genes and evaluated their association with personality profiles, anxiety levels, and depressiveness in healthy subjects.

METHODS:

This study included 406 unrelated (mean age 38.51years), mentally and somatically healthy Caucasian subjects of Polish origin. The prevalence of the gene variants mentioned above and their association with personality profiles, anxiety levels, and depressiveness was assessed using the Temperament and Character Inventory, NEO Five-Factor Inventory, Spielberger's State-Trait Anxiety Inventory and Beck's Depression Inventory.

RESULTS:

The effects of the 5HTTLPR gene on the s/s genotype and empathy (C2) were lowest in the entire group. The effects of gender, age and the HT2A gene for the T/T genotype and attachment (RD3) were highest in women. The effects of gender, age and the DAT gene on the 9/9 DAT genotype, compassion (C4) and cooperativeness (C) were lowest in women. The effects of gender, age and the COMT gene on the Met/Met genotype and neuroticism (NEU) NEO-FFI were also lowest in women.

CONCLUSIONS:

Our results suggest considerable influence of individual genes on the formation of personality traits.

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PMID: 22542868 [PubMed - as supplied by publisher]

Related citations

3. Appetite. 2012 Apr 24. [Epub ahead of print]
[The influence of emotional intensity on facial emotion recognition in disordered eating.](#)

Ridout N, Wallis DJ, Autwal Y, Sellis J.

Source

Cognitive & Affective Neurosciences, School of Life & Health Sciences, Aston University, Birmingham, UK, B4 7ET.

Abstract

Significant facial emotion recognition (FER) deficits have been observed in participants exhibiting high levels of eating psychopathology. The current study aimed to determine if the pattern of FER deficits is influenced by intensity of facial emotion and to establish if eating psychopathology is associated with a specific pattern of emotion recognition errors that is independent of other psychopathological or personality factors. Eighty females, forty high and forty low scorers on the Eating Disorders Inventory (EDI) were presented with a series of faces, each featuring one of five emotional expressions at one of four intensities, and were asked to identify the emotion portrayed. Results revealed that, in comparison to low EDI scorers, high scorers correctly recognised significantly fewer expressions, particularly of fear and anger. There was also a trend for this deficit to be more evident for subtle displays of emotion (50% intensity). Deficits in anger recognition were related specifically to scores on the body dissatisfaction subscale of the EDI. Error analyses revealed that, in comparison to low EDI scorers, high scorers made significantly more fear-as-sadness and fear-as-anger errors. Also, a tendency to label anger expressions as sadness was related to body dissatisfaction. Current findings confirm FER deficits in subclinical eating psychopathology and extend these findings to subtle expressions of emotion. Furthermore, this is the first study to establish that these deficits are related to a specific pattern of recognition errors. Impaired FER could disrupt normal social functioning and might represent a risk factor for the development of more severe psychopathology.

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PMID: 22542716 [PubMed - as supplied by publisher]

Related citations

4. Gen Hosp Psychiatry. 2012 Apr 26. [Epub ahead of print]
[Psychiatric comorbidity and gender differences among suicide attempters in Bangalore, India.](#)

Vishnuvardhan G, Saddichha S.

Source

Department of Psychiatry, Rajarajeshwari Medical College and Hospital, Bangalore, India.

Abstract

BACKGROUND:

Suicides are an entirely preventable cause of death, with current suicide rates being 11.4 per 100,000 population in India. The city of Bangalore in India is often called the suicide capital of India because of its high suicide and attempted suicide rate. This study attempted to evaluate the psychiatric comorbidity and gender differences among suicide attempters presenting to a general hospital in the city of Bangalore, India.

METHODS:

Using a structured questionnaire [Structured Clinical Interview for DSM-IV (SCID)-I and SCID-II], the study gathered data on the psychiatric diagnoses as well as the reasons for and mode of attempted suicides on 100 suicide attempters after taking written informed consent. In addition, the Beck Depression Inventory was also used to evaluate the severity of depression, the most commonly detected psychiatric comorbidity.

RESULTS:

Forty-two percent of the sample had a psychiatric comorbidity, with depression (14%) and dysthymia (12%) being the most common disorders. Among personality disorders (PDs), borderline PD (5%) and dependent PD (3%) were the most commonly detected. Severe depression was detected in 15% of those with a mood disorder. Gender differences were found in both mode and reasons for attempted suicide.

CONCLUSION:

The presence of any psychiatric comorbidity was observed to confer a high risk of suicide. All attempters should therefore be comprehensively evaluated by a qualified health care professional, and attempts should be made for continuous follow-up.

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PMID: 22542051 [PubMed - as supplied by publisher]

Related citations

5. J Headache Pain. 2012 Apr 26. [Epub ahead of print]
Migraine prevalence, alexithymia, and post-traumatic stress disorder among medical students in Turkey.

Balaban H, Semiz M, Sentürk IA, Kavakçı O, Cınar Z, Dikici A, Topaktaş S.

Source

Department of Neurology, Faculty of Medicine, Cumhuriyet University, 58140, Sivas, Turkey, haticebalaban@yahoo.com.

Abstract

The aim of this study was to investigate the prevalence of migraine, alexithymia, and post-traumatic stress disorder among medical students at Cumhuriyet University of Sivas in Turkey. A total of 250 medical students participated in this study and answered the questionnaires. The study was conducted in three stages: the self-questionnaire, the neurological evaluation, and the psychiatric evaluation. In the first stage, the subjects completed a questionnaire to assess migraine symptoms and completed the three-item Identification of Migraine Questionnaire, the Toronto Alexithymia Scale, and the Post-Traumatic Stress Disorder Checklist-Civilian Version Scale. The subjects who reported having a migraine underwent a detailed neurological evaluation conducted by a neurologist to confirm the diagnosis. In the final stage, the subjects with a migraine completed a psychiatric examination using the structured clinical interview for DSM-IV-R Axis I. The actual prevalence of migraine among these medical students was 12.6 %. The students with a migraine were diagnosed with alexithymia and post-traumatic stress disorder more frequently than those without migraine. The Migraine Disability Assessment Scale scores correlated with the post-traumatic stress disorder scores. The results of this study indicate that migraine was highly prevalent among medical students in Turkey and was associated with the alexithymic personality trait and comorbid psychiatric disorders including post-traumatic stress disorder. Treatment strategies must be developed to manage these comorbidities.

PMID: 22535148 [PubMed - as supplied by publisher]

Related citations



6. Psychiatry Res. 2012 Apr 23. [Epub ahead of print]
[Pathological gambling severity and co-occurring psychiatric disorders in individuals with and without anxiety disorders in a nationally representative sample.](#)

Giddens JL, Stefanovics E, Pilver CE, Desai R, Potenza MN.

Source

Child Study Center, Yale University School of Medicine, 230 South Frontage Road, New Haven, CT 06520, USA.

Abstract

While anxiety disorders (ADs) and pathological gambling (PG) frequently co-occur with each other and other Axis I and Axis II disorders, previous studies have not examined the relative influence of ADs on the co-occurrences between PG severity and non-anxiety

psychopathologies. The current study used data from the National Epidemiologic Survey on Alcohol and Related Conditions (N=43,093) to examine the influence of past-year ADs on the associations between past-year PG severity measures based on DSM-IV criteria for PG and non-anxiety psychiatric disorders. The findings revealed that increased PG severity was associated with Axes I and II psychopathology in both the groups with and without ADs. Significant anxiety-by-gambling-group interactions were also observed, particularly with respect to mood and personality disorders. The interactions indicate a stronger relationship between PG severity and psychopathology in participants without ADs than in those with ADs. Future research should investigate specific factors contributing to the co-occurrence of anxiety, gambling, and other psychiatric disorders and how the co-occurrences might influence clinically relevant phenomena such as treatment selection or course.

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PMID: 22534498 [PubMed - as supplied by publisher]

Related citations



7. J Neurol. 2012 Apr 25. [Epub ahead of print]

[Impulse control disorders in Parkinson' disease: the role of personality and cognitive status.](#)

Poletti M, Bonuccelli U.

Source

Department of Neuroscience, University of Pisa, Via Savi 10, 56100, Pisa, Italy.

Abstract

This study reviews empirical findings on two debated issues related to the phenomenon of impulse control disorders (ICD) in patients with Parkinson's disease (PD) treated with dopamine agonists: the role of "premorbid" or "baseline" personality traits and the role of cognitive status. A review of both these issues may help clinicians to understand why only some PD patients, when treated with dopamine agonists, develop an ICD: besides the treatment, which other neuropsychiatric characteristics represent a risk factor to develop an ICD? A literature review was performed on studies of ICD in PD patients, in electronic databases ISI Web of Knowledge, Medline and PsychInfo, conducted in January 2011. In the general population, impulsivity, depression and difficulties with executive functions, especially of inhibitory control, are factors associated with ICD development. As regards cognitive functions, PD patients present executive difficulties, and patients with ICD present more difficulties in comparison to patients without ICD. As regards personality characteristics, PD patients present a trait of negative affect, which could predispose them to affective disorders and could represent an affective risk factor for the development of ICD; as regards impulsivity, preliminary findings support the hypothesis that premorbid "baseline" levels may moderate the decrease of impulsivity because of the progressive dopaminergic deficit in PD patients and therefore also moderate the development of ICD. Longitudinal psychometric and cognitive studies, following PD patients since the clinical diagnosis and

during dopaminergic treatment, are needed to confirm the role of personality traits and cognitive status on ICD development in this clinical population.

PMID: 22532171 [PubMed - as supplied by publisher]

Related citations



8. AIDS Care. 2012 Apr 24. [Epub ahead of print]

Methamphetamine use and neuropsychiatric factors are associated with antiretroviral non-adherence.

Moore DJ, Blackstone K, Woods SP, Ellis RJ, Atkinson JH, Heaton RK, Grant I, The Hnrc Group And The Tmarc Group.

Source

a Department of Psychiatry , University of California, San Diego , San Diego , CA , USA.

Abstract

Abstract The present study assesses the impact of methamphetamine (METH) on antiretroviral therapy (ART) adherence among HIV+ persons, as well as examines the contribution of neurocognitive impairment and other neuropsychiatric factors [i.e., major depressive disorder (MDD), antisocial personality disorder (ASPD), and attention deficit disorder (ADHD)] for ART non-adherence. We examined HIV+ persons with DSM-IV-diagnosed lifetime history of METH abuse/dependence (HIV+ /METH+ ; n=67) as compared to HIV+ participants with no history of METH abuse/dependence (HIV+ /METH - ; n=50). Ancillary analyses compared these groups with a small group of HIV+ /METH+ persons with current METH abuse/dependence (HIV+ /CU METH+ ; n=8). Non-adherence was defined as self-report of any skipped ART dose in the last four days. Neurocognitive functioning was assessed with a comprehensive battery, covering seven neuropsychological domains. Lifetime METH diagnosis was associated with higher rates of detectable levels of plasma and CSF HIV RNA. When combining groups (i.e., METH+ and METH- participants), univariate analyses indicated co-occurring ADHD, ASPD, and MDD predicted ART non-adherence ($p < 0.10$; not lifetime METH status or neurocognitive impairment). A significant multivariable model including these variables indicated that only MDD uniquely predicted ART non-adherence after controlling for the other variables ($p < 0.05$). Ancillary analyses indicated that current METH users (use within 30 days) were significantly less adherent (50% prevalence of non-adherence) than lifetime METH+ users and HIV+ /METH- participants and that neurocognitive impairment was associated with non-adherence ($p < 0.05$). METH use disorders are associated with worse HIV disease outcomes and ART medication non-adherence. Interventions often target substance use behaviors alone to enhance antiretroviral treatment outcomes; however, in addition to targeting substance use behaviors, interventions to improve ART adherence may also need to address coexisting neuropsychiatric factors and cognitive impairment to improve ART medication taking.

PMID: 22530794 [PubMed - as supplied by publisher]

Related citations



9. Proc Natl Acad Sci U S A. 2012 Apr 23. [Epub ahead of print]
[Anxiety in liver X receptor \$\beta\$ knockout female mice with loss of glutamic acid decarboxylase in ventromedial prefrontal cortex.](#)

Tan XJ, Dai YB, Wu WF, Warner M, Gustafsson JA.

Source

Center for Nuclear Receptors and Cell Signaling, University of Houston, Houston, TX 77204 and Center for Biosciences, Department of Biosciences and Nutrition, Novum 141 86, Sweden.

Abstract

Anxiety disorders are the most prevalent mental disorders in adolescents in the United States. Female adolescents are more likely than males to be affected with anxiety disorders, but less likely to have behavioral and substance abuse disorders. The prefrontal cortex (PFC), amygdala, and dorsal raphe are known to be involved in anxiety disorders. Inhibitory input from the PFC to the amygdala controls fear and anxiety typically originating in the amygdala, and disruption of the inhibitory input from the PFC leads to anxiety, fear, and personality changes. Recent studies have implicated liver X receptor β (LXR β) in key neurodevelopmental processes and neurodegenerative diseases. In the present study, we used elevated plus-maze, startle and prepulse inhibition, open field, and novel object recognition tests to evaluate behavior in female LXR β KO (LXR β (-/-)) mice. We found that the female LXR β (-/-) mice were anxious with impaired behavioral responses but normal locomotion and memory. Immunohistochemistry analysis revealed decreased expression of the enzyme responsible for GABA synthesis, glutamic acid decarboxylase (65+67), in the ventromedial PFC. Expression of tryptophan hydroxylase 2 in the dorsal raphe was normal. We conclude that the anxiogenic phenotype in female LXR β (-/-) mice is caused by reduced GABAergic input from the ventromedial PFC to the amygdala.

PMID: 22529354 [PubMed - as supplied by publisher]

Related citations



10. Arch Sex Behav. 2012 Apr 18. [Epub ahead of print]
[Sexual Assaulters in the United States: Prevalence and Psychiatric Correlates in a National Sample.](#)

Hoertel N, Le Strat Y, Schuster JP, Limosin F.

Source

Service de Psychiatrie, Hôpital Corentin-Celton, Assistance Publique-Hôpitaux de Paris (AP-HP), 92130, Issy-les-Moulineaux, France, nico.hoertel@yahoo.fr.

Abstract

This study presents sociodemographic characteristics and psychiatric correlates of a representative sample of sexual assaulters in the United States. Data were drawn from a nationally representative survey, the National Epidemiologic Survey on Alcohol and Related Conditions. Face-to-face interviews of more than 43,000 adults were conducted between the 2001-2002 period, based on the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version. The prevalence of committing sexual assault in the U.S. was 0.15 %. Sexual assaulters had significantly lower education than their counterparts. Sexual assaulters were significantly more likely to report a wide range of antisocial behaviors. Multivariate logistic regression analyses indicated strong associations between sexual assault and lifetime psychiatric disorders often associated with impaired impulse control, such as antisocial personality disorder, conduct disorder, and cocaine use disorder. In addition, psychotic disorders were consistently associated with sexual assault. Our findings indicate that sexual assault could represent a behavioral manifestation of a broader spectrum, including impairment of impulse control and psychotic disorders.

PMID: 22528036 [PubMed - as supplied by publisher]

Related citations



11. Child Psychiatry Hum Dev. 2012 Apr 17. [Epub ahead of print]

[Relations Between Behavioral Inhibition, Big Five Personality Factors, and Anxiety Disorder Symptoms in Non-Clinical and Clinically Anxious Children.](#)

Vreeke LJ, Muris P.

Source

Institute of Psychology, Erasmus University Rotterdam, Burgemeester Oudlaan 50, Suite T12-35, PO Box 1738, 3000 DR, Rotterdam, The Netherlands, vreeke@fsw.eur.nl.

Abstract

This study examined the relations between behavioral inhibition, Big Five personality traits, and anxiety disorder symptoms in non-clinical children (n = 147) and clinically anxious children (n = 45) aged 6-13 years. Parents completed the Behavioral Inhibition Questionnaire-Short Form, the Big Five Questionnaire for Children, and the Screen for Child Anxiety Related Emotional Disorders-Revised. Results indicated that, compared to parents of non-clinical children, parents of clinically anxious children rated their offspring higher on neuroticism and behavioral inhibition, but lower on extraversion, conscientiousness, and

intellect/openness. Further, extraversion emerged as the strongest correlate of an inhibited temperament, and this appeared true for the clinically anxious as well as the non-clinical children. Finally, in both the clinical and non-clinical samples, higher levels of behavioral inhibition and neuroticism were unique and significant predictors of anxiety disorders symptoms.

PMID: 22528030 [PubMed - as supplied by publisher]

Related citations



12. Assessment. 2012 Apr 19. [Epub ahead of print]

[The Convergent and Concurrent Validity of Trait-Based Prototype Assessment of Personality Disorder Categories in Homeless Persons.](#)

Samuel DB, Connolly AJ, Ball SA.

Abstract

The DSM-5 proposal indicates that personality disorders (PDs) be defined as collections of maladaptive traits but does not provide a specific diagnostic method. However, researchers have previously suggested that PD constructs can be assessed by comparing individuals' trait profiles with those prototypic of PDs and evidence from the five-factor model (FFM) suggests that these prototype matching scores converge moderately with traditional PD instruments. The current study investigates the convergence of FFM PD prototypes with interview-assigned PD diagnoses in a sample of 99 homeless individuals. This sample had very high rates of PDs, which extends previous research on samples with more modest prevalence rates. Results indicated that diagnostic agreement between these methods was generally low but consistent with the agreement previously observed between explicit PD measures. Furthermore, trait-based and diagnostic interview scores evinced similar relationships with clinically important indicators such as abuse history and past suicide attempts. These findings demonstrate the validity of prototype methods and suggest their consideration for assessing trait-defined PD types within DSM-5.

PMID: 22523133 [PubMed - as supplied by publisher]

Related citations



13. Am J Geriatr Psychiatry. 2012 May;20(5):380-90.

[Psychiatric comorbidity of full and partial posttraumatic stress disorder among older adults in the United States: results from wave 2 of the national epidemiologic survey on alcohol and related conditions.](#)

Pietrzak RH, Goldstein RB, Southwick SM, Grant BF.

Source

From the National Center for Posttraumatic Stress Disorder, VA Connecticut Healthcare System, West Haven, CT (RHP, SMS); Department of Psychiatry, Yale University School of Medicine, New Haven, CT (RHP, SMS); and Laboratory of Epidemiology and Biometry, Division of Intramural Clinical and Biological Research, National Institute on Alcohol Abuse and Alcoholism, National Institutes of Health, Bethesda, MD (RBG, BFG).

Abstract

OBJECTIVES:

: To present findings on the prevalence, correlates, and psychiatric comorbidity of Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition posttraumatic stress disorder (PTSD) and partial PTSD in a nationally representative sample of U.S. older adults.

DESIGN, SETTING, AND PARTICIPANTS:

: Face-to-face interviews with 9,463 adults age 60 years and older in the Wave 2 National Epidemiologic Survey on Alcohol and Related Conditions.

MEASUREMENTS:

: Sociodemographic correlates; worst stressful experiences; comorbid lifetime mood, anxiety, substance use, and personality disorders; psychosocial functioning; and suicide attempts.

RESULTS:

: Lifetime prevalences \pm standard errors of PTSD and partial PTSD were $4.5\% \pm 0.25$ and $5.5\% \pm 0.27$, respectively. Rates were higher in women ($5.7\% \pm 0.37$ and $6.5\% \pm 0.39$) than in men ($3.1\% \pm 0.31$ and $4.3\% \pm 0.37$). Older adults with PTSD most frequently identified unexpected death of someone close, serious illness or injury to someone close, and their own serious or life-threatening illness as their worst stressful events. Older adults exposed to trauma but without full or partial PTSD and respondents with partial PTSD most often identified unexpected death of someone close, serious illness or injury to someone close, and indirect experience of 9/11 as their worst events. PTSD was associated with elevated odds of lifetime mood, anxiety, drug use, and borderline and narcissistic personality disorders and decreased psychosocial functioning. Partial PTSD was associated with elevated odds of mood, anxiety, and narcissistic and schizotypal personality disorders and poorer psychosocial functioning relative to older adults exposed to trauma but without full or partial PTSD.

CONCLUSIONS:

: PTSD among older adults in the United States is slightly more prevalent than previously reported and is associated with considerable psychiatric comorbidity and psychosocial dysfunction. Partial PTSD is associated with significant psychiatric comorbidity, particularly with mood and other anxiety disorders.

PMCID: PMC3334850 [Available on 2013/5/1]

PMID: 22522959 [PubMed - in process]

Related citations



14. Psychiatry Res. 2012 Apr 20. [Epub ahead of print]

Exploring the relationship between posttraumatic stress disorder and deliberate self-harm: The moderating roles of borderline and avoidant personality disorders.

Gratz KL, Tull MT.

Source

Department of Psychiatry and Human Behavior, University of Mississippi Medical Center, Jackson, MS 39216, USA.

Abstract

Despite increasing evidence for an association between posttraumatic stress disorder (PTSD) and deliberate self-harm (DSH), few studies have examined the factors that moderate this association or the impact of co-occurring personality disorders among individuals with PTSD on DSH frequency. Given the high rates of co-occurrence between PTSD and two personality disorders of particular relevance to DSH, borderline personality disorder (BPD) and avoidant personality disorder (AVPD), this study examined the moderating role of these personality disorders in the association between PTSD and DSH frequency among a sample of substance use disorder patients (N=61). Patients completed structured clinical interviews assessing PTSD, BPD, and AVPD and a questionnaire assessing DSH. Results revealed more frequent DSH among patients with (vs. without) PTSD and provided evidence for the moderating role of AVPD in this association. Specifically, results revealed heightened levels of DSH only among PTSD patients with co-occurring AVPD. Findings are consistent with past research demonstrating that the presence of co-occurring AVPD among patients with other Axis I and II disorders is associated with worse outcomes, and highlight the importance of continuing to examine the moderating role of AVPD in the association between PTSD and a variety of health-risk behaviors.

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PMID: 22521897 [PubMed - as supplied by publisher]

Related citations

15. Compr Psychiatry. 2012 Apr 18. [Epub ahead of print]
Personality disorder-not otherwise specified evidence of validity and consideration for DSM-5.

Coccaro EF, Nayer H, McCloskey MS.

Source

Clinical Neuroscience Research Unit, Department of Psychiatry and Behavioral Neuroscience, Pritzker School of Medicine, The University of Chicago, Chicago, IL 60637.

Abstract

Personality disorder-not otherwise specified (PD-NOS) has received little study despite being a very prevalent diagnosis of personality disorder (PD). Although some studies suggest that PD-NOS is intermediate in severity between subjects with, and without, formal PD, studies examining a comprehensive set of measures and control subjects have not been reported. Nearly 800 subjects were studied with semi-structured diagnostic interviews and with a variety of measures of temperament, character, and specific dimensions of personality and behavior. The subjects were divided into healthy controls (n = 176), Axis I controls (n = 87), PD subjects (n = 344) and PD-NOS subjects (n = 177). Subjects who met General Diagnostic Criteria for Personality Disorder (GDPCD), but not criteria for any one, specific PD, were designated as PD-NOS. On nearly all measures, PD-NOS differed from Healthy and from Axis I Controls in the direction of more pathology. Although subjects meeting criteria for specific PDs appeared more pathological than PD-NOS, this was always due to severity of PD as reflected by the Structured Interview for the Diagnosis of DSM Personality 4 severity score. When compared with subjects with only one specific PD diagnosis, subjects with PD-NOS did not differ in any way. When diagnosed by GDPCD, subjects with PD-NOS are similar to subjects with specific personality disorders and differ, as expected, from Healthy and Axis I Controls on measures of psychosocial function and on various dimensions of personality and related behavior. Accordingly, PD-NOS by GDPCD is as valid a PD as any other specific PD by DSM criteria.

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PMID: 22520088 [PubMed - as supplied by publisher]

Related citations

16. J Pers Assess. 2012 Apr 20. [Epub ahead of print]
Measures to Assess Maladaptive Variants of the Five-Factor Model.

Widiger TA, Lynam DR, Miller JD, Oltmanns TF.

Source

a Department of Psychology , University of Kentucky.

Abstract

The five-factor model (FFM) is the predominant dimensional model of general personality structure. A considerable body of research supports the hypothesis that personality disorders can be conceptualized as extreme or maladaptive variants of the domains and facets of the FFM. However, existing measures of the FFM are confined largely to the normal variants. The purpose of this special section of the Journal of Personality Assessment is to provide the development and initial validation of self-report inventory scales to assess obsessive-compulsive, borderline, narcissistic, avoidant, and dependent personality traits from the perspective of the FFM, which complement the similarly constructed existing measures for psychopathic, histrionic, and schizotypal personality traits.

PMID: 22519804 [PubMed - as supplied by publisher]

Related citations



17. J Clin Psychol. 2012 Apr 19. doi: 10.1002/jclp.21848. [Epub ahead of print]
[Are the DSM-IV Personality Disorders Related to Mindfulness? An Italian Study on Clinical Participants.](#)

Fossati A, Vigorelli Porro F, Maffei C, Borroni S.

Source

Vita-Salute San Raffaele University. fossati.andrea@hsr.it.

Abstract

OBJECTIVES:

This study aims to assess the relationships between measures of mindfulness, self-report, and interview measures of personality disorders (PDs) in a sample of 111 consecutively admitted adult outpatients.

RESULTS:

When PDs were assessed using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders, Version 2.0, borderline and histrionic PD, as well as the overall number of PD criteria met by each participant, were significantly predicted by mindfulness measures. When the Personality Diagnostic Questionnaire-4+ (PDQ-4+) scale scores were entered in the regression equations as dependent variables, only the obsessive-compulsive PD seemed to be unrelated with mindfulness. The Mindful Attention Awareness Scale total

score and the Five Facet Mindfulness Questionnaire Act with Awareness scale were consistent, negative, and nonredundant predictors of PDQ-4+ dimensionally assessed PDs.

CONCLUSION:

As a whole, our findings support the hypothesis that low levels of mindfulness play a significant role in personality psychopathology, and particularly in borderline PD.

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PMID: 22517635 [PubMed - as supplied by publisher]

Related citations



18. Psychiatr Genet. 2012 Apr 18. [Epub ahead of print]

Genome-wide linkage scan of antisocial behavior, depression, and impulsive substance use in the UCSF family alcoholism study.

Gizer IR, Ehlers CL, Vieten C, Feiler HS, Gilder DA, Wilhelmsen KC.

Source

aDepartment of Psychological Sciences, University of Missouri, Columbia, Missouri
bDepartment of Molecular and Integrative Neurosciences, The Scripps Research Institute, La Jolla
cCalifornia Pacific Medical Center, San Francisco
dLawrence Berkeley National Laboratory, Berkeley, California
Departments of eGenetics fNeurology, Bowles Center for Alcohol Studies, University of North Carolina, Chapel Hill, North Carolina, USA.

Abstract

OBJECTIVE:

Epidemiological and clinical studies suggest that the rates of antisocial behavior, depression, and impulsive substance use are increased among individuals diagnosed with alcohol dependence relative to those who are not. Thus, the present study conducted genome-wide linkage scans of antisocial behavior, depression, and impulsive substance use in the University of California at San Francisco Family Alcoholism Study.

METHODS:

Antisocial behavior, depressive symptoms, and impulsive substance use were assessed using three scales from the Minnesota Multiphasic Personality Inventory - 2nd ed.: the Antisocial Practices content scale, the Depression content scale, and the revised MacAndrew Alcoholism scale. Linkage analyses were carried out using a variance components approach.

RESULTS:

Suggestive evidence of linkage to three genomic regions independent of alcohol and cannabis dependence diagnostic status was observed: the Antisocial Practices content scale showed evidence of linkage to chromosome 13 at 11 cM, the MacAndrew Alcoholism scale showed evidence of linkage to chromosome 15 at 47 cM, and all three scales showed evidence of linkage to chromosome 17 at 57-58 cM.

CONCLUSION:

Each of these regions has shown previous evidence of linkage and association to substance dependence as well as other psychiatric disorders such as mood and anxiety disorders, attention-deficit hyperactivity disorder, and schizophrenia, thus suggesting potentially broad relations between these regions and psychopathology.

PMID: 22517380 [PubMed - as supplied by publisher]

Related citations



19. Aust N Z J Psychiatry. 2012 Apr 17. [Epub ahead of print]
[Bordering on Bipolar: the Overlap Between Borderline Personality and Bipolarity.](#)

Coulston C, Tanious M, Mulder RT, Porter RJ, Malhi GS.

Source

CADE Clinic, Royal North Shore Hospital, St Leonard's and Discipline of Psychiatry, Sydney Medical School, University of Sydney, Australia.

Abstract

Objective: There is much debate over whether borderline personality disorder (BPD) belongs to the bipolar spectrum. The diagnosis of bipolar disorder (BD) in BPD patients, and conversely, BPD in BD patients is common, indicating prevalent co-morbidity, as well as potential misdiagnosis in either group. BD and BPD are often indistinguishable given the core characteristics of emotional dysregulation and impulsivity that feature in both.

However, it may be argued that the manifestation of these characteristics in the two groups is different, and that the symptoms are driven by distinct aetiological factors. The primary objective of this paper was to examine where potential areas of discrimination lie between BD and BPD. **Methods:** A literature search was conducted using MEDLINE and PubMed databases to identify studies that have researched BD and BPD across the recognised domains of emotional dysregulation, impulsivity, childhood trauma, and their putative neurobiological substrates. **Results:** Research comparing BD and BPD patients on self-report measures is limited, and no studies have examined their neurobiological underpinnings in the same design. One possible differentiating variable is childhood trauma which shapes the circumstances in which emotional dysregulation and impulsivity are triggered, the types of behaviours exhibited, and the frequency and duration of mood states. There is growing

evidence that childhood trauma not only predisposes individuals to both disorders, but also modulates the clinical expression and course of bipolar illness, particularly rapid cycling BD, a form of bipolarity that resembles the clinical profile of BPD, yet presents quite distinctly from other BD subtypes. Conclusions: This paper provides an overview of BD and BPD with respect to emotional dysregulation, impulsivity, childhood factors, and neurobiological substrates. Based on findings predominantly within the independent areas of BD and BPD, it tentatively provides an integrated behavioural, aetiological and neurobiological approach for investigating the question of whether BPD belongs to the bipolar spectrum.

Free Article

PMID: 22510555 [PubMed - as supplied by publisher]

Related citations



20. Psychiatry Res. 2012 Apr 14. [Epub ahead of print]

[Amygdala and hippocampal volume reductions as candidate endophenotypes for borderline personality disorder: A meta-analysis of magnetic resonance imaging studies.](#)

Ruocco AC, Amirthavasagam S, Zakzanis KK.

Source

Department of Psychology, University of Toronto Scarborough, Toronto, Canada; Centre for Addiction and Mental Health, Toronto, Canada.

Abstract

Borderline personality disorder (BPD) is a genetically influenced psychiatric illness with disruptions in neural systems supporting cognition and emotion regulation. Volumetric decreases of the hippocampus and amygdala may characterize BPD and serve as putative endophenotypes for the illness. The purpose of the present study was to evaluate whether the magnitude of these volume reductions and their associations with state-of-illness factors and psychiatric disorders which often co-occur with BPD warrant their consideration as potential endophenotypes. Volumetric magnetic resonance imaging results from 11 studies comprising 205 BPD patients and 222 healthy controls were quantitatively synthesized using meta-analytic techniques. Patients showed an average 11% and 13% decrease in the size of the hippocampus and amygdala, respectively. These volumetric differences were not attenuated in patients being treated with psychotropic medications. Comorbid depression, post-traumatic stress disorder, and substance use disorders were unrelated to volumetric decreases in either structure. These findings suggest modest volume reductions of the amygdala and hippocampus bilaterally in BPD which cannot be attributed to illness state or comorbid psychopathology. Decreased volumes of these key limbic structures may hold promise as candidate endophenotypes for BPD.

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PMID: 22507760 [PubMed - as supplied by publisher]

Related citations



21. J Oral Rehabil. 2012 Apr 17. doi: 10.1111/j.1365-2842.2012.02300.x. [Epub ahead of print] Occlusal dysesthesia: a qualitative systematic review of the epidemiology, aetiology and management.

Hara ES, Matsuka Y, Minakuchi H, Clark GT, Kuboki T.

Source

Oral Rehabilitation and Regenerative Medicine, Okayama University Graduate School of Medicine, Dentistry and Pharmaceutical Sciences, Okayama, Japan Orofacial Pain and Oral Medicine Center, School of Dentistry, University of Southern California, Los Angeles, CA, USA.

Abstract

Summary Occlusal dysesthesia refers to a persistent complaint of uncomfortable bite sensation with no obvious occlusal discrepancy. This systematic review aimed to draw a picture of such patients, to present an agreement of previously reported diagnostic criteria and to analyse the evidence level of the recommended management approaches. An electronic search for all relevant reports on occlusal dysesthesia was thoroughly performed based on previous nomenclatures (e.g. phantom bite, occlusal hyperawareness) in PubMed and The Cochrane Library in July, 2011. A total of 84 reports were matched, among which only 11 studies were included after a two-step (abstract and detailed full-text revision) screening process. Additionally, a thorough manual review of reference lists of the included reports enabled the inclusion of two additional studies. Data analysis revealed that 37 occlusal dysesthesia patients presented a mean age of 51.7 ± 10.6 years and were predominantly women (male/female: 1/5.1) with symptom duration of more than 6 years (average: 6.3 ± 7.5 years) and with concomitant psychological disturbances (e.g. mood disorders, somatoform disorders, personality disorders). Only four authors presented diagnostic criteria for occlusal dysesthesia, which served as the basis for an agreement in the diagnostic criteria. Treatment approaches included psychotherapy, cognitive/behaviour therapy, splint therapy and prescription of anti-depressants or anti-anxiety drugs. Classification of evidence level of management approaches, however, revealed that most of them were expert opinions with single- or multiple-case report(s). Future studies are necessary for a deeper understanding of the mechanisms behind the occlusal dysesthesia symptoms, and consequently, for improvements in evidence-based management approaches.

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PMID: 22506934 [PubMed - as supplied by publisher]

Related citations

22. Psychol Bull. 2012 Apr 16. [Epub ahead of print]

The Dominance Behavioral System and Psychopathology: Evidence From Self-Report, Observational, and Biological Studies.

Johnson SL, Leedom LJ, Muhtadie L.

Abstract

The dominance behavioral system (DBS) can be conceptualized as a biologically based system that guides dominance motivation, dominant and subordinate behavior, and responsivity to perceptions of power and subordination. A growing body of research suggests that problems with the DBS are evident across a broad range of psychopathologies. We begin by describing psychological, social, and biological correlates of the DBS. Extensive research suggests that externalizing disorders, mania proneness, and narcissistic traits are related to heightened dominance motivation and behaviors. Mania and narcissistic traits also appear related to inflated self-perceptions of power. Anxiety and depression are related to subordination and submissiveness, as well as a desire to avoid subordination. Models of the DBS have received support from research with humans and animals; from self-report, observational, and biological methods; and use of naturalistic and experimental paradigms. Limitations of available research include the relative lack of longitudinal studies using multiple measures of the DBS and the absence of relevant studies using diagnosed samples to study narcissistic personality disorder and bipolar disorder. We provide suggestions for future research on the DBS and psychopathology, including investigations of the potential usefulness of DBS in differentiating specific disorder outcomes, the need for more sophisticated biological research, and the value of longitudinal dynamical research. Implications of using the DBS as a tool in clinical assessment and treatment are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22506751 [PubMed - as supplied by publisher]

Related citations

23. Personal Disord. 2012 Apr 16. [Epub ahead of print]

A Parallel Process Growth Model of Avoidant Personality Disorder Symptoms and Personality Traits.

Wright AG, Pincus AL, Lenzenweger MF.

Abstract

Avoidant personality disorder (AVPD), like other personality disorders, has historically been construed as a highly stable disorder. However, results from a number of longitudinal studies have found that the symptoms of AVPD demonstrate marked change over time. Little is known about which other psychological systems are related to this change. Although cross-sectional research suggests a strong relationship between AVPD and personality traits, no work has examined the relationship of their change trajectories. The current study sought to

establish the longitudinal relationship between AVPD and basic personality traits using parallel process growth curve modeling. Parallel process growth curve modeling was applied to the trajectories of AVPD and basic personality traits from the Longitudinal Study of Personality Disorders (Lenzenweger, M. F., 2006, The longitudinal study of personality disorders: History, design considerations, and initial findings. *Journal of Personality Disorders*, 20, 645-670. doi:10.1521/pedi.2006.20.6.645), a naturalistic, prospective, multiwave, longitudinal study of personality disorder, temperament, and normal personality. The focus of these analyses is on the relationship between the rates of change in both AVPD symptoms and basic personality traits. AVPD symptom trajectories demonstrated significant negative relationships with the trajectories of interpersonal dominance and affiliation, and a significant positive relationship to rates of change in neuroticism. These results provide some of the first compelling evidence that trajectories of change in PD symptoms and personality traits are linked. These results have important implications for the ways in which temporal stability is conceptualized in AVPD specifically, and PD in general. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22506627 [PubMed - as supplied by publisher]

Related citations

24. *Personal Disord.* 2012 Apr 16. [Epub ahead of print]

[The Structure of Diagnostic and Statistical Manual of Mental Disorders \(4th Edition, Text Revision\) Personality Disorder Symptoms in a Large National Sample.](#)

Trull TJ, Vergés A, Wood PK, Jahng S, Sher KJ.

Abstract

We examined the latent structure underlying the criteria for DSM-IV-TR (American Psychiatric Association, 2000, *Diagnostic and statistical manual of mental disorders* (4th ed., text revision). Washington, DC: Author.) personality disorders in a large nationally representative sample of U.S. adults. Personality disorder symptom data were collected using a structured diagnostic interview from approximately 35,000 adults assessed over two waves of data collection in the National Epidemiologic Survey on Alcohol and Related Conditions. Our analyses suggested that a seven-factor solution provided the best fit for the data, and these factors were marked primarily by one or at most two personality disorder criteria sets. A series of regression analyses that used external validators tapping Axis I psychopathology, treatment for mental health problems, functioning scores, interpersonal conflict, and suicidal ideation and behavior provided support for the seven-factor solution. We discuss these findings in the context of previous studies that have examined the structure underlying the personality disorder criteria as well as the current proposals for DSM-5 personality disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22506626 [PubMed - as supplied by publisher]

Related citations

25. *Eur Eat Disord Rev.* 2012 Apr 16. doi: 10.1002/erv.2168. [Epub ahead of print]

[Subclinical Bulimia Predicts Conduct Disorder in Middle Adolescent Girls.](#)

Viinamäki A, Marttunen M, Fröjd S, Ruuska J, Kaltiala-Heino R.

Source

School of Medicine, University of Tampere, Tampere, Finland. anni.viinamaki@uta.fi.

Abstract

This study investigates the comorbidity and longitudinal associations between self-reported conduct disorder and subclinical bulimia in a community-based sample of Finnish adolescents in a 2-year prospective follow-up study. There are 2070 adolescents who participated in the survey as ninth graders (mean age 15.5) and followed-up 2 years later. The Youth Self-Report Externalizing scale was used to measure conduct disorder and DSM-IV-based questionnaire to measure bulimia. Co-occurrence of female conduct disorder and subclinical bulimia was found at ages 15 and 17. Subclinical bulimia among girls at age 15 was a risk factor for conduct disorder at age 17, but conduct disorder at age 15 was not predictive of subclinical bulimia at age 17. The pathway from bulimia to conduct disorder may be suggestive of an association with future borderline personality disorder among girls. Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.
PMID: 22504864 [PubMed - as supplied by publisher]

Related citations



26. Sleep Med. 2012 Apr 12. [Epub ahead of print]

Challenging the myth of REM sleep behavior disorder: No evidence of heightened aggressiveness in dreams.

D'Agostino A, Manni R, Limosani I, Terzaghi M, Cavallotti S, Scarone S.

Source

Department of Medicine, Surgery & Dentistry, Università degli Studi di Milano, Milan, Italy; Department of Mental Health, A.O. San Paolo, Via Antonio di Rudinì 8, 20142 Milano, Italy.

Abstract

OBJECTIVES:

Dreams are commonly described as violent, threatening, and aggressive in patients with REM behavior disorder (RBD), but very few studies have directly investigated dream content in this population. We systematically assessed dreams in subjects with a confirmed

diagnosis of idiopathic RBD (iRBD) and explored psychological traits within the group with specific focus on aggressiveness.

METHODS:

A total of 129 dream reports was collected, of which 77 belonged to 12 iRBD patients and 52 belonged to 12 control subjects. Transcripts were analyzed with measures of both form and content. The Thematic Apperception Test was used to assess patients' personality traits and to yield information on formal aspects of waking thought processes.

RESULTS:

No statistically significant differences were found between the dreams of iRBD patients and those of normal controls in any of the applied measures. In wakefulness, passivity was found to differ between the two populations and was being higher in the iRBD group ($F(9,14)=4.84, p<0.05$).

CONCLUSIONS:

Our results do not support the anecdotal view that dreams of RBD patients contain more aggressive elements than those of the general population. However, over 80% of the patients were on treatment at the time of data collection. The "mild" waking temperament could be interpreted as an early subtle sign of the apathy that is commonly described in the context of neurodegenerative disorders.

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PMID: 22503942 [PubMed - as supplied by publisher]

Related citations



27. Psychiatry Res. 2012 Apr 13. [Epub ahead of print]
[Neurological soft signs and psychometrically identified schizotypy in a sample of young conscripts.](#)

[Theleritis C](#), [Vitoratou S](#), [Smyrnis N](#), [Evdokimidis I](#), [Constantinidis T](#), [Stefanis NC](#).

Source

University Mental Health Research Institute, 2 Soranou Efesiou Str., Papagou 156 01, Athens, Greece; Department of Psychiatry, National and Kapodistrian University of Athens, Greece Eginition Hospital, 74 Vas. Sofias Ave., 11528 Athens, Greece.

Abstract

There is growing interest in the connection between neurological soft signs (NSS) and schizophrenia spectrum disorders such as schizotypal personality disorder. The association

between NSS and schizotypy was investigated in a subgroup of 169 young healthy male military conscripts included in the Athens Study of Psychosis Proneness and Incidence of Schizophrenia. During their first 2 weeks in the National Basic Air Force Training Centre (T(1)-first assessment), subjects completed the Schizotypal Personality Questionnaire (SPQ), the Symptom Checklist-90-Revised (SCL-90-R), and the Raven's Progressive Matrices (RPM). Then, 2 years later (T(2)-second assessment), at the time of military discharge, they were tested for NSS with the Neurological Evaluation Scale (NES) and reevaluated with the SPQ, the SCL-90-R and additionally the Structured Clinical Interview for personality disorders (SCID-II) for Diagnostic and Statistical Manual of Mental Disorders Third Edition, Revised (DSM-III-R) personality disorders. NSS were more prominent in conscripts with high schizotypy; scores on Sequencing of Complex Motor Acts (SCMA) and the "Other Soft Signs" (OSS) subscales were correlated with high schizotypy at both T(1) and T(2). Increased levels of SCMA as well as the total NSS score were correlated at both T(1) and T(2) with the interpersonal SPQ factor (reflecting negative schizotypy). The findings support the proposal that negative schizotypy might be associated with subtle neurodevelopmental abnormalities.

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PMID: 22503357 [PubMed - as supplied by publisher]

Related citations



28. Psychiatry Res. 2012 Apr 12. [Epub ahead of print]

Patient factors predicting early dropout from psychiatric outpatient care for borderline personality disorder.

De Panfilis C, Marchesi C, Cabrino C, Monici A, Politi V, Rossi M, Maggini C.

Source

Section of Psychiatry, Department of Neuroscience, University of Parma, Parma, Italy.

Abstract

Despite obvious clinical need, factors underlying early treatment discontinuation among 'real world' borderline personality disorder (BPD) patients are still unknown. This study investigates individual characteristics that can predict early (<three months) dropout among BPD outpatients at a general psychiatric service. Out of a sample of 1437 consecutively treatment-seeking psychiatric outpatients, 162 BPD subjects have been identified by means of the Structured Interview for Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV) Personality. Sociodemographic, clinical and personality variables potentially relevant for dropout were assessed for all participants at baseline. Early dropouts (n=54) were compared to continuers (n=108) on all measures. Logistic regression was then used to identify independent predictors of early dropout. A history of suicide attempts predicted early discontinuation, whereas the presence of an eating disorder and of avoidant personality features protected from early dropout. If confirmed, these findings may help

clinicians operating in general psychiatric settings with estimating the risk of premature treatment discontinuation, and stress the need to specifically address suicidal behaviours in order to improve treatment retention among borderline outpatients. In this regard, implementing general psychiatric care with specialised, evidence-based psychotherapeutic interventions may be deemed necessary.

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PMID: 22503328 [PubMed - as supplied by publisher]

Related citations



29. Schizophr Bull. 2012 Apr 12. [Epub ahead of print]

The Characteristic Features of Auditory Verbal Hallucinations in Clinical and Nonclinical Groups: State-of-the-Art Overview and Future Directions.

Larøi F, Sommer IE, Blom JD, Fernyhough C, Ffytche DH, Hugdahl K, Johns LC, McCarthy-Jones S, Preti A, Raballo A, Slotema CW, Stephane M, Waters F.

Source

1Department of Psychology, FAPSE, University of Liège, 4000 Liège, Belgium.

Abstract

Despite a growing interest in auditory verbal hallucinations (AVHs) in different clinical and nonclinical groups, the phenomenological characteristics of such experiences have not yet been reviewed and contrasted, limiting our understanding of these phenomena on multiple empirical, theoretical, and clinical levels. We look at some of the most prominent descriptive features of AVHs in schizophrenia (SZ). These are then examined in clinical conditions including substance abuse, Parkinson's disease, epilepsy, dementia, late-onset SZ, mood disorders, borderline personality disorder, hearing impairment, and dissociative disorders. The phenomenological changes linked to AVHs in prepsychotic stages are also outlined, together with a review of AVHs in healthy persons. A discussion of key issues and future research directions concludes the review.

PMID: 22499783 [PubMed - as supplied by publisher]

Related citations



30. J Atten Disord. 2012 Apr 12. [Epub ahead of print]

Distinguishing Comorbidity and Successful Management of Adult ADHD.

Kooij JJ, Huss M, Asherson P, Akehurst R, Beusterien K, French A, Sasané R, Hodgkins P.

Abstract

Objective: Given high rates of comorbidity, lack of awareness and global acceptance, and varying guidelines for its management, adult ADHD may be an especially difficult condition to diagnose and treat. The objective of this review was to explore and characterize similarities and differences among comorbidities associated with adult ADHD. **Method:** A review of the literature over the past 10 years was performed using Ovid. **Results:** A myriad of comorbid conditions such as impulse-control/personality, anxiety, mood, substance use, learning, and sleep disorders overlap with adult ADHD. Furthermore, a number of such conditions have symptoms that can mimic those of ADHD, including hyperactivity, impulsivity, inattention, and disruption of circadian rhythms, adding to the complexity of recognition and diagnosis of ADHD in adults. Extensive research shows that adults with ADHD appear to benefit from treatment with stimulant medications in similar ways as children, including significant improvements on driving performance. However, fear surrounding the abuse of stimulants is an important issue. Nevertheless, evidence suggests that children with ADHD who are treated with stimulant medication are less likely to develop a substance use disorder in adolescence and adulthood. **Conclusion:** There are a wide range of comorbidities with adult ADHD with many having overlapping symptoms. The benefits observed with ADHD treatment, however, emphasize the importance of recognition and treatment of adult ADHD.

PMID: 22498754 [PubMed - as supplied by publisher]

Related citations



31. Compr Psychiatry. 2012 Apr 10. [Epub ahead of print]

Which DSM-IV personality disorders are most strongly associated with indices of psychosocial morbidity in psychiatric outpatients?

Zimmerman M, Chelminski I, Young D, Dalrymple K, Martinez J, Morgan TA.

Abstract

The DSM-5 Work Group for Personality and Personality Disorders (PDs) recommended retaining 6 specific PD "types" (antisocial, avoidant, borderline, narcissistic, obsessive-compulsive, and schizotypal) and eliminating the other 4 PDs currently included in DSM-IV (paranoid, schizoid, histrionic, and dependent). One important clinical aspect of PDs is their association with indices of psychosocial morbidity. Because the literature on the relationship between PDs and psychosocial morbidity in psychiatric patients is limited, we undertook the current analysis of the Rhode Island Methods to Improve Diagnostic Assessment and Services project database to examine which PDs were most strongly associated with a variety of measures of psychosocial morbidity. We tested the hypothesis that the disorders recommended for retention in DSM-5 would be associated with more severe morbidity than the disorders recommended for deletion. A total of 2150 psychiatric outpatients were evaluated with semistructured diagnostic interviews for DSM-IV Axes I and II disorders and 7 measures of psychosocial morbidity. We examined the correlation between each PD

dimensional score and each measure of morbidity and then conducted multiple regression analyses to determine which PDs were independently associated with the indices of morbidity. For the 6 PDs proposed for retention in DSM-5, 36 (85.7%) of the 42 correlations were significant, whereas for the 4 PDs proposed for deletion, 26 (92.9%) of the 28 correlations were significant. In the regression analyses for the 6 PDs proposed for retention in DSM-5, 19 (45.2%) of the 42 β coefficients were significant, whereas for the 4 PDs proposed for deletion, 7 (25.0%) of the 28 β coefficients were significant. The results of the present study, along with the results of other studies, do not provide clear evidence for the preferential retention of some PDs over others based on their association with indices of psychosocial morbidity.

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PMID: 22497671 [PubMed - as supplied by publisher]

Related citations



32. *Depress Anxiety*. 2012 Apr 11. doi: 10.1002/da.21927. [Epub ahead of print]

[THE BEREAVEMENT EXCLUSION AND DSM-5.](#)

Zisook S, Corruble E, Duan N, Iglewicz A, Karam EG, Lanuette N, Lebowitz B, Pies R, Reynolds C, Seay K, Katherine Shear M, Simon N, Young IT.

Source

Department of Psychiatry, University of California, San Diego, California; Veterans Affairs San Diego Healthcare System and Veterans Medical and Research Foundation, La Jolla, California.

Abstract

BACKGROUND:

Pre-DSM-III (where DSM is Diagnostic and Statistical Manual), a series of studies demonstrated that major depressive syndromes were common after bereavement and that these syndromes often were transient, not requiring treatment. Largely on the basis of these studies, a decision was made to exclude the diagnosis of a major depressive episode (MDE) if symptoms could be "better accounted for by bereavement than by MDE" unless symptoms were severe and very impairing. Thus, since the publication of DSM-III in 1980, the official position of American Psychiatry has been that recent bereavement may be an exclusion criterion for the diagnosis of an MDE. This review article attempts to answer the question, "Does the best available research favor continuing the 'bereavement exclusion' (BE) in DSM-5?" We have previously discussed the proposal by the DSM-5 Mood Disorders Work Group to remove the BE from DSM-5.

METHODS:

Prior reviews have evaluated the validity of the BE based on studies published through 2006. The current review adds research studies published since 2006 and critically examines arguments for and against retaining the BE in DSM-5.

RESULTS:

The preponderance of data suggests that bereavement-related depression is not different from MDE that presents in any other context; it is equally genetically influenced, most likely to occur in individuals with past personal and family histories of MDE, has similar personality characteristics and patterns of comorbidity, is as likely to be chronic and/or recurrent, and responds to antidepressant medications.

CONCLUSIONS:

We conclude that the BE should not be retained in DSM-5.

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PMID: 22495967 [PubMed - as supplied by publisher]

Related citations



33. J Pers Disord. 2012 Apr 11. [Epub ahead of print]

[Frequency of Borderline Personality Disorder Among Psychiatric Outpatients in Shanghai.](#)

Wang L, Ross CA, Zhang T, Dai Y, Zhang H, Tao M, Qin J, Chen J, He Y, Zhang M, Xiao Z.

Abstract

The objective of this study was to investigate the frequency, clinical characteristics, and comorbidity of borderline personality disorder (BPD) among psychiatric outpatients in two clinics at Shanghai Mental Health Center. A cross-sectional investigation was conducted. From 3,075 outpatients screened using the Personality Diagnostic Questionnaire-IV+, 2,284 patients positive for a personality disorder were assessed using the Structured Clinical Interview for DSM-IV Personality Disorders. The frequency of BPD among the psychiatric outpatients was 5.8%, with a frequency of 3.5% among males and 7.5% among females ($p < .01$). BPD was found to have extensive comorbidity with Axis I and II disorders. This study proves that BPD does occur in China. The detected frequency among outpatients is lower than that reported in North America.

PMID: 22494175 [PubMed - as supplied by publisher]

Related citations



34. J Pers Disord. 2012 Apr 11. [Epub ahead of print]
[Personality Disorders and Dimensions in Pathological Gambling.](#)

Odlaug BL, Schreiber LR, Grant JE.

[Abstract](#)

Comorbid DSM-IV Axis II personality disorders appear to be common in pathological gambling (PG) and may contribute to the chronic problems often associated with the disorder. This study sought to examine the relationship between PG, personality disorders, and impulsivity in a sample of pathological gamblers. Personality assessments included the SCID-II, Eysenck Impulsiveness Questionnaire, Tridimensional Personality Questionnaire, and Barratt Impulsiveness Scale. A total of 77 individuals with DSM-IV PG were included in this study, of which 35 (45.5%) met criteria for at least one personality disorder. Specific aspects of impulsivity were associated with certain personality disorders in PG when grouped by cluster, yet the presence of a personality disorder was not positively correlated with gambling severity. It remains unclear how the presence of a personality disorder and aspects of impulsivity may affect treatment outcome. Further exploration of these disorders and dimensions of personality may encourage a more inclusively global treatment approach. PMID: 22494174 [PubMed - as supplied by publisher]

[Related citations](#)



35. J Pers Disord. 2012 Apr 11. [Epub ahead of print]
[Gender Differences in a Clinical Sample of Patients with Borderline Personality Disorder.](#)

Banzhaf A, Ritter K, Merkl A, Schulte-Herbrüggen O, Lammers CH, Roepke S.

[Abstract](#)

The aim of the study was to investigate gender differences and similarities in patients with borderline personality disorder (BPD) with respect to Axis I comorbidity, Axis II comorbidity, general psychopathology (Symptom Checklist 90-Revised), and dimensional personality traits (NEO-Personality-Inventory Revised [NEO-PI-R] and the Dimensional Assessment of Personality Profile Basic questionnaire [DAPP-BQ]). Fifty-seven men and 114 women with BPD were included in the study. Regarding Axis I and II disorders in an exploratory analysis, men with BPD more often fulfilled the diagnostic criteria for binge eating disorder, antisocial personality disorder, narcissistic personality disorder, and conduct disorder in childhood, whereas women had higher frequencies of bulimia nervosa, posttraumatic stress disorder, and panic disorder with agoraphobia. After correcting for multiple tests, only the gender differences in narcissistic and antisocial personality disorder remained significant. In the SCL-90-R profile, no significant gender differences could be identified. In the exploratory analysis of the dimensional personality traits, women showed higher rates on the NEO-PI-R main factors (Neuroticism and Agreeableness) compared to men. In the DAPP-BQ profile, men reached higher scores on the main factor, Dissocial Behavior. When correcting for multiple tests, gender differences still existed for Neuroticism and Dissocial Behavior. Our results argue for gender differences in Axis I and II comorbidity

and dimensional personality traits in BPD. However, in general, more similarities than differences were shown in this study.

PMID: 22494170 [PubMed - as supplied by publisher]

Related citations



36. J Pers Disord. 2012 Apr 11. [Epub ahead of print]

[What Lies Behind Postnatal Depression: Is It Only a Mood Disorder?](#)

Apter G, Devouche E, Gratier M, Valente M, Nestour AL.

Abstract

Postnatal depression (PND) is a common condition that has been extensively researched specifically because of its negative impact on the mother-infant relationship. Psychiatric research has looked at comorbidity of major depressive disorder and found it to be strongly associated with Axis II disorders. This study's principal aim was to investigate whether there is a greater incidence of personality disorder (PD) among a PND population than among a non-PND population at 3 months postpartum. A secondary aim was to define the different types of PD. Depression was assessed with the Montgomery and Asberg Depression Rating Scale (MADRS), and PD was assessed with the Structured Interview for DSM-IV Personality Disorders (SIDP-IV) in 109 women with their 12-week-old infants. Twice as many depressed mothers had PD. The PND group presented a greater number of severe clinical symptoms than the nondepressed group ($p < .002$). Further research is necessary to reexamine the heterogeneity of PND and reassess its impact on infant development.

PMID: 22494169 [PubMed - as supplied by publisher]

Related citations



37. J Pers Disord. 2012 Apr 11. [Epub ahead of print]

[The Predictive Validity of Cluster C Personality Disorders on the Persistence of Major Depression in the National Epidemiologic Survey on Alcohol and Related Conditions.](#)

Oleski J, Cox BJ, Robinson J, Grant B.

Abstract

The present study examined the predictive validity of Cluster C personality disorders (CCPDs) on major depressive disorder (MDD), using Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC, $N = 34,653$; time interval equals 3 years). Multiple logistic regression analyses were utilized to compare respondents with MDD and a concurrent CCPD to those with MDD only. Findings demonstrated that individuals with MDD and a comorbid CCPD were significantly more likely than those with MDD only to have MDD at Time 2. The presence of comorbid CCPD in individuals with MDD also predicts the subsequent occurrence of suicide attempts at Time 2 and the new onset of Axis I anxiety disorders. The chronic and enduring personality styles

and interpersonal difficulties that characterize individuals with a CCPD likely lead to the exacerbation of MDD symptoms. Clinicians should be aware of the impact that CCPDs have on the outcome of MDD.

PMID: 22494167 [PubMed - as supplied by publisher]

Related citations



38. J Obstet Gynaecol Res. 2012 Apr 9. doi: 10.1111/j.1447-0756.2011.01808.x. [Epub ahead of print]

Psychiatric morbidity in gynecological outpatients.

Judd F, Stafford L, Gibson P, Komiti A, Bryant C.

Source

Departments of Psychiatry Psychological Sciences, University of Melbourne Centre for Women's Mental Health, Royal Women's Hospital, Melbourne, Victoria, Australia.

Abstract

Aim: To assess the prevalence of depression and anxiety in women presenting with gynecological symptoms, to determine how many women with these disorders were receiving treatment for them, and to investigate risk factors for these disorders. **Method:** Two hundred and sixty-four women seeking medical care from gynecology clinics at a specialist women's hospital completed a self-report questionnaire asking about sociodemographics, physical and mental health, personality (neuroticism) and psychosocial stressors. **Results:** A total of 91 women met the diagnostic criteria for one or more Patient Health Questionnaire (PHQ) diagnosis. Forty-six (17.4%) met criteria for major depressive disorder (MDD), 15 (5.7%) for panic disorder (PD) and 73 (27.7%) for generalized anxiety disorder (GAD). Thirty-nine (42.9%) of the 91 women met criteria for two or more disorders. An additional 23 (8.7%) met DSM-IV-TR criteria for minor (sub-threshold) depression. Fifty percent with MDD, 4% with minor depression, 53% with PD and 22% with GAD reported they were receiving treatment. Psychosocial stressors and the neuroticism score were risk factors for both anxiety and depression. **Conclusions:** Anxiety and depression are common amongst women attending a gynecology clinic. Clinicians should be alert to the possibility of these disorders and make specific enquiries about their emotional wellbeing.

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PMID: 22486900 [PubMed - as supplied by publisher]

Related citations

39. Acta Psychiatr Scand. 2012 Apr 6. doi: 10.1111/j.1600-0447.2012.01862.x. [Epub ahead of print]

The heritability of avoidant and dependent personality disorder assessed by personal interview and questionnaire.

Gjerde LC, Czajkowski N, Røysamb E, Orstavik RE, Knudsen GP, Ostby K, Torgersen S, Myers J, Kendler KS, Reichborn-Kjennerud T.

Source

Department of Mental Health, Norwegian Institute of Public Health, Oslo, Norway
Department of Psychology, University of Oslo, Oslo, Norway Center for Child and Adolescent Mental Health Eastern and Southern Norway, Oslo, Norway Virginia Institute for Psychiatric and Behavioral Genetics and Departments of Psychiatry and Human Genetics and Medical College of Virginia/Virginia Commonwealth University, Richmond, VA, USA
Institute of Psychiatry, University of Oslo, Oslo, Norway Department of Epidemiology, Columbia University, New York, NY, USA.

Abstract

Gjerde LC, Czajkowski N, Røysamb E, Ørstavik RE, Knudsen GP, Østby K, Torgersen S, Myers J, Kendler KS, Reichborn-Kjennerud T. The heritability of avoidant and dependent personality disorder assessed by personal interview and questionnaire. Objective: Personality disorders (PDs) have been shown to be modestly heritable. Accurate heritability estimates are, however, dependent on reliable measurement methods, as measurement error deflates heritability. The aim of this study was to estimate the heritability of DSM-IV avoidant and dependent personality disorder, by including two measures of the PDs at two time points. Method: Data were obtained from a population-based cohort of young adult Norwegian twins, of whom 8045 had completed a self-report questionnaire assessing PD traits. 2794 of these twins subsequently underwent a structured diagnostic interview for DSM-IV PDs. Questionnaire items predicting interview results were selected by multiple regression, and measurement models of the PDs were fitted in Mx. Results: The heritabilities of the PD factors were 0.64 for avoidant PD and 0.66 for dependent PD. No evidence of common environment, that is, environmental factors that are shared between twins and make them similar, was found. Genetic and environmental contributions to avoidant and dependent PD seemed to be the same across sexes. Conclusion: The combination of both a questionnaire- and an interview assessment of avoidant and dependent PD results in substantially higher heritabilities than previously found using single-occasion interviews only.

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PMID: 22486635 [PubMed - as supplied by publisher]

Related citations

40. Psychol Addict Behav. 2012 Apr 9. [Epub ahead of print]
[Attention Deficit Hyperactivity Disorder and Severity of Substance Use: The Role of Comorbid Psychopathology.](#)

Torok M, Darke S, Kaye S.

Abstract

Attention deficit hyperactivity disorder (ADHD) is a highly comorbid disorder, and, as such, there is much confusion surrounding the exact role it plays in increasing susceptibility to harmful behaviors. To date, no studies have examined the impact of adult ADHD on severity of substance use, while controlling for comorbid psychiatric disorders. Using a structured cross-sectional survey of 269 regular polysubstance users in Sydney, Australia, this study aimed to determine whether ADHD was a risk factor for more severity of substance use, and whether this effect remained when Borderline Personality Disorder (BPD) and Conduct Disorder (CD) diagnoses were controlled for. Rates of psychiatric disorders were high, with 45% meeting criteria for ADHD, 47% for BPD, and 64% for CD. While bivariate analyses showed that adult ADHD was significantly associated with all indicators of drug use severity, this effect did not remain once confounding factors were controlled. While ADHD accounted for very few differences in drug use severity, CD was found to independently predict all drug use severity indicators, including earlier onset, greater polydrug use, more frequent stimulant use, and greater risk for stimulant dependence. These results suggest that CD, rather than ADHD, is the strongest predictor of differences in patterns of drug use severity. The extensive comorbidity among this sample highlights the great potential for misattributing drug use risks to ADHD, and that it is important to account for psychiatric comorbidity to properly discern what underlying variables account for differences in harmful drug use behaviors. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22486329 [PubMed - as supplied by publisher]

Related citations

41. CNS Neurol Disord Drug Targets. 2012 Apr 4. [Epub ahead of print]
[The Role of the Catechol-O-Methyltransferase \(COMT\) Gene in Personality and Related Psychopathological Disorders.](#)

Montag C, Jurkiewicz M, Reuter M.

Source

University of Bonn, Department of Psychology, Kaiser-Karl-Ring 9, D-53111 Bonn Germany. christian.montag@uni-bonn-diff.de.

Abstract

This review provides a short overview of the most significant biologically oriented theories of human personality. Personality concepts of Eysenck, Gray and McNaughton, Cloninger and Panksepp will be introduced and the focal evidence for the heritability of personality will be summarized. In this context, a synopsis of a large number of COMT genetic association studies (with a focus on the COMT Val158Met polymorphism) in the framework of the introduced biologically oriented personality theories will be given. In line with the theory of a continuum model between healthy anxious behavior and related psychopathological behavior, the role of the COMT gene in anxiety disorders will be

discussed. A final outlook considers new research strategies such as genetic imaging and epigenetics for a better understanding of human personality.

PMID: 22483293 [PubMed - as supplied by publisher]

Related citations

42. Int J Law Psychiatry. 2012 May;35(3):236-9. Epub 2012 Apr 4.

Effects of long-term incarceration: A statistical comparison of two expert assessments of two experts at the beginning and the end of incarceration.

Dettbarn E.

Abstract

Several studies have been conducted on the effects of long-term imprisonment on mental health but only few with a longitudinal study design. Those with longitudinal design often have a very short observation period. In this study the data of 87 long-term prisoners have been compared over an average period of 14.6 years. A statistical comparison of two expert assessments of two experts at the beginning and the end of incarceration was made. Changes of mental disorders, of personality and intelligence tests and of physical diseases amongst others have been included in the analysis. The overall rate of psychological disorders decreased. Adjustment disorder had been initially identified in 25.2%. Personality test results described a stabilization of traits like depressive attitude, emotional instability and a decrease of hostility. Neither significant changes on the outcomes of the intelligence test nor significant changes of physical health were found. Though a decrease of psychological morbidity is described, the overall numbers of psychological disorders remain high compared to the non incarcerated population. A damaging effect of long-term imprisonment could not be proven by this study.

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PMID: 22480636 [PubMed - in process]

Related citations



43. J Affect Disord. 2012 Apr 2. [Epub ahead of print]

The association of affective temperaments with impairment and psychopathology in a young adult sample.

Walsh MA, Royal AM, Barrantes-Vidal N, Kwapil TR.

Source

University of North Carolina at Greensboro, NC, USA.

Abstract

BACKGROUND:

Previous research has examined the association of affective temperaments, as measured by the TEMPS-A, with DSM bipolar disorders. However, the relation of the TEMPS-A with risk for bipolar disorder remains unclear. The present study examined the association of affective temperaments with psychopathology, personality, and functioning in a nonclinically ascertained sample of young adults at risk for bipolar disorder.

METHODS:

One hundred forty-five participants completed the TEMPS-A, as well as interview and questionnaire measures of psychopathology, personality, and functioning.

RESULTS:

Cyclothymic/irritable temperament was associated with a range of deleterious outcomes, including mood disorders and impaired functioning. It was negatively associated with agreeableness and conscientiousness, and positively associated with current depressive symptoms, neuroticism, borderline symptoms, impulsivity, and grandiosity. Dysthymic temperament was positively associated with current depressive symptoms, neuroticism and agreeableness, but was unrelated to mood psychopathology. Hyperthymic temperament was associated with bipolar spectrum disorders, hypomania or interview-rated hyperthymia, extraversion, openness, impulsivity, and grandiosity.

LIMITATIONS:

The present study was cross-sectional. Longitudinal studies utilizing the TEMPS-A are needed to better understand the predictive validity of the TEMPS-A for the development of bipolar disorder.

CONCLUSIONS:

Early identification of individuals who fall on the bipolar spectrum may hasten appropriate intervention or monitoring, and prevent misdiagnosis. The TEMPS-A appears to be a useful tool for assessing affective temperaments and bipolar spectrum psychopathology. The results support previous research documenting the association of cyclothymic/irritable temperament with bipolar psychopathology and other negative outcomes.

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PMID: 22475474 [PubMed - as supplied by publisher]

Related citations



44. J Affect Disord. 2012 Apr 2. [Epub ahead of print]

Mood-congruent and mood-incongruent psychotic symptoms in major depression: The role of severity and personality.

Tonna M, De Panfilis C, Marchesi C.

Source

Dipartimento di Salute Mentale, Azienda Sanitaria Locale di Parma, Centro Salute Mentale di Fidenza, Italy.

Abstract

BACKGROUND:

Whether psychotic symptoms in major depression (MD) are better explained by a "severity model" or by a "vulnerability model", with personality as a predisposing factor, is still debated. The aim of the present study was to evaluate in MD the relationship between the content of psychotic features (mood congruent (MC) or mood incongruent (MI)) and severity of depression or personality traits.

METHODS:

62 inpatients affected by MD with psychotic features were divided into three groups on the basis of the content of psychotic symptoms: MC, MI, mixed MC-MI. All subjects completed the SCID-IV, the Structured Clinical Interview for DSM-IV Personality Disorders and the Hamilton Rating Scale for Depression. Personality was assessed after MD remission.

RESULTS:

MI psychotic symptoms were positively associated with schizotypal traits, whereas MC symptoms were positively related to obsessive-compulsive traits and severity of depression. Patients with both MC and MI psychotic symptoms were characterized by a personality profile and depression severity standing in a middle position between the MC and MI groups.

LIMITATIONS:

The main limitations of the study are represented by the small sample size, the time of assessment of personality and the inclusion of only unipolar depression.

CONCLUSIONS:

Our findings suggest that both depression severity and personality profile, independently from each other, model the content of psychotic symptoms, confirming the validity of subgrouping psychotic depression into two distinct MC and MI types and supporting the

inclusion of a third mixed MC-MI type because of its intermediate position in personality profile and severity between the MC or MI group.

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PMID: 22475472 [PubMed - as supplied by publisher]

Related citations



45. Clin Psychol Psychother. 2012 Apr 4. doi: 10.1002/cpp.1789. [Epub ahead of print]
[Depression in Early, Middle and Late Adolescence: Differential Evidence for the Cognitive Diathesis-Stress Model.](#)

Braet C, Vlierberghe LV, Vandevivere E, Theuwis L, Bosmans G.

Source

Developmental, Personality and Social Psychology, Ghent University, Ghent, Belgium.
caroline.braet@ugent.be.

Abstract

Cognitive theory is a prominent framework to study depression in both adults and adolescents. This theory stated that dysfunctional schemas are moderators (known as diathesis) in the association of current stress and psychopathology. However, in adolescents, less evidence has been found so far to corroborate the importance of these schemas. This study aimed to investigate in a cross-sectional design the moderating role of adolescents' early maladaptive schemas (EMS) on depressive symptoms. This will be studied in relation to both important daily stressors (i.e., maternal, paternal and peer rejection) and stressful life events. **METHOD:** Adolescents (N = 228, age 12-18 years), selected from inpatient and outpatient clinical settings and a non-referred sample, completed questionnaires and interviews measuring psychopathology, cognitive schemas, peer rejection, maternal and paternal rejection, and stressful life events. Parents completed questionnaires about their adolescent measuring psychopathology, stressful life events and peer rejection, as well as their own parental behaviour. **RESULTS:** Correlational analyses revealed significant associations between the study variables. Evidence was found for an interaction effect between the adolescents' EMS and peer rejection in explaining depressive symptoms, but only in late adolescents. **KEY PRACTITIONER MESSAGE:** Stress induced by maternal and, in lesser extent, paternal rejection is contributing to depressive symptoms primarily in younger and to lesser extent in older age groups. The quality of peer relationships becomes an increasingly salient source of distress as adolescence unfolds and is certainly an important mechanism affecting depression in adolescence. Maladaptive schemas only start functioning as a cognitive diathesis in late adolescence, increasing depression in response to peer-related distress. Since maladaptive schemas are not yet operating as cognitive vulnerability factors in early and middle adolescence, early interventions for depressive disorders may be more

effective compared with treatment in later adolescence. Copyright © 2012 John Wiley & Sons, Ltd.

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PMID: 22473794 [PubMed - as supplied by publisher]

Related citations



46. Int J Law Psychiatry. 2012 May;35(3):240-3. Epub 2012 Mar 31.

Inpatient treatment in the psychiatric department of a German prison hospital.

Opitz-Welke A, Konrad N.

Abstract

OBJECTIVE:

Although the construct of psychic incompetence can prevent severely mentally disturbed persons from being imprisoned in Germany, the prevalence of mentally disordered persons who are detained is high. Data describing the characteristics of mentally disturbed detainees in Germany are scarce. The following study uses data from a psychiatric care institution in a prison to examine the distribution of psychiatric diagnoses in relation to age, nationality and legal status. The distribution of diagnoses is compared to that of the psychiatric department at a Berlin community hospital.

METHOD:

The data were recorded during each patient's hospital treatment and summarised on the day of discharge. The following variables were assessed: age, length of stay in days, main diagnosis, up to 2 additional diagnoses, frequency of violent or suicidal behaviour, and nationality. Data were collected from January 2010 to February 2011 in the psychiatric department of the Berlin Prison Hospital.

RESULTS:

During a 14-month period, 107 patients were discharged from psychiatric inpatient care and N=124 completed treatments were observed. Of these patients, 21.5% were pre-trial detainees, and 58% were of German nationality. The mean age was 37.7 years. Non-German patients were younger than German patients. Fifty-five percent of the patients suffered from a psychotic disorder, and 7.5% had a main diagnosis of antisocial personality disorder. Personality disorders were significantly less frequently diagnosed in non-German patients. An additional diagnosis of substance abuse was present in 66% of the patients, and 17.8% of the patients showed suicidal and/or violent behaviour or had to be restrained (immobilisation, isolation, compulsory medication). The frequency of suicide, violence and compulsory measures did not differ significantly between German and non-German patients,

between younger and older patients or between remand and sentenced inmates. The distribution of psychiatric diagnoses was similar to that of a Berlin community hospital.

CONCLUSIONS:

Personality disorders were more frequently diagnosed in German than in non-German patients. The burden of personality disorders among mentally ill prison detainees in Berlin Prison Hospital was not significantly higher than that of a Berlin community hospital. The percentage of non-German patients in the psychiatric department of the Berlin Prison Hospital was more than two times higher than in a psychiatric department of a community hospital. The lower-than-expected rate of suicide attempts among pre-trial detainees may be an indicator of a beneficial effect of the treatment setting in the psychiatric department of Berlin Prison Hospital.

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PMID: 22465761 [PubMed - in process]

Related citations



Items 1 - 59 of 59

1. Behav Brain Res. 2012 May 16;231(1):105-10.

[Impact of tryptophan hydroxylase 2 G-703T polymorphism on anger-related personality traits and orbitofrontal cortex.](#)

Yoon HK, Lee HJ, Kim L, Lee MS, Ham BJ.

Source

Department of Psychiatry, Korea University, Seoul, South Korea.

Abstract

Genetic variation in human tryptophan hydroxylase 2 (TPH2) influences TPH enzymatic activity and is associated with emotion-related traits and mood disorders. The present study investigated the effect of the TPH2 G-703T polymorphism on regional brain volume, assessed using voxel-based morphometry (VBM), and anger traits in mentally healthy individuals. We examined 63 healthy subjects to investigate structural abnormalities using a 1.5-T magnetic resonance imaging system, which was normalized to a customized T1 template and segmented with VBM. The VBM data were analyzed using an analysis of covariance, with age as a covariate. All subjects were assessed with the state-trait anger expression inventory (STAXI) and genotyped for TPH2 G-703T. The subjects with G/G genotype had significantly higher anger control (AX-Con) anger scores than T allele carriers (G/T and T/T genotype). There was a negative correlation between the anger out (AX-Out) and trait anger (T-Ang) scores and gray matter concentration (GMC) in the inferior orbitofrontal cortex (OFC) and hippocampus.

Compared to T allele carriers, subjects with the G/G genotype had significantly lower GMC in the inferior OFC. Our findings suggest that OFC is an intermediate phenotype that bridges serotonin synthesis and anger-related traits. The mechanism underlying the effect of the TPH2 gene on OFC abnormality, however, may be complex and may involve several processes related to anger expression.

PMID: 22649797 [PubMed - in process]

Related citations

2. *Depress Res Treat.* 2012;2012:156529. Epub 2012 May 10.
[Neuromagnetic indication of dysfunctional emotion regulation in affective disorders.](#)

Pietrek C, Popov T, Steffen A, Miller GA, Rockstroh B.

Source

Department of Psychology, Zukunftscolleg, University of Konstanz, 78457 Konstanz, Germany.

Abstract

Dysfunctional emotion regulation is often reported in affective disorders, but it is unclear whether this dysfunction concerns initial processing of emotional input or regulation of resulting emotion. The present study addressed these aspects in 27 depressive and 15 borderline personality disorder patients and 28 healthy controls who were instructed to either passively view unpleasant and neutral pictures or downregulate emotional responses by reappraisal, while neuromagnetic brain activity was measured. All three groups showed more early response to unpleasant than to neutral pictures, whereas patients failed to show subsequent activity suppression under instructions to down-regulate. This deficient emotion regulation was evident primarily in those subjects reporting high childhood adversity. Results support intact emotional input processing but impaired emotion regulation in affective disorders and indicate a moderating influence of early life stress.

PMID: 22649719 [PubMed - in process]

Related citations

3. *J Child Psychol Psychiatry.* 2012 May 31. doi: 10.1111/j.1469-7610.2012.02567.x. [Epub ahead of print]

[Childhood ADHD is strongly associated with a broad range of psychiatric disorders during adolescence: a population-based birth cohort study.](#)

Yoshimasu K, Barbaresi WJ, Colligan RC, Voigt RG, Killian JM, Weaver AL, Katusic SK.

Source

Department of Health Sciences Research, Mayo Clinic, Rochester, MN Department of Medicine, Children's Hospital Boston, Boston, MA Department of Psychiatry and

Psychology, Mayo Clinic, Rochester, MN Department of Pediatric and Adolescent Medicine, Mayo Clinic, Rochester, MN, USA.

Abstract

Background: To evaluate associations between attention-deficit/hyperactivity disorder (ADHD) and comorbid psychiatric disorders using research-identified incident cases of ADHD and population-based controls. **Methods:** Subjects included a birth cohort of all children born 1976-1982 remaining in Rochester, MN after age five ($n = 5,718$). Among them we identified 379 ADHD incident cases and 758 age-gender matched non-ADHD controls, passively followed to age 19 years. All psychiatric diagnoses were identified and abstracted, but only those confirmed by qualified medical professionals were included in the analysis. For each psychiatric disorder, cumulative incidence rates for subjects with and without ADHD were estimated using the Kaplan-Meier method. Corresponding hazard ratios (HR) were estimated using Cox models adjusted for gender and mother's age and education at the subject's birth. The association between ADHD and the likelihood of having an internalizing or externalizing disorder was summarized by estimating odds ratios (OR). **Results:** Attention-deficit/hyperactivity disorder was associated with a significantly increased risk of adjustment disorders (HR = 3.88), conduct/oppositional defiant disorder (HR = 9.54), mood disorders (HR = 3.67), anxiety disorders (HR = 2.94), tic disorders (HR = 6.53), eating disorders (HR = 5.68), personality disorders (HR = 5.80), and substance-related disorders (HR = 4.03). When psychiatric comorbidities were classified on the internalization-externalization dimension, ADHD was strongly associated with coexisting internalizing/externalizing (OR = 10.6), or externalizing-only (OR = 10.0) disorders. **Conclusion:** This population-based study confirms that children with ADHD are at significantly increased risk for a wide range of psychiatric disorders. Besides treating the ADHD, clinicians should identify and provide appropriate treatment for psychiatric comorbidities.

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PMID: 22647074 [PubMed - as supplied by publisher]

Related citations

4. Cereb Cortex. 2012 May 29. [Epub ahead of print]
[Dopamine-Dependent Architecture of Cortico-Subcortical Network Connectivity.](#)
Cole DM, Oei NY, Soeter RP, Both S, van Gerven JM, Rombouts SA, Beckmann CF.

Source

Centre for Neuroscience, Division of Experimental Medicine, Imperial College London, London W12 0NN, UK.

Abstract

Maladaptive dopaminergic mediation of reward processing in humans is thought to underlie multiple neuropsychiatric disorders, including addiction, Parkinson's disease, and schizophrenia. Mechanisms responsible for the development of such disorders may depend on individual differences in neural signaling within large-scale cortico-subcortical circuitry. Using a combination of functional neuroimaging and pharmacological challenges in healthy volunteers, we identified opposing dopamine agonistic and antagonistic neuromodulatory effects on distributed functional interactions between specific subcortical regions and corresponding neocortical "resting-state" networks, known to be involved in distinct aspects of cognition and reward processing. We found that, relative to a placebo, levodopa and haloperidol challenges, respectively, increased or decreased the functional connectivity between (1) the midbrain and a "default mode" network, (2) the right caudate and a right-lateralized frontoparietal network, and (3) the ventral striatum and a fronto-insular network. Further, we found drug-specific associations between brain circuitry reactivity to dopamine modulation and individual differences in trait impulsivity, revealing dissociable drug-personality interaction effects across distinct dopamine-dependent cortico-subcortical networks. Our findings identify possible systems underlying pathogenesis and treatment efficacy in disorders of dopamine deficiency.

PMID: 22645252 [PubMed - as supplied by publisher]

Related citations



5. AIDS Behav. 2012 May 30. [Epub ahead of print]

[The Impact of DSM-IV Mental Disorders on Adherence to Combination Antiretroviral Therapy Among Adult Persons Living with HIV/AIDS: A Systematic Review.](#)

Springer SA, Dushaj A, Azar MM.

Source

Yale AIDS Program, Yale University School of Medicine, 135 College Street, Suite 323, New Haven, CT, 06511, USA, Sandra.springer@yale.edu.

Abstract

This is a systematic review of eighty-two published studies investigating the impact of DSM-IV mental disorders on combination antiretroviral therapy (cART) adherence and persistence among persons living with HIV/AIDS (PLWHA). Sixty-two articles examined depression, with 58 % (N = 32/62) finding lower cART adherence and persistence. Seventeen articles examined one or more anxiety disorders, with the majority finding no association with cART adherence or persistence. Eighty percent of the studies that evaluated the impact of psychotic (N = 3), bipolar (N = 5) and personality disorders (N = 2) on cART adherence and persistence also found no association. Seven out of the nine studies (78 %) evaluating the impact of antidepressant treatment (ADT) on cART adherence found improvement. Adherence and depression measurements varied significantly in studies; common research measurements

would improve data harmonization. More research specifically addressing the impact of other mental disorders besides depression on cART adherence and RCTs evaluating ADT on cART adherence are also needed.

PMID: 22644066 [PubMed - as supplied by publisher]

Related citations



6. J Pers Disord. 2012 May 29. [Epub ahead of print]
[The Distinguishing Characteristics of Narrative Identity in Adults With Features of Borderline Personality Disorder: An Empirical Investigation.](#)

Adler JM, Chin ED, Kolisetty AP, Oltmanns TF.

Abstract

While identity disturbance has long been considered one of the defining features of Borderline Personality Disorder (BPD), the present study marks only the third empirical investigation to assess it and the first to do so from the perspective of research on narrative identity. Drawing on the rich tradition of studying narrative identity, the present study examined identity disturbance in a group of 40 mid-life adults, 20 with features of BPD and a matched sample of 20 without BPD. Extensive life story interviews were analyzed for a variety of narrative elements and the themes of agency, communion fulfillment (but not communion), and narrative coherence significantly distinguished the stories of those people with features of BPD from those without the disorder. In addition, associations between the theme of agency and psychopathology were evident six and twelve months following the life story interview. This study seeks to bridge the mutually-informative fields of research on personality disorders and normal identity processes.

PMID: 22643095 [PubMed - as supplied by publisher]

Related citations



7. J Pers Disord. 2012 May 29. [Epub ahead of print]
[In Search of Patient Characteristics That May Guide Empirically Based Treatment Selection for Personality Disorder Patients-A Concept Map Approach.](#)

van Manen JG, Kamphuis JH, Goossensen A, Timman R, Busschbach JJ, Verheul R.

Abstract

Using the concept map method, this study aimed to summarize and describe patient characteristics pertinent to treatment selection for patients with personality disorders (PDs). Initial patient characteristics were derived from the research literature and a survey among Dutch expert clinicians. Concept mapping is a formalized conceptualization procedure that describes the underlying cognitive structures people use in complex tasks, such as treatment allocation. Based on expert opinions of 29 Dutch clinicians, a concept map was generated that yielded eight domains of patient characteristics, i.e., Severity of symptoms, Severity of

personality pathology, Ego-adaptive capacities, Motivation and working alliance, Social context, Social demographic characteristics, Trauma, and Treatment history and medical condition. These domains can be ordered along two bipolar axes, running from internal to external concepts and from vulnerability to strength concepts, respectively. Our findings may serve as input for the delineation of algorithms for patient-treatment matching research in PD. PMID: 22643094 [PubMed - as supplied by publisher]

Related citations



8. J Pers Disord. 2012 May 29. [Epub ahead of print]

[Personality Disorders and Physical Health: A Longitudinal Examination of Physical Functioning, Healthcare Utilization, and Health-Related Behaviors in Middle-Aged Adults.](#)

Powers AD, Oltmanns TF.

Abstract

Personality disorders (PDs) have significant, long-term effects in many areas, including physical health outcomes such as increased risk for chronic disease and mortality. Although research has documented this detrimental impact in relation to long-term physical health, no one has explored the more immediate influence of disordered personality on aspects of physical functioning, such as pain level, or health-related behaviors, such as medication use. The present study examined the unique effects of PD features on physical functioning, medical resource utilization, and prescription medication use to determine potential risk associated with PDs. We studied an epidemiologically-based sample (N = 608) of Saint Louis residents (ages 55-64) over two time points (6 months apart). We found that disordered personality was significantly predictive of worse physical functioning, role limitations, fatigue, and pain at both time points, even when current health problems, the presence of depression, and health behaviors (i.e., smoking, drinking, exercise) were controlled. PD features were also predictive of increased healthcare utilization and medication use at follow-up. These results suggest that the presence of disordered personality may be an important risk factor for worse functioning, regardless of actual health status.

PMID: 22643092 [PubMed - as supplied by publisher]

Related citations



9. J Pers Disord. 2012 May 29. [Epub ahead of print]

[Treatment Outcome of 18-Month, Day Hospital Mentalization-Based Treatment \(MBT\) in Patients With Severe Borderline Personality Disorder in the Netherlands.](#)

Bales D, van Beek N, Smits M, Willemsen S, Busschbach JJ, Verheul R, Andrea H.

Abstract

Psychoanalytically oriented day hospital therapy, later manualized and named mentalization-based treatment (MBT), has proven to be a (cost-) effective treatment for patients with severe

borderline personality disorder and a high degree of psychiatric comorbidity (BPD) in the United Kingdom (UK). As to yet it has not been shown whether manualized day hospital MBT would yield similar results when conducted by an independent institute outside the UK. We investigated the applicability and treatment outcome of 18-month, manualized day hospital MBT in the Netherlands by means of a prospective cohort study with 45 Dutch patients with severe BPD and a high degree of comorbid Axis I and Axis II disorders. Outcomes were assessed each six months. Symptom distress, social and interpersonal functioning, and personality pathology and functioning all improved significantly, with effect sizes between 0.7 and 1.7. Suicide attempts, acts of self-harm, and care consumption were also significantly reduced. The results indicate that MBT can effectively be implemented in an independent treatment institute outside the UK. This study also supports the clinical effectiveness of manualized day hospital MBT in patients with severe BPD and a high degree of psychiatric comorbidity.

PMID: 22643090 [PubMed - as supplied by publisher]

Related citations



10. J Pers Disord. 2012 May 29. [Epub ahead of print]

[Is Dimensional Scoring of Borderline Personality Disorder Important Only for Subthreshold Levels of Severity?](#)

Zimmerman M, Chelminski I, Young D, Dalrymple K, Martinez J.

Abstract

Studies comparing dimensional and categorical representations of personality disorders (PDs) have consistently found that PD dimensions are more reliable and valid. While comparisons of dimensional and categorical scoring approaches have consistently favored the dimension model, two reports from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project have raised questions as to when dimensional scoring is important. In the first study, Asnaani, Chelminski, Young, and Zimmerman (2007) found that once the diagnostic threshold for borderline PD was reached the number of criteria met was not significantly associated with indices of psychosocial morbidity. In the second study, Zimmerman, Chelminski, Young, Dalrymple, and Martinez (2012) found that patients with 1 criterion of borderline PD had significantly more psychosocial morbidity than patients with 0 criteria. The findings of these two studies suggest that dimensional ratings of borderline PD may be more strongly associated with indicators of illness severity for patients who do not versus do meet the DSM-IV criteria for borderline PD. In this third report from the MIDAS project, we tested this hypothesis in a study of 3,069 psychiatric outpatients evaluated with semi-structured diagnostic interviews. In the patients without borderline PD the number of borderline features was significantly associated with each of 6 indicators of illness severity, whereas in the patients with borderline PD 3 of the 6 correlations were significant. The mean correlation between the number of borderline PD criteria and the indicators of illness severity was nearly three times higher in the patients without borderline PD than the patients with borderline PD (0.23 versus 0.08), and 4 of the 6 correlation coefficients were significantly higher in the patients without borderline PD. These findings

suggest that dimensional scoring of borderline PD is more important for subthreshold levels of pathology and are less critical once a patient meets the diagnostic threshold. The implications of these findings for DSM-5 are discussed.

PMID: 22643089 [PubMed - as supplied by publisher]

Related citations



11. Psychol Addict Behav. 2012 May 28. [Epub ahead of print]
[Isolating the Role of Psychological Dysfunction in Smoking Cessation: Relations of Personality and Psychopathology to Attaining Cessation Milestones.](#)

Leventhal AM, Japuntich SJ, Piper ME, Jorenby DE, Schlam TR, Baker TB.

Abstract

Research exploring psychological dysfunction as a predictor of smoking cessation success may be limited by nonoptimal predictor variables (i.e., categorical psychodiagnostic measures vs. continuous personality-based manifestations of dysfunction) and imprecise outcomes (i.e., summative point-prevalence abstinence vs. constituent cessation milestone measures). Accordingly, this study evaluated the unique and overlapping relations of broad-spectrum personality traits (positive emotionality, negative emotionality, and constraint) and past-year psychopathology (anxiety, mood, and substance use disorder) to point-prevalence abstinence and three smoking cessation milestones: (a) initiating abstinence, (b) first lapse, and (c) transition from lapse to relapse. Participants were daily smokers (N = 1365) enrolled in a smoking cessation treatment study. In single-predictor regression models, each manifestation of internalizing dysfunction (lower positive emotionality, higher negative emotionality, and anxiety and mood disorder) predicted failure at one or more cessation milestone(s). In simultaneous predictor models, lower positive and higher negative emotionality significantly predicted failure to achieve milestones after controlling for psychopathology. Psychopathology did not predict any outcome when controlling for personality. Negative emotionality showed the most robust and consistent effects, significantly predicting failure to initiate abstinence, earlier lapse, and lower point-prevalence abstinence rates. Substance use disorder and constraint did not predict cessation outcomes, and no single variable predicted lapse-to-relapse transition. These findings suggest that personality-related manifestations of internalizing dysfunction are more accurate markers of affective sources of relapse risk than mood and anxiety disorders. Further, individuals with high trait-negative emotionality may require intensive intervention to promote the initiation and early maintenance of abstinence. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642858 [PubMed - as supplied by publisher]

Related citations

12. Personal Disord. 2012 May 28. [Epub ahead of print]
[An Item Response Theory Analysis of the DSM-IV Borderline Personality Disorder Criteria in a Population-Based Sample of 11- to 12-Year-Old Children.](#)

Michonski JD, Sharp C, Steinberg L, Zanarini MC.

Abstract

Although a growing body of empirical literature provides some support for the diagnosis of borderline personality disorder (BPD) in youth, little is known about the internal structure of BPD and the performance of the individual diagnostic criteria, especially in younger samples. We used item response theory (IRT) methods to investigate the psychometric properties of the Diagnostic and Statistical Manual of Mental Disorders, 4th edition (DSM-IV) BPD criteria in a large, population-based sample (n = 6,339) of young adolescents from the United Kingdom (ages 11 to 12). BPD was assessed using the Childhood Interview for DSM-IV Borderline Personality Disorder (CI-BPD; Zanarini, Horwood, Waylen, & Wolke, 2004). A single underlying dimension adequately accounted for covariation among the BPD criteria. Each criterion was found to be discriminating to a degree comparable to what has been reported in adult studies. BPD criteria were most informative within a range of severity of BPD pathology between +1 and +3 standard units. Five criteria were found to exhibit differential item functioning (DIF) between boys and girls. However, DIF balanced out for the total interview score. Despite the controversy associated with applying the borderline construct to youth, the current findings provide psychometric evidence in favor of doing so. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642465 [PubMed - as supplied by publisher]

Related citations

13. Personal Disord. 2012 May 28. [Epub ahead of print]

[Considering the Evidence and Making the Most Empirically Informed Decision About Depressive Personality Disorder in DSM-5.](#)

Huprich SK.

Abstract

In this paper, the criteria proposed by Kendler, Kupfer, Narrow, Philips, and Fawcett (2009) for the inclusion or exclusion of a diagnostic category in DSM-5 are reviewed as they relate to the proposal of depressive personality disorder (DPD). Three options are offered as possible decisions for the future of DPD, and a discussion of the actual decision by the Personality and Personality Disorders Work Group is provided. Despite what may ultimately be the removal of the DPD type from the DSM-5, it is concluded that there is considerable support for DPD as a diagnostic category. Such a conclusion incorporates most coherently the empirical findings about the DPD proposal in a way that allows for ongoing empirical investigation of its biogenetic origins, its phenotypic manifestations (including its trait profile) and possible characterization as an endophenotype, and the clinical utility it appears to hold among clinicians. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642464 [PubMed - as supplied by publisher]

Related citations

14. Personal Disord. 2012 May 28. [Epub ahead of print]

Schizotypy, Social Cognition, and Interpersonal Sensitivity.

Miller AB, Lenzenweger MF.

Abstract

Social cognition in relation to schizophrenia liability remains largely uncharted terrain. Successful social interactions involve sensitivity to the feelings and behavior of others, and the ability to convey and communicate cues to elicit desired responses from others. Disruption in any part of this process will affect social interactions and functioning, including occupational functioning. Individuals who do better on tasks measuring interpersonal sensitivity are more interpersonally skilled and better adjusted (Hall, Andrzejewski, & Yopchick, 2009), and those who perform poorly on tasks of interpersonal sensitivity, such as patients with schizophrenia, have known interpersonal and social functioning deficits (e.g., Toomey, Schulberg, Corrigan, & Green, 2002). Schizotypic subjects were compared to depression vulnerable and normal control subjects on a well-established dynamic test of interpersonal sensitivity, the Profile of Nonverbal Sensitivity (PONS; Rosenthal, Hall, DiMatteo, Rogers, & Archer, 1979, 2011). Results revealed a deficit for schizotypes relative to both the depression-risk and normal control groups on the PONS. Our examination of the interpersonal sensitivity in schizotypes may shed light on the social functioning problems seen in patients with schizophrenia in a translational research framework. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642463 [PubMed - as supplied by publisher]

Related citations

15. Personal Disord. 2012 May 28. [Epub ahead of print]

The Psychopathy Checklist-Revised (PCL-R), Low Anxiety, and Fearlessness: A Structural Equation Modeling Analysis.

Neumann CS, Hare RD, Johansson PT.

Abstract

The current study employed a large representative sample of violent male offenders within the Swedish prison system to examine the factor structure of the PCL-R and the latent variable relations between the PCL-R items and clinical ratings of low trait anxiety and trait fearlessness (LAF). Consistent with previous research, confirmatory factor analysis (CFA) revealed strong support for the four-factor model of psychopathy (Interpersonal, Affective, Lifestyle, and Antisocial). Also, a series of CFAs revealed that the LAF items could be placed on any of the PCL-R factors without any changes in model fit. Finally, structural equation modeling results indicated that a PCL-R superordinate factor was able to account for most of the variance of a separate LAF factor. Taken together, the results indicate that if low anxiety and fearlessness, as measured via clinical ratings, are part of the psychopathy construct they are comprehensively accounted for by extant PCL-R items. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642462 [PubMed - as supplied by publisher]

Related citations

16. Personal Disord. 2012 May 28. [Epub ahead of print]
[Longitudinal Twin Study of Borderline Personality Disorder Traits and Substance Use in Adolescence: Developmental Change, Reciprocal Effects, and Genetic and Environmental Influences.](#)

Bornovalova MA, Hicks BM, Iacono WG, McGue M.

Abstract

Although the comorbidity between borderline personality disorder (BPD) and substance abuse is well established, there are few longitudinal studies that have examined its developmental origins or whether the comorbidity is due to common genetic or environmental risk factors. To fill this gap, we used a large sample of female adolescent twins ($N = 1,280$) to examine the developmental course, reciprocal influences, and the genetic and environmental factors underlying the co-occurrence of BPD traits and substance use from age 14 to 18. Rank-order stability was moderate to high for both BPD traits ($r = .58$) and substance use ($r = .51$), whereas mean levels of substance use increased substantially from age 14 to 18 ($d = 0.77$) and BPD traits showed a small decline ($d = -0.21$). BPD traits and substance use exhibited concurrent and prospective associations; however, the longitudinal associations dropped to nonsignificance after accounting for the temporal stability of each trait. Twin analyses revealed that shared environmental factors accounted for the association between BPD traits and substance use at age 14, but genetic factors accounted for the association at age 18. These results indicate that, at least in adolescence, the comorbidity between BPD traits and substance use is a consequence of common risk factors rather than due to one being a casual antecedent of the other. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642461 [PubMed - as supplied by publisher]

Related citations

17. Personal Disord. 2012 May 28. [Epub ahead of print]
[Ingestion of Foreign Objects as a Means of Nonlethal Self-Injury.](#)

Reisner AD, Bornovalova MA, Gordish L, Baker RN, Smith KJ, Sexton RE.

Abstract

The focus of this practice review is to understand the precursors, correlates, and treatment of self-injury by ingestion of foreign objects among patients in inpatient mental health facilities. These cases exhibited pervasive psychopathology of early onset, histories of severe personality disorder, and trauma. The cases seemingly presented a higher incidence of medical complications than is reported in the literature, and treatment outcomes varied from modest-to-good success. Considering these difficulties, the goal of this practice review is to shed light on the motivation and treatment of self-injury by ingestion and to consider directions where existing theory and research could inform treatment strategies in future

cases. We conclude the practice review with a summary of questions that remain to be answered with future research studies and make recommendations regarding treatment of these difficult cases. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22642460 [PubMed - as supplied by publisher]

Related citations

18. Psychiatry Res. 2012 May 25. [Epub ahead of print]

Platelet protein kinase C and brain-derived neurotrophic factor levels in borderline personality disorder patients.

Koenigsberg HW, Yuan P, Diaz GA, Guerreri S, Dorantes C, Mayson S, Zamfirescu C, New AS, Goodman M, Manji HK, Siever LJ.

Source

Mount Sinai School of Medicine, Department of Psychiatry, New York, NY, USA; James J. Peters Veterans Affairs Medical Center, Bronx, NY, USA.

Abstract

Borderline personality disorder (BPD) is a prevalent and difficult to treat psychiatric condition characterized by abrupt mood swings, intense anger and depression, unstable interpersonal relationships, impulsive self-destructive behavior and a suicide rate of approximately 10%. Possible underlying molecular dysregulations in BPD have not been well explored. Protein kinase C (PKC) and brain-derived neurotrophic factor (BDNF) have both been implicated in affective disorders, but their role in BPD has not been examined. Platelets were isolated from blood obtained from 24 medication-free BPD patients and 18 healthy control subjects. PKC- α , phosphorylated-PKC- α (p-PKC α), PKC- β II, and BDNF were measured in platelet homogenates by immunoblotting. In the males, platelet BDNF and PKC- α levels were lower in patients than controls. p-PKC- α and PKC- β II were lower at trend levels. In the entire sample, platelet p-PKC α and PKC- α activity were lower, at a trend level, in patients compared to controls. This is the first report to our knowledge of PKC and BDNF activity in BPD and calls for replication. These findings are consistent with altered PKC and BDNF activity in a range of neuropsychiatric conditions including bipolar disorder, depression and suicide.

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PMID: 22633012 [PubMed - as supplied by publisher]

Related citations



19. J Psychiatr Res. 2012 May 22. [Epub ahead of print]

Impulsivity in the general population: A national study.

Chamorro J, Bernardi S, Potenza MN, Grant JE, Marsh R, Wang S, Blanco C.

Source

Department of Psychiatry, Columbia University/New York State Psychiatric Institute, New York, NY, USA.

Abstract

OBJECTIVE:

The construct of impulsivity is an important determinant of personality differences, psychiatric disorders, and associated risk-taking behaviors. Most existing knowledge about impulsivity comes from clinical samples. To date, no study has estimated the prevalence of impulsivity and examined its correlates in the general population.

METHOD:

We analyzed data from a large national sample of the United States population. Face-to-face surveys of 34 653 adults aged 18 years and older residing in households were conducted during the 2004-2005 period. Diagnoses of mood, anxiety, and drug disorders as well as personality disorders were based on the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV Version.

RESULTS:

Impulsivity was common (17% of the sample), particularly among males and younger individuals, and associated with a broad range of axis I and II disorders, particularly drug dependence, cluster B, dependent and schizotypal personality disorders, bipolar disorder and ADHD. It was associated with behavioral disinhibition, attention deficits, and lack of planning. Individuals with impulsivity were more likely to engage in behaviors that could be dangerous to themselves or others, including driving recklessly, starting fights, shoplifting, perpetrating domestic violence and trying to hurt or kill themselves. They were exposed to higher risk of lifetime trauma and to substantial physical and psychosocial impairment.

CONCLUSION:

Given the association of impulsivity with psychiatric disorders and multiple adverse events, there is a need to target impulsivity in prevention and treatment efforts.

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PMID: 22626529 [PubMed - as supplied by publisher]

Related citations



Illuminating a Neglected Clinical Issue: Societal Costs of Interpersonal Dependency and Dependent Personality Disorder.

Bornstein RF.

Source

Adelphi University.

Abstract

OBJECTIVES:

To determine the degree to which patients with high levels of trait dependency or dependent personality disorder (DPD) engage in behaviors that harm themselves and others (e.g., domestic violence, child abuse).

METHOD:

Six domains of literature were reviewed: (a) dependency as a risk factor for physical illness; (b) health care utilization and expenditures; (c) global and domain-specific functional impairment; (d) violence toward others; (e) victimization by others; and (f) self-harm.

RESULTS:

High levels of trait dependency and DPD are associated with elevated risk for physical illness, partner and child abuse, and suicidality, as well as with high levels of functional impairment and increased health care expenditure.

CONCLUSIONS:

Contrary to clinical lore, trait dependency and DPD are associated with behaviors that lead to myriad negative consequences for the dependent person, those close to them, and society as a whole. These patterns have noteworthy implications for assessment and treatment of dependent patients and suggest that DPD should be included as a diagnostic category in the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition.

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PMID: 22623345 [PubMed - as supplied by publisher]

Related citations



21. Depress Anxiety. 2012 May 23. doi: 10.1002/da.21945. [Epub ahead of print]
NEUROTICISM MEDIATES THE EFFECT OF P2RX7 ON OUTCOMES OF MOOD DISORDERS.

Mantere O, Soronen P, Uher R, Ketokivi M, Jylhä P, Melartin T, Paunio T, Isometsä E.

Source

Department of Mental Health and Substance Use, National Institute for Health and Welfare, Helsinki, Finland; Department of Psychiatry, Jorvi Hospital, Helsinki University Central Hospital, Espoo, Finland; MRC Social, Genetic and Developmental Psychiatry Centre, Institute of Psychiatry, King's College London, United Kingdom.

Abstract

BACKGROUND:

We previously reported an association between P2RX7 variant rs208294, diagnosis, and the longitudinal course of mood disorders. Here, we test whether the personality trait neuroticism mediates the effect of P2RX7 on the course of mood disorders.

METHODS:

Patients with DSM-IV mood disorder (256 with major depressive disorder and 168 with bipolar disorder [BD]) were diagnosed with semistructured interviews, genotyped, and followed up for a median of 60 (range 6-83) months. The primary outcome was the prospectively assessed proportion of time spent in any DSM-IV mood episode (time ill). Three types of genetic effect were tested in structural equations models: Model 1: genes directly affect outcome independent of neuroticism, Model 2: neuroticism mediates the effect of genes on outcome, and Model 3: neuroticism and the genetic variant interact in their effect on outcome.

RESULTS:

Neuroticism mediated the P2RX7 genetic effect on outcome. The T allele of rs208294 was associated with higher neuroticism, which in turn predicted a higher proportion of time spent in mood episodes (the bootstrap-based test of indirect effect, $P = .02$). There was no significant interaction between neuroticism and the genotype.

CONCLUSION:

Neuroticism is likely to lie on the causal pathway between the rs208294 T variant and the adverse long-term course of major depressive and BDs. Depression and Anxiety 00:1-8, 2012. © 2012 Wiley Periodicals, Inc.

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PMID: 22623165 [PubMed - as supplied by publisher]

Related citations

22. BMC Psychiatry. 2012 May 23;12(1):46. [Epub ahead of print]
Service suspension for mental disorders in armed forces draftees in the Penghu area.
Chen CW, Kao CH, Chen CK, Peng CH, Wang WH.

Abstract

ABSTRACT:

BACKGROUND:

It is important to monitor draftees for mental disorders before or at an early stage of military service. The aim of this study was to characterize the draftees who were suspended from service for mental disorders among draftees in a high readiness military zone in the Taiwan Strait.

METHOD:

A total of 152 draftees consulted the outpatient service of the Department of Psychiatry at Penghu branch, Tri-Service General Hospital in Taiwan during the period between August 2004 and July 2008, and whose severity of mental disorder fit the criteria for service suspension were recruited as the study group (SG). Draftees who had adjusted normally were the control group (CG).

RESULTS:

The major causes for suspension were major depressive disorders and personality disorders. In the study group, the number of draftees seeking psychiatric outpatient treatment increased from 49.3% before service to 100% during service. In addition, higher rates of suicidal ideation, suicide plans, attempted suicide, and homicidal ideation were found in the study group than in the control group. The percentages of draftees who were unwilling to serve and absent without official leave (AWOL) during military service in Penghu were also significantly higher in the study group than in the control group.

CONCLUSIONS:

Based on the characteristics of the draftees who were suspended from service for mental disorders, psychological factors such as suicidal ideation, suicide attempts and adjustment disorders should be surveyed and monitored before the draft and at an early stage of military service.

Free Article

PMID: 22620278 [PubMed - as supplied by publisher]

Related citations



23. Curr Opin Pulm Med. 2012 May 19. [Epub ahead of print]
Psychological stress in sarcoidosis.

Wilsher ML.

Source

Green Lane Respiratory Services, Auckland District Health Board, Auckland, New Zealand.

Abstract

PURPOSE OF REVIEW:

Sarcoidosis is a chronic illness associated with emotional and physical consequences which impact on quality of life. Although the impact of fatigue is well understood, emotional impacts of sarcoidosis are less commonly recognized and addressed in routine clinical practice. The purpose of this review is to highlight that sarcoidosis can result in considerable psychological distress.

RECENT FINDINGS:

Not only is there a high prevalence of depressive symptoms in sarcoidosis, but clinical depressive and anxiety disorders are more common than seen in the general population. Patients with sarcoidosis have perceptions and beliefs about their disease that may impact on their willingness to engage in recommended therapies. They may also exhibit a disordered perception of their disease and a personality profile of neuroticism. Understanding the minimally important clinical difference in the Fatigue Assessment Scale (FAS) and validation of the Sarcoidosis Health Questionnaire (SHQ) across different populations supports the use of these tools in routine clinical practice and clinical trials.

SUMMARY:

Understanding the global impact of sarcoidosis is important for patients and clinicians, and use of validated instruments, such as the SHQ and FAS, allows for more comprehensive assessment of the disease and the impact of any interventions.

PMID: 22617812 [PubMed - as supplied by publisher]

Related citations



24. Neuroreport. 2012 May 19. [Epub ahead of print]
Amygdala-orbitofrontal resting-state functional connectivity is associated with trait anger.

Fulwiler CE, King JA, Zhang N.

Source

aDepartment of Psychiatry, Center for Mental Health Services Research bDepartment of Psychiatry, Center for Comparative Neuroimaging (CCNI), University of Massachusetts Medical School, Worcester, Massachusetts, USA.

Abstract

An important distinction in research on the neural mechanisms of emotion regulation involves the relatively limited duration of emotional states versus emotional traits that are defined as the stable tendency to experience particular emotions in daily life. Neuroimaging investigations of the regulation of anger states point to the involvement of reciprocal changes in the prefrontal cortex and amygdala activity, but the neural substrate of trait anger has received less attention. We used resting-state functional MRI to determine whether the variation in the strength of functional connectivity between the amygdala and the orbitofrontal cortex is associated with trait anger. Sixteen healthy men completed the Spielberger State-Trait Anger Expression Inventory. Correlational analysis for resting-state functional connectivity (RSFC) was carried out with the left and the right amygdala as separate seed regions. Anger measures were correlated to RSFC involving the right and the left amygdala on a voxel-by-voxel basis across all individuals. We found that Trait Anger was inversely associated with the strength of RSFC between the amygdala and the contralateral middle orbitofrontal cortex. The association was stronger for the right amygdala-left orbitofrontal connection. Anger Control, the tendency to try to control expressions of anger, showed the opposite pattern of being positively correlated with amygdala-orbitofrontal connectivity. The present study provides evidence that RSFC in a corticolimbic circuit might subservise stable differences in anger regulation. Our findings also suggest that RSFC may prove valuable as a trait marker for disorders characterized by emotional dysregulation such as depression, anxiety, and personality disorders.

PMID: 22617448 [PubMed - as supplied by publisher]

Related citations



25. J Pers Disord. 2012 May 22. [Epub ahead of print]

[The Burden of Disease Among Adolescents with Personality Pathology: Quality of Life and Costs.](#)

Feenstra DJ, Hutsebaut J, Laurensen EM, Verheul R, Busschbach JJ, Soeteman DI.

Abstract

In adults, personality disorders are associated with a low quality of life and high societal costs. To explore whether these findings also apply to adolescents, 131 adolescent patients were recruited from a mental health care institute in The Netherlands. Axis I and Axis II disorders were diagnosed using semi-structured interviews. The EuroQol EQ-5D was used to measure quality of life and costs were measured by the Trimbos and Institute for Medical

Technology Assessment Questionnaire on Costs Associated with Psychiatric Illness. The mean EQ-5D index value was 0.55. The mean direct medical cost in the year prior to treatment was €14,032 per patient. The co-occurrence of Axis I and Axis II disorders was a significant predictor of a low quality of life. Direct medical costs were higher for the depressive personality disorder. This study shows that the burden of disease among adolescents with personality pathology is high. This high burden provides evidence to suggest that further research and development of (cost-)effective treatment strategies for this population may be worthwhile.

PMID: 22616771 [PubMed - as supplied by publisher]

Related citations



26. J Sex Med. 2012 May 22. doi: 10.1111/j.1743-6109.2012.02785.x. [Epub ahead of print] [Factors Associated with Higher Fecundity in Female Maternal Relatives of Homosexual Men.](#)

Camperio Ciani AS, Fontanesi L, Iemmola F, Giannella E, Ferron C, Lombardi L.

Source

Department of General Psychology, University of Padova, Padova, Italy Department of Cognitive and Education Sciences, University of Trento, Rovereto, Trento, Italy.

Abstract

Introduction. Recent evidence suggests that sexually antagonistic genetic factors in the maternal line promote homosexuality in men and fecundity in female relatives. However, it is not clear if and how these genetic factors are phenotypically expressed to simultaneously induce homosexuality in men and increased fecundity in their mothers and maternal aunts. **Aims.** The aim of the present study was to investigate the phenotypic expression of genetic factors that could explain increased fecundity in the putative female carriers. **Methods.** Using a questionnaire-based approach, which included also the Big Five Questionnaire personality inventory based on the Big Five theory, we investigated fecundity in 161 female European subjects and scrutinized possible influences, including physiological, behavioral, and personality factors. We compared 61 female probands who were either mothers or maternal aunts of homosexual men. One hundred females who were mothers or aunts of heterosexual men were used as controls. **Main Outcome Measures.** Personality traits, retrospective physiological and clinical data, behavior and opinions on fecundity-related issues were assessed and analyzed to illustrate possible effects on fecundity between probands and control females. **Results.** Our analysis showed that both mothers and maternal aunts of homosexual men show increased fecundity compared with corresponding maternal female relatives of heterosexual men. A two-step statistical analysis, which was based on t-tests and multiple logistic regression analysis, showed that mothers and maternal aunts of homosexual men (i) had fewer gynecological disorders; (ii) had fewer complicated pregnancies; (iii) had less interest in having children; (iv) placed less emphasis on romantic love within couples; (v) placed less importance on their social life; (vi) showed reduced

family stability; (vii) were more extraverted; and (viii) had divorced or separated from their spouses more frequently. Conclusions. Our findings are based on a small sample and would benefit from a larger replication, however they suggest that if sexually antagonistic genetic factors that induce homosexuality in males exist, the factors might be maintained in the population by contributing to increased fecundity greater reproductive health, extraversion, and a generally relaxed attitude toward family and social values in females of the maternal line of homosexual men. Camperio Ciani AS, Fontanesi L, Iemmola F, Giannella E, Ferron C, and Lombardi L. Factors associated with higher fecundity in female maternal relatives of homosexual men. *J Sex Med* **:*:*:*_***.

© 2012 International Society for Sexual Medicine.

PMID: 22616723 [PubMed - as supplied by publisher]

Related citations



27. PLoS One. 2012;7(5):e37252. Epub 2012 May 17.

[The cerebellum link to neuroticism: a volumetric MRI association study in healthy volunteers.](#)

Schutter DJ, Koolschijn PC, Peper JS, Crone EA.

Source

Experimental Psychology, Helmholtz Institute, Utrecht University, Utrecht, The Netherlands.

Abstract

Prior research suggests an association between reduced cerebellar volumes and symptoms of depression and anxiety in patients with mood disorders. However, whether a smaller volume in itself reflects a neuroanatomical correlate for increased susceptibility to develop mood disorders remains unclear. The aim of the present study was to examine the relationship between cerebellar volume and neurotic personality traits in a non-clinical subject sample. 3T Structural magnetic resonance imaging scans were acquired, and trait depression and anxiety scales of the revised NEO personality inventory were assessed in thirty-eight healthy right-handed volunteers. Results showed that cerebellar volume corrected for total brain volume was inversely associated with depressive and anxiety-related personality traits. Cerebellar gray and white matter contributed equally to the observed associations. Our findings extend earlier clinical observations by showing that cerebellar volume covaries with neurotic personality traits in healthy volunteers. The results may point towards a possible role of the cerebellum in the vulnerability to experience negative affect. In conclusion, cerebellar volumes may constitute a clinico-neuroanatomical correlate for the development of depression- and anxiety-related symptoms.

PMCID: PMC3355107 **Free PMC Article**

PMID: 22615955 [PubMed - in process]

Related citations



28. Psychol Med. 2012 May 21:1-12. [Epub ahead of print]
The structure of common and uncommon mental disorders.

Forbush KT, Watson D.

Source

Purdue University, West Lafayette, IN, USA.

Abstract

BACKGROUND:

Co-morbidity patterns in epidemiological studies of mental illness consistently demonstrate that a latent internalizing factor accounts for co-morbidity patterns among unipolar mood and anxiety disorders, whereas a latent externalizing factor underlies the covariation of substance-use disorders and antisocial behaviors. However, this structure needs to be extended to include a broader range of disorders. Method Exploratory and confirmatory factor analyses were used to examine the structure of co-morbidity using data from the Collaborative Psychiatric Epidemiological Surveys (n=16 233).

RESULTS:

In the best-fitting model, eating and bipolar disorders formed subfactors within internalizing, impulse control disorders were indicators of externalizing, and factor-analytically derived personality disorder scales split between internalizing and externalizing.

CONCLUSIONS:

This was the first large-scale nationally representative study that has included uncommon mental disorders with sufficient power to examine their fit within a structural model of psychopathology. The results of this study have important implications for conceptualizing myriad mental disorders.

PMID: 22613885 [PubMed - as supplied by publisher]

Related citations



29. J Int Neuropsychol Soc. 2012 May 22:1-14. [Epub ahead of print]
Cognitive and Prepulse Inhibition Deficits in Psychometrically High Schizotypal Subjects in the General Population: Relevance to Schizophrenia Research.

Giakoumaki SG.

Source

1Department of Psychology, School of Social Sciences, University of Crete, Greece.

Abstract

Schizophrenia and schizotypal personality disorder share common clinical profiles, neurobiological and genetic substrates along with Prepulse Inhibition and cognitive deficits; among those, executive, attention, and memory dysfunctions are more consistent. Schizotypy is considered to be a non-specific "psychosis-proneness," and understanding the relationship between schizotypal traits and cognitive function in the general population is a promising approach for endophenotypic research in schizophrenia spectrum disorders. In this review, findings for executive function, attention, memory, and Prepulse Inhibition impairments in psychometrically defined schizotypal subjects have been summarized and compared to schizophrenia patients and their unaffected first-degree relatives. Cognitive flexibility, sustained attention, working memory, and Prepulse Inhibition impairments were consistently reported in high schizotypal subjects in accordance to schizophrenia patients. Genetic studies assessing the effects of various candidate gene polymorphisms in schizotypal traits and cognitive function are promising, further supporting a polygenic mode of inheritance. The implications of the findings, methodological issues, and suggestions for future research are discussed. (JINS, 2012, 18, 1-14).

PMID: 22613272 [PubMed - as supplied by publisher]

Related citations



30. Psychother Res. 2012 May 21. [Epub ahead of print]
Mentalization as a moderator of treatment effects: Findings from a randomized clinical trial for personality disorders.

Gullestad FS, Johansen MS, Høglend P, Karterud S, Wilberg T.

Source

a Department of Psychology , University of Oslo , Norway.

Abstract

Abstract Mentalization is the capacity to understand behavior as expressions of various mental states. It is assumed to be important for understanding the underlying psychopathology, the therapeutic process, and the outcome of therapy associated with patients with personality disorders (PDs). However, to date, empirical findings are scarce and inconsistent. This study aimed to examine whether the pre-treatment level of mentalization, operationalized as Reflective Functioning (RF), was associated with differential responses to two different treatment modalities and might predict clinical improvement. We analyzed data from a randomized clinical trial (Ullevål Personality

Project). Seventy-eight patients with borderline and/or avoidant PD had been randomly assigned to either a step-down treatment program or outpatient individual psychotherapy. The step-down treatment comprised short-term day hospital treatment, followed by long-term, combined group and individual psychotherapy. RF was rated before treatment and after 36 months. Outcome measures were administered at baseline and after 8, 18, and 36 months. The moderator analyses indicated that patients with low RF levels at baseline responded better to outpatient individual psychotherapy than to the step-down treatment in terms of improvements in psychosocial functioning. Patients with medium-high RF levels responded equally well to both therapy formats. Determining which therapy format is appropriate for specific groups of patients can improve treatment efficiency. Therefore, our findings may have important clinical implications. Future research should address RF as a mediator of change.

PMID: 22612470 [PubMed - as supplied by publisher]

Related citations



31. J Interpers Violence. 2012 May 18. [Epub ahead of print]

Personality Correlates of Aggression: Evidence From Measures of the Five-Factor Model, UPPS Model of Impulsivity, and BIS/BAS.

Miller JD, Zeichner A, Wilson LF.

Abstract

Although many studies of personality and aggression focus on multidimensional traits and higher order personality disorders (e.g., psychopathy), lower order, unidimensional traits may provide more precision in identifying specific aspects of personality that relate to aggression. The current study includes a comprehensive measurement of lower order personality traits in relation to three forms of aggression: reactive, proactive, and relational. Traits related to interpersonal antagonism and impulsivity, especially impulsive behavior in the context of negative affect, were consistently related to aggression across multiple indices. These findings suggest that certain lower order traits are of critical importance to understanding who engages in aggressive behavior and why this behavior occurs.

PMID: 22610830 [PubMed - as supplied by publisher]

Related citations



32. Neuroscience. 2012 May 17. [Epub ahead of print]

Individual differences in trait anxiety are associated with white matter tract integrity in the left temporal lobe in healthy males but not females.

Montag C, Reuter M, Weber B, Markett S, Schoene-Bake JC.

Source

Department of Psychology, University of Bonn, Bonn, Germany; Center for Economics & Neuroscience, University of Bonn, Bonn, Germany.

Abstract

The temporal lobe plays a major role in anxiety and depression disorders and is also of importance for trait anxiety in the non-pathological range. The present study investigates self-report data of personality dimensions linked to trait anxiety in the context of white matter tract integrity in the temporal lobes of the human brain in a large sample of N = 110 healthy participants. The results show that especially in men values for fractional anisotropy of several white matter tracts in the temporal lobe of the left hemisphere correlate substantially with individual differences in trait anxiety (depending on the tract investigated between .40 and .49). The present study shows that not only data from functional magnetic resonance imaging (fMRI), but also structural diffusion tensor imaging (DTI) provides interesting insights into the biological foundation of human personality traits.

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PMID: 22609931 [PubMed - as supplied by publisher]

Related citations



33. Child Adolesc Psychiatry Ment Health. 2012 May 20;6(1):19. [Epub ahead of print]
[The mental health of preschoolers in a Norwegian population-based study when their parents have symptoms of borderline, antisocial, and narcissistic personality disorders: at the mercy of unpredictability.](#)

Berg-Nielsen TS, Wichstrom L.

Abstract

ABSTRACT:

BACKGROUND:

Clinical studies have shown that children of parents with mental health problems are most likely to develop psychiatric problems themselves when their parents have a Personality Disorder characterized by hostility. The Personality Disorders that appear most associated with hostility, with the potential to affect children, are Borderline Personality Disorder, Antisocial Personality Disorder and Narcissistic Personality Disorder. The question addressed in this study is whether the risk to children's mental health extends to the normal population of parents who have subclinical symptomlevels of these disorders.

METHODS:

This inquiry used data from a Trondheim, Norway community sample of 922 preschoolers and one parent for each child. The mean age of the children was 53 months (SD 2.1). Parents reported symptoms of Borderline, Antisocial and Narcissistic Personality Disorders on the DSM-IV ICD-10 Personality Questionnaire, and the children's symptoms of DSM-IV behavioral and emotional diagnoses were measured with the Preschool Age Psychiatric Assessment, a comprehensive interview. Multigroup Structural Equation Modeling was used to assess the effect of parents' symptoms on their preschoolers' behavioral and emotional problems.

RESULTS:

The analyses yielded strongly significant values for the effect of parents' Personality Disorder symptoms on child problems, explaining 13.2% of the variance of the children's behavioral symptoms and 2.9% of the variance of internalizing symptoms. Biological parents' cohabitation status, i.e., whether they were living together, emerged as a strong moderator on the associations between parental variables and child emotional symptoms; when parents were not cohabiting, the variance of the children's emotional problems explained by the parents' Personality Disorder symptoms increased from 2.9% to 19.1%.

CONCLUSIONS:

For the first time, it is documented that parents' self-reported symptoms of Borderline, Antisocial, and Narcissistic Personality Disorders at a predominantly subclinical level had a strong effect on their children's psychiatric symptoms, especially when the biological parents were not living together. Child service providers need to be aware of these specific symptoms of parental Personality Disorders, which may represent a possible risk to children.

Free Article

PMID: 22607915 [PubMed - as supplied by publisher]

Related citations



34. J Oral Rehabil. 2012 May 19. doi: 10.1111/j.1365-2842.2012.02313.x. [Epub ahead of print]
Risk factors for bruxism among Croatian navy employees.

Alajbeg IZ, Zuvela A, Tarle Z.

Source

Department of Prosthodontics, School of Dental Medicine, University of Zagreb, Zagreb
Naval Infirmary, Croatian Naval Base 'Lora', Split
Department of Endodontics and Restorative Dentistry, School of Dental Medicine, University of Zagreb, Zagreb, Croatia.

Abstract

Summary The aim of the study was to evaluate the relationship between bruxism, and sociodemographic parameters, symptoms of temporomandibular disorders (TMD), personality and war experience among Croatian navy employees. The sample included 1092 subjects, aged 20-60 years (mean age 37.06 ± 7.85). An individual's bruxism status was based on clinical oral examination and participants' report of bruxism. Subjects with bruxism index values ≥ 90th percentile were included in severe bruxism group (n = 111), and those with scores below 90th percentile were labelled as negligible bruxism group (n = 981). No differences were found in gender distribution between the two groups. The proportion of military personnel presenting with bruxism is double the proportion of administrative employees with bruxism. A total of 23.34% subjects in negligible bruxism group and 48.65% in severe bruxism group participated in the war. Subjects in severe bruxism group presented more TMD-related signs and symptoms than those in negligible bruxism group. Higher prevalence of neuroticism and psychoticism was found in severe bruxism group. According to logistic regression, the probability of severe bruxism was significantly associated with marital status [Odds ratio (OR) 6.859, 95% confidence interval (CI) 3.869-12.158 P < 0.001], neuroticism (OR 2.842, 95% CI 1.434-5.632 P = 0.003), psychoticism (OR 2.618, 95% CI 1.193-5.746 P = 0.016), military duty (OR 1.828, 95% CI 1.013-3.298 P = 0.045) and masticatory muscles tenderness (OR 9.372, 95% CI 4.923-17.841 P < 0.001). Smokers had a 2.72-fold (95% CI 1.706-4.335 P < 0.001) higher risk of bruxism than non-smokers. Subjects who participated in war were more represented in severe bruxism group. Further studies, including other potential risk factors, are required to clarify these relationships.

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PMID: 22607116 [PubMed - as supplied by publisher]

Related citations



35. Psychiatry Res. 2012 May 15. [Epub ahead of print]

Examination of the trait facets of the five-factor model in discriminating specific mood and anxiety disorders.

Rector NA, Bagby RM, Huta V, Ayearst LE.

Source

Sunnybrook Research Institute, Sunnybrook Health Sciences Centre, Toronto, Ontario, Canada; Department of Psychiatry, University of Toronto, Ontario, Canada.

Abstract

Structural models of the mood and anxiety disorders postulate that each disorder has a shared component that can account for comorbidity and its own unique component that distinguishes it from others. The principal aim of the current study was to determine the

extent to which the 30 facets of the Five-Factor Model (FFM), as measured by the Revised NEO Personality Inventory (NEO PI-R), contribute to the identification of the unique component in mood and anxiety disorders in treatment-seeking clinical samples. Participants (N=610) were psychiatric outpatients with principal DSM-IV (Diagnostic and Statistical Manual-IV; American Psychiatric Association, 1994) diagnoses of major depressive disorder (MDD), post-traumatic stress disorder (PTSD), generalized social phobia (GSP), panic disorder with/without agoraphobia (PD; PD/A) or obsessive-compulsive disorder (OCD). Results suggest that approximately half of the variance in differences between these diagnoses is associated with specific characteristics represented by the FFM facets. Unique personality profiles for the MDD, GSP, PTSD and to a lesser extent, OCD groups emerged. Broad traits of the FFM, when broken into more narrow components at the facet level, contribute significantly to the identification of unique aspects associated with specific mood and anxiety disorders. The integration of lower and higher levels of structural examination of the mood and anxiety disorders is discussed.

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PMID: 22595418 [PubMed - as supplied by publisher]

Related citations



36. Nord J Psychiatry. 2012 May 18. [Epub ahead of print]

[The role of mental health, personality disorders and childhood adversities in relation to life satisfaction in a sample of general population.](#)

Rissanen T, Viinamäki H, Lehto SM, Hintikka J, Honkalampi K, Saharinen T, Koivumaa-Honkanen H.

Source

Department of Psychiatry , Kuopio University Hospital, Kuopio, Finland; Department of Psychiatry, Päijät-Häme Central Hospital, Lahti , Finland.

Abstract

Background: Mental health disorders are one of the leading causes of the disease burden globally. Aim: The aim of this population-based study was to investigate the relationship between life satisfaction and mental health by taking into account its less studied areas, such as personality disorders and childhood adversities. Methods: The sample of this cross-sectional study was derived from a population-based Kuopio Depression Study performed in Eastern Finland. Health questionnaires were mailed in 1998, 1999, 2001 and 2005 including questions on several clinical factors. Questions on childhood home were asked in 1999. The inclusion criteria for the final study sample in 2005 were based on previously repeatedly (1998, 1999, 2001) reported life satisfaction, depression or alexithymic features (with/without). Psychiatric diagnoses of major depressive disorder and personality disorder were confirmed by structured clinical interview I and II for DSM-IV in 2005. Logistic regression analyses were performed to assess the studied relationships. Results: In general,

the broad spectrum of poor mental health indicators was associated with concurrent life dissatisfaction. After multiple adjustments, major depressive disorder (MDD), hopelessness and mental distress remained independent correlates of life dissatisfaction, while personality disorder or self-reported childhood adversities lost their significance when these other factors were included in the model. Conclusions: Mental health is closely interwoven with life satisfaction. Even if personality disorder and childhood adversities were significant correlates of life dissatisfaction, adverse concurrent mental symptoms and features and MDD were its strongest correlates.

PMID: 22594856 [PubMed - as supplied by publisher]

Related citations



37. J Pers Assess. 2012 May 17. [Epub ahead of print]

[Grandiose and Vulnerable Narcissism and the DSM-5 Pathological Personality Trait Model.](#)

Miller JD, Gentile B, Wilson L, Campbell WK.

Source

a Department of Psychology , University of Georgia.

Abstract

The Diagnostic and Statistical Manual of Personality Disorders (4th ed., American Psychiatric Association, 2000) personality disorders (PDs) that will be included in the DSM-5 will be diagnosed in an entirely different manner; the explicit criterion sets will be replaced with impairments in self and interpersonal functioning and personality traits from a 25-trait dimensional model of personality pathology. From a trait perspective, narcissistic personality disorder (NPD), the focus of this study, is assessed using 2 specific traits: grandiosity and attention seeking. Using a sample collected online from Amazon's Mechanical Turk (MTurk; N = 306), we examined the relations among traits from a new measure of DSM-5's trait model-the Personality Inventory for DSM-5 (PID5; Krueger, Derringer, Markon, Watson, & Skodol, in press)-and grandiose and vulnerable narcissism. The 25 traits from PID5 captured a significant portion of the variance in grandiose and vulnerable factors, although the 2 specific facets designated for the assessment of NPD fared substantially better in the assessment of grandiose rather than vulnerable narcissism. These results are discussed in the context of improving the DSM-5's ability to capture both narcissism dimensions.

PMID: 22594764 [PubMed - as supplied by publisher]

Related citations



38. J Sex Med. 2012 May 17. doi: 10.1111/j.1743-6109.2012.02764.x. [Epub ahead of print]

[Clinical Outcomes of a New Self-Help Booklet for Premature Ejaculation.](#)

Kempeneers P, Andrianne R, Bauwens S, Georis I, Pairoux JF, Blairy S.

Source

Department of Public Health Sciences, University of Liege, Liege, Belgium Alexians' Hospital, Henri-Chapelle, Belgium BibliothEP Project, Liege, Belgium Department of Urology, University of Liege, Liege, Belgium Specialized Hospital Center, Liernex, Belgium Department of Psychology: Cognition and Behavior, University of Liege, Belgium.

Abstract

Introduction. Premature ejaculation (PE) is quite common. Although effective treatments do exist, only a few affected people consult a practitioner in order to overcome their problem. At the same time, studies have shown that reading didactical documents about their PE problem (bibliotherapy) can be useful to men. **Aim.** The aim of this study was to improve the bibliotherapy approach using up-to-date knowledge and techniques. The expected benefits were the following: (i) an effective manual shorter than previous ones; (ii) easier to assimilate therapeutic principles; and (iii) a method thereby made accessible to a broad population most of whom usually do not consult for this type of sexual problem. **Method.** A short bibliotherapy titled *The Practical Guide of PE* [in French] was tested among PE subjects who were diagnosed with PE according to Diagnostic and Statistical Manual of Mental Disorders, fourth edition, text revision criteria. Assessments were made at baseline (N = 421), at 4-8 months (N = 120), and at 10-14 months (N = 79) after they read *The Practical Guide*. A control group of 66 subjects was left on a waiting list and was assessed 2 months after baseline. **Main Outcome Measures.** The main outcome measures are self-reported ejaculatory latency time, feeling of control upon ejaculation, sexual satisfaction, distress related to PE, anxiety experienced during sexual intercourse, and sexual cognitions (Sexual Irrationality Questionnaire). **Results.** Significant improvements were found for all the self-reported parameters, both at 4-8 and at 10-14 months after the bibliotherapy. The improvements were associated with an adjustment of sexual cognitions. The response to treatment seemed better for those subjects with moderate PE. Although the severity criteria used in this study did not precisely meet the International Society for Sexual Medicine criteria for lifelong PE, they were likely related. The response did not seem to be affected by variables such as age, education, or personality. **Conclusion.** Its cost/benefit ratio makes *The Practical Guide* a valuable therapeutic tool. Kempeneers P, Andrienne R, Bauwens S, Georis I, Pairoux J-F, and Blairy S. Clinical outcomes of a new self-help booklet for premature ejaculation. *J Sex Med* **:*:*:*_*_*_*.

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PMID: 22594373 [PubMed - as supplied by publisher]

Related citations



39. Autism. 2012 May 15. [Epub ahead of print]

[Social Anxiety Mediates the Effect of Autism Spectrum Disorder Characteristics on Hostility in Young Adults.](#)

White SW, Kreiser NL, Pugliese C, Scarpa A.

Source

Virginia Tech, USA.

Abstract

Problems with social anxiety are frequently reported in people with autism spectrum disorders (ASD). It is possible that social anxiety, when present, exacerbates the experience of hostility and other forms of aggression in relation to ASD symptoms. This study sought to determine if social anxiety symptoms mediate the relationship between features of ASD and feelings of hostility in young adults. Self-report measures of social anxiety, ASD, and facets of aggression were collected in a non-clinical sample (n = 618) of college students. Social anxiety was found to partially mediate the relationship between ASD features and self-reported hostility. There was also evidence for inconsistent mediation, such that social anxiety dampened the strength of the relationship between ASD symptoms and verbal and physical aggression. Findings highlight the potential influence of associated psychiatric symptoms in people with ASD. In addition, dimensional conceptualization of ASD symptoms, as opposed to a categorical approach solely, may be a useful approach to studying complex personality processes.

PMID: 22589452 [PubMed - as supplied by publisher]

Related citations



40. Assessment. 2012 May 14. [Epub ahead of print]

[An Interpersonal Analysis of Pathological Personality Traits in DSM-5.](#)

Wright AG, Pincus AL, Hopwood CJ, Thomas KM, Markon KE, Krueger RF.

Abstract

The proposed changes to the personality disorder section of the Diagnostic and Statistical Manual of Mental Disorders (5th ed.) places an increased focus on interpersonal impairment as one of the defining features of personality psychopathology. In addition, a proposed trait model has been offered to provide a means of capturing phenotypic variation on the expression of personality disorder. In this study, the authors subject the proposed DSM-5 traits to interpersonal analysis using the Inventory of Interpersonal Problems-Circumplex scales via the structural summary method for circumplex data. DSM-5 traits were consistently associated with generalized interpersonal dysfunction suggesting that they are maladaptive in nature, the majority of traits demonstrated discriminant validity with prototypical and differentiated interpersonal problem profiles, and conformed well to a priori hypothesized associations. These results are discussed in the context of the DSM-5 proposal and contemporary interpersonal theory, with a particular focus on potential areas for expansion of the DSM-5 trait model.

PMID: 22589411 [PubMed - as supplied by publisher]

Related citations



41. Neuroimage. 2012 May 11. [Epub ahead of print]
5-HTTLPR status predictive of neocortical 5-HT(4) binding assessed with [(11)C]SB207145 PET in humans.

Fisher PM, Holst KK, Mc Mahon B, Haahr MH, Madsen K, Gillings N, Baaré WF, Jensen PS, Knudsen GM.

Source

Center for Integrated Molecular Brain Imaging, Copenhagen University Hospital Rigshospitalet, 2100 Copenhagen O, Denmark; Neurobiology Research Unit, Copenhagen University Hospital Rigshospitalet, 2100 Copenhagen O, Denmark.

Abstract

Serotonin (5-HT) is a neuromodulator affecting myriad aspects of personality and behavior and has been implicated in the pathophysiology of affective disorders including depression and anxiety. The 5-HTTLPR is a common genetic polymorphism within the promoter region of the gene coding for the serotonin transporter such that the S allele is associated with reduced transcriptional efficacy compared to the L allele, potentially contributing to increased serotonin levels. In humans, this genetic variant has been linked to inter-individual variability in risk for affective disorders, related aspects of personality and brain function including response to threat. However, its effects on aspects of serotonin signaling in humans are not fully understood. Studies in animals suggest that the 5-HT₄ receptor (5-HT(4)) shows a monotonic inverse association with long-term changes in serotonin levels indicating that it may be a useful measure for identifying differences in serotonergic neurotransmission. In 47 healthy adults we evaluated the association between 5-HTTLPR status and in vivo 5-HT(4) receptor binding assessed with [(11)C]SB207145 positron emission tomography (PET). We observed a significant association within the neocortex where [(11)C]SB207145 binding was 9% lower in S carriers compared to LL homozygotes. We did not find evidence for an effect of season or a season-by-5-HTTLPR interaction effect on regional [(11)C]SB207145 binding. Our findings are consistent with a model wherein the 5-HTTLPR S allele is associated with relatively increased serotonin levels. These findings provide novel evidence supporting an effect of 5-HTTLPR status on serotonergic neurotransmission in adult humans. There were no indications of seasonal effects on serotonergic neurotransmission.

Copyright © 2012. Published by Elsevier Inc.

PMID: 22584237 [PubMed - as supplied by publisher]

Related citations



42. J Pers. 2012 May 15. doi: 10.1111/j.1467-6494.2012.00794.x. [Epub ahead of print]
[Self-Other Knowledge Asymmetries in Personality Pathology.](#)

Carlson EN, Vazire S, Oltmanns TF.

[Source](#)

Washington University, St. Louis.

[Abstract](#)

Objective: Self-reports of personality provide valid information about personality disorders (PDs). However, informant-reports provide information about PDs that self-reports alone do not provide. The current paper examines if and when one perspective is more valid than the other in identifying PDs. Method: Using a representative sample of adults 55 to 65 year of age (N = 991; 45% males), we compared the validity of self- and informant- (e.g., spouse, family, or friend) reports of the FFM traits in predicting PD scores (i.e., composite of interviewer, self-, and informant-reports of PDs). Results: Self-reports (particularly of neuroticism) were more valid than informant-reports for most internalizing PDs (i.e., PDs defined by high neuroticism). Informant-reports (particularly of agreeableness and conscientiousness) were more valid than self-reports for externalizing and/or antagonistic PDs (i.e., PDs defined by low agreeableness, conscientiousness). Neither report was consistently more valid for thought disorder PDs (i.e., PDs defined by low extraversion). However, informant-reports (particularly of agreeableness) were more valid than self-reports for PDs that were both internalizing and externalizing (i.e., PDs defined by high neuroticism and low agreeableness). Conclusions: The intrapersonal and interpersonal manifestations of PDs differ, and these differences influence who knows more about pathology.

© 2012 The Authors. Journal of Personality © 2012, Wiley Periodicals, Inc.
PMID: 22583054 [PubMed - as supplied by publisher]

[Related citations](#)

43. Int J Soc Psychiatry. 2012 May 11. [Epub ahead of print]
[Suicide in the absence of mental disorder? A review of psychological autopsy studies across countries.](#)

Milner A, Svetlicic J, De Leo D.

[Source](#)

Australian Institute for Suicide Research and Prevention, Griffith University, Mt Gravatt, Australia.

Abstract

BACKGROUND:

: While numerous past reviews of psychological autopsy (PA) studies have examined the relationship between mental disorder and suicide, there has been little systematic investigation of suicide occurring in the absence of any identifiable psychiatric condition.

AIM:

: This article reviews available literature on the topic by considering Axis I, sub-threshold, mild disorders and personality disorders.

METHOD:

: We conducted a systematic review of PA studies from 2000 onwards. Studies included in the review had to clearly describe the proportion of suicide cases without a classifiable mental disorder or sub-threshold condition.

RESULTS:

: Up to 66.7% of suicide cases remained without diagnosis in those studies that only examined Axis I disorders (n = 14). Approximately 37.1% of suicide cases had no psychiatric condition in research papers that assessed personality and Axis I disorders (n = 9), and 37% of suicides had no Axis I, sub-threshold/mild conditions (n = 6). In general, areas in China and India had a higher proportion of suicides without a diagnosis than studies based in Europe, North America or Canada.

CONCLUSION:

: Variation in the proportion of suicide cases without a psychiatric condition may reflect cultural specificities in the conceptualization and diagnosis of mental disorder, as well as methodological and design-related differences between studies.

PMID: 22582346 [PubMed - as supplied by publisher]

Related citations



44. Am J Psychiatry. 2012 May 11. doi: 10.1176/appi.ajp.2012.11111627. [Epub ahead of print] Cortical Thinning in Psychopathy.

Ly M, Motzkin JC, Philippi CL, Kirk GR, Newman JP, Kiehl KA, Koenigs M.

Abstract

OBJECTIVE:

Psychopathy is a personality disorder associated with severely antisocial behavior and a host of cognitive and affective deficits. The neuropathological basis of the disorder has not been clearly established. Cortical thickness is a sensitive measure of brain structure that has been used to identify neurobiological abnormalities in a number of psychiatric disorders. The authors assessed cortical thickness and corresponding functional connectivity in psychopathic prison inmates.

METHOD:

Using T1 MRI data, the authors computed cortical thickness maps in a sample of adult male prison inmates selected on the basis of psychopathy diagnosis (21 psychopathic inmates and 31 nonpsychopathic inmates). Using resting-state functional MRI data from a subset of these inmates (20 psychopathic inmates and 20 nonpsychopathic inmates), the authors then computed functional connectivity within networks exhibiting significant thinning among psychopaths.

RESULTS:

Relative to nonpsychopaths, psychopaths had significantly thinner cortex in a number of regions, including the left insula and dorsal anterior cingulate cortex, the left and right precentral gyri, the left and right anterior temporal cortices, and the right inferior frontal gyrus. These neurostructural differences were not due to differences in age, IQ, or substance use. Psychopaths also exhibited a corresponding reduction in functional connectivity between the left insula and the left dorsal anterior cingulate cortex.

CONCLUSIONS:

Psychopathy is associated with a distinct pattern of cortical thinning and reduced functional connectivity.

PMID: 22581200 [PubMed - as supplied by publisher]

Related citations



45. J Gambler Stud. 2012 May 12. [Epub ahead of print]
Professional and Pathological Gamblers: Similarities and Differences.

Weinstock J, Massura CE, Petry NM.

Source

Department of Psychology, Saint Louis University, Shannon Hall, Room 208, 3511 Laclede Avenue, St. Louis, MO, USA, jweinsto@slu.edu.

Abstract

Although much recent research has focused on the gambling practices and psychosocial functioning of pathological gamblers, few investigations have examined the characteristics of professional gamblers. The current project sought to address this gap in the literature by conducting a quantitative comparison of professional and pathological gamblers. Pathological gamblers were recruited and balanced with professional gamblers on demographic variables and preferred gambling activity. A total of 22 professional gamblers and 13 pathological gamblers completed an extensive self-report battery including instruments assessing demographics, gambling behaviors and problems, other psychiatric disorders, current psychosocial functioning, recent stressful events, personality characteristics, and intelligence. Pathological and professional gamblers reported similar rates of gambling frequency and intensity and types of games played. Pathological gamblers endorsed poor psychosocial functioning, whereas professional gamblers reported a rate of psychiatric distress within a normative range. Pathological gamblers also reported lower gambling self-efficacy, greater impulsivity, and more past-year DSM-IV Axis I disorders than professional gamblers. The results of the present study shed light on the unique circumstances of professional gamblers, as well as underscore important differences between such individuals and pathological gamblers that could prove fruitful in future research and intervention and prevention efforts.

PMID: 22581197 [PubMed - as supplied by publisher]

Related citations



46. Alcohol. 2012 May 11. [Epub ahead of print]

Levels of aggressiveness are higher among alcohol-related suicides: Results from a psychological autopsy study.

Chachamovich E, Ding Y, Turecki G.

Source

McGill Group for Suicide Studies, Department of Psychiatry, McGill University, 6875 LaSalle Blvd, Montreal, Quebec, Canada H4H 1R3.

Abstract

Suicide is one of the major causes of deaths worldwide. Several studies have showed that alcohol use disorders (AUD) are associated with suicide ideation, suicide attempts, and suicide completion. The majority of the theoretical conceptualization and the bulk of

evidence on suicidal behavior and AUD are based on investigations of nonfatal cases because data on nonfatal suicidal behaviors are more readily available. This study aims to explore demographic, clinical, and behavioral dimensions in a large sample of alcohol-related suicides compared to an age-gender matched sample of non-AUD suicides to identify specific factors associated with AUD suicides. We conducted a psychological autopsy study with 158 pairs of AUD and non-AUD suicides. Findings showed that AUD suicides have lower educational level, more biological children and were more likely to be heavy smokers (OR=3.32). Cases were more likely to have family history of alcohol (OR=1.73) and drug abuse (OR=3.61). Subjects had similar prevalences of depressive disorders, anxiety disorders or psychotic disorders. AUD suicides were more likely to meet criteria for current cocaine abuse/dependence (OR=6.64). With respect to personality disorders, AUD suicides presented higher prevalence of Antisocial Personality Disorder (OR=4.68), and were less likely to meet criteria for Avoidant (OR=0.26) and Obsessive-Compulsive Personality Disorders (OR=0.35). Impulsivity scores were higher in AUD suicides ($p=0.18$), as well as aggression scores ($p<0.001$). Results from the conditional logistic regression models showed that cocaine abuse/dependence (OR=4.20) and Antisocial Personality Disorder (OR=6.24) were associated with AUD suicide. After controlling for impulsive-aggressive behaviors, levels of aggression were the only psychopathological feature statistically different between AUD and non-AUD suicides (OR=1.28). In conclusion, higher levels of aggressive behaviors are a specific characteristic of AUD suicides. Apart from substance-related diagnoses, AUD and non-AUD suicides have comparable Axis I psychiatric diagnoses and familial transmission of suicidal behavior.

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PMID: 22579734 [PubMed - as supplied by publisher]

Related citations



47. Biol Psychiatry. 2012 May 12. [Epub ahead of print]
[Understanding Interpersonal Function in Psychiatric Illness Through Multiplayer Economic Games.](#)

King-Casas B, Chiu PH.

Source

Virginia Tech Carilion Research Institute, Roanoke, Virginia; Department of Psychiatry, Virginia Tech Carilion School of Medicine, Roanoke, Virginia; Department of Psychology, Virginia Tech, Blacksburg, Virginia; Virginia Tech-Wake Forest School of Biomedical Engineering and Sciences, Blacksburg, Virginia; Research Service Line, Salem Veterans Affairs Medical Center, Salem, Virginia.

Abstract

Interpersonal factors play significant roles in the onset, maintenance, and remission of psychiatric conditions. In the current major diagnostic classification systems for psychiatric

disorders, some conditions are defined by the presence of impairments in social interaction or maintaining interpersonal relationships; these include autism, social phobia, and the personality disorders. Other psychopathologies confer significant difficulties in the social domain, including major depression, posttraumatic stress disorder, and psychotic disorders. Still other mental health conditions, including substance abuse and eating disorders, seem to be exacerbated or triggered in part by the influence of social peers. For each of these and other psychiatric conditions, the extent and quality of social support is a strong determinant of outcome such that high social support predicts symptom improvement and remission. Despite the central role of interpersonal factors in psychiatric illness, the neurobiology of social impairments remains largely unexplored, in part due to difficulties eliciting and quantifying interpersonal processes in a parametric manner. Recent advances in functional neuroimaging, combined with multiplayer exchange games drawn from behavioral economics, and computational/quantitative approaches more generally, provide a fitting paradigm within which to study interpersonal function and dysfunction in psychiatric conditions. In this review, we outline the importance of interpersonal factors in psychiatric illness and discuss ways in which neuroeconomics provides a tractable framework within which to examine the neurobiology of social dysfunction.

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PMID: 22579510 [PubMed - as supplied by publisher]

[Related citations](#)



48. Arch Gen Psychiatry. 2012 May 7. [Epub ahead of print]

[The Antisocial Brain: Psychopathy Matters: A Structural MRI Investigation of Antisocial Male Violent Offenders.](#)

[Gregory S, Ffytche D, Simmons A, Kumari V, Howard M, Hodgins S, Blackwood N.](#)

[Source](#)

Hodgins, and Blackwood), Clinical Neuroscience (Dr ffitche), Neuroimaging (Drs Simmons and Howard), and Psychology (Dr Kumari), Institute of Psychiatry, King's College London, and The North London Forensic Service (Dr Blackwood), London, England; and Département de Psychiatrie, Université de Montréal, Montréal, Canada (Dr Hodgins).

[Abstract](#)

[CONTEXT:](#)

The population of men who display persistent antisocial and violent behavior is heterogeneous. Callous-unemotional traits in childhood and psychopathic traits in adulthood characterize a distinct subgroup.

OBJECTIVE:

To identify structural gray matter (GM) differences between persistent violent offenders who meet criteria for antisocial personality disorder and the syndrome of psychopathy (ASPD+P) and those meeting criteria only for ASPD (ASPD-P).

DESIGN:

Cross-sectional case-control structural magnetic resonance imaging study.

SETTING:

Inner-city probation services and neuroimaging research unit in London, England.

PARTICIPANTS:

Sixty-six men, including 17 violent offenders with ASPD+P, 27 violent offenders with ASPD-P, and 22 healthy nonoffenders participated in the study. Forensic clinicians assessed participants using the Structured Clinical Interview for DSM-IV and the Psychopathy Checklist-Revised.

MAIN OUTCOME MEASURES:

Gray matter volumes as assessed by structural magnetic resonance imaging and volumetric voxel-based morphometry analyses.

RESULTS:

Offenders with ASPD+P displayed significantly reduced GM volumes bilaterally in the anterior rostral prefrontal cortex (Brodmann area 10) and temporal poles (Brodmann area 20/38) relative to offenders with ASPD-P and nonoffenders. These reductions were not attributable to substance use disorders. Offenders with ASPD-P exhibited GM volumes similar to the nonoffenders.

CONCLUSIONS:

Reduced GM volume within areas implicated in empathic processing, moral reasoning, and processing of prosocial emotions such as guilt and embarrassment may contribute to the profound abnormalities of social behavior observed in psychopathy. Evidence of robust structural brain differences between persistently violent men with and without psychopathy adds to the evidence that psychopathy represents a distinct phenotype. This knowledge may facilitate research into the etiology of persistent violent behavior.

PMID: 22566562 [PubMed - as supplied by publisher]

Related citations

49. Mol Psychiatry. 2012 May 8. doi: 10.1038/mp.2012.42. [Epub ahead of print]
[Genetic variability of drug-metabolizing enzymes: the dual impact on psychiatric therapy and regulation of brain function.](#)

Stingl JC, Brockmüller J, Viviani R.

Source

Institute of Pharmacology of Natural Products and Clinical Pharmacology, University of Ulm, Ulm, Germany.

Abstract

Polymorphic drug-metabolizing enzymes (DMEs) are responsible for the metabolism of the majority of psychotropic drugs. By explaining a large portion of variability in individual drug metabolism, pharmacogenetics offers a diagnostic tool in the burgeoning era of personalized medicine. This review updates existing evidence on the influence of pharmacogenetic variants on drug exposure and discusses the rationale for genetic testing in the clinical context. Dose adjustments based on pharmacogenetic knowledge are the first step to translate pharmacogenetics into clinical practice. However, also clinical factors, such as the consequences on toxicity and therapeutic failure, must be considered to provide clinical recommendations and assess the cost-effectiveness of pharmacogenetic treatment strategies. DME polymorphisms are relevant not only for clinical pharmacology and practice but also for research in psychiatry and neuroscience. Several DMEs, above all the cytochrome P (CYP) enzymes, are expressed in the brain, where they may contribute to the local biochemical homeostasis. Of particular interest is the possibility of DMEs playing a physiological role through their action on endogenous substrates, which may underlie the reported associations between genetic polymorphisms and cognitive function, personality and vulnerability to mental disorders. Neuroimaging studies have recently presented evidence of an effect of the CYP2D6 polymorphism on basic brain function. This review summarizes evidence on the effect of DME polymorphisms on brain function that adds to the well-known effects of DME polymorphisms on pharmacokinetics in explaining the range of phenotypes that are relevant to psychiatric practice. *Molecular Psychiatry* advance online publication, 8 May 2012; doi:10.1038/mp.2012.42.

PMID: 22565785 [PubMed - as supplied by publisher]

Related citations



50. Psychol Med. 2012 May 8:1-10. [Epub ahead of print]
[Personality disorders, common mental disorders and receipt of disability benefits: evidence from the British National Survey of Psychiatric Morbidity.](#)

Knudsen AK, Skogen JC, Harvey SB, Stewart R, Hotopf M, Moran P.

Source

University of Bergen, Department of Health Promotion and Development, Faculty of Psychology, Bergen, Norway.

Abstract

BACKGROUND:

Common mental disorders (CMDs) are associated with occupational impairment and the receipt of disability benefits (DBs). Little is known about the relationship between personality disorders (PDs) and work disability, and whether the association between CMDs and work disability is affected by the presence of co-morbid PDs. The aim of this study was to examine the association between DB and individual categories of PDs, with special attention to the effect of co-morbid CMDs on this association. **Method** The association between DB and PD was examined using data from the 2000 British National Survey of Psychiatric Morbidity. Probable PD caseness was identified using the Structured Clinical Interview for DSM-IV Personality Disorders (SCID-II) screening questionnaire. The impact of CMDs, assessed with the revised version of the Clinical Interview Schedule (CIS-R), was examined as a covariate and in a stratified analysis of co-morbidity. Other covariates included sociodemographic factors, long-standing illnesses and substance use.

RESULTS:

Probable PD was associated with DB, with the strongest associations found for borderline, dependent and schizotypal PD. Antisocial PD was not associated with DB. The relationship between PD and DB was strongly modified by CMD, reducing the association from an odds ratio (OR) of 2.84 to 1.34 [95% confidence interval (CI) 1.00-1.79]. In the stratified analysis, co-morbid PD and CMD showed a stronger association with DB than PD without CMD but, when fully adjusted, this effect was not significantly different from the association between CMD without PD.

CONCLUSIONS:

Individuals screening positive for PD are more likely to experience severe occupational outcomes, especially in the presence of co-morbid CMD.

PMID: 22565011 [PubMed - as supplied by publisher]

Related citations



51. J Pers Disord. 2012 May 7. [Epub ahead of print]
Subtyping Borderline Personality Disorder by Suicidal Behavior.

Soloff PH, Chiappetta L.

Abstract

Course and outcome of Borderline Personality Disorder (BPD) are favorable for the vast majority of patients; however, up to 10% die by suicide. This discrepancy begs the question of whether there is a high lethality subtype in BPD, defined by recurrent suicidal behavior and increasing attempt lethality over time. In a prospective, longitudinal study, we sought predictors of high lethality among repeat attempters, and defined clinical subtypes by applying trajectory analysis to consecutive lethality scores. Criteria-defined subjects with BPD were assessed using standardized instruments and followed longitudinally. Suicidal behavior was assessed on the Columbia Suicide History, Lethality Rating Scale, and Suicide Intent Scale. Variables discriminating single and repeat attempters were entered into logistic regression models to define predictors of high and low lethality attempts. Trajectory analysis using three attempt and five attempt models identified discrete patterns of Lethality Rating Scale scores. A high lethality trajectory was associated with inpatient recruitment, and poor psychosocial function, a low lethality trajectory with greater Negativism, Substance Use Disorders, Histrionic and/or Narcissistic PD co-morbidity. Illness severity, older age, and poor psychosocial function are characteristics of a poor prognosis subtype related to suicidal behavior.

PMID: 22564220 [PubMed - as supplied by publisher]

Related citations



52. J Pers Disord. 2012 May 7. [Epub ahead of print]

[Genetic and Environmental Contributions to the Co-Occurrence of Depressive Personality Disorder and DSM-IV Personality Disorders.](#)

Orstavik RE, Kendler KS, Røysamb E, Czajkowski N, Tambs K, Reichborn-Kjennerud T.

Abstract

One of the main controversies with regard to depressive personality disorder (DPD) concerns the co-occurrence with the established DSM-IV personality disorders (PDs). The main aim of this study was to examine to what extent DPD and the DSM-IV PDs share genetic and environmental risk factors, using multivariate twin modeling. The DSM-IV Structured Interview for Personality was applied to 2,794 young adult twins. Paranoid PD from Cluster A, borderline PD from Cluster B, and all three PDs from Cluster C were independently and significantly associated with DPD in multiple regression analysis. The genetic correlations between DPD and the other PDs were strong (.53-.83), while the environmental correlations were moderate (.36-.40). Close to 50% of the total variance in DPD was disorder specific. However, only 5% was due to disorder-specific genetic factors, indicating that a substantial part of the genetic vulnerability to DPD also increases the vulnerability to other PDs.

PMID: 22564219 [PubMed - as supplied by publisher]

Related citations

53. Psychol Addict Behav. 2012 May 7. [Epub ahead of print]
Substance-Related Disorders Among Juvenile Offenders: What Role Do Psychopathic Traits Play?

Kimonis ER, Tatar JR, Cauffman E.

Abstract

Substance use disorders are associated with psychopathy, a personality disorder that is heterogeneous in both adults and youth; secondary variants of psychopathy with comorbid psychopathology and primary variants without comorbidity show distinct correlates and outcomes. In adult criminal populations, secondary variants report greater substance abuse compared with primary variants. The primary aim of this study is to replicate and extend these findings to a juvenile offender population. Compared with primary variants of juvenile psychopathy, secondary variants (a) reported significantly more frequent substance use—particularly alcohol—within the 6 months prior to incarceration ($d = .43$), (b) were almost twice as likely to abuse substances while incarcerated, and (c) were more likely to be diagnosed with a current Diagnostic and Statistical Manual of Mental Disorders (4th ed., text rev.; DSM-IV; American Psychiatric Association, 2000) substance use disorder. Practical implications for working with justice-involved youth are discussed. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22564205 [PubMed - as supplied by publisher]

Related citations

54. J Abnorm Psychol. 2012 May 7. [Epub ahead of print]
Personality and Changes in Comorbidity Patterns Among Anxiety and Depressive Disorders.

Spinhoven P, de Rooij M, Heiser W, Smit JH, Penninx BW.

Abstract

This prospective study examined the prognostic value of the Big Five personality model for changes in comorbidity patterns of emotional disorders both from a person- and trait-centered perspective. Moreover, it is investigated whether the predictive effect of personality can be attributed to symptom severity at baseline. We followed a cohort of 2566 persons (18-65 years) recruited in primary and specialized mental health care during two years.

Personality dimensions at baseline were assessed with the NEO-FFI. The Diagnostic and Statistical Manual of Mental Disorders (4th ed.)-based diagnostic interviews with the CIDI allowed assessment of changes in comorbidity patterns of anxiety and depressive disorders over two years. Data were analyzed with latent class analysis (LCA) and latent transition analysis (LTA). LCA identified a four-class latent comorbidity class solution (Few Disorders, Fear Disorders, Distress Disorders, and Comorbid Fear and Distress Disorders) and a five-class latent personality class solution (High Resilients, Medium Resilients, Low Overcontrollers, Medium Overcontrollers, and High Overcontrollers). LTA showed that the

likelihood of remaining in the same latent class was larger than that of transitioning to a less severe comorbidity class. Also, after correcting for symptom severity, medium and high Overcontrollers as well as participants with lower levels of conscientiousness were less likely to transition to a less severe comorbidity class. In particular, the individual trait of conscientiousness may be less dependent on current levels of anxiety and depressive symptoms and be a key pathoplastic or even predisposing variable in anxiety and depression and needs more theoretical and empirical study. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22564181 [PubMed - as supplied by publisher]

Related citations

55. Psychol Serv. 2012 May 7. [Epub ahead of print]

[Psychotherapy Utilization for Acute Depression Within the Veterans Affairs Health Care System.](#)

[Burnett-Zeigler IE](#), [Pfeiffer P](#), [Zivin K](#), [Glass JE](#), [Ilgen MA](#), [Flynn HA](#), [Austin K](#), [Chermack ST](#).

Abstract

This study examined the demographic characteristics and psychiatric comorbidities associated with the receipt of psychotherapy. The sample included 217,816 VA patients with a new depression diagnosis. Multinomial logistic regression analyses examined the relationships between the independent variables and the initiation of individual, group, or both individual and group psychotherapy within 90 days of a new diagnosis. Eighteen percent of VA patients received some form of psychotherapy. Veterans received a greater mean number of group therapy than individual therapy visits. Veterans who were female, younger than 35, unmarried, and with substance use, anxiety, or personality disorders were more likely to receive individual therapy only. Veterans who were male, 35-49 years old, Black, Other, or Hispanic, and with substance-use or anxiety disorders were more likely to receive group therapy only than no psychotherapy. Veterans who were male, 35-49 years old, Black, or Other race and with substance-use or anxiety disorders were more likely to receive both individual and group psychotherapy. Increased efforts are needed to encourage early initiation of psychotherapy treatment among depressed veterans. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22564035 [PubMed - as supplied by publisher]

Related citations

56. Compr Psychiatry. 2012 May 3. [Epub ahead of print]

[Differential diagnosis of bipolar affective disorder type II and borderline personality disorder: analysis of the affective dimension.](#)

[Renaud S](#), [Corbalan F](#), [Beaulieu S](#).

Abstract

BACKGROUND:

Differential diagnosis between bipolar affective disorder type II and borderline personality disorder can be problematic yet a priority for effective treatment planning. Diagnosis is problematic when symptoms do not present enough intensity or duration to clear the issue but also when there is a relative overlap of criteria between both disorders. If for many patients, the diagnosis is more easily differentiated, confounding conditions are found in 20% of cases for which it becomes a significant issue.

METHOD:

A research with the key words affective instability, borderline personality disorder, and bipolar disorder on Medline and Psych-Info was done. Other references were found through this review in related articles. Comparison of data about the affective dimensions concerning bipolar disorder and borderline personality disorder was noted.

RESULTS:

Affective instability is a confounding factor: quality and intensity of affects, speed of fluctuations, affective response to social stress, and its modulation are core elements of affective instability that need to be analyzed to clarify a proper diagnosis.

LIMITATIONS:

There is further necessity for research about affective instability in the 2 diagnoses.

CONCLUSIONS:

Making a valid differential diagnosis has an important clinical value in order for the clinician to plan proper treatment. Analysis of the affective experience and its qualitative and quantitative facets can help establish it.

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PMID: 22560773 [PubMed - as supplied by publisher]

Related citations



57. Int J Law Psychiatry. 2012 May 4. [Epub ahead of print]
DBT in an outpatient forensic setting.

van den Bosch LM, Hysaj M, Jacobs P.

Source

Centre for Personality Disorders Jelgersma, Oegstgeest, The Netherlands.

Abstract

Literature shows that effective treatment of borderline personality disorder (BPD) has become possible. However, borderline patients in forensic psychiatry do not seem to benefit from this development. In forensic psychiatry, prevention of criminal recidivism is the main focus of treatment, not core borderline problems like parasuicidal and self-destructive behavior. A dialectical behavioral treatment program for BPD was implemented in an outpatient forensic clinic in The Netherlands. Sociodemographic, clinical, and treatment data were collected from ten male, and nineteen female forensic BPD patients, and compared with corresponding data from fifty-eight non-forensic BPD patients. The results show that it is possible to implement dialectical behavior therapy in an outpatient forensic clinic. The data indicate that the exclusion of forensic patients, and especially female forensic patients, from evidence-based treatment is unjustified given the highly comparable clinical and etiological characteristics they share with female BPD patients from general mental health settings.

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PMID: 22560672 [PubMed - as supplied by publisher]

Related citations



58. Int J Law Psychiatry. 2012 May 4. [Epub ahead of print]

[An assessment of personality disorders with the Five-Factor Model among Belgian inmates.](#)

Thiry B.

Abstract

Many international studies report a high prevalence of personality disorders among inmates on the basis of (semi)-structured diagnostic interviews. The present study proposes a self-reported evaluation of personality disorders using the NEO PI-R. The sample consists of 244 male and 18 female inmates (N=262) who were psychologically assessed. The analysis of the five psychological domains shows that the French-speaking Belgian inmates are as stable, as extroverted, more closed, more agreeable and more conscientious than the normative sample. The NEO PI-R facets are also analyzed. The mean Cohen's d (.26) is small. Two personality disorders have medium effect sizes: obsessive compulsive personality disorder (high) and histrionic personality (low). Small effect sizes exist for antisocial personality (low), psychopathy (low), narcissistic personality (low), schizoid personality (high) and borderline personality (low). In our view, the context of the

assessment can partially explain these results but not entirely. The results do not confirm previous studies and question the high rates of psychiatric prevalence in prison.

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PMID: 22560670 [PubMed - as supplied by publisher]

Related citations



59. J Behav Ther Exp Psychiatry. 2012 Jun;43(2):711-5. Epub 2011 Oct 24.

Recall of false memories in individuals scoring high in schizotypy: memory distortions are scale specific.

Saunders J, Randell J, Reed P.

Source

Department of Psychology, Swansea University, Singleton Park, Swansea, Wales SA2 8PP, UK. j.saunders@swan.ac.uk

Abstract

BACKGROUND AND OBJECTIVES:

Previous research has indicated abnormal semantic activation in individuals scoring higher in schizotypy. In the current experiment, semantic activation was examined by using the Deese-Roediger-McDermott paradigm of false memories.

METHODS:

Participants were assessed for schizotypy using the Oxford-Liverpool Inventory of Feelings (OLIFE). Participants studied lists of semantically related words in which a critical and highly associated word was absent. Participants then recalled the list.

RESULTS:

Participants high in Unusual Experiences and Cognitive Disorganization recalled more critical non-presented words, weakly related studied words, and fewer studied words than participants who scored low on these measures.

LIMITATIONS:

Previous research using the cognitive-perceptual factor of the Schizotypy Personality Questionnaire found reduced false memories, while the Unusual Experiences subscale of the OLIFE was associated with more false memories. Both scales cover similar unusual perceptual experiences and it is unclear why they led to divergent results.

CONCLUSIONS:

The findings suggest that subtypes of schizotypy are associated with abnormal semantic activation.

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PMID: 22080868 [PubMed - indexed for MEDLINE]

Related citations



Items 1 - 37 of 37

1. PLoS One. 2012;7(6):e39687. Epub 2012 Jun 22.

Change mechanisms of schema-centered group psychotherapy with personality disorder patients.

Tschacher W, Zorn P, Ramseyer F.

Source

Department of Psychotherapy, University Hospital of Psychiatry, Bern, Switzerland.

Abstract

BACKGROUND:

This study addressed the temporal properties of personality disorders and their treatment by schema-centered group psychotherapy. It investigated the change mechanisms of psychotherapy using a novel method by which psychotherapy can be modeled explicitly in the temporal domain.

METHODOLOGY AND FINDINGS:

69 patients were assigned to a specific schema-centered behavioral group psychotherapy, 26 to social skills training as a control condition. The largest diagnostic subgroups were narcissistic and borderline personality disorder. Both treatments offered 30 group sessions of 100 min duration each, at a frequency of two sessions per week. Therapy process was described by components resulting from principal component analysis of patients' session-reports that were obtained after each session. These patient-assessed components were Clarification, Bond, Rejection, and Emotional Activation. The statistical approach focused on time-lagged associations of components using time-series panel analysis. This method provided a detailed quantitative representation of therapy process. It was found that Clarification played a core role in schema-centered psychotherapy, reducing rejection and

regulating the emotion of patients. This was also a change mechanism linked to therapy outcome.

CONCLUSIONS/SIGNIFICANCE:

The introduced process-oriented methodology allowed to highlight the mechanisms by which psychotherapeutic treatment became effective. Additionally, process models depicted the actual patterns that differentiated specific diagnostic subgroups. Time-series analysis explores Granger causality, a non-experimental approximation of causality based on temporal sequences. This methodology, resting upon naturalistic data, can explicate mechanisms of action in psychotherapy research and illustrate the temporal patterns underlying personality disorders.

PMCID: PMC3382158

PMID: 22745811 [PubMed - in process]

Related citations



2. Curr Opin Psychiatry. 2012 Jun 28. [Epub ahead of print]
Medical comorbidity of cluster B personality disorders.

Douzenis A, Tsopeles C, Tzeferakos G.

Source

aAthens University Medical School, 2nd Psychiatry Department bPsychiatric Hospital of Attica cAthens University Medical School, 2nd Psychiatry Department.

Abstract

PURPOSE OF REVIEW:

Cluster B personality disorders are associated with behaviour and lifestyle that cause significant problems not only for the personality disordered individual but for society as well. Despite the fact that cluster B personality disorders have attracted a lot of research interest recently, their association with medical (physical health) problems is less studied, though it is anticipated that personality is clinically important and influences the outcome of somatic disease illnesses.

RECENT FINDINGS:

Cluster B personality disorders are associated with Axis I psychiatric disorders such as addiction that have serious and life-threatening physical comorbidity. Lifestyle and health behaviours associated with cluster B personality disorders lead to medical problems and enhance preexisting physical problems. Furthermore, personality traits associated with cluster

B personality disorders disrupt both medical treatment and follow-up, influencing negatively life expectancy and quality of life.

SUMMARY:

It is imperative that clinicians of all medical specialties are aware of the influence personality disorders and certain personality traits such as impulsivity can have on the outcome of the illness. Further research on the interaction between personality disorders and medical illness is needed.

PMID: 22744403 [PubMed - as supplied by publisher]

Related citations



3. Drug Alcohol Depend. 2012 Jun 26. [Epub ahead of print]
Drug use patterns in young adulthood and post-college employment.

Arria AM, Garnier-Dykstra LM, Cook ET, Caldeira KM, Vincent KB, Baron RA, O'Grady KE.

Source

University of Maryland, School of Public Health, Center on Young Adult Health and Development, Department of Family Science, United States; Treatment Research Institute, Philadelphia, PA, United States.

Abstract

BACKGROUND:

The relationship between serious drug involvement and risk for unemployment is well recognized, but few studies have prospectively examined this relationship among college students. This study used longitudinal data to examine the association between drug use patterns during college and the likelihood of employment post-college, holding constant sociodemographic variables and personality characteristics. Second, we estimate the prevalence of alcohol and other drug use disorders among employed individuals.

METHODS:

Data were derived from the College Life Study. Participants entered college as traditional students and were assessed annually for six years, regardless of continued college attendance. Analyses were restricted to 620 individuals no longer enrolled in school by Year 6.

RESULTS:

Using multinomial regression modeling, persistent drug users (i.e., used illicit drugs (other than marijuana) and/or nonmedical prescription drugs every year they were assessed during

the first four years of study) were significantly more likely than non-users to be unemployed vs. employed full-time post-college. Persistent drug users and infrequent marijuana users were also more likely than non-users to be unemployed vs. employed part-time. In Year 6, 13.2% of individuals employed full-time and 23.7% of individuals employed part-time met DSM-IV criteria for drug abuse or dependence during the past year.

CONCLUSIONS:

If confirmed, the results of this study suggest that persistent drug use among academically achieving young adults might increase risk for post-college unemployment. More research is needed to understand the processes underlying this association. Further attention should be directed at managing substance use problems among recent college graduates who have secured employment.

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PMID: 22743161 [PubMed - as supplied by publisher]

Related citations



4. Early Interv Psychiatry. 2012 Jun 28. doi: 10.1111/j.1751-7893.2012.00372.x. [Epub ahead of print]

[Managing risks of violence in a youth mental health service: a service model description.](#)

Purcell R, Fraser R, Greenwood-Smith C, Baksheev GN, McCarthy J, Reid D, Lemphers A, Sullivan DH.

Source

Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne Orygen Youth Health Clinical Program, Melbourne Health Victorian Institute of Forensic Mental Health (Forensicare) Centre for Forensic Behavioural Science, Monash University, Melbourne, Victoria, Australia Sussex Partnership NHS Foundation Trust, Horsham, UK.

Abstract

Aim: There is a significant relationship between experiencing a severe mental illness, particularly psychosis, and exhibiting violent or offending behaviour. Reducing, if not preventing, the risks of violence among patients of mental health services is clinically warranted, but models to address this are limited. **Methods:** We provide a rationale for, and service description of, a pilot forensic satellite clinic embedded within an early intervention service for patients with emerging psychosis, mood disorder and/or personality disorders. The core elements of the programme and its implementation are described, and demographic, clinical and risk data are presented for the patients assessed during the clinic's pilot phase. **Results:** A total of 54 patients were referred, 45 of whom were subsequently assessed via primary or secondary consultation. The majority of patients were male, with psychosis (40%)

or major depressive disorder (31%) as the most common diagnoses. Illicit substance use in the sample was common, as was previous aggression (81%) and prior criminal offences (51%). Most referrals related to assessing and managing violent behaviour (64%) and violent/homicidal ideation (38%). On the basis of the risk assessments, 71% of patients were rated as medium to high risk of offending. Conclusion: Assessing and managing risks of violent offending among young patients are both clinically indicated for a proportion of patients and feasible via a forensic outreach model. Given the proliferation of early psychosis services worldwide, the issue of managing, and ideally preventing, patient risk of violence will almost certainly have wide application. However, a comprehensive evaluation of this model is required to ultimately determine the effectiveness of this approach for improving patient outcomes.

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PMID: 22741948 [PubMed - as supplied by publisher]

Related citations



5. Front Psychol. 2012;3:197. Epub 2012 Jun 25.

[Social Cognition in Williams Syndrome: Relations between Performance on the Social Attribution Task and Cognitive and Behavioral Characteristics.](#)

van der Fluit F, Gaffrey MS, Klein-Tasman BP.

Source

Child Neurodevelopment Research Lab, Department of Psychology, University of Wisconsin-Milwaukee Milwaukee, WI, USA.

Abstract

Williams syndrome (WS) is a developmental disorder of genetic origin, with characteristic cognitive and personality profiles. Studies of WS point to an outgoing and gregarious personality style, often contrasted with autism spectrum disorders; however, recent research has uncovered underlying social reciprocity difficulties in people with WS. Social information processing difficulties that underlie these social reciprocity difficulties have been sparsely examined. Participants in the current study included 24 children with WS ages 8 through 15. A lab-based measure of social perception and social cognition was administered (Social Attribution Test), as well as an intellectual functioning measure (KBIT-II) and parent reports of communication and reciprocal social skills (Social Communication Questionnaire, Social Responsiveness Scale). Relations between social cognition, cognitive abilities, and social-communication were examined. Results demonstrated relations between parent-reported social reciprocity and the typicality of the responses provided in the lab-based measure, even once variability in intellectual functioning was taken into account. Specifically, those individuals who produced narratives in response to the social attribution task (SAT) that were more similar to those described in previous studies of typically developing individuals were also reported to have fewer social reciprocity difficulties in the real world setting as reported

by parents. In addition, a significant improvement in performance on the SAT was seen with added scaffolding, particularly for participants with stronger intellectual functioning. These findings indicate that difficulties interpreting the social dynamics between others in ambiguous situations may contribute to the social relationship difficulties observed in people with WS, above and beyond the role of intellectual functioning. Exploratory analyses indicated that performance by individuals with stronger intellectual functioning is improved with additional structure to a greater degree than for those with weaker intellectual functioning. Interventions that specifically target these social information processing of individuals with WS would likely be beneficial.

PMCID: PMC3382409 **Free Article**

PMID: 22737137 [PubMed - in process]

Related citations



6. J Abnorm Psychol. 2012 Jun 25. [Epub ahead of print]

[An Empirical Examination of Distributional Assumptions Underlying the Relationship Between Personality Disorder Symptoms and Personality Traits.](#)

Wright AG, Pincus AL, Lenzenweger MF.

Abstract

This article examines the relationship between personality disorder (PD) symptoms and personality traits using a variety of distributional assumptions. Prior work in this area relies almost exclusively on linear models that treat PD symptoms as normally distributed and continuous. However, these assumptions rarely hold, and thus the results of prior studies are potentially biased. Here we explore the effect of varying the distributions underlying regression models relating PD symptomatology to personality traits using the initial wave of the Longitudinal Study of Personality Disorders (N = 250; Lenzenweger, 1999), a university-based sample selected to include PD rates resembling epidemiological samples. PD symptoms were regressed on personality traits. The distributions underlying the dependent variable (i.e., PD symptoms) were variously modeled as normally distributed, as counts (Poisson, Negative-Binomial), and with two-part mixture distributions (zero-inflated, hurdle). We found that treating symptoms as normally distributed resulted in violations of model assumptions, that the negative-binomial and hurdle models were empirically equivalent, but that the coefficients achieving significance often differ depending on which part of the mixture distributions are being predicted (i.e., presence vs. severity of PD). Results have implications for how the relationship between normal and abnormal personality is understood. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22732004 [PubMed - as supplied by publisher]

Related citations

7. J Clin Psychol. 2012 Jun 21. doi: 10.1002/jclp.21895. [Epub ahead of print]

Narcissistic Pathology as Core Personality Dysfunction: Comparing the DSM-IV and the DSM-5 Proposal for Narcissistic Personality Disorder.

Morey LC, Stagner BH.

Source

Texas A&M University.

Abstract

Narcissistic personality disorder and related concepts have a complex history and have been subject to extensive theoretical discourse but relatively little empirical research. An initial proposal for the Diagnostic and Statistical Manual of Mental Disorders Fifth Edition (DSM-5) that suggested eliminating this disorder as a discrete personality disorder type met with considerable controversy that ultimately led to its reinstatement in subsequent proposals. Nonetheless, the DSM-5 proposal for personality disorders as a whole would involve a significantly different formulation of narcissistic personality from that described in DSM-IV-one that places a greater emphasis on shared deficits among all personality disorders that tap elements thought to fall on the narcissistic spectrum, such as deficits in empathic capacity. This article describes this revised formulation, and presents a case study that illustrates the similarities and differences in the DSM-IV and proposed DSM-5 portrayal of narcissistic issues and related clinical problems over the course of a particular treatment.

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PMID: 22730037 [PubMed - as supplied by publisher]

Related citations



8. J Clin Psychol. 2012 Jun 21. doi: 10.1002/jclp.21896. [Epub ahead of print]
[Metacognitive Interpersonal Therapy for Narcissistic Personality Disorder and Associated Perfectionism.](#)

Dimaggio G, Attinà G.

Source

Center for Metacognitive Interpersonal Therapy, Rome.

Abstract

Treating narcissistic personality disorder (NPD) successfully is possible but requires a thorough understanding of the pathology and appropriate clinical procedures. Perfectionism is one prominent feature often associated with narcissistic difficulties. Metacognitive Interpersonal Therapy (MIT) for NPD adopts manualized step-by-step procedures aimed at progressively dismantling narcissistic processes by first stimulating an autobiographical mode

of thinking and then improving access to inner states and awareness of dysfunctional patterns. Finally, adaptive patterns of thinking, feeling, and acting are promoted, together with a sense of autonomy and agency and a reduction of perfectionistic regulatory strategies. Throughout, there needs to be constant attention to regulation of the therapy relationship to avoid ruptures and maximize cooperation. We describe here a successful case of MIT applied to a man in his early 20's with narcissism, perfectionism, and significant co-occurrence of Axis I and Axis II disorders.

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PMID: 22729358 [PubMed - as supplied by publisher]

Related citations



9. J Psychiatr Ment Health Nurs. 2012 Jun 21. doi: 10.1111/j.1365-2850.2012.01943.x. [Epub ahead of print]

[Borderline personality disorder: clinicians' accounts of good practice.](#)

Bowen M.

Source

Senior Lecturer in Mental Health, Faculty of Health and Social Care, University of Chester, Chester, UK.

Abstract

ACCESSIBLE SUMMARY: • There is little research into experiences of good practice by clinicians working with people with a diagnosis of borderline personality disorders. • Clinicians report compassionate and 'realistic' attitude towards the service users. • Clinic approach is consistent with a recovery-focused model. **ABSTRACT:** People with a diagnosis of borderline personality disorder are relatively high users of inpatient and community services. There is concern, however, that mental health nurses feel negative about working with this group of people, are often socially distancing and feel under-skilled. The purpose of this research was to explore the experiences of good practice among mental health professionals working in a service that provided specialist treatment for this group of service users. The research was undertaken through semi-structured interviews and identified four key themes: shared decision making, social roles, peer support and open communication. These themes are discussed in the context of research in this field, the need for recovery-focused services, and through drawing on the Winnicottian notions of disillusionment and mirroring as key developmental processes.

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PMID: 22727023 [PubMed - as supplied by publisher]

Related citations

10. Child Adolesc Psychiatry Ment Health. 2012 Jun 22;6(1):25. [Epub ahead of print]
Mood disorder with mixed, psychotic features due to vitamin b12 deficiency in an adolescent: case report.

Tufan AE, Bilici R, Usta G, Erdo 287 An A.

Abstract

ABSTRACT: Vitamin B12 is one of the essential vitamins affecting various systems of the body. Reports of psychiatric disorders due to its deficiency mostly focus on middle aged and elderly patients. Here we report a case of vitamin B 12 deficiency in a 16-year old, male adolescent who presented with mixed mood disorder symptoms with psychotic features. Chief complaints were "irritability, regressive behavior, apathy, crying and truancy" which lasted for a year. Premorbid personality was unremarkable with no substance use/exposure or infections. No stressors were present. The patient was not vegetarian. Past medical history and family history was normal. Neurological examination revealed glossitis, ataxia, rigidity in both shoulders, cog-wheel rigidity in the left elbow, bilateral problems of coordination in cerebellar examination, reduced swinging of the arms and masked face. Romberg's sign was present. Laboratory evaluations were normal. Endoscopy and biopsy revealed atrophy of the gastric mucosa with Helicobacter Pylori colonization. Schilling test was suggestive of malabsorption. He was diagnosed with Mood disorder with Mixed, Psychotic Features due to Vitamin B12 Deficiency and risperidone 0.5 mg/day and intramuscular vitamin B12 500 mcg/day were started along with referral for treatment of Helicobacter pylori. A visit on the second week revealed no psychotic features. Romberg's sign was negative and cerebellar tests were normal. Extrapyrimal symptoms were reduced while Vitamin B12 levels were elevated. Risperidone was stopped and parenteral Vitamin B12 treatment was continued with monthly injections for 3 months. Follow-up endoscopy and biopsy at the first month demonstrated eradication of H. pylori. He was followed monthly for another 6 months and psychiatric symptoms did not recur at the time of last evaluation. Despite limitations, this case may underline the observation that mood disorders with psychotic features especially with accompanying extrapyramidal symptoms lacking a clear etiology may be rare manifestation of vitamin B12 and/or folate deficiency in children and adolescents and be potentially amenable to treatment.

Free Article

PMID: 22726236 [PubMed - as supplied by publisher]

Related citations



11. Mult Scler. 2012 Jun 21. [Epub ahead of print]
Reward responsiveness and fatigue in multiple sclerosis.

Pardini M, Capello E, Krueger F, Mancardi G, Uccelli A.

Source

1University of Genoa, Italy.

Abstract

Background: Fatigue is a common symptom in individuals with multiple sclerosis (MS). To date, the pathophysiology of fatigue in MS remains ill-understood; however, converging evidence seems to suggest that a key factor in fatigue development might be the dysregulation of neuropsychological processes underpinning the evaluation of the rewarding outcomes of actions. **Objectives:** To explore the relationship between reward-related cognition and fatigue in MS and to explore the usefulness of reward perception testing to predict the efficacy of monoamine-modulating drugs on fatigue. **Methods:** The study included 104 fatigued and 70 fatigue-free Relapsing-Remitting MS patients. All subjects were screened for the lack of any significant mood, cognitive, or personality disorders that could confound results. The different facets of the motivation system such as the patient's reward perception were assessed at baseline using the Behavioural Inhibition and Behavioural Activation Scales (BIS/BAS). Fatigue was assessed with the Modified Fatigue Impact Scale (MFIS). Fatigue values after three months of therapy with escitalopram or bupropion were correlated with those baseline BIS/BAS scores. **Results:** Fatigued patients demonstrated lower reward responsiveness compared to fatigue-free subjects. Reward responsiveness scores were found to be associated with baseline MFIS scores and with fatigue reduction after treatment with bupropion: Lower reward responsiveness at baseline predicted higher fatigue remission rates in bupropion-treated patients, as compared with escitalopram-treated patients. **Discussion:** Reward responsiveness was linked with MS-related fatigue and might represent one of its key cognitive underpinnings. Our results suggest that evaluation of reward responsiveness could provide useful information to guide individualized therapy of MS-related fatigue.

PMID: 22723570 [PubMed - as supplied by publisher]

Related citations



12. PLoS One. 2012;7(6):e38513. Epub 2012 Jun 12.

Oxytocin and vasopressin are dysregulated in williams syndrome, a genetic disorder affecting social behavior.

Dai L, Carter CS, Ying J, Bellugi U, Pournajafi-Nazarloo H, Korenberg JR.

Source

Center for Integrated Neuroscience and Human Behavior, and Department of Pediatrics, University of Utah, Salt Lake City, Utah, United States of America.

Abstract

The molecular and neural mechanisms regulating human social-emotional behaviors are fundamentally important but largely unknown; unraveling these requires a genetic systems neuroscience analysis of human models. Williams Syndrome (WS), a condition caused by deletion of ~28 genes, is associated with a gregarious personality, strong drive to approach strangers, difficult peer interactions, and attraction to music. WS provides a unique opportunity to identify endogenous human gene-behavior mechanisms. Social neuropeptides including oxytocin (OT) and arginine vasopressin (AVP) regulate reproductive and social behaviors in mammals, and we reasoned that these might mediate the features of WS. Here we established blood levels of OT and AVP in WS and controls at baseline, and at multiple timepoints following a positive emotional intervention (music), and a negative physical stressor (cold). We also related these levels to standardized indices of social behavior. Results revealed significantly higher median levels of OT in WS versus controls at baseline, with a less marked increase in AVP. Further, in WS, OT and AVP increased in response to music and to cold, with greater variability and an amplified peak release compared to controls. In WS, baseline OT but not AVP, was correlated positively with approach, but negatively with adaptive social behaviors. These results indicate that WS deleted genes perturb hypothalamic-pituitary release not only of OT but also of AVP, implicating more complex neuropeptide circuitry for WS features and providing evidence for their roles in endogenous regulation of human social behavior. The data suggest a possible biological basis for amygdalar involvement, for increased anxiety, and for the paradox of increased approach but poor social relationships in WS. They also offer insight for translating genetic and neuroendocrine knowledge into treatments for disorders of social behavior.

PMCID: PMC3373592 **Free Article**

PMID: 22719898 [PubMed - in process]

Related citations



13. Eur Eat Disord Rev. 2012 Jul;20(4):279-86. doi: 10.1002/erv.1151. Epub 2011 Aug 25. Subtyping children and adolescents who are overweight based on eating pathology and psychopathology.

Braet C, Beyers W, Goossens L, Verbeken S, Moens E.

Source

Department of Developmental, Personality and Social Psychology, Ghent University, Ghent, Belgium. caroline.braet@ugent.be.

Abstract

Children and adolescents who are overweight can differ on dimensions measuring dietary restraint and psychopathology. Classifying clinical obese children and adolescents based on these psychological characteristics is shown to be useful in making differential prognoses.

The present study aimed to research the validity of subtyping children and adolescents with overweight (N = 138) in a non-clinical sample. Using cluster analysis, results revealed three subtypes: a dietary restraint/internalizing group (DR + IN; n = 41), a pure internalizing group (IN; n = 20) and a non-symptomatic group (NS; n = 77). The DR + IN group outscored both other groups on measures of eating pathology, whereas the IN group outscored both other groups on measures of negative affect. Interestingly, the three groups did not differ on degree of overweight. The results seem to suggest that different psychological mechanisms can be observed in subgroups of young overweight adolescents. Further research should explore how individual psychological characteristics can be helpful when stipulating weight loss treatment programmes. Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2011 John Wiley & Sons, Ltd and Eating Disorders Association.
PMID: 22718489 [PubMed - in process]

Related citations



14. Behav Modif. 2012 Jun 20. [Epub ahead of print]
[Predictors of Treatment Response in Depressed Mothers Receiving In-Home Cognitive-Behavioral Therapy and Concurrent Home Visiting.](#)

Ammerman RT, Peugh JL, Putnam FW, Van Ginkel JB.

Abstract

Home visiting is a child abuse prevention strategy that seeks to optimize child development by providing mothers with support, training, and parenting information. Research has consistently found high rates of depression in mothers participating in home visiting programs and low levels of obtaining mental health treatment in the community. Successful treatment of depressed mothers in home visiting programs holds the potential to improve maternal and child outcomes. In-Home Cognitive-Behavioral Therapy (IH-CBT) is an adapted treatment for depressed mothers, which is provided alongside home visiting and seeks to optimize engagement and impact through delivery in the home setting; a focus on issues important to young, low-income mothers; and a strong collaborative relationship between therapists and home visitors. This study examined predictors of depression status at posttreatment in 60 mothers who received IH-CBT and concurrent home visiting. Variables considered included demographics, illness history, severity, and numbers of treatment sessions and home visits. Results indicated that young maternal age, fewer episodes of major depressive disorder, lower depression severity at pretreatment, lower levels of symptoms of personality disorders, and more treatment sessions and home visits predicted asymptomatic status at posttreatment.

PMID: 22718282 [PubMed - as supplied by publisher]

Related citations



15. J Affect Disord. 2012 Jun 18. [Epub ahead of print]

Schizotypy and genetic loading for schizophrenia impact upon neuropsychological status in bipolar II and unipolar major depressive disorders.

Hori H, Matsuo J, Teraishi T, Sasayama D, Kawamoto Y, Kinoshita Y, Hattori K, Hashikura M, Higuchi T, Kunugi H.

Source

Department of Mental Disorder Research, National Institute of Neuroscience, National Center of Neurology and Psychiatry, 4-1-1 Ogawahigashi, Kodaira, Tokyo 187-8502, Japan; CREST (Core Research of Evolutional Science & Technology), JST (Japan Science and Technology Agency), Tokyo 102-0075, Japan.

Abstract

BACKGROUND:

Growing evidence suggests that schizotypy and genetic loading for schizophrenia both represent risk for the development of schizophrenia. Although these conditions are known to be associated with neurocognitive impairments, such an association has not been studied in patients with bipolar II disorder (BPII) or unipolar major depressive disorder (UP).

METHODS:

Forty-one depressed patients with BPII, 131 patients with UP and demographically matched 225 healthy controls were recruited. Schizotypy was assessed by the Schizotypal Personality Questionnaire. Neuropsychological functioning was measured by the Wechsler Memory Scale-Revised, the Wechsler Adult Intelligence Scale-Revised and the Wisconsin Card Sorting Test.

RESULTS:

Mood disorder patients performed significantly worse than controls in verbal and visual memory, working memory and processing speed. BPII patients performed significantly more poorly than UP patients in verbal memory and executive functioning. Both BPII and UP patients demonstrated significantly greater schizotypal traits than controls. Schizotypy was significantly negatively correlated with verbal comprehension both in BPII and UP patients and with working memory and processing speed in healthy controls. Patients who had one or more first-degree relatives with schizophrenia performed significantly more poorly than the remaining patients in all cognitive domains.

LIMITATIONS:

Most of our patients were on psychotropic medication, and the sample of BPII patients was not very large.

CONCLUSIONS:

Liability for schizophrenia could play a pivotal role in neurocognitive functioning in mood disorders, suggesting that such liability might lie on a continuum ranging from normality through mood disorders to full-blown schizophrenia.

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PMID: 22717107 [PubMed - as supplied by publisher]

Related citations



16. Crim Behav Ment Health. 2012 Jul;22(3):210-7. doi: 10.1002/cbm.1835.

[A joint offender personality disorder pathway strategy: An outline summary.](#)

Joseph N, Benefield N.

Source

National Offender Management Service, UK.

Abstract

BACKGROUND AND PURPOSE: In 1999, the Home Office published a public consultation on the need for better management of offenders with severe personality disorders. The Dangerous and Severe Personality Disorder (DSPD) Programme was launched in 2001. Following a stocktake of the DSPD Programme in 2008, the Department of Health and the National Offender Management Service (NOMS) started the next phase of strategic development for the management of offenders with personality disorder. This paper presents the key features of the Coalition Government's strategy for offenders with personality disorders. **CONCLUSION:** This strategy offers a co-ordinated joint approach by both the National Health Service and the NOMS to the co-commissioning and development of pathway services. Copyright © 2012 John Wiley & Sons, Ltd.

Copyright © 2012 John Wiley & Sons, Ltd.

PMID: 22711617 [PubMed - in process]

Related citations



17. Crim Behav Ment Health. 2012 Jul;22(3):157-64. doi: 10.1002/cbm.1834.

[Editorial: Whither research on 'high-harm' offenders with personality disorders?](#)

Howard R, McMurran M.

Source

Institute of Mental Health, University of Nottingham, Nottingham, UK.
PMID: 22711612 [PubMed - in process]

Related citations



18. Psychiatr Serv. 2012 Jun 15. doi: 10.1176/appi.ps.201100405. [Epub ahead of print]
[Psychiatric Disorders and Treatment Among Newly Homeless Young Adults With Histories of Foster Care.](#)

Thompson RG, Hasin D.

Abstract

OBJECTIVE:

Although foster care placement is often preceded by stressful events such as child abuse, foster care itself often exposes children to additional severe stressors. A history of foster care, as well as the childhood abuse that often precedes it, is common among homeless young adults. This study examined whether a history of foster care was associated with psychiatric disorders, prior psychiatric counseling, prescription of psychiatric medications, and prior psychiatric hospitalization among newly homeless young adults.

METHODS:

A consecutive sample of 423 adults aged 18 to 21 years who sought emergency shelter for the first time between October 1, 2007, and February 29, 2008, were assessed at intake. Logistic regression analyses determined the associations between foster care and any psychiatric disorder (affective, anxiety, personality, and psychotic) and psychiatric treatment. The analyses adjusted for demographic characteristics, childhood abuse, substance use, prior arrest, unemployment, lack of high school diploma, and histories of psychiatric disorders and drug abuse among biological relatives.

RESULTS:

Homeless young adults with histories of foster care were 70% more likely than those without such histories to report any psychiatric disorder. They were more than twice as likely to have received mental health counseling for a psychiatric disorder, to have been prescribed psychiatric medication, and to have been hospitalized for psychiatric problems.

CONCLUSIONS:

Histories of foster care among homeless young adults should trigger screening for psychiatric disorders to aid in the provision of treatment (counseling, medication, and

hospitalization) tailored to the psychiatric needs of this highly vulnerable population. (Psychiatric Services in Advance, June 15, 2012; doi: 10.1176/appi.ps.201100405). PMID: 22706986 [PubMed - as supplied by publisher]

Related citations



19. *Depress Anxiety*. 2012 Jun 14. doi: 10.1002/da.21964. [Epub ahead of print]
MEDITATIVE THERAPIES FOR REDUCING ANXIETY: A SYSTEMATIC REVIEW AND META-ANALYSIS OF RANDOMIZED CONTROLLED TRIALS.

Chen KW, Berger CC, Manheimer E, Forde D, Magidson J, Dachman L, Lejuez CW.

Source

Center for Integrative Medicine, University of Maryland School of Medicine, Baltimore, Maryland; Center for Addictions, Personality & Emotion Research, Department of Psychology, University of Maryland College Park, College Park, Maryland.

Abstract

BACKGROUND:

Anxiety disorders are among the most common psychiatric disorders and meditative therapies are frequently sought by patients with anxiety as a complementary therapy. Although multiple reviews exist on the general health benefits of meditation, no review has focused on the efficacy of meditation for anxiety specifically.

METHODS:

Major medical databases were searched thoroughly with keywords related to various types of meditation and anxiety. Over 1,000 abstracts were screened, and 200+ full articles were reviewed. Only randomized controlled trials (RCTs) were included. The Boutron (Boutron et al., 2005: *J Clin Epidemiol* 58:1233-1240) checklist to evaluate a report of a nonpharmaceutical trial (CLEAR-NPT) was used to assess study quality; 90% of the authors were contacted for additional information. Review Manager 5 was used for meta-analysis.

RESULTS:

A total of 36 RCTs were included in the meta-analysis (2,466 observations). Most RCTs were conducted among patients with anxiety as a secondary concern. The study quality ranged from 0.3 to 1.0 on the 0.0-1.0 scale (mean = 0.72). Standardized mean difference (SMD) was -0.52 in comparison with waiting-list control ($p < .001$; 25 RCTs), -0.59 in comparison with attention control ($p < .001$; seven RCTs), and -0.27 in comparison with alternative treatments ($p < .01$; 10 RCTs). Twenty-five studies reported statistically superior outcomes in the meditation group compared to control. No adverse effects were reported.

CONCLUSIONS:

This review demonstrates some efficacy of meditative therapies in reducing anxiety symptoms, which has important clinical implications for applying meditative techniques in treating anxiety. However, most studies measured only improvement in anxiety symptoms, but not anxiety disorders as clinically diagnosed.

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PMID: 22700446 [PubMed - as supplied by publisher]

Related citations



20. J Gambl Stud. 2012 Jun 14. [Epub ahead of print]

Problem Gambling in Adolescents: An Examination of the Pathways Model.

Gupta R, Nower L, Derevensky JL, Blaszczynski A, Faregh N, Temcheff C.

Source

International Centre for Youth Gambling Problems and High-Risk Behaviors, McGill University, Montreal, QC, Canada, rina.gupta@mcgill.ca.

Abstract

This research tests the applicability of the Integrated Pathways Model for gambling to adolescent problem gamblers, utilizing a cross-sectional design and self-report questionnaires. Although the overall sample consisted of 1,133 adolescents (Quebec: n = 994, 87.7 %; Ontario: n = 139, 12.3 %; Male = 558, 49.5 %; Female = 569, 50.5 %), only problem gamblers were retained in testing the model (N = 109). Personality and clinical features were assessed using the Millon Adolescent Clinical Inventory, attention deficit hyperactivity (ADHD) using the Conners-Wells' Adolescent Self-Report Scale, and the DSM-IV-MR-J and Gambling Activities Questionnaire to determine gambling severity and reasons for gambling. Latent class analysis concluded 5 classes, yet still provided preliminary support for three distinct subgroups similar to those proposed by the Pathways Model, adding a depression only subtype, and a subtype of problem gamblers experiencing both internalizing and externalizing disorders. ADHD symptoms were found to be common to 4 of the 5 classes.

PMID: 22695971 [PubMed - as supplied by publisher]

Related citations



21. Am J Med Genet B Neuropsychiatr Genet. 2012 Jun 12. doi: 10.1002/ajmg.b.32070. [Epub ahead of print]

Defining genetically meaningful language and personality traits in relatives of individuals with fragile X syndrome and relatives of individuals with autism.

Losh M, Klusek J, Martin GE, Sideris J, Parlier M, Piven J.

Source

Roxelyn and Richard Pepper Department of Communication Sciences and Disorders, Northwestern University, Illinois. m-losh@northwestern.edu.

Abstract

Substantial phenotypic overlap exists between fragile X syndrome (FXS) and autism, suggesting that FMR1 (the gene causing FXS) poses a significant risk for autism. Cross-population comparisons of FXS and autism therefore offer a potentially valuable method for refining the range of phenotypes associated with variation in FMR1. This study adopted a broader phenotype approach, focusing on parents who are at increased genetic liability for autism or FXS. Women who were carriers of FMR1 in its premutation state were compared with mothers of individuals with autism, and controls in an attempt to determine whether subtle features of the broad autism phenotype may express at elevated rates among FMR1 premutation carriers. The principal personality and language features comprising the broad autism phenotype (i.e., rigid and aloof personality, and particular patterns of pragmatic language use) were assessed among 49 premutation carriers who were mothers of individuals with FXS, 89 mothers of individuals with autism, and 23 mothers of typically developing individuals. Relative to controls, the autism and premutation parent groups showed elevated rates of certain personality and language characteristics of the broad autism phenotype. Findings suggest partially overlapping personality and language profiles among autism and premutation parent groups, with rigid personality style and patterns of pragmatic language use emerging as features most clearly shared between groups. These results provide further evidence for the overlap of autism and FXS, and may implicate FMR1 in some of the subtle features comprising the broad autism phenotype. © 2012 Wiley Periodicals, Inc.

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PMID: 22693142 [PubMed - as supplied by publisher]

Related citations



22. J Trauma Stress. 2012 Jun;25(3):315-22. doi: 10.1002/jts.21706. Epub 2012 Jun 12. Correlates of posttraumatic stress disorder in forensic psychiatric outpatients in the Netherlands.

Henrichs J, Bogaerts S.

Source

International Victimology Institute, Tilburg University, Tilburg, The Netherlands.

Abstract

Using a sample of 154 Dutch forensic psychiatric outpatients aged 18-62 years, this study investigated whether risk factors of posttraumatic stress disorder (PTSD), mainly identified in nonforensic research, forensic psychiatric factors, and potential comorbid mental disorders were associated with PTSD. Data on demographics, victimization during childhood or adolescence, and forensic psychiatric factors were derived from electronic medical records. Mental disorders were assessed using structured psychiatric interviews and consensus diagnoses were established during weekly case consultations. The PTSD rate was 75% in the sample. Whereas the PTSD group was significantly more likely to be older, female, not Dutch, and to have a history of victimization, previously perpetrated family violence, and lower psychosocial and occupational functioning than the non-PTSD group, the latter group had significantly higher rates of psychiatric history, attention-deficit/hyperactivity disorder (ADHD), antisocial personality disorder, drug abuse, and previous repeated nonfamily violence perpetration. Effect sizes ranged from Nagelkerke $R(2) = .04$ for psychosocial and occupational functioning to Nagelkerke $R(2) = .70$ for ADHD. This study demonstrated differences between those with and without PTSD in demographic, victim, forensic, and psychological characteristics. Future studies should examine the complexity between early victimization, delinquency patterns, and psychopathology regarding the prediction of PTSD among forensic psychiatric outpatients.

Copyright © 2012 International Society for Traumatic Stress Studies.

PMID: 22692955 [PubMed - in process]

Related citations



23. Aust N Z J Psychiatry. 2012 Jun 11. [Epub ahead of print]

[Obsessive-compulsive personality disorder co-occurring with obsessive-compulsive disorder: Conceptual and clinical implications.](#)

Starcevic V, Berle D, Brakoulias V, Sammut P, Moses K, Milicevic D, Hannan A.

Source

University of Sydney, Sydney Medical School - Nepean, Discipline of Psychiatry, Sydney/Penrith, Australia.

Abstract

Objectives: There are ongoing uncertainties in the relationship between obsessive-compulsive disorder (OCD) and obsessive-compulsive personality disorder (OCPD). This

study aimed to test the proposition that OCPD may be a marker of severity of OCD by comparing groups of OCD individuals with and without OCPD on a number of variables. Method: A total of 148 adults with a principal diagnosis of OCD were administered the Mini International Neuropsychiatric Interview, Yale-Brown Obsessive-Compulsive Scale, Sheehan Disability Scale, Vancouver Obsessional Compulsive Inventory and Symptom Checklist 90-Revised. Participants with a DSM-IV diagnosis of OCPD were compared with those without OCPD. Results: Some 70 (47.3%) participants were diagnosed with OCPD. The groups of participants with and without OCPD did not differ significantly with respect to any of the demographic variables, clinician-rated severity of OCD, levels of disability and mean age of onset of OCD. All self-rated OCD symptom dimensions except for contamination and checking were significantly more prominent in participants with OCPD, as were all self-rated dimensions of psychopathology. Participants with OCPD had significantly more frequent hoarding compulsions and obsessions involving a need to collect and keep objects. Of Axis I disorders, only panic disorder was significantly more frequent in participants with OCPD than in those without OCPD. Conclusions: A high frequency of OCPD among individuals with OCD suggests a strong, although not necessarily a unique, relationship between the two conditions. This finding may also be a consequence of the blurring of the boundary between OCD and OCPD by postulating that hoarding and hoarding-like behaviours characterise both disorders. Results of this study do not support the notion that OCD with OCPD is a marker of clinician-rated severity of OCD. However, individuals with OCPD had more prominent OCD symptoms, they were more distressed and exhibited various other psychopathological phenomena more intensely, which is likely to complicate their treatment.

PMID: 22689335 [PubMed - as supplied by publisher]

Related citations



24. J Abnorm Psychol. 2012 Jun 11. [Epub ahead of print]

[Tests of a Direct Effect of Childhood Abuse on Adult Borderline Personality Disorder Traits: A Longitudinal Discordant Twin Design.](#)

Bornovalova MA, Huibregtse BM, Hicks BM, Keyes M, McGue M, Iacono W.

Abstract

We used a longitudinal twin design to examine the causal association between sexual, emotional, and physical abuse in childhood (before age 18) and borderline personality disorder (BPD) traits at age 24 using a discordant twin design and biometric modeling. Additionally, we examined the mediating and moderating effects of symptoms of childhood externalizing and internalizing disorders on the link between childhood abuse and BPD traits. Although childhood abuse, BPD traits, and internalizing and externalizing symptoms were all correlated, the discordant twin analyses and biometric modeling showed little to no evidence that was consistent with a causal effect of childhood abuse on BPD traits. Instead, our results indicate that the association between childhood abuse and BPD traits stems from common genetic influences that, in some cases, also overlap with internalizing and externalizing disorders. These findings are inconsistent with the widely held assumption that

childhood abuse causes BPD, and they suggest that BPD traits in adulthood are better accounted for by heritable vulnerabilities to internalizing and externalizing disorders. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22686871 [PubMed - as supplied by publisher]

Related citations

25. *J Abnorm Psychol.* 2012 Jun 11. [Epub ahead of print]
[Prodromal and Autistic Symptoms in Schizotypal Personality Disorder and 22q11.2 Deletion Syndrome.](#)

Esterberg ML, Ousley OY, Cubells JF, Walker EF.

Abstract

Despite clear diagnostic distinctions, schizophrenia and autism share symptoms on several dimensions. Recent research has suggested the two disorders overlap in etiology, particularly with respect to inherited and noninherited genetic factors. Studying the relationship between psychotic-like and autistic-like symptoms in risk groups such as 22q11 deletion syndrome (22q11DS) and schizotypal personality disorder (SPD) has the potential to shed light on such etiologic factors; thus, the current study examined prodromal symptoms and autistic features in samples of 22q11DS and SPD subjects using standardized diagnostic measures, including the Structured Interview for Prodromal Symptoms (SIPS) and the Autism Diagnostic Inventory-Revised (ADI-R). Results showed that SPD subjects manifested significantly more severe childhood and current social as well as stereotypic autistic features, as well as more severe positive prodromal symptoms. The two groups did not differ on negative, disorganized, or general prodromal symptoms, but were distinguishable based on correlations between prodromal and autistic features; the relationships between childhood autistic features and current prodromal symptoms were stronger for the SPD group. The results suggest that childhood autistic features are less continuous with subsequent prodromal signs in 22q11DS patients relative to those with SPD, and the findings highlight the importance of studying the overlap in diagnostic phenomenology in groups at risk for developing psychosis and/or autism. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22686870 [PubMed - as supplied by publisher]

Related citations

26. *Exp Clin Psychopharmacol.* 2012 Jun 11. [Epub ahead of print]
[Treatment for Comorbid Borderline Personality Disorder and Alcohol Use Disorders: A Review of the Evidence and Future Recommendations.](#)

Gianoli MO, Jane JS, O'Brien E, Ralevski E.

Abstract

There is a high degree of comorbidity between borderline personality disorder (BPD) and alcohol use disorders (AUDs). There is some evidence that this pattern of comorbidity may

be associated with poorer prognosis. Although there are many different psychotherapeutic and pharmacological treatments for BPD and AUDs when they occur alone, there are very few treatment options when they occur together. The objective of this article was to review the existing treatment options-both psychotherapeutic and pharmacological-for patients with dual diagnoses of BPD and AUDs and to explore alternative treatment options that warrant further study. There have been a number of studies that have examined the efficacy of specific psychotherapies targeting drinking among patients with comorbid BPD; however, their efficacy in reducing BPD symptoms is unknown. There are also three psychotherapies that were specifically developed for patients with BPD and substance use disorders (SUDs), but only one of these (Dynamic Deconstructive Psychotherapy) has been tested among patients with dual diagnoses of BPD and AUDs. Research on pharmacotherapy for dual diagnoses of BPD and AUD is scarce, and no study has yet explored medication options that can concurrently manage symptoms of BPD and decrease alcohol consumption. Interestingly, there is growing evidence that anticonvulsants and second generation antipsychotics, the recent medications of choice for the management of BPD symptoms, may also reduce alcohol craving and consumption. Although premature, these findings are encouraging especially for this population of patients for whom treatment options are very limited. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22686496 [PubMed - as supplied by publisher]

Related citations

27. Personal Disord. 2012 Jun 11. [Epub ahead of print]

[Psychopathy in Adolescent Offenders: An Item Response Theory Study of the Antisocial Process Screening Device-Self Report and the Psychopathy Checklist: Youth Version.](#)

Dillard CL, Salekin RT, Barker ED, Grimes RD.

Abstract

Few studies have examined the item functioning of youth psychopathy measures or compared the functioning of clinician and self-report based indices. Even fewer studies have made these comparisons in both male and female adolescent samples. The present study examined the applicability of items from two psychopathy measures, the Antisocial Process Screening Device (APSD; Frick, P. J., & Hare, R. D., 2001, *The Antisocial Process Screening Device*. Toronto, Ontario, Canada: Multi-Health Systems) and Psychopathy Checklist: Youth Version (PCL:YV; Forth, A. E., Kosson, D. S., & Hare, R. D., 2003, *The Psychopathy Checklist: Youth Version*. Toronto, Ontario, Canada: Multi-Health Systems), to adolescent boys and girls who had come into contact with the law. Item Response Theory was used to test item functioning of the two psychopathy indices. Examination of the Item Response Theory trace lines indicated that the APSD and the PCL:YV have both highly discriminating and poorly discriminating items and that the measures differ in the regions of psychopathy they cover. The PCL:YV is particularly effective at assessing interpersonal and affective features of psychopathy and to a lesser extent, lifestyle and antisocial features. The APSD appears to be effective at assessing narcissism and impulsivity but not callousness. In addition, the items most discriminating of the underlying construct of psychopathy for males and females demonstrate some important differences. These findings suggest that the

measures may tap different underlying elements of the same overlaying construct. This may account for modest correlations between the measures. The findings suggest that clinicians should be aware of the regions that each measure best taps and also suggest that continued refinement and revisions to the youth psychopathy measures may be required. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22686465 [PubMed - as supplied by publisher]

Related citations

28. Personal Disord. 2012 Jun 11. [Epub ahead of print]

[Borderline Personality Pathology and Chronic Health Problems in Later Adulthood: The Mediating Role of Obesity.](#)

Powers AD, Oltmanns TF.

Abstract

Borderline personality disorder (BPD) is associated with many negative physical health outcomes, including increased risk for serious chronic diseases such as diabetes, heart disease, and arthritis. BPD is also linked with obesity, a condition that is strongly related to many of the same physical health problems. Although research has shown that BPD is related to these physical conditions, there is limited evidence of whether body mass mediates the relation between BPD and serious physical health problems. The present study examined the associations among BPD features, body mass index (BMI), and six major physical health problems in an epidemiologically based sample (n = 1051) of Saint Louis residents, ages 55-64. Using interviewer-, self-, and informant-report of personality pathology, we found that BPD features were significantly related to reported presence of heart disease, arthritis, and obesity. BMI was also significantly related to heart disease and arthritis. Sobel mediation models showed that BMI fully mediated the relation between BPD features and arthritis. These results suggest that borderline pathology is an important risk factor for serious health problems in later adulthood. Obesity appears to be one pathway that leads to more health problems among individuals with BPD symptoms and may be a useful starting point when thinking about future intervention strategies. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22686464 [PubMed - as supplied by publisher]

Related citations

29. BMC Psychiatry. 2012 Jun 11;12(1):60. [Epub ahead of print]

[Tavistock Adult Depression Study \(TADS\): a randomised controlled trial of psychoanalytic psychotherapy for treatment-resistant/treatment-refractory forms of depression.](#)

Taylor D, Carlyle JA, McPherson S, Rost F, Thomas R, Fonagy P.

Abstract

ABSTRACT:

BACKGROUND:

Long-term forms of depression represent a significant mental health problem for which there is a lack of effective evidence-based treatment. This study aims to produce findings about the effectiveness of psychoanalytic psychotherapy in patients with treatment-resistant/treatment-refractory depression and to deepen the understanding of this complex form of depression.

METHODS:

INDEX GROUP: Patients with treatment resistant/treatment refractory depression.
DEFINITION &

INCLUSION CRITERIA:

Current major depressive disorder, 2 years history of depression, a minimum of two failed treatment attempts, [greater than or equal to]14 on the HRSD or [greater than or equal to]21 on the BDI, plus complex personality and/or psycho-social difficulties.

EXCLUSION CRITERIA:

Moderate or severe learning disability, psychotic illness, bipolar disorder, substance dependency or receipt of test intervention in the previous two years.

DESIGN:

Pragmatic, randomised controlled trial with qualitative and clinical components. TEST

INTERVENTION:

18 months of weekly psychoanalytic psychotherapy, manualised and fidelity-assessed using the Psychotherapy Process Q-Sort. CONTROL

CONDITION:

Treatment as usual, managed by the referring practitioner. RECRUITMENT: GP referrals from primary care. RCT

MAIN OUTCOME:

HRSD (with [less than or equal to]14 as remission). SECONDARY

OUTCOMES:

depression severity (BDI-II), degree of co-morbid disorders Axis-I and Axis-II (SCID-I and SCID-II-PQ), quality of life and functioning (GAF, CORE, Q-les-Q), object relations

(PROQ2a), Cost-effectiveness analysis (CSRI and GP medical records). FOLLOW-UP: 2 years. Plus: a). Qualitative study of participants' and therapists' problem formulation, experience of treatment and of participation in trial. (b) Narrative data from semi-structured pre/post psychodynamic interviews to produce prototypes of responders and non-responders. (c) Clinical case-studies of sub-types of TRD and of change.

DISCUSSION:

TRD needs complex, long-term intervention and extended research follow-up for the proper evaluation of treatment outcome. This pushes at the limits of the design of randomised therapeutic trials,. We discuss some of the consequent problems and suggest how they may be mitigated. Trial registration Current Controlled Trials ISRCTN40586372.

Free Article

PMID: 22686185 [PubMed - as supplied by publisher]

Related citations



30. Prog Neuropsychopharmacol Biol Psychiatry. 2012 Jun 6. [Epub ahead of print]

Epistatic interactions implicating dopaminergic genes in bulimia nervosa (BN): Relationships to eating- and personality-related psychopathology.

Thaler L, Groleau P, Badawi G, Sycz L, Zeramdini N, Too A, Israel M, Joober R, Bruce KR, Steiger H.

Source

Eating Disorders Program, Douglas University Institute, Montreal, Quebec, Canada; Psychiatry Department, McGill University, Montreal, Quebec, Canada; Research Centre, Douglas University Institute, Montreal, Quebec, Canada.

Abstract

We explored the influence of interactions between polymorphisms acting upon postsynaptic receptors (DRD2 TaqA1 rs1800497 and DRD4 7R) and dopamine regulators (COMT rs4680 and DAT1) on the expression of eating symptoms and personality traits in women with bulimia-spectrum eating disorders. We had 269 bulimic women provide blood for genetic assays, and measured eating-disorder symptoms and psychopathological traits using structured interviews and self-report questionnaires. We observed two epistatic interactions on symptom indices: interactions (in predicted directions) of DRD2 by DAT were seen on Body Mass Index ($p=.023$), and of DRD4 by COMT on self-harming behaviors ($p=.014$) - with genetic effects that would correspond to reduced dopamine transmission coinciding with more-pathological scores. Our findings suggest that genes acting in the dopamine system interact to influence both eating-related and personality psychopathology, with the result that lower levels of dopamine neuro-transmission correspond to increased

psychopathology and body mass in women with bulimia-spectrum disorders. We discuss the implications of our observations.

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PMID: 22683321 [PubMed - as supplied by publisher]

Related citations



31. Compr Psychiatry. 2012 Jun 6. [Epub ahead of print]
Neurocognitive deficits associated with shoplifting in young adults.

Grant JE, Chamberlain SR, Schreiber LR, Odlaug BL.

Source

Department of Psychiatry, University of Minnesota Medical Center, Minneapolis, MN 55454, USA.

Abstract

OBJECTIVES:

Shoplifting is a relatively common behavior in young adults, but the demographic and neuropsychological correlates of shoplifting remain poorly characterized in this context.

METHOD:

Non-treatment-seeking young adults (18-29 years) were recruited from the general community on the basis of having no Axis I disorders, no history of illicit substance use, and no history of conduct disorder or antisocial personality disorder. Participants were grouped according to presence or absence of shoplifting (at least 1 time over the past 12 months). Measures relating to impulsivity along with objective computerized neuropsychological measures were collected.

RESULTS:

Shoplifters ($n = 14$) and controls ($n = 95$) did not differ significantly in terms of salient demographic characteristics. Compared with controls, shoplifters endorsed higher impulsivity on the Barratt Impulsiveness Scale and Eysenck Impulsivity Questionnaire, gambled significantly more points on the Cambridge Gambling Task, and showed deficits on the hardest level of difficulty on the Spatial Working Memory task. Performance on executive planning, set-shifting, and response inhibition did not differ significantly between shoplifters and controls.

CONCLUSIONS:

This study identified significant cognitive deficits in those with past-year shoplifting behavior even in the absence of Axis I disorders and a history of illicit drugs or alcohol. These preliminary findings inform our understanding of the neurocognitive sequelae of shoplifting and its relationship with other impulse control problems, subclinical and clinical. Future work should use longitudinal designs to examine the temporal relationship between these deficits, shoplifting behavior, other impulsive behavior, and functional impairment.

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PMID: 22682681 [PubMed - as supplied by publisher]

Related citations



32. J Psychiatr Res. 2012 Jun 7. [Epub ahead of print]

[Can neuroimaging be used as a support to diagnosis of borderline personality disorder? An approach based on computational neuroanatomy and machine learning.](#)

Sato JR, de Araujo Filho GM, de Araujo TB, Bressan RA, de Oliveira PP, Jackowski AP.

Source

Universidade Federal do ABC, Santo André, Brazil; Laboratório Interdisciplinar de Neurociências Clínicas (LiNC), Universidade Federal de São Paulo, Brazil; Department of Psychiatry, Universidade Federal de São Paulo, Brazil; NIF-LIM44, Department of Radiology, Faculdade de Medicina da Universidade de São Paulo, Brazil.

Abstract

Several recent studies in literature have identified brain morphological alterations associated to Borderline Personality Disorder (BPD) patients. These findings are reported by studies based on voxel-based-morphometry analysis of structural MRI data, comparing mean gray-matter concentration between groups of BPD patients and healthy controls. On the other hand, mean differences between groups are not informative about the discriminative value of neuroimaging data to predict the group of individual subjects. In this paper, we go beyond mean differences analyses, and explore to what extent individual BPD patients can be differentiated from controls (25 subjects in each group), using a combination of automated-morphometric tools for regional cortical thickness/volumetric estimation and Support Vector Machine classifier. The approach included a feature selection step in order to identify the regions containing most discriminative information. The accuracy of this classifier was evaluated using the leave-one-subject-out procedure. The brain regions indicated as containing relevant information to discriminate groups were the orbitofrontal, rostral anterior cingulate, posterior cingulate, middle temporal cortices, among others. These areas, which are distinctively involved in emotional and affect regulation of BPD patients, were the most informative regions to achieve both sensitivity and specificity values of 80% in SVM

classification. The findings suggest that this new methodology can add clinical and potential diagnostic value to neuroimaging of psychiatric disorders.

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PMID: 22682675 [PubMed - as supplied by publisher]

[Related citations](#)



33. Brain Res Bull. 2012 Aug 1;88(5):406-17. Epub 2012 Jun 4.

[Reprint of: Effects of BDNF polymorphisms on brain function and behavior in health and disease.](#)

Hong CJ, Liou YJ, Tsai SJ.

[Source](#)

Department of Psychiatry, Taipei Veterans General Hospital, Taipei, Taiwan; School of Medicine, National Yang-Ming University, Taipei, Taiwan; Institute of Brain Science, National Yang-Ming University, Taipei, Taiwan.

[Abstract](#)

Brain-derived neurotrophic factor (BDNF), the most abundant neurotrophin in the brain, serves an important role during brain development and in synaptic plasticity. Given its pleiotropic effects in the central nervous system, BDNF has been implicated in cognitive function and personality development as well as the pathogenesis of various psychiatric disorders. Thus, BDNF is considered an attractive candidate gene for the study of healthy and diseased brain function and behaviors. Over the past decade, many studies have tested BDNF genetic association, particularly its functional Val66Met polymorphism, with psychiatric diseases, personality disorders, and cognitive function. Although many reports indicated a possible role for BDNF genetic effects in mental problems or brain function, other reports were unable to replicate the findings. The conflicting results in BDNF genetic studies may result from confounding factors such as age, gender, other environmental factors, sample size, ethnicity and phenotype assessment. Future studies with more homogenous populations, well-controlled confounding factors, and well-defined phenotypes are needed to clarify the BDNF genetic effects on mental diseases and human behaviors.

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PMID: 22677226 [PubMed - in process]

[Related citations](#)



34. Early Interv Psychiatry. 2012 Jun 5. doi: 10.1111/j.1751-7893.2012.00365.x. [Epub ahead of print]

Borderline personality features and development of psychosis in an 'Ultra High Risk' (UHR) population: a case control study.

Thompson A, Nelson B, Bechdolf A, Chanen AM, Domingues I, McDougall E, Yung AR.

Source

Orygen Youth Health Research Centre, Centre for Youth Mental Health, The University of Melbourne Orygen Youth Health, North Western Mental Health, Melbourne, Victoria, Australia Department of Psychiatry, University of Cologne, Cologne, Germany Department of Psychiatry, CARE Program, University of California, San Diego, California, USA.

Abstract

Aims: There is clinical uncertainty as to whether borderline personality disorder (BPD) traits in those with an 'at risk mental state' have an effect on the risk of 'transition' to psychosis. We aimed to investigate the relationship between baseline BPD features, risk of transition and type of psychotic disorder experienced. **Method:** This is a case-control study of 'Ultra High Risk' (UHR) for psychosis patients treated at the clinic, between 2004 and 2007. 'Cases' were UHR individuals who made the 'transition' to full threshold psychotic disorder within 24 months; 'Control' group was a matched UHR sample who had not developed a psychotic disorder at 24 months. Individuals were matched on time of entry to the clinic, age and gender. Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) BPD features were assessed from clinical assessments using a structured instrument (Structured Clinical Interview for DSM-IV Axis II Disorder for BPD (SCID-II BPD)). Psychosis diagnosis following transition was rated from the clinical files using the operational criteria in studies of psychotic illness (OPCRIT) computer algorithm. The number of BPD traits and number with full threshold BPD were compared in those who developed psychosis and those who did not. **Results:** We analysed data from 48 cases and 48 controls. There was no statistically significant difference in the rate of transition to psychosis for those with baseline full-threshold BPD, compared with those without BPD. The number of BPD traits or number with full threshold BPD did not differ by psychosis diagnosis grouping. **Conclusions:** Co-occurring BPD or BPD features does not appear to strongly influence the risk of short-term transition to psychosis or the risk of developing a non-affective psychotic disorder in this population.

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PMID: 22672502 [PubMed - as supplied by publisher]

Related citations



35. Mol Psychiatry. 2012 Jun 5. doi: 10.1038/mp.2012.56. [Epub ahead of print]
[Cortical thickness of superior frontal cortex predicts impulsiveness and perceptual reasoning in adolescence.](#)

Schilling C, Kühn S, Paus T, Romanowski A, Banaschewski T, Barbot A, Barker GJ, Brühl R, Büchel C, Conrod PJ, Dalley JW, Flor H, Ittermann B, Ivanov N, Mann K, Martinot JL, Nees F, Rietschel M, Robbins TW, Smolka MN, Ströhle A, Kathmann N, Garavan H, Heinz A, Schumann G, Gallinat J; the IMAGEN consortium (www.imagen-europe.com).

Source

1] Department of Psychiatry and Psychotherapy, Charité University Medicine Campus Mitte, Clinic for Psychiatry and Psychotherapy, Berlin, Germany [2] Department of Psychology, Humboldt-Universität zu Berlin, Berlin, Germany.

Abstract

Impulsiveness is a pivotal personality trait representing a core domain in all major personality inventories. Recently, impulsiveness has been identified as an important modulator of cognitive processing, particularly in tasks that require the processing of large amounts of information. Although brain imaging studies have implicated the prefrontal cortex to be a common underlying representation of impulsiveness and related cognitive functioning, to date a fine-grain and detailed morphometric analysis has not been carried out. On the basis of a high-resolution magnetic resonance scans acquired in 1620 healthy adolescents (IMAGEN), the individual cortical thickness (CT) was estimated. Correlations between Cloninger's impulsiveness and CT were studied in an entire cortex analysis. The cluster identified was tested for associations with performance in perceptual reasoning tasks of the Wechsler Intelligence Scale for Children (WISC IV). We observed a significant inverse correlation between trait impulsiveness and CT of the left superior frontal cortex (SFC; Monte Carlo Simulation $P < 0.01$). CT within this cluster correlated with perceptual reasoning scores (Bonferroni corrected) of the WISC IV. On the basis of a large sample of adolescents, we identified an extended area in the SFC as a correlate of impulsiveness, which appears to be in line with the trait character of this prominent personality facet. The association of SFC thickness with perceptual reasoning argues for a common neurobiological basis of personality and specific cognitive domains comprising attention, spatial reasoning and response selection. The results may facilitate the understanding of the role of impulsiveness in several psychiatric disorders associated with prefrontal dysfunctions and cognitive deficits. *Molecular Psychiatry* advance online publication, 5 June 2012; doi:10.1038/mp.2012.56.

PMID: 22665261 [PubMed - as supplied by publisher]

Related citations



36. *Mol Psychiatry*. 2012 Jun 5. doi: 10.1038/mp.2012.53. [Epub ahead of print]
The psychiatric vulnerability gene *CACNA1C* and its sex-specific relationship with personality traits, resilience factors and depressive symptoms in the general population.

Strohmaier J, Amelang M, Hothorn LA, Witt SH, Nieratschker V, Gerhard D, Meier S, Wüst S, Frank J, Loerbroks A, Rietschel M, Stürmer T, Schulze TG.

Source

Division of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Heidelberg, Germany.

Abstract

Genome-wide association studies have reported an association between the A-allele of rs1006737 within CACNA1C and affective disorders and schizophrenia. The aim of the present study was to investigate the relationship between rs1006737 and established and potential endophenotypes for these disorders in a population-based cohort of 3793 subjects, using an analytical method designed to assess a previously reported sex-specific effect of CACNA1C. The investigated endophenotypes included personality traits and resilience factors. At 10-year follow-up, subjects were screened for depressive symptoms. All subjects were genotyped for rs1006737. The direction of the effect and mode of inheritance of rs1006737 differed between the sexes. In men, the A-allele was associated with higher emotional lability and lower resilience, that is, lower sense of coherence ($P=0.021$), lower perceived social support ($P=0.018$), lower dispositional optimism ($P=0.032$) and more depressive symptoms at follow-up ($P=0.007$). In women, the A-allele was associated with lower emotional lability and stronger resilience, that is, higher sense of coherence ($P=0.00028$), higher perceived social support ($P=0.010$), lower neuroticism ($P=0.022$) and fewer depressive symptoms at follow-up ($P=0.035$). After conservative Bonferroni correction for 32 tests, results only remained significant for sense of coherence in women ($P=0.009$). These results suggest that CACNA1C is involved in the genetic architecture of endophenotypes for affective disorders and schizophrenia, and that it shows a distinct sex-specific effect. Comprehensive phenotype characterization in case-control samples and the general population, as well as an adequate modeling of sex-specific genetic effects, may be warranted to elucidate the pathogenetic mechanisms conferred by robustly identified susceptibility genes. *Molecular Psychiatry* advance online publication, 5 June 2012; doi:10.1038/mp.2012.53.

PMID: 22665259 [PubMed - as supplied by publisher]

Related citations



37. Qual Life Res. 2012 Jun 4. [Epub ahead of print]

Measurement of individualised quality of life amongst young people with indicated personality disorder during emerging adulthood using the SEIQoL-DW.

Farrand P, Woodford J.

Source

Mood Disorders Centre, Psychology, College of Life and Environmental Sciences, University of Exeter, Perry Road, Exeter, Devon, EX4 4QG, UK, p.a.farrand@exeter.ac.uk.

Abstract

PURPOSE:

To examine both the feasibility of applying the Schedule for the Evaluation of Individual Quality of Life-Direct Weighting procedure (SEIQoL-DW) as a routine outcome measure within an early intervention service for young people with indicated personality disorder and the overall quality of life (QoL) in this population.

METHODS:

SEIQoL-DW was administered alongside the Standardised Assessment of Personality-Abbreviated Scale-Self-Report (SAPAS-SR), Patient Health Questionnaire (PHQ-9), Generalised Anxiety Disorder Scale (GAD-7) and the Post-Traumatic Stress Disorder-Primary Care (PTSD-PC) as part of routine service evaluation over a 16-month period. Descriptive statistics were calculated for data reflecting use of the SEIQoL-DW alongside demographic and outcome variables.

RESULTS:

The SEIQoL-DW was administered to 52 young adults with indicated personality disorder, with 47 completing the measure, taking an average time of 27 min. Individual QoL was poor with a mean global index score of 55.07 (SD = 22.34). Individual QoL areas formed five main domains-'Aspects of Daily Living', 'Relationships', 'Social Life and Leisure', 'Family' and 'Emotional and Physical Wellbeing'.

CONCLUSION:

This study further extends the application of the SEIQoL-DW for use as a routine outcome measure within a busy service setting, although ways to accommodate administration time need to be considered. Poor QoL highlights the need for continued development of services to meet the needs of young adults with indicated personality disorder.

PMID: 22661108 [PubMed - as supplied by publisher]

Related citations



1. PLoS One. 2012;7(7):e41489. Epub 2012 Jul 26.

A new approach of personality and psychiatric disorders: a short version of the affective neuroscience personality scales.

Pingault JB, Falissard B, Côté S, Berthoz S.

Source

Research Unit on Children's Psychosocial Maladjustment, University of Montreal, Sainte-Justine Hospital, Montreal, Quebec, Canada.

Abstract

BACKGROUND:

The Affective Neuroscience Personality Scales (ANPS) is an instrument designed to assess endophenotypes related to activity in the core emotional systems that have emerged from affective neuroscience research. It operationalizes six emotional endophenotypes with empirical evidence derived from ethology, neural analyses and pharmacology: PLAYFULNESS/joy, SEEKING/interest, CARING/nurturance, ANGER/rage, FEAR/anxiety, and SADNESS/separation distress. We aimed to provide a short version of this questionnaire (ANPS-S).

METHODOLOGY/PRINCIPAL FINDINGS:

We used a sample of 830 young French adults which was randomly split into two subsamples. The first subsample was used to select the items for the short scales. The second subsample and an additional sample of 431 Canadian adults served to evaluate the psychometric properties of the short instrument. The ANPS-S was similar to the long version regarding intercorrelations between the scales and gender differences. The ANPS-S had satisfactory psychometric properties, including factorial structure, unidimensionality of all scales, and internal consistency. The scores from the short version were highly correlated with the scores from the long version.

CONCLUSIONS/SIGNIFICANCE:

The short ANPS proves to be a promising instrument to assess endophenotypes for psychiatrically relevant science.

PMID: 22848510 [PubMed - in process]

Related citations

2. J Forensic Leg Med. 2012 Aug;19(6):332-6. Epub 2012 Mar 6.

Mental health of young offenders in Switzerland: Recognizing psychiatric symptoms during detention.

Gisin D, Haller DM, Cerutti B, Wolff H, Bertrand D, Sebo P, Heller P, Niveau G, Eytan A.

Source

University of Geneva, Department of Psychology, 40, Boulevard du Pont-d'Arve, 1211 Geneva 4, Switzerland.

Abstract

We reviewed the medical records of the 118 adolescent detainees which had at least one consultation by a psychiatrist at the prison health facility during 2007. General practitioners used the International Classification of Primary Care (ICPC-2) for recording health problems. Psychiatrists used the International Classification of Diseases (ICD-10) for making psychiatric diagnoses. The concordance between the mental health assessment done by general practitioners using the ICPC-2 and the diagnoses proposed by psychiatrists was globally satisfying. The five most frequent ICD categories (conduct disorder, drug abuse, alcohol abuse, personality disorder, adjustment disorder) encompassed the most frequently reported ICPC-2 psychological symptoms. Several associations between psychological symptoms and socio-demographic characteristics were observed. Apart from providing a description of the mental health of adolescent detainees in one of Switzerland's largest detention centre for minors, results suggest that general practitioners can adequately identify frequent mental disorders in such contexts.

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PMID: 22847050 [PubMed - in process]

Related citations

3. J Affect Disord. 2012 Jul 27. [Epub ahead of print]
Do antidepressants change personality?-A five-year observational study.

Jylhä P, Ketokivi M, Mantere O, Melartin T, Holma M, Rytsälä H, Isometsä E.

Source

Department of Mental Health and Substance Use, National Institute of Health and Welfare, Helsinki, Finland; Department of Psychiatry, Jorvi Hospital, Helsinki University Central Hospital, Espoo, Finland.

Abstract

BACKGROUND:

Whether antidepressants influence personality is a major clinical and societal issue due to their widespread use. In an observational study, we investigated whether depressive patients'

neuroticism and extraversion scores covary with antidepressant pharmacotherapy, and if so, whether this remains significant after accounting for depressive or anxiety symptoms.

METHODS:

Major depressive disorder patients (N=237) were interviewed at up to four time-points in a five-year prospective longitudinal study. Changes in neuroticism plus extraversion scores were compared with changes in antidepressant pharmacotherapies and depressive plus anxiety symptoms to uncover any covariation between them. Autoregressive path models were used to examine this covariation at the sample level. Within-subject change was estimated using a random-effects latent change model.

RESULTS:

Significant covariation is present in the change trajectories between personality scores and depressive symptoms; declining depression scores were associated with rising extraversion and declining neuroticism. Although the personality scores of many patients changed significantly over the five-year study, none of these changes were associated with changes in antidepressant pharmacotherapy.

LIMITATIONS:

The study covered only two dimensions of personality. Single drug-specific analysis could not be done. Antidepressant blood levels were not measured.

CONCLUSION:

No evidence emerged for significant covariation of antidepressant pharmacotherapy with neuroticism or extraversion scores. By contrast, changes in both personality dimensions were associated with changes in depressive symptoms, those in neuroticism also in anxiety symptoms. If antidepressants influence these personality dimensions, the effect size is likely markedly smaller than that of the disorders for which they are prescribed.

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PMID: 22842025 [PubMed - as supplied by publisher]

Related citations



4. Psychiatry Res. 2012 Jul 27. [Epub ahead of print]

[Self-mutilation induced by psychotropic substances: A systematic review.](#)

Gahr M, Plener PL, Kölle MA, Freudenmann RW, Schönfeldt-Lecuona C.

Source

Department of Psychiatry and Psychotherapy III, University Hospital of Ulm, Ulm, Germany.

Abstract

Self-mutilation (SM) not only occurs among patients with schizophrenia, personality disorders or transsexuality but also as a phenomenon induced by psychotropic substances (PS). We intended to find characteristics of patients at risk to perform SM induced by PS (SMIPS), frequent PS within this phenomenon and typical presentations of SMIPS. A systematic review of the literature (including Medline, the Cochrane Database of Systematic Reviews, the Cochrane Central Register of Controlled Trials and Scopus) was conducted. On October 2011 we identified 26 cases (23 publications) of SM related to PS. Majority of patients (85%) was male, mean age was 30 years (median 41 years). Seventy-three percent of patients developed SM subsequent to the use of one PS, 27% presented SM after the use of more than one PS. Alcohol (25%), hallucinogens (25%) and amphetamines (22%) were found most frequently among the reported substances. Major impairment was present in 80%. Our findings suggest male sex, young age, a previous history of abuse of PS and the current use of alcohol, hallucinogens or amphetamines to favour SMIPS.

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PMID: 22841344 [PubMed - as supplied by publisher]

Related citations



5. J Affect Disord. 2012 Jul 26. [Epub ahead of print]

Predicting outcomes of mood, anxiety and somatoform disorders: The Leiden routine outcome monitoring study.

van Noorden MS, van Fenema EM, van der Wee NJ, van Rood YR, Carlier IV, Zitman FG, Giltay EJ.

Source

Leiden University Medical Center, Department of Psychiatry, PO Box 7500, 2300 RC Leiden, The Netherlands.

Abstract

BACKGROUND:

Mood, anxiety and somatoform (MAS) disorders are highly prevalent disorders with substantial mutual comorbidity and a large disease burden. Early identification of patients at risk for poor outcome in routine clinical practice is of clinical importance. The purpose of this

study was to predict outcomes in outpatients with MAS disorders using routine outcome monitoring (ROM) data.

METHODS:

We conducted a cohort study of 892 adult MAS patients in a naturalistic outpatient psychiatric specialty care setting and validated our results in a replication cohort of 1392 patients. Poor outcome was defined as a <50% reduction (compared to baseline) on the self-report brief symptom inventory (BSI) or a score of ≥ 3 on the observer-rated clinical global impression severity scale (CGI-S). During a follow-up of up to 2 years, Cox regression models were used to analyze the independent baseline predictors for poor outcome.

RESULTS:

In multivariable Cox regression models, independent and replicated predictors for poor outcome were higher age (overall $p < 0.001$ for combined cohorts in multivariable Cox regression model), having comorbid MAS disorders or a somatoform disorder (< 0.001), dysfunctional personality traits (i.e., tendency to self-harm [$p < 0.001$], intimacy problems [$p < 0.001$] and affective lability [$p < 0.001$]), and a low reported general health status ($p < 0.001$).

LIMITATIONS:

Detailed treatment information was not available.

CONCLUSIONS:

MAS patients meeting the profile of being elderly, suffering from comorbid MAS disorders or a somatoform disorder, with cluster B personality traits, and a poor reported general health may need special preventive measures to minimise the risk of poor outcome.

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PMID: 22840464 [PubMed - as supplied by publisher]

Related citations



6. J Atten Disord. 2012 Jul 26. [Epub ahead of print]

[Do ADHD Children With and Without Child Behavior Checklist-Dysregulation Profile Have Different Clinical Characteristics, Cognitive Features, and Treatment Outcomes?](#)

Peyre H, Speranza M, Cortese S, Wohl M, Purper-Ouakil D.

Abstract

Objective: The Child Behavior Checklist-Dysregulation Profile (CBCL-DP), characterized by elevated scores on the "Attention Problems," "Aggressive Behavior," and

"Anxious/Depressed" scales in the CBCL, has been associated with later severe psychopathology. In a sample of children with ADHD, this study sought to further explore the clinical characteristics, the response to methylphenidate medication, and the cognitive features of ADHD children with CBCL-DP. Method: The sample consisted of 173 ADHD outpatients (age = 10.9 ± 2.81) assessed using symptom severity scales, personality questionnaires (Emotionality Activity Sociability [EAS] and Junior Temperament and Character Inventory [JTCI]), and neuropsychological tests. A subsample of 136 participants was reassessed after optimal adjustment of methylphenidate dosage. Results and Conclusion: Variables that were independently associated with CBCL-DP were clinical severity (ADHD Rating Scale [ADHD-RS]), internalized disorders, high emotionality (EAS), and low self-directedness (JTCI). CBCL-DP was associated neither with poorer response to methylphenidate nor with more side effects. There were no differences in cognitive performances between participants with and without CBCL-DP. (J. of Att. Dis. 2012; XX(X) 1-XX).

PMID: 22837549 [PubMed - as supplied by publisher]

Related citations



7. J Affect Disord. 2012 Jul 24. [Epub ahead of print]

[Antisocial personality disorder and borderline symptoms are differentially related to impulsivity and course of illness in bipolar disorder.](#)

Swann AC, Lijffijt M, Lane SD, Steinberg JL, Moeller FG.

Source

Department of Psychiatry and Behavioral Sciences, the University of Texas Health Science Center, Houston, TX, USA.

Abstract

BACKGROUND:

Interactions between characteristics of bipolar and Axis II cluster B disorders are clinically and diagnostically challenging. Characteristics associated with personality disorders may be dimensional aspects of bipolar disorder. We investigated relationships among antisocial personality disorder (ASPD) or borderline personality disorder symptoms, impulsivity, and course of illness in bipolar disorder.

METHODS:

Subjects with bipolar disorder were recruited from the community. Diagnosis was by structured clinical interview for DSM-IV (SCID-I and -II), psychiatric symptom assessment by the change version of the schedule for affective disorders and schizophrenia (SADS-C), severity of Axis II symptoms by ASPD and borderline personality disorder SCID-II symptoms, and impulsivity by the Barratt impulsiveness scale (BIS-11).

RESULTS:

ASPD and borderline symptoms were not related to clinical state or affective symptoms. Borderline symptoms correlated with BIS-11 impulsivity scores, and predicted history of suicide attempts independently of the relationship to impulsivity. ASPD symptoms were more strongly related to course of illness, including early onset, frequent episodes, and substance-related disorders. These effects persisted after allowance for gender and substance-use disorder history.

CONCLUSIONS:

Personality disorder symptoms appear to be dimensional, trait-like characteristics of bipolar disorder. ASPD and Borderline symptoms are differentially related to impulsivity and course of illness.

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PMID: 22835849 [PubMed - as supplied by publisher]

Related citations



8. Med Hypotheses. 2012 Jul 23. [Epub ahead of print]
[Personality disorders disturbances of the physical brain.](#)

Peled A.

Source

Sha'ar Menashe Mental Health Center, Hadera, Israel; Rappaport Faculty of Medicine, Technion, Israel Institute of Technology, Haifa, Israel.

Abstract

How can physical systems of the brain, explain a psychological phenomenon such as personality? Personality is an emergent property of the brain as such it requires interacting elements that generate a whole. Per definition a physical system is a compound whole made of interacting interdependent elements. The brain is composed of multiple levels of elements ranging from single neurons interconnected by axons dendrites and synapses, up to brain regions and neural network ensembles connected by multiple modalities, from direct physical pathways to synchronized functional connectivity. Today we know that the brain develops and wires according to the influences of its environment, this is called "experience dependent plasticity" and follows Hebbian-like algorithms. Such process "embeds" into the brain internal representations in the form of physical attractor configurations distributed within the brain neural-networks. Development entails formation of personal individual-specific network configurations found recently as resting-state networks or "default-mode networks." These internal configurations represent the outer world to us and determine the way we perceive it and react to it. In other words these internal configurations determine our personality styles. The internal representations continuously adapt to the changing worlds offering good

adaptability and effective functionality in our changing environments. Personality disorders are reconceptualized in terms of altered disturbed mal-developed default-mode-networks, such that the internal representations are biased, limited, fixated and non-adaptive. In this context therapy of personality disorders can be reconceptualized as experience-dependend plasticity therapy.

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PMID: 22832212 [PubMed - as supplied by publisher]

Related citations



9. J Consult Clin Psychol. 2012 Jul 23. [Epub ahead of print]

[The Role of Personality Pathology in Depression Treatment Outcome With Psychotherapy and Pharmacotherapy.](#)

Levenson JC, Wallace ML, Fournier JC, Rucci P, Frank E.

Abstract

Background: Depressed patients with comorbid personality pathology may fare worse in treatment for depression than those without this additional pathology, and comorbid personality pathology may be associated with superior response in one form of treatment relative to another, though recent findings have been mixed. We aimed to evaluate the effect of personality pathology on time to remission of patients randomly assigned to 1 of 2 treatment strategies for depression and to determine whether personality pathology moderated the effect of treatment assignment on outcome. Method: Individuals undergoing an episode of unipolar major depression (n = 275) received interpersonal psychotherapy (Klerman, Weissman, Rounsaville, & Chevron, 1984) or selective serotonin reuptake inhibitor (SSRI) pharmacotherapy for depression. Depressive symptoms were measured with the HRSD-17. Remission was a mean HRSD-17 score of 7 or below over a period of 3 weeks. Personality disorders were measured according to SCID-II diagnoses, and personality pathology was measured dimensionally by summing the positive probes on the SCID-II. Results: The presence of at least 1 personality disorder was not a significant predictor of time to remission, but a higher level of dimensionally measured personality pathology and the presence of borderline personality disorder were associated with a longer time to remission. Personality pathology did not moderate the effect of treatment assignment on time to remission. Conclusions: The findings suggest that depressed individuals with comorbid personality pathology generally fare worse in treatment for depression, although in this report, the effect of personality pathology did not differ by the type of treatment received. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22823857 [PubMed - as supplied by publisher]

Related citations

10. Int J Soc Psychiatry. 2012 Jul 20. [Epub ahead of print]

[How therapeutic communities work: Specific factors related to positive outcome.](#)

Pearce S, Pickard H.

Source

Complex Needs Service, Oxford Health NHS Foundation Trust, UK.

Abstract

BACKGROUND:

Therapeutic communities (TCs) are becoming increasingly widespread as a form of treatment for entrenched mental health problems, particularly addictions and personality disorders, and are equally used in educational, prison and learning disability settings. Despite growing evidence for their effectiveness, little research has been conducted to establish how TCs work to produce positive outcomes. We hypothesize that there are two specific factors that in combination contribute to TC effectiveness: the promotion of a sense of belongingness and the capacity for responsible agency. Although both factors are found in other therapeutic approaches and are important to the psychosocial aspects of psychiatric care more generally, we argue that their combination, extent and emphasis are unique to TCs.

MATERIAL:

Drawing on social and experimental psychology, we: (1) review research on a sense of belongingness and the capacity for responsible agency; (2) establish the mechanisms by which TCs appear to promote them; (3) draw lessons for TC practice; and (4) suggest why they may contribute to positive outcome.

DISCUSSION:

A sense of belongingness is correlated with improved self-esteem and overall well-being. The capacity for responsible agency is central to behavioural change. TCs are typically used in fields where positive outcome requires both personal growth and behavioural change. We suggest that TCs are uniquely placed to demand such growth and change of their members because the sense of belongingness engendered by TC methods protects against the risks engendered by this demand.

CONCLUSION:

Empirically informed, evidence-driven research is necessary to understand how TCs work and how TC practice can be improved. This understanding may offer lessons for the improvement of psychosocial aspects of psychiatric care more generally.

PMID: 22820178 [PubMed - as supplied by publisher]

Related citations



11. Int J Ment Health Syst. 2012 Jul 20;6(1):10. [Epub ahead of print]

The implementation of mentalization-based treatment for adolescents: a case study from an organizational, team and therapist perspective.

Hutsebaut J Dr, Bales DL Mrs, Busschbach JJ Prof, Verheul R Prof.

Abstract

ABSTRACT: BACKGROUND: Reports on problems encountered in the implementation of complex interventions are scarce in psychotherapy literature. This is remarkable given the inherent difficulties of such enterprises and the associated safety risks for patients involved. **Case description** A case study of the problematic implementation process of Mentalization- Based Treatment for Adolescents (MBT-A), a new therapy for 14 to 18 year old youngsters with severe personality disorders, is presented. The implementation process is described and analyzed at an organizational, team and therapist level. **Discussion and evaluation** Our analysis shows that problems at all three levels contributed and interacted to make the implementation cumbersome and hazardous. **CONCLUSION:** The implementation of complex psychotherapeutic programs for difficult patients could benefit from a structured attention to processes at multiple levels. We therefore propose a new comprehensive heuristic model of treatment integrity. This new model includes organisational, team and therapist adherence to the treatment model as necessary components of treatment integrity in the implementation of complex interventions. The application of this new model of treatment integrity potentially increases the chance of successful implementations and reduces safety risks for first patients enrolling in a new program.

Free Article

PMID: 22818166 [PubMed - as supplied by publisher]

Related citations



12. Child Adolesc Psychiatry Ment Health. 2012 Jul 19;6(1):27. [Epub ahead of print]
Assessment of identity development and identity diffusion in adolescence - Theoretical basis and psychometric properties of the self-report questionnaire AIDA.

Goth K, Foelsch P, Schlüter-Müller S, Birkhölzer M, Jung E, Pick O, Schreck K.

Abstract

ABSTRACT:

BACKGROUND:

In the continuing revision of Diagnostic and Statistical Manual (DSM-V) "identity" is integrated as a central diagnostic criterion for personality disorders (self-related personality functioning). According to Kernberg, identity diffusion is one of the core elements of borderline personality organization. As there is no elaborated self-rating inventory to assess identity development in healthy and disturbed adolescents, we developed the AIDA (Assessment of Identity Development in Adolescence) questionnaire to assess this complex

dimension, varying from "Identity Integration" to "Identity Diffusion", in a broad and substructured way and evaluated its psychometric properties in a mixed school and clinical sample.

METHODS:

Test construction was deductive, referring to psychodynamic as well as social-cognitive theories, and led to a special item pool, with consideration for clarity and ease of comprehension. Participants were 305 students aged 12-18 attending a public school and 52 adolescent psychiatric inpatients and outpatients with diagnoses of personality disorders (N = 20) or other mental disorders (N = 32). Convergent validity was evaluated by covariations with personality development (JTCI 12-18 R scales), criterion validity by differences in identity development (AIDA scales) between patients and controls.

RESULTS:

AIDA showed excellent total score (Diffusion: alpha = .94), scale (Discontinuity: alpha = .86; Incoherence: alpha = .92) and subscale (alpha = .73-.86) reliabilities. High levels of Discontinuity and Incoherence were associated with low levels in Self Directedness, an indicator of maladaptive personality functioning. Both AIDA scales were significantly different between PD-patients and controls with remarkable effect sizes (d) of 2.17 and 1.94 standard deviations.

CONCLUSION:

AIDA is a reliable and valid instrument to assess normal and disturbed identity in adolescents. Studies for further validation and for obtaining population norms are in progress and may provide insight in the relevant aspects of identity development in differentiating specific psychopathology and therapeutic focus and outcome.

Free Article

PMID: 22812911 [PubMed - as supplied by publisher]

Related citations



13. J Pers. 2012 Jul 20. doi: 10.1111/j.1467-6494.2012.00801.x. [Epub ahead of print]
Ten year rank-order stability of personality traits and disorders in a clinical sample.

Hopwood CJ, Morey LC, Donnellan MB, Samuel DB, Grilo CM, McGlashan TH, Shea MT, Znarini MC, Gunderson JG, Skodol AE.

Source

Michigan State University.

Abstract

OBJECTIVE:

To compare the 10-year retest stability of normal traits, pathological traits, and personality disorder dimensions in a clinical sample.

METHOD:

Ten-year rank order stability estimates for the Revised NEO Personality Inventory, Schedule for Nonadaptive and Adaptive Personality, and Diagnostic Interview for DSM-IV Personality Disorders were evaluated before and after correcting for test-retest dependability and internal consistency in a clinical sample (N = 266).

RESULTS:

Dependability corrected stability estimates were generally in the range of .60-.90 for traits and .25-.65 for personality disorders.

CONCLUSIONS:

The relatively lower stability of personality disorder symptoms may indicate important differences between pathological behaviors and relatively more stable self-attributed traits and imply that a full understanding of personality and personality pathology needs to take both traits and symptoms into account. The Five-Factor Theory distinction between basic tendencies and characteristic adaptations provides a theoretical framework for the separation of traits and disorders in terms of stability in which traits reflect basic tendencies that are stable and pervasive across situations, whereas personality disorder symptoms reflect characteristic maladaptations that are a function of both basic tendencies and environmental dynamics.

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PMID: 22812532 [PubMed - as supplied by publisher]

Related citations

14. J Pers Assess. 2012 Jul 18. [Epub ahead of print]
Assessing the Level of Structural Integration Using Operationalized Psychodynamic Diagnosis (OPD): Implications for DSM-5.

Zimmermann J, Ehrental JC, Cierpka M, Schauenburg H, Doering S, Benecke C.

Source

a Department of Psychology , University of Kassel , Germany.

Abstract

A key ingredient in the current proposal of the DSM-5 Work Group on Personality and Personality Disorders is the assessment of overall severity of impairment in personality functioning: the Levels of Personality Functioning Scale (LPFS). The aim of this article is to contribute a conceptual and empirical discussion of the LPFS from the perspective of the Operationalized Psychodynamic Diagnosis (OPD) system (OPD Task Force, 2008). First, we introduce the OPD Levels of Structural Integration Axis (OPD-LSIA), a measure of individual differences in severity of personality dysfunction that is rooted in psychodynamic theory. We show that the OPD-LSIA is reliable, valid, and highly associated with observer ratings of personality disorders. In the second part, we present results from an OPD expert consensus study exploring potential limitations of the current LPFS item set from the perspective of the OPD-LSIA. We conclude with highlighting implications for future revisions of the DSM-5 proposal.

PMID: 22808938 [PubMed - as supplied by publisher]

Related citations



15. PLoS One. 2012;7(7):e40461. Epub 2012 Jul 13.

[Minocycline modulates human social decision-making: possible impact of microglia on personality-oriented social behaviors.](#)

Kato TA, Watabe M, Tsuboi S, Ishikawa K, Hashiya K, Monji A, Utsumi H, Kanba S.

Source

Department of Neuropsychiatry, Graduate School of Medical Sciences, Kyushu University, Fukuoka, Japan.

Abstract

BACKGROUND:

Microglia, one of the glial cells, play important roles in various brain pathologies including psychiatric disorders. In addition, microglia have recently been proved to monitor synaptic reactions via direct-touching even in normal brain. Human microglia may modulate various social/mental functions, while microglial social/mental roles remain unresolved especially in healthy humans. There is no known drug with the specific effect of modulating microglia. Therefore, using minocycline, a tetracycline antibiotic and the most famous microglial inhibitor, is one of the best alternative approaches to clarify microglial functions on human social/mental activities.

METHODOLOGY/PRINCIPAL FINDINGS:

We conducted a double-blind randomized trial of trust game, a monetary decision-making experiment, with ninety-nine human adult males who decided how much to trust an anonymous partner after a four-day administration of minocycline. Our previous pilot trial

indicated a positive effect of minocycline, while the underlying mechanisms were not clarified. Therefore, in this trial with larger samples, we additionally measured the effects of anxiety and personality. The monetary score in trust game was significantly lower in the minocycline group. Interestingly, participants' ways of decision-making were significantly shifted; cooperativeness, one component of personality, proved to be the main modulating factor of decision-making in the placebo group, on the other hand, the minocycline group was mainly modulated by state anxiety and trustworthiness.

CONCLUSIONS/SIGNIFICANCE:

Our results suggest that minocycline led to more situation-oriented decision-making, possibly by suppressing the effects of personality traits, and furthermore that personality and social behaviors might be modulated by microglia. Early-life events may activate human microglia, establish a certain neuro-synaptic connection, and this formation may determine each human's personality and personality-oriented social behaviors in later life. To explore these mechanisms, further translational research is needed.

TRIAL REGISTRATION:

UMIN clinical trial center UMIN000004803.

PMCID: PMC3396661 **Free PMC Article**

PMID: 22808165 [PubMed - in process]

Related citations



16. Eur Eat Disord Rev. 2012 Jul 17. doi: 10.1002/erv.2190. [Epub ahead of print]
Clinical and Temperamental Correlates of Body Image Disturbance in Eating Disorders.

Zanetti T, Santonastaso P, Sgaravatti E, Degortes D, Favaro A.

Source

Department of Neurosciences, University of Padova, Italy.

Abstract

OBJECTIVE:

Although body image disturbance (BID) is considered a core symptom in anorexia nervosa (AN) and bulimia nervosa (BN), little is known about its psychopathological correlates. The present study aimed at analysing the correlation of aspects of BID with psychopathological and temperamental characteristics.

METHOD:

A sample of 1288 patients (538 AN and 750 BN) were assessed through a structured diagnostic interview, the Eating Disorders Inventory and Tridimensional Personality Questionnaire. Cognition of body image distortion, weight checking, fear of weight gain and body dissatisfaction were assessed by specific questions during the interview.

RESULTS:

Various aspects of BID formed similar, but not identical, dimensions in AN and BN. In both groups, anticipatory anxiety and interoceptive awareness were significantly and independently associated with body image distortion, whereas ineffectiveness was associated with weight checking.

DISCUSSION:

Body image disturbance is a multidimensional characteristic linked to psychological features, such as anticipatory anxiety, ineffectiveness and interoceptive awareness. These findings have scientific and treatment implications, and should be considered by clinicians in adopting successful treatment strategies. Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.
PMID: 22807118 [PubMed - as supplied by publisher]

Related citations



17. Eur Eat Disord Rev. 2012 Jul 17. doi: 10.1002/erv.2188. [Epub ahead of print]
[Personality Subtypes in Female Pre-Bariatric Obese Patients: Do They Differ in Eating Disorder Symptoms, Psychological Complaints and Coping Behaviour?](#)

Claes L, Vandereycken W, Vandeputte A, Braet C.

Source

Department of Psychology, Catholic University of Leuven, Leuven, Belgium.
Laurence.claes@ppw.kuleuven.be.

Abstract

In the pre-bariatric psychological assessment of 102 morbidly obese women, two personality subtypes emerged: a resilient/high functioning subtype with a 'normal' personality profile and an emotional dysregulated/undercontrolled subtype, characterized by high neuroticism and low extraversion/conscientiousness. Emotional dysregulated/undercontrolled patients showed more concerns about eating/weight/shape, more binge eating driven by emotions and external triggers, more psychological complaints (such as depression and anxiety) and more

avoidance and depressive coping reactions than resilient/high functioning patients. Further research should clarify whether these clearly different psychological profiles are related to different outcomes (weight loss or well-being) of bariatric surgery. Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2012 John Wiley & Sons, Ltd and Eating Disorders Association.
PMID: 22807095 [PubMed - as supplied by publisher]

Related citations



18. Personal Disord. 2012 Jul 16. [Epub ahead of print]
[Modernity and Narcissistic Personality Disorder.](#)

Paris J.

Abstract

Narcissistic personality disorder (NPD) is a trait-based disorder that can be understood as a pathological amplification of narcissistic traits. While temperamental vulnerability and psychological adversity are risk factors for NPD, sociocultural factors are also important. This review hypothesizes that increases in narcissistic traits and cultural narcissism could be associated with changes in the prevalence of NPD. These shifts seem to be a relatively recent phenomenon, driven by social changes associated with modernity. While the main treatment for NPD remains psychotherapy, that form of treatment is itself a product of modernity and individualism. The hypothesis is presented that psychological treatment, unless modified to address the specific problems associated with NPD, could run the risk of supporting narcissism. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22800179 [PubMed - as supplied by publisher]

Related citations

19. Personal Disord. 2012 Jul 16. [Epub ahead of print]
[Sex Differences Moderate the Relationship Between Adolescent Language and Mentalization.](#)

Rutherford HJ, Wareham JD, Vrouva I, Mayes LC, Fonagy P, Potenza MN.

Abstract

Mentalization refers to the ability to infer mental states of self and others, and this capacity facilitates social interactions. Advances in mentalization theory have proposed that there are both explicit and implicit mentalizing capacities and language may be identified as being an important factor in differentiating these two components of mentalization. Moreover, given apparent sex differences in language and mentalization, we hypothesized that sex may moderate the relationship between language and mentalization. In this study, measures assessing implicit and explicit mentalization as well as language were examined in 49 adolescents (25 girls and 24 boys) aged 14 to 18 years. Participants were administered the Mentalizing Stories for Adolescents to assess explicit mentalization, and the Reading Mind

in the Eyes Task to assess implicit mentalization. Language was assessed using the Clinical Evaluation of Language Fundamentals. Sex was found to moderate the relationship between language and explicit mentalization; while language and explicit mentalization were related in boys, these domains were unrelated in girls. There was no moderation of language and implicit mentalization by sex, and these two domains were also uncorrelated. These findings suggest an important role for language development in the capacity for explicit mentalization in boys, and we interpret this as a benefit in girls who may be more socially motivated and less limited by language in their efforts to mentalize. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22800178 [PubMed - as supplied by publisher]

Related citations

20. J Atten Disord. 2012 Jul 13. [Epub ahead of print]

[An Epidemiological Study of ADHD, Substance Use, and Comorbid Problems in Incarcerated Women in Sweden.](#)

Konstenius M, Larsson H, Lundholm L, Philips B, Glind GV, Jayaram-Lindström N, Franck J.

Abstract

Objective: The aim of this study was to examine the prevalence of ADHD and psychiatric comorbidity, including substance use in incarcerated women. Method: This was a cross-sectional study, consisting of two parts: (a) screening using the ADHD Self-Rating Scale (ASRS) and (b) diagnostic assessment using a structured interview. Results: A sample of 96 incarcerated women was screened and 56 underwent the diagnostic assessment. Twenty-nine percent of the women met the Diagnostic and Statistical Manual of Mental Disorders (4th ed.) diagnostic criteria for adult ADHD in the diagnostic assessment. Forty-four of the women had misuse of alcohol, and 83% had misuse of narcotics the year prior to the incarceration. The ASRS showed sensitivity of 1.0 and specificity of 0.66. Conclusion: The prevalence rate of ADHD in incarcerated women was high and comparable to that in male offenders. Illicit stimulant use and antisocial personality disorder were significantly more common in women with ADHD. ASRS is useful as a screener in this population. (J. of Att. Dis. 2012; XX(X) 1-XX).

PMID: 22797213 [PubMed - as supplied by publisher]

Related citations



21. Compr Psychiatry. 2012 Jul 13. [Epub ahead of print]

[Clinically significant hoarding in obsessive-compulsive disorder: results from an Indian study.](#)

Chakraborty V, Cherian AV, Math SB, Venkatasubramanian G, Thennarasu K, Mataix-Cols D, Reddy YC.

Source

National Institute of Mental Health and Neuro Sciences, Bangalore, India.

Abstract

BACKGROUND:

Hoarding is frequently conceptualized as a symptom of obsessive-compulsive disorder (OCD), but recent evidence indicates that, in most cases, hoarding may be better conceptualized as a distinct disorder that can coexist with OCD. Most of the research on hoarding is from the Western countries. This study aimed to provide data on the prevalence and correlates of clinically significant hoarding in a large sample of patients with OCD from the Indian subcontinent.

METHODS:

We examined 200 patients with Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition OCD for clinically significant hoarding using the Saving Inventory-Revised, followed by a clinical interview.

RESULTS:

Twenty patients (10%) had clinically significant hoarding. In all cases, hoarding did not appear to be related or secondary to other OCD symptoms. None of the cases consulted for their hoarding problems. Compared with nonhoarders, hoarders hailed exclusively from an urban background and had a significantly higher frequency of certain obsessions and compulsions, bipolar disorder, generalized anxiety disorder, cluster C personality disorders, and a higher number of lifetime suicidal attempts. They also had a more severe OCD along with poorer global functioning and somewhat poorer insight into obsessive-compulsive symptoms.

CONCLUSIONS:

The results suggest that clinically significant hoarding is relatively prevalent in Indian patients with OCD and that it appears to be largely unrelated to the OCD phenotype. However, the presence of comorbid hoarding is associated with more severe OCD, high comorbidity, more suicidal attempts, and a lower level of functioning. The results contribute to the current nosologic debate around hoarding disorder and provide a unique transcultural perspective.

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PMID: 22796017 [PubMed - as supplied by publisher]

Related citations

22. Compr Psychiatry. 2012 Jul 12. [Epub ahead of print]
Exploring the clinical validity of borderline personality disorder components.

Andión O, Ferrer M, Calvo N, Gancedo B, Barral C, Di Genova A, Arbos MA, Torrubia R, Casas M.

Source

Psychiatry Department, Hospital Universitari Vall d'Hebron, Barcelona, CIBERSAM 08035, Spain; Psychiatry and Legal Medicine Department, Universitat Autònoma de Barcelona, Barcelona 08193, Spain; Institut de Recerca Hospital Vall d'Hebron (VHIR), Universitat Autònoma de Barcelona, Barcelona 08035, Spain; Institut de Neurociències, Universitat Autònoma de Barcelona, Barcelona 08193, Spain.

Abstract

Borderline personality disorder (BPD) is recognized as a complex syndrome, resulting in a heterogeneous diagnostic category. Besides the characteristics of the disorder itself, comorbid disorders play an important role in this complexity. The aim of the study is to analyze the clinical validity of 3 components for BPD Diagnostic and Statistical Manual of Mental Disorders criteria-called affective dysregulation, behavioral dysregulation, and disturbed relatedness-investigating differences in patterns of comorbidity. For this purpose, 365 patients with suspected BPD were included in the study. To test our hypothesis, patients were classified into 5 clusters using a K-cluster analysis to study the clinical validity of the 3 components based on the 3-factor model of BPD. Differences in comorbidity, previous suicide attempts, and self-harm behaviors among the defined clusters were analyzed. Between-cluster differences were observed for Axis I and Axis II disorders as well as in the frequency of suicide attempts and in self-harm behaviors. The study of BPD based on the 3 components seems to be more useful than the study of BPD as a unitary construct to help further our understanding of this complex disorder. In the present study, the 3 BPD components have allowed us to analyze the complex comorbidity of BPD patients. This solution could be considered an interesting way to clarify BPD etiology, diagnosis, and treatment efficacy.

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PMID: 22794943 [PubMed - as supplied by publisher]

Related citations

23. Clin Experiment Ophthalmol. 2012 Jul 12. doi: 10.1111/j.1442-9071.2012.02848.x. [Epub ahead of print]
Central serous chorioretinopathy: a review of epidemiology and pathophysiology.

Liew G, Quin G, Gillies M, Fraser-Bell S.

Source

Save Sight Institute, University of Sydney, Sydney, Australia Centre for Vision Research, University of Sydney, Sydney, Australia.

Abstract

Central serous chorioretinopathy (CSCR) is one of the most common retinal causes of vision loss. This review surveys the epidemiology, risk factors, clinical presentation, natural history and pathophysiology of CSCR. Studies suggest an incidence rate of 10 per 100,000 in men, with CSCR occurring 6 times more commonly in men compared to women. Up to half of patients have a recurrent episode often within a year of the initial episode. The majority of acute CSCR cases resolve spontaneously within 2-3 months with visual acuity returning to close to premorbid levels. Prognosis is highly dependent on presenting visual acuity, with studies showing that patients with initial visual acuities of 6/6 remain at that level, while patients with initial visual acuities of less than 6/9 recover on average two to three Snellen lines over the next few years. The main risk factors for CSCR are systemic corticosteroid use, type A personality, pregnancy and endogenous Cushing's syndrome. Other risk factors which have been described include obstructive sleep apnoea, collagen vascular diseases, hypertension, elevated plasma testosterone levels and H.pylori infection. There are several presentations of CSCR including acute CSCR which presents clinically as serous neurosensory retinal detachment, recurrent CSCR with most episodes occurring within the first year, and chronic CSCR that persists beyond 6 months with distinctive retinal pigment epithelial changes and persistent shallow retinal detachments. The pathophysiology of CSCR remains obscure although disorders in both the choroidal circulation and retinal pigment epithelium are implicated. © 2012 The Authors. Clinical and Experimental Ophthalmology © 2012 Royal Australian and New Zealand College of Ophthalmologists.

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PMID: 22788735 [PubMed - as supplied by publisher]

Related citations

24. Clin Psychol Psychother. 2012 Jul 12. doi: 10.1002/cpp.1809. [Epub ahead of print] [Personality Disorder Proposal for DSM-5: A Heroic and Innovative but Nevertheless Fundamentally Flawed Attempt to Improve DSM-IV.](#)

Verheul R.

Source

University of Amsterdam, Department of Psychology, Amsterdam, The Netherlands; de Viersprong, Netherlands Institute for Personality Disorders, Halsteren, The Netherlands. roel.verheul@deviersprong.nl.

PMID: 22786691 [PubMed - as supplied by publisher]

Related citations



25. Soc Psychiatry Psychiatr Epidemiol. 2012 Jul 11. [Epub ahead of print]
Potentially traumatic event exposure, posttraumatic stress disorder, and Axis I and II comorbidity in a population-based study of Norwegian young adults.

Amstadter AB, Aggen SH, Knudsen GP, Reichborn-Kjennerud T, Kendler KS.

Source

Department of Psychiatry, Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University, 800 E. Leigh Street, PO Box 980126, Richmond, VA, 23298-0126, USA, abamstadter@vcu.edu.

Abstract

PURPOSE:

Epidemiologic research on traumatic stress is limited in Norway. Prevalence and correlates of exposure to potentially traumatic events (PTEs) and posttraumatic stress disorder (PTSD), and patterns of comorbidity with DSM-IV Axis I and II disorders were examined in an epidemiologic sample.

METHODS:

Demographics, PTEs and resulting PTSD, and comorbid DSM-IV diagnoses were assessed in 2,794 members of the Norwegian Institute of Public Health Twin Panel. The sample comprised 37 % male, with an average age of 28.2 years (SD = 3.9).

RESULTS:

Approximately, one-quarter of participants had lifetime PTE exposure; most PTEs were more common in men than in women. Lifetime prevalence of PTSD was 2.6 %, and was significantly more common in women than men. Being female and type of PTE (both interpersonal and accidental traumatic events) were associated with increased PTSD symptoms, whereas higher education was associated with lower symptoms. PTSD was related to increased odds of most Axis I and II conditions.

CONCLUSIONS:

PTE exposure and PTSD prevalence were lower than in the USA, but comparable to other European countries. Sex differences replicated previous research. The relationship between PTSD and borderline personality disorder was significantly stronger than the relationship between PTSD and any other Axis II conditions.

PMID: 22782308 [PubMed - as supplied by publisher]

Related citations

26. Dev Psychopathol. 2012 Aug;24(3):1047-71.

[Reconceptualizing antisocial deviance in neurobehavioral terms.](#)

Patrick CJ, Durbin CE, Moser JS.

Source

Florida State University.

Abstract

We propose that neuroscientific understanding of antisocial behavior can be advanced by focusing programmatic efforts on neurobehavioral trait constructs, that is, individual difference constructs with direct referents in neurobiology as well as behavior. As specific examples, we highlight inhibitory control and defensive reactivity as two such constructs with clear relevance for understanding antisocial behavior in the context of development. Variations in inhibitory control are theorized to reflect individual differences in the functioning of brain systems that operate to guide and inhibit behavior and regulate emotional response in the service of nonimmediate goals. Variations in defensive reactivity are posited to reflect individual differences in the sensitivity of the brain's aversive motivational (fear) system. We describe how these constructs have been conceptualized in the adult and child literatures and review work pertaining to traditional psychometric (rating and behaviorally based) assessment of these constructs and their known physiological correlates at differing ages as well as evidence linking these constructs to antisocial behavior problems in children and adults. We outline a psychoneurometric approach, which entails systematic development of neurobiological measures of target trait constructs through reference to psychological phenotypes, as a paradigm for linking clinical disorders to neurobiological systems. We provide a concrete illustration of this approach in the domain of externalizing proneness and discuss its broader implications for research on conduct disorder, antisocial personality, and psychopathy.

PMID: 22781871 [PubMed - in process]

Related citations



27. Am J Psychiatry. 2012 Jul 6. doi: 10.1176/appi.ajp.2012.11081173. [Epub ahead of print] [Poor Nutrition at Age 3 and Schizotypal Personality at Age 23: The Mediating Role of Age 11 Cognitive Functioning.](#)

Venables PH, Raine A.

Abstract

OBJECTIVE:

Poor prenatal nutrition has been associated with schizophrenia spectrum disorders in the Netherlands and China, and it has been suggested that perinatal and postnatal nutritional

factors lead to the development of schizophrenia and the exhibition of schizotypal traits later in life. There appears to be no prior research on the existence of possible factors that may mediate the relationship between malnutrition and schizophrenia spectrum disorders or whether this association is a direct one. The authors tested the hypothesis that low IQ mediates the relationship between early childhood malnutrition and adult schizotypal personality.

METHOD:

Participants were drawn from a birth cohort of 1,795 boys and girls who were followed prospectively. Objective indicators of malnutrition (anemia and stunting) were assessed at age 3. Verbal and performance intelligence were assessed at age 11, and schizotypal personality was assessed at age 23.

RESULTS:

Both stunting and anemia at age 3 were associated with low IQ at age 11. Low performance IQ at age 11 was associated with increased interpersonal and disorganized features of schizotypal personality at age 23. Poor performance IQ was found to mediate the relationship between poor nutrition at age 3 and interpersonal and disorganized features of schizotypy at age 23. Findings in female participants were replicated in male participants.

CONCLUSIONS:

Given that poor nutrition is an alterable risk factor, these findings suggest that nutritional enhancements may improve brain functioning and possibly reduce some features of schizotypal personality disorder.

PMID: 22772085 [PubMed - as supplied by publisher]

Related citations

psychiatryonline
full-text article

28. Eur Child Adolesc Psychiatry. 2012 Jul 6. [Epub ahead of print]
Smoking during pregnancy and psychiatric disorders in preschoolers.

Ellis LC, Berg-Nielsen TS, Lydersen S, Wichstrøm L.

Source

NTNU Social Science, Department of Psychology, Norwegian University of Science and Technology (NTNU), 7491, Trondheim, Norway, lise.ellis@gmail.com.

Abstract

The overall objective of this study was to determine whether smoking during pregnancy is related to psychiatric disorders in 4-year-olds while controlling for a wide range of potential confounding variables (i.e. parental anxiety, depression, personality disorders, drug abuse,

and socio-economic characteristics). Parents of a community sample of 4-year-olds (N = 995) residing in the city of Trondheim, Norway were interviewed using the Preschool Age Psychiatric Assessment, which includes information on prenatal smoking. After adjusting for potential confounding variables using the propensity score, smoking during pregnancy was found to increase the odds for attention-deficit/hyperactivity disorder (ADHD) OR = 2.59 (CI 1.5-4.34, $p < 0.001$), oppositional defiant disorder (ODD) OR = 2.69 (CI 1.84-3.91, $p = 0.02$) and comorbid OR = 2.55 (CI 1.24-5.23, $p < 0.001$). Prenatal smoking during pregnancy is associated with an increased risk for symptoms of ADHD and ODD independently of each other, in 4-year-olds.

PMID: 22767183 [PubMed - as supplied by publisher]

Related citations



29. Arch Clin Neuropsychol. 2012 Aug;27(5):480-94. Epub 2012 Jul 5.

[Neuropsychological Outcome from Uncomplicated Mild, Complicated Mild, and Moderate Traumatic Brain Injury in US Military Personnel.](#)

Lange RT, Brickell TA, French LM, Merritt VC, Bhagwat A, Pancholi S, Iverson GL.

Source

Defense and Veterans Brain Injury Center, MD, USA.

Abstract

This study compared the neuropsychological outcome in military personnel following mild-to-moderate traumatic brain injury (TBI). Participants were 83 service members divided into three injury severity groups: uncomplicated mild TBI (MTBI; $n = 24$), complicated MTBI ($n = 17$), and moderate TBI ($n = 42$). Participants were evaluated within 6 months following injury (73% within 3 months) using neurocognitive testing and the Personality Assessment Inventory (PAI). There were no significant differences between the three groups on the majority of neurocognitive measures. Similarly, there were no significant differences between the three groups on the majority of PAI clinical scales (all $p > .05$), with the exception of two scales. The uncomplicated MTBI group had significantly higher scores on the Anxiety-Related Disorders and Aggression scales compared with the complicated MTBI group, but not the moderate TBI group. Overall, these results suggest that within the first 6 months post injury, there were few detectable differences in the neuropsychological outcome following uncomplicated MTBI, complicated MTBI, or moderate TBI in this military sample.

PMID: 22766317 [PubMed - in process]

Related citations



30. Neurobiol Dis. 2012 Jul 3. [Epub ahead of print]

[Extrastriatal dopaminergic abnormalities of DA homeostasis in Parkinson's patients with medication-induced pathological gambling: A \[11C\] FLB-457 and PET study.](#)

Ray N, Miyasaki JM, Zurovski M, Ko JH, Cho SS, Pellecchia G, Antonelli F, Houle S, Lang AE, Strafella AP.

Source

Morton and Gloria Shulman Movement Disorder Unit & E.J. Safra Parkinson Disease Program, Toronto Western Hospital, UHN, University of Toronto, Ontario, Canada; Research Imaging Centre, Centre for Addiction and Mental Health, University of Toronto, Ontario, Canada; Division of Brain, Imaging and Behaviour-Systems Neuroscience, Toronto Western Research Institute, UHN, University of Toronto, Ontario, Canada.

Abstract

Impulse control disorders such as pathological gambling (PG) are a serious and common adverse effect of dopamine (DA) replacement medication in Parkinson's disease (PD). Patients with PG have increased impulsivity and abnormalities in striatal DA, in common with behavioural and substance addictions in the non-PD population. To date, no studies have investigated the role of extrastriatal dopaminergic abnormalities in PD patients with PG. We used the PET radiotracer, [11C] FLB-457, with high-affinity for extrastriatal DA D2/3 receptors. 14 PD patients on DA agonists were imaged while they performed a gambling task involving real monetary reward and a control task. Trait impulsivity was measured with the Barratt Impulsivity Scale (BIS). Seven of the patients had a history of PG that developed subsequent to DA agonist medication. Change in [11C] FLB-457 binding potential (BP) during gambling was reduced in PD with PG patients in the midbrain, where D2/D3 receptors are dominated by autoreceptors. The degree of change in [11C] FLB-457 binding in this region correlated with impulsivity. In the cortex, [11C] FLB-457 BP was significantly greater in the anterior cingulate cortex (ACC) in PD patients with PG during the control task, and binding in this region was also correlated with impulsivity. Our findings provide the first evidence that PD patients with PG have dysfunctional activation of DA autoreceptors in the midbrain and low DA tone in the ACC. Thus, altered striatal and cortical DA homeostasis may incur vulnerability for the development of PG in PD, linked with the impulsive personality trait.

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PMID: 22766031 [PubMed - as supplied by publisher]

Related citations



31. Psychiatry Res. 2012 Jul 3. [Epub ahead of print]

Neuropsychological performance, impulsivity, ADHD symptoms, and novelty seeking in compulsive buying disorder.

Black DW, Shaw M, McCormick B, Bayless JD, Allen J .

Source

Department of Psychiatry, University of Iowa Roy J. and Lucille A. Carver College of Medicine, Iowa City, IA 52242, USA.

Abstract

We examined the neuropsychological performance of people with compulsive buying disorder (CBD) and control subjects, along with trait impulsivity, symptoms of attention deficit hyperactivity disorder (ADHD), and selected personality characteristics. Subjects received a comprehensive neuropsychological test battery, depression and ADHD symptom assessment, the Barratt Impulsiveness Scale, and a version of the Temperament and Character Inventory. Persons with CBD (n=26) and controls (n=32) were comparable in terms of age, sex, and years of education. Subjects with CBD had a mean age of 36.3 years (S.D.=15.7) and an age at onset of 19.7 years (S.D.=7.0). Compulsive buyers had more lifetime mood, anxiety, and impulse control disorders. People with Compulsive buying performed significantly better on the Wechsler Abbreviated Scale of Intelligence Picture Completion task, a test of visual perception; otherwise, there were no consistent differences in neuropsychological measures. They also had elevated levels of self-reported depression, ADHD symptoms, trait impulsivity, and novelty seeking. In conclusion, compulsive buyers have greater lifetime psychiatric comorbidity than controls, and higher levels of self-rated depression, ADHD symptoms, trait impulsivity, and novelty seeking. The present study does not support the notion that there is a pattern of neuropsychological deficits associated with CBD.

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PMID: 22766012 [PubMed - as supplied by publisher]

Related citations



32. Clin Psychol Psychother. 2012 Jul 4. doi: 10.1002/cpp.1808. [Epub ahead of print]
[Disorder in the Proposed DSM-5 Classification of Personality Disorders.](#)

Livesley WJ.

Source

University of British Columbia, Department of Psychiatry, Vancouver, BC, Canada.
william.livesley@ubc.ca.

PMID: 22760991 [PubMed - as supplied by publisher]

Related citations



33. Clin Psychol Psychother. 2012 Jul 4. doi: 10.1002/cpp.1807. [Epub ahead of print]
[DSM-5 Personality Disorders: Stop Before it is Too Late.](#)

Emmelkamp P, Power M.

Source

University of Amsterdam, Department of Clinical Psychology, The Netherlands.
PMID: 22760968 [PubMed - as supplied by publisher]

Related citations



34. Soc Psychiatry Psychiatr Epidemiol. 2012 Jul 4. [Epub ahead of print]
Assessing overweight and obesity across mental disorders: personality disorders at high risk.

Stanley SH, Laugharne JD, Addis S, Sherwood D.

Source

School of Psychiatry and Clinical Neurosciences, Community, Culture and Mental Health Unit, University of Western Australia, Fremantle Hospital, W Block, L6, 1 Alma Street, Fremantle, WA, 6160, Australia, Susanne.Stanley@uwa.edu.au.

Abstract

PURPOSE:

The aim of the present investigation is to assess the prevalence of obesity in people diagnosed as having a mental illness and to investigate differences between disorders. This adds to the paucity of research in this particular population of people and assists with preventative knowledge to obtain optimum physical health.

METHODS:

Data were collected for all 508 male and female inpatients (new and already existing) in a public mental health service centre in Western Australia between January and December 2008. Current weight for all patients and weight gain for some patients were calculated to obtain a body mass index (BMI) value, and diagnostic information was aligned to one of the six major categories of mental illness.

RESULTS:

The percentage of obese inpatients (30.3 %) was much higher than that of the general population (21.4 %), with females showing a higher propensity toward obesity than males. Most diagnostic categories had a mean BMI in the overweight range, whereas Personality Disorders had a mean BMI in the obese range (30.07). A gradual increase in weight over a 9-month time period can be seen in most patients who were assessed on more than one occasion.

CONCLUSIONS:

The proportion of obese people within the mental health system far exceeds that of the general population, with these people at a much greater risk of becoming obese. The highest level of obesity was found in people with a personality disorder rather than in people with psychosis. Further research is needed to ease out the mitigating factors behind weight gain occurring across disorders.

PMID: 22760817 [PubMed - as supplied by publisher]

Related citations



35. Int J Psychiatry Clin Pract. 2012 Jul 3. [Epub ahead of print]

[Are there associations between caregiver information and suicidal behavior in psychiatric inpatients?](#)

Bauer R, Spiessl H, Schmidt T.

Source

Department of Psychiatry and Psychotherapy , University Regensburg , Germany.

Abstract

Objective: The study aimed at exploring associations between inpatient suicides/attempted suicides in a psychiatric hospital and involvement of family caregivers in treatment.

Methods: Based on the German psychiatric basic documentation systems (DGPPN-BADO), we analyzed a total sample of 49,257 cases of inpatient care (1998-2007) from a large psychiatric tertiary care university hospital and as a subsample all cases of schizophrenia, depression, acute stress/adjustment disorders and personality disorders (n = 22,880).

Involvement of family caregivers was evaluated according to the following variables: admission to hospital due to recommendation of caregiver, conversation between therapist and caregiver, psychoeducation of caregiver as well as psychopharmacological and/or psychotherapeutic non-compliance of patient. Descriptive and bivariate analyses were performed. **Results:** Of the 22,880 cases in the subsample, 31 inpatient suicides and 198 attempted inpatient suicides were recorded. We could not find any significant associations of caregiver involvement variables with inpatient suicide. In contrast, for the total sample (n = 49,257), attempted suicide was associated with more conversation between therapists and caregivers ($\chi(2) = 3.863$, $df = 1$, $p = 0.049$) and with psychopharmacological ($\chi(2) = 4.822$, $df = 1$, $p = 0.028$) and psychotherapeutic ($\chi(2) = 13.041$, $df = 1$, $p = 0.000$) non-compliance of the patients. **Conclusion:** Further research is needed regarding the influence of caregivers on suicidal behavior of mentally ill inpatients.

PMID: 22759193 [PubMed - as supplied by publisher]

Related citations

36. Int J Psychiatry Clin Pract. 2012 Jul 21. [Epub ahead of print]

Psychopathology in a sample of candidate patients for bariatric surgery.

Martínez EP, González ST, Vicente MM, van-der Hofstadt Román CJ, Rodríguez-Marín J.

Source

University General Hospital of Alicante , Spain.

Abstract

Background. The prevalence of morbid obesity and the popularity of bariatric surgery have grown in recent years. Many surgical protocols require that the candidates undergo a pre-operative psychological evaluation. We describe the psychopathological characteristics of both clinical syndromes (Axis I of the DSM-IV), as well as personality disorders (Axis II of the DSM-IV), in a sample of morbidly obese patients accepted as bariatric surgery candidates and who participate in a specific surgery preparatory programme, and we analyze its relationship with personality clusters. **Methods.** The Millon Clinical Multiaxial Inventory-III (MCMI-III) scores from 50 patients attending for bariatric surgery were cluster analyzed in hopes of identifying clinical subgroups corresponding to typical personality profiles. **Results.** With regard to personality disorders, the highest prevalence was found in the histrionic disorder, followed by obsessive-compulsive disorder. Cluster analysis revealed three personality profiles, which were validated by examining demographics, morphological variables, scores on anxiety and depression psychometric scales, and MCMI-III clinical scales scores. Groups were different in virtually all the MCMI-III clinical scores, as well as in depression and trait anxiety, with Cluster 3 presenting the worst scores. **Conclusions.** These findings suggest that morbidly obese patients are heterogeneous in their psychological profiles, highlighting Cluster C disorders.

PMID: 22746988 [PubMed - as supplied by publisher]

Related citations

1. Med Sci Monit. 2012 Oct;18(10):CS85-89.

A cry for help, do not omit the signs. Dermatitis artefacta - psychiatric problems in dermatological diseases (a review of 5 cases).

Wojewoda K, Brenner J, Kałol M, Naesström M, Cubala WJ, Kozicka D, Nowicki R, Sokółowska-Wojdyło M, Barańska-Rybak W.

Source

Student Scientific Association in Department of Dermatology, Venereology and Allergology, Medical University of Gdansk, Gdansk, Poland.

Abstract

Background: Dermatitis artefacta (DA) is a dermatologicopsychiatric illness that is a conscious self-infliction of lesions to accessible regions of the body. The lesions usually do not resemble those of any known skin disease and there are no specific diagnostic tests to recognize them. This makes dermatitis artefacta a very slow, challenging and expensive disease to diagnose. **Case Report:** We present 5 different clinical cases of dermatitis artefacta treated in the Department of Dermatology, Venereology and Allergology, Medical University of Gdańsk in 2011. Detailed anamnesis and physical examination were performed at the day of admission. All patients had biochemical and hematological blood tests, skin biopsies and swabs for bacteriological examination, and photographs were taken. Psychiatric consultation was recommended in all cases. Clinical symptoms before diagnosis lasted from 1 to 10 years. The female-to-male ratio is 1:0.7, with age range of 57-62 years. Of our patients, only 2 refused a psychiatric consultation. Three out of 5 patients denied self-mutilation (2 of those 3 patients finally admitted to self-manipulations). Lesions were usually within the reach of the dominant hand. Two patients have other personality disorders. In 4/5 cases visible improvement after treatment with occlusive dressings were observed. **Conclusions:** We discuss and attempt to depict issues associated with collaboration between dermatologists and psychiatrists, reasons for poor recognition of the disease, very long diagnosis and high costs. To conclude, we found that close collaboration between dermatologists and psychiatrists is important in diagnosing and treating DA patients.

PMID: 23018360 [PubMed - in process]

Related citations

2. Psychiatry Res. 2012 Sep 24. pii: S0165-1781(12)00475-1. doi:

10.1016/j.psychres.2012.09.001. [Epub ahead of print]

Personality features of obese women in relation to binge eating and night eating.

Dalle Grave R, Calugi S, Marchesini G, Beck-Peccoz P, Bosello O, Compare A, Cuzzolaro M, Grossi E, Mannucci E, Molinari E, Tomasi F, Melchionda N; for the QUOVADIS II Study Group.

Source

Department of Eating & Weight Disorder, Villa Garda Hospital, Verona.

Abstract

Personality traits can affect eating behaviors, the development of obesity as well as obesity treatment failure. We investigated the personality characteristics and their relation with disordered eating in 586 obese women consecutively seeking treatment at eight Italian medical centers (age, 47.7±9.8 years) and 185 age-matched, normal weight women without symptoms of eating disorders (Eating Attitude Test<20). The assessment included anthropometry, the Temperament and Character Inventory (TCI), the Binge Eating Scale (BES) and the Night Eating Questionnaire (NEQ). Logistic regression analyses were carried out in different models with BES score≥27 and NEQ≥30 as dependent variables and TCI

scores as independent factors. Personality traits of obese individuals included significantly lower self-directedness and cooperativeness on TCI. BES and NEQ scores were higher in obese women, and values above the defined cut-offs were present in 77 and 18 cases (14 with high BES), respectively. After controlling for age and BMI, high BES values were associated with high novelty seeking and harm avoidance and low self-directedness, the last two scales being also associated with high NEQ. We conclude that personality traits differ between obese patients seeking treatment and controls, and the presence of disordered eating is associated with specific personality characteristics.

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PMID: 23017653 [PubMed - as supplied by publisher]

Related citations



3. Australas Psychiatry. 2012 Sep 26. [Epub ahead of print]

Diagnostic processes in mental health: GPs and psychiatrists reading from the same book but on a different page.

Lampe L, Shadbolt N, Starcevic V, Boyce P, Brakoulias V, Hitching R, Viswasam K, Walter G, Malhi G.

Source

Senior Lecturer, Discipline of Psychiatry, Sydney Medical School, University of Sydney, Sydney, NSW, Australia.

Abstract

OBJECTIVE:

To explore the clinical reasoning processes underpinning diagnostic and management decision-making in treating patients presenting with psychological distress in general practice.

METHOD:

Practising GPs were invited to attend small-group workshops in which two case histories were presented. Discussion was GP-facilitated and recorded for thematic analysis. GPs provided demographic data, completed personality and attitudinal questionnaires, and answered a series of multiple-choice questions embedded in the cases.

RESULTS:

GPs recognize the possibility of psychiatric disorders early in the clinical reasoning process, but are cautious about applying definitive diagnoses. GPs perceive that patients may be resistant to a psychiatric diagnosis and instead emphasize the need to build rapport and explore and exclude physical comorbidities. GPs see patients with a broad spectrum of distress, illness and impairment, in whom the initial presentation of psychological symptoms

is often poorly differentiated and somatically focused, requiring elucidation over time. GPs therefore adopt a longitudinal strategy for diagnosis rather than investing heavily in cross-sectional assessment.

CONCLUSION:

GPs appear cognizant of possible psychiatric disorders and management strategies, but employ diagnostic strategies and decision-making processes that, in addition to experience and expertise, likely reflect key differences between the primary care and specialist practice settings.

PMID: 23014118 [PubMed - as supplied by publisher]

Related citations



4. J Pers Disord. 2012 Oct;26(5):i-iii.

Perspective: celebrating the 25th anniversary of the international society for the study of personality disorders.

[No authors listed]

PMID: 23013349 [PubMed - in process]

Related citations



5. J Pers Disord. 2012 Oct;26(5):804-14.

The Course of Anxiety Disorders Other Than PTSD in Patients with Borderline Personality Disorder and Axis II Comparison Subjects: A 10-Year Follow-Up Study.

Silverman MH, Frankenburg FR, Reich DB, Fitzmaurice G, Zanarini MC.

Abstract

The objectives of this study were to assess the rates of comorbid anxiety disorders other than PTSD in patients with borderline personality disorder (BPD) and Axis II comparison subjects over ten years of prospective follow-up and to determine time-to-remission, recurrence, and new onset of these disorders. The SCID I was administered to 290 borderline patients and 72 Axis II comparison subjects at baseline and at five contiguous 2-year follow-up waves. The rates of anxiety disorders for those in both groups declined significantly over time, although they remained significantly higher among borderline patients. By 10-year follow-up, the rates of remission for borderline patients who met criteria for these disorders at baseline were high, while the rates of recurrences and new onsets were moderate. These results suggest that anxiety disorders are very common over time among borderline patients. They also suggest that these disorders have an intermittent course among those with BPD.

PMID: 23013347 [PubMed - in process]

Related citations



6. J Pers Disord. 2012 Oct;26(5):793-803.

A Comparison of Latent Class, Latent Trait, and Factor Mixture Models of DSM-IV Borderline Personality Disorder Criteria in a Community Setting: Implications for DSM-5.

Conway C, Hammen C, Brennan P.

Abstract

With the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) scheduled for publication in 2013, researchers continue to debate the optimal classification of borderline personality disorder (BPD). Much of the discussion has focused on the relative merits of dimensional versus categorical classification schemes for BPD. Advances in statistical technologies have made it possible to adjudicate between continuous and categorical models of BPD using quantitative methods, yet no prior studies have attempted such a comparison. The current study directly compares the fit of dimensional, categorical, and hybrid models of BPD in a large community sample ($N = 700$) of young adults at risk for psychopathology due to elevated rates of maternal depression. BPD symptoms were assessed using the Structured Clinical Interview for DSM-IV Axis II Personality Disorders (SCID-II). Latent class, latent trait, and factor mixture models of SCID-II symptoms were estimated, and a latent trait model provided superior fit to the data, supporting a dimensional conceptualization of borderline pathology. The nosological implications of these results are discussed with respect to a "hybrid" model of BPD diagnosis currently under consideration for DSM-5.

PMID: 23013346 [PubMed - in process]

Related citations



7. *J Pers Disord.* 2012 Oct;26(5):775-92.

Personality disorders, violence, and antisocial behavior: a systematic review and meta-regression analysis.

Yu R, Geddes JR, Fazel S.

Abstract

The risk of antisocial outcomes in individuals with personality disorder (PD) remains uncertain. The authors synthesize the current evidence on the risks of antisocial behavior, violence, and repeat offending in PD, and they explore sources of heterogeneity in risk estimates through a systematic review and meta-regression analysis of observational studies comparing antisocial outcomes in personality disordered individuals with controls groups. Fourteen studies examined risk of antisocial and violent behavior in 10,007 individuals with PD, compared with over 12 million general population controls. There was a substantially increased risk of violent outcomes in studies with all PDs (random-effects pooled odds ratio [OR] = 3.0, 95% CI = 2.6 to 3.5). Meta-regression revealed that antisocial PD and gender were associated with higher risks ($p = .01$ and $.07$, respectively). The odds of all antisocial outcomes were also elevated. Twenty-five studies reported the risk of repeat offending in PD compared with other offenders. The risk of a repeat offense was also increased (fixed-effects pooled OR = 2.4, 95% CI = 2.2 to 2.7) in offenders with PD. The authors conclude that

although PD is associated with antisocial outcomes and repeat offending, the risk appears to differ by PD category, gender, and whether individuals are offenders or not.

PMID: 23013345 [PubMed - in process]

Related citations



8. J Pers Disord. 2012 Oct;26(5):763-74.

Personality disorder features through the life course.

Gutiérrez F, Vall G, Peri JM, Baillés E, Ferraz L, Gárriz M, Caseras X.

Abstract

Personality Disorders have proved to be more fluid through the life course than previously thought. However, because analyses have usually been undertaken at the level of diagnostic categories, relevant findings may be obscured. An examination at the criteria level could bypass arbitrary aggregations of heterogeneous traits and thus offer more accurate information. To this end, we administered the Personality Diagnostic Questionnaire-4+ (PDQ-4+) to 1,477 patients aged 15 to 82. Nine of 12 disorders declined to some extent over the lifespan, but the evolution of individual criteria diverged within categories. At this level, 45 of 93 criteria showed age-related decreases, whereas only seven presented increases. A clearer picture is offered of the PD traits that change and those that remain stable. Thus, pathological features are not only more fluid, but developmentally more heterogeneous than previously believed.

PMID: 23013344 [PubMed - in process]

Related citations



9. J Pers Disord. 2012 Oct;26(5):751-62.

Temporary separation from parents in early childhood and serious personality disorders in adult life.

Lahti M, Pesonen AK, Räikkönen K, Heinonen K, Wahlbeck K, Kajantie E, Osmond C, Barker DJ, Eriksson JG.

Abstract

We have previously shown that the temporary separation of Finnish children from both parents during World War II predicted any serious mental, substance use, and personality disorders in adulthood. Here we examine if parental separation is a specific vulnerability factor for any- and dramatic personality disorders relative to other mental disorders. We extracted information on separations from the Finnish National Archives and psychiatric diagnoses from the national Hospital Discharge and Causes of Death-Registers. Of the 12,734 Helsinki Birth Cohort Study participants, 1,717 were separated, 1,487 had any mental, 194 any personality, and 77 dramatic personality disorders. In those who were separated, the risk of any serious personality disorders was significantly higher also among individuals with any serious mental disorders. The increased risks of any serious and dramatic personality disorders

were particularly characteristic of individuals separated before the age of five, and that of dramatic personality disorder of separated men. Parental separation may thus be a specific vulnerability factor for serious personality disorders.

PMID: 23013343 [PubMed - in process]

Related citations



10. J Pers Disord. 2012 Oct;26(5):737-50.

[Perinatal risk factors in offenders with severe personality disorder: a population-based investigation.](#)

Fazel S, Bakiyeva L, Cnattingius S, Grann M, Hultman CM, Lichtenstein P, Geddes JR.

Abstract

Although perinatal factors are associated with the development of several psychiatric disorders, it is unknown whether these factors are linked with personality disorder. Cases of personality disorder were drawn from a national registry of all forensic psychiatric evaluations (n = 150). Two control groups were used: (1) A sample of forensic evaluations without any psychiatric disorder (n = 97) allowing for a nested case-control investigation; and (2) A population-based sample matched by age and gender with no history of psychiatric hospitalization (n = 1498). Prematurity (<37 weeks of completed gestation) was significantly associated with a diagnosis of personality disorder, both in the nested and the population-based case-control comparisons with adjusted odds ratios (OR) for this risk factor ranging from 2 to 4. Asphyxia (adjusted OR = 2.4, 95% CI: 1.4-4.1) and complicated delivery (adjusted OR = 1.5, 1.0-2.1) were associated with personality disorder in the population-based study, and the former remained significant in multivariate models. Overall, perinatal complications were found to be associated with a later diagnosis of personality disorder in this selected sample. As with other psychiatric disorders where such associations have been demonstrated, changes during the perinatal period may lead to abnormal brain development and function.

PMID: 23013342 [PubMed - in process]

Related citations



11. J Pers Disord. 2012 Oct;26(5):704-16.

[Core features of personality disorder: differentiating general personality dysfunctioning from personality traits.](#)

Berghuis H, Kamphuis JH, Verheul R.

Abstract

The distinction between general personality dysfunctioning (GPD) and specific personality traits (SPT) is an important focus of attention in the proposed revisions of the DSM-5. The present study explores the distinction between GPD and SPT using the self-report

questionnaires General Assessment of Personality Disorder (GAPD) and Severity Indices for Personality Problems (SIPP-118) to measure GPD, and the NEO-PI-R to measure SPT. The sample consisted of 424 psychiatric patients. Using principal component analysis, GPD and SPT appeared to be clearly distinct components of personality. Our GPD model consisted of three factors, i.e., Self-identity dysfunctioning, Relational dysfunctioning, and Prosocial functioning. This model remained by and large intact when combined with SFT factors. Our findings support the distinction between personality traits and personality dysfunction laid down in the recent proposal by the Personality and Personality Disorders Work Group of the DSM-5 Task Force.

PMID: 23013339 [PubMed - in process]

Related citations



12. J Pers Disord. 2012 Oct;26(5):689-703.

[Retention or Deletion of Personality Disorder Diagnoses for DSM-5: An Expert Consensus Approach.](#)

Mullins-Sweatt SN, Bernstein DP, Widiger TA.

Abstract

One of the official proposals for the fifth edition of the American Psychiatric Association's (APA) diagnostic manual (DSM-5) is to delete half of the existing personality disorders (i.e., dependent, histrionic, narcissistic, paranoid, and schizoid). Within the APA guidelines for DSM-5 decisions, it is stated that there should be expert consensus agreement for the deletion of a diagnostic category. Additionally, categories to be deleted should have low clinical utility and/or minimal evidence for validity. The current study surveyed members of two personality disorder associations (n = 146) with respect to the utility, validity, and status of each DSM-IV-TR personality disorder diagnosis. Findings indicated that the proposal to delete five of the personality disorders lacks consensus support within the personality disorder community.

PMID: 23013338 [PubMed - in process]

Related citations



13. J Pers Disord. 2012 Oct;26(5):676-88.

[Alexithymia as a mediator between attachment and the development of borderline personality disorder in adolescence.](#)

Deborde AS, Miljkovitch R, Roy C, Dugré-Le Bigre C, Pham-Scottez A, Speranza M, Corcos M.

Abstract

Insecure attachment and the inability to identify emotions have both been put forward as possible explanations for dysfunction of the emotional system in borderline personality disorder (BPD). This study aimed to test a model according to which the influence of

attachment on the development of BPD in adolescence is mediated by alexithymia. Borderline severity was assessed by means of the Structured Interview for DSM-IV Personality Disorders. Attachment and alexithymia were measured respectively with the Relationship Styles Questionnaire and the Toronto Alexithymia Scale. Mediation analyses conducted on 105 participants (54 with BPD and 51 matched controls) suggest that the role of security and negative model of self (i.e., preoccupied and fearful attachment styles) in the development of BPD symptoms are mediated by alexithymia.

PMID: 23013337 [PubMed - in process]

Related citations



14. *J Pers Disord.* 2012 Oct;26(5):641-59.

The Maladaptive Personality Traits of the Personality Inventory for DSM-5 (PID-5) in Relation to the HEXACO Personality Factors and Schizotypy/Dissociation.

Ashton MC, Lee K, de Vries RE, Hendrickse J, Born MP.

Abstract

The Personality Inventory for DSM-5 (PID-5), a new measure of maladaptive personality traits, has recently been developed by the DSM-5 Personality and Personality Disorders Workgroup. The PID-5 variables were examined within the seven-factor space defined by the six HEXACO factors and the Schizotypy/Dissociation factor (Ashton & Lee, 2012) using participant samples from Canada (N = 378) and the Netherlands (N = 476). Extension analyses showed that several PID-5 facet-level scales represented each of the Honesty-Humility, Emotionality, Extraversion, Conscientiousness, and Schizotypy/Dissociation factors. In contrast, only one PID-5 scale loaded strongly on HEXACO Agreeableness, and no PID-5 scales loaded strongly on Openness to Experience. In addition, a joint factor analysis involving the PID-5 variables and facets of the Five-Factor Model was conducted in the Canadian sample and recovered a set of seven factors corresponding rather closely to the HEXACO factors plus Schizotypy/Dissociation. The authors discuss implications for the assessment and structure of normal and abnormal personality.

PMID: 23013335 [PubMed - in process]

Related citations



15. *Psychopathology.* 2012 Sep 20. [Epub ahead of print]

Axis II Comorbidity of Borderline Personality Disorder in Adolescents.

Loas G, Pham-Scottez A, Cailhol L, Perez-Diaz F, Corcos M, Speranza M.

Source

Antenne de Psychiatrie, CHU d'Amiens, University of Picardie, Amiens, France.

Abstract

Aims: The objective of the present study was to explore the comorbidity of borderline personality disorder (BPD) with other personality disorders in adolescents and compare these comorbidities in male and female subjects. **Methods:** The sample was drawn from a European research project investigating the phenomenology of BPD in adolescence (EURNET BPD). A total of 85 BPD patients (11 boys and 74 girls) with a mean age of 16.3 years were included in the study. **Results:** According to the results of the Structured Interview for DSM-IV Disorders of Personality, obsessive-compulsive (35.3%), antisocial (22.4%), avoidant (21.2%), dependent (11.8%) and paranoid (9.4%) personality disorders had significant co-occurrences with BPD. Although none of the gender differences was statistically significant, we observed a trend towards higher rates of antisocial personality disorders in men (45.5%) than in women (19%). **Conclusion:** The study results confirmed the frequency of Axis II comorbidity in adolescents with BPD and, for the first time, evidenced a differential pattern of comorbidity in males and females. This differential pattern must be taken into account when developing treatment strategies for adolescents with BPD.

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PMID: 23006475 [PubMed - as supplied by publisher]

Related citations



16. Psychopathology. 2012 Sep 21. [Epub ahead of print]

Cognitive and Affective Dimensions of Difficulties in Emotional Functioning in Somatoform Disorders and Borderline Personality Disorder.

van Dijke A, van der Hart O, van Son M, Bühring M, van der Heijden P, Ford JD.

Source

Delta Psychiatric Hospital, Poortugaal, The Netherlands.

Abstract

Background: To study difficulties in emotional functioning in two mental disorders that have been associated with difficulties in identifying and modulating emotions: borderline personality disorder (BPD) and somatoform disorder (SoD). **Sampling and Methods:** In 472 psychiatric inpatients, difficulties in emotional functioning were measured using the Bermond-Vorst Alexithymia Questionnaire. **Results:** Profiles of difficulties in emotional functioning were identified, suggesting that patients diagnosed with BPD with or without SoD were more likely to report difficulty identifying emotions and less likely to report reduced ability to fantasize or 'pensée opératoire' (externally oriented thinking) than patients diagnosed with SoD only and patients with mixed anxiety and affective disorders. SoD patients were more likely to report reduced ability to phantasize or pensée opératoire than difficulty identifying emotions. Patients with mixed anxiety and affective disorders were more likely to report reduced ability to experience emotions than patients diagnosed with

BPD and/or SoD. Conclusions: By using a finer-grained perspective on difficulties in emotional functioning some evidence was found for the existence of cognitive-emotional profiles that may provide more clinically relevant information than alexithymia as just a unitary construct. Further research on cognitive-emotional profiles of difficulties in emotional functioning is needed to advance the understanding, diagnosis and treatment of mental disorders.

Copyright © 2012 S. Karger AG, Basel.

PMID: 23006331 [PubMed - as supplied by publisher]

Related citations



17. Chronobiol Int. 2012 Sep 24. [Epub ahead of print]
Circadian Typology: A Comprehensive Review.

Adan A, Archer SN, Hidalgo MP, Milia LD, Natale V, Randler C.

Source

Department of Psychiatry and Clinical Psychobiology, School of Psychology , University of Barcelona , Spain.

Abstract

The interest in the systematic study of the circadian typology (CT) is relatively recent and has developed rapidly in the two last decades. All the existing data suggest that this individual difference affects our biological and psychological functioning, not only in health, but also in disease. In the present study, we review the current literature concerning the psychometric properties and validity of CT measures as well as individual, environmental and genetic factors that influence the CT. We present a brief overview of the biological markers that are used to define differences between CT groups (sleep-wake cycle, body temperature, cortisol and melatonin), and we assess the implications for CT and adjustment to shiftwork and jet lag. We also review the differences between CT in terms of cognitive abilities, personality traits and the incidence of psychiatric disorders. When necessary, we have emphasized the methodological limitations that exist today and suggested some future avenues of work in order to overcome these. This is a new field of interest to professionals in many different areas (research, labor, academic and clinical), and this review provides a state of the art discussion to allow professionals to integrate chronobiological aspects of human behavior into their daily practice.

PMID: 23004349 [PubMed - as supplied by publisher]

Related citations



18. Psychodyn Psychiatry. 2012 Fall;40(3):505-32.
Psychotherapy and pharmacotherapy: a contemporary perspective.

Sandberg LS, Busch FN.

Abstract

Abstract A contemporary perspective on psychotherapy and pharmacotherapy views both treatments as somatic in nature. Abandoning Cartesian dualism frees the clinician to consider therapeutic options based on the best available evidence rather than falsely dichotomizing approaches as biological or psychological. Evidence-based medicine is a helpful though limited paradigm upon which to base treatment decisions. Instead, clinicians should strive for an evidence-informed approach that is patient centered. This approach is illustrated in relation to depressive illness where moderators of outcome are examined (illness severity, history of trauma, personality disorders, patient preference) that will influence clinical recommendations on combining treatment. Psychotherapy is increasingly proving to be a valuable therapeutic modality across the severity spectrum, a finding at odds with current treatment practices.

PMID: 23002707 [PubMed - in process]

Related citations



19. J Affect Disord. 2012 Sep 20. pii: S0165-0327(12)00506-X. doi: 10.1016/j.jad.2012.07.004. [Epub ahead of print]

Comorbidity of personality disorders in anxiety disorders: A meta-analysis of 30 years of research.

Friborg O, Martinussen M, Kaiser S, Overgård KT, Rosenvinge JH.

Source

Faculty of Health Sciences, Department of Psychology, University of Tromsø, Norway; Psychiatric Research Centre of Northern Norway, University Hospital of Northern Norway, Tromsø, Norway. Electronic address: oddgeir.friborg@uit.no.

Abstract

BACKGROUND:

A comprehensive meta-analysis to identify the proportions of comorbid personality disorders (PD) across the major subtypes of anxiety disorders (AD) has not previously been published.

METHODS:

A literature search identified 125 empirical papers from the period 1980–2010 on patients with panic disorders, social phobia, generalised anxiety, obsessive-compulsive (OCD) and post-traumatic stress disorder (PTSD). Several moderators were coded.

RESULTS:

The rate of any comorbid PD was high across all ADs, ranging from .35 for PTSD to .52 for OCD. Cluster C PDs occurred more than twice as often as cluster A or B PDs. Within cluster C the avoidant PD occurred most frequently, followed by the obsessive-compulsive and the dependent PD. PTSD showed the most heterogeneous clinical picture and social phobia was highly comorbid with avoidant PD. A range of moderators were examined, but most were non-significant or of small effects, except an early age of onset, which in social phobia increased the risk of an avoidant PD considerably. Gender or duration of an AD was not related to variation in PD comorbidity.

LIMITATIONS:

Blind rating of diagnoses was recorded from the papers as an indication of diagnostic validity. However, as too few studies reported it the validity of the comorbid estimates of PD was less strong.

CONCLUSIONS:

The findings provided support to several of the proposed changes in the forthcoming DSM-5. Further comorbidity studies are needed in view of the substantial changes in how PDs will be diagnosed in the DSM-5.

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PMID: 22999891 [PubMed - as supplied by publisher]

Related citations



20. Eur Psychiatry. 2012 Sep 19. pii: S0924-9338(12)00076-4. doi: 10.1016/j.eurpsy.2012.06.002. [Epub ahead of print]

Psychiatric disorders in low birthweight young adults. Prevalence and association with assessments at 11 years.

Elgen IB, Holsten F, Odberg MD.

Source

Department of Clinical Medicine, University of Bergen, Bergen, Norway; Department of Child and Adolescent Psychiatry, Haukeland University Hospital, Norway; Department of Pediatric, Haukeland University Hospital, Norway. Electronic address: ielg@helse-bergen.no.

Abstract

OBJECTIVE:

To compare mental health of 136 young adults without neurosensory handicaps born with low birthweight (LBW, birthweight less than 2000g) with 132 adults with normal birthweight (NBW).

METHOD:

A cohort of moderate LBW and NBW young adults were assessed with the Mini-International Neuropsychiatric Interview (MINI) at 19 years and the Children Assessment Schedule (CAS) at 11 years of age.

RESULTS:

At 19 years of age, 44 out of 136 (32%) LBW young adults were diagnosed with a psychiatric disorder compared to 10% NBW (OR: 2.8; 95% CI: 1.1, 4.5, P=0.02). Among the LBW young adults, affective-, anxiety-, ADHD- and antisocial personality disorders were most common, and nine subjects (20%) had more than one diagnosis. Of 97 LBW subjects examined both at 11 and 19 years of age, 54 (56%) were mentally healthy though out adolescence. This was half as many as for controls (OR: 0.6; 95% CI: 0.3 to 0.9).

CONCLUSION:

Moderate LBW was associated with an increased risk of psychiatric disorders in young adulthood. Only half of LBW young adults stayed healthy throughout adolescence.

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PMID: 22999438 [PubMed - as supplied by publisher]

Related citations



21. Int Psychogeriatr. 2012 Sep 24:1-5. [Epub ahead of print]
Issues regarding the proposed DSM-5 personality disorders in geriatric psychology and psychiatry.

Van Alphen SP, Rossi G, Segal DL, Rosowsky E.

Source

Department of Old Age Psychiatry, Mondriaan Hospital, Heerlen-Maastricht, the Netherlands Email: spj.vanalphen@planet.nl.

PMID: 22999101 [PubMed - as supplied by publisher]

Related citations



22. Compr Psychiatry. 2012 Sep 18. pii: S0010-440X(12)00200-3. doi: 10.1016/j.comppsy.2012.07.064. [Epub ahead of print]

Usefulness of the International Personality Disorder Examination screening questionnaire for borderline and impulsive personality pathology in adolescents.

Magallón-Neri EM, Fornis M, Canalda G, De La Fuente JE, García R, González E, Lara A, Castro-Fornieles J.

Source

Department of Child and Adolescent Psychiatry and Psychology, Institute of Neurosciences Hospital Clinic Universitari of Barcelona, and Biomedical Research Center in Mental Health Network CIBERSAM, Spain; Department of Personality, Assessment and Psychological Treatment, Faculty of Psychology, University of Barcelona, Spain. Electronic address: emagallonneri@ub.edu.

Abstract

The aim of this study was to analyze the usefulness of the International Personality Disorder Examination Screening Questionnaire (IPDE-SQ) for identifying DSM-IV and ICD-10 Borderline and Impulsive personality disorders (PD) in Spanish adolescents.

METHOD:

The DSM-IV and ICD-10 IPDE-SQ screeners were used and compared with the diagnoses obtained with the IPDE semistructured interview in a sample of 125 adolescents treated in a psychiatric department.

RESULTS:

For primary screening, the cutoff point with the best combination of sensitivity and specificity for ICD-10 impulsive and borderline PDs was obtained with three positive items, whereas for DSM-IV borderline the best PD cut-off was five positive items. For secondary screening, the best option would be one item above the cut-off points proposed for primary screening.

CONCLUSION:

The 3-item cut-off point in the IPDE-SQ produces a high proportion of false positives on impulsive and borderline PDs in clinical adolescents. We propose several cut-off points, depending on whether the study is designed to perform primary or secondary screening.

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PMID: 22998845 [PubMed - as supplied by publisher]

Related citations



23. Compr Psychiatry. 2012 Sep 17. pii: S0010-440X(12)00198-8. doi: 10.1016/j.comppsy.2012.07.062. [Epub ahead of print]
Individuals with single versus multiple suicide attempts over 10years of prospective follow-up.

Boisseau CL, Yen S, Markowitz JC, Grilo CM, Sanislow CA, Shea MT, Zanarini MC, Skodol AE, Gunderson JG, Morey LC, McGlashan TH.

Source

Department of Psychiatry and Human Behavior, Warren Alpert Brown Medical School, Providence, RI, USA; Butler Hospital, Providence, RI, USA. Electronic address: christina_boisseau@brown.edu.

Abstract

BACKGROUND:

The study attempted to identify characteristics that differentiate multiple suicide attempters from single attempters in individuals with personality disorders (PDs) and/or major depression.

METHOD:

Participants were 431 participants enrolled in the Collaborative Longitudinal Study of Personality Disorders from July 1996 to June 2008. Suicide attempts were assessed with the Longitudinal Interval Follow-up Evaluation at 6 and 12months, then yearly through 10years. Logistic regression was used to compare single attempters to multiple attempters on Axis I and II psychiatric disorders and personality trait variables.

RESULTS:

Twenty-one percent of participants attempted suicide during the 10years of observation, with 39 (9.0%) reporting a single suicide attempt and 54 (12.5%) reporting multiple suicide attempts. Although no significant differences in were found in baseline Axis I disorders, multiple attempters were significantly more likely to meet criteria for borderline personality disorder and to have higher impulsivity scores than single attempters.

CONCLUSION:

These results underscore the importance of considering both personality disorders and traits in the assessment of suicidality.

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PMID: 22995448 [PubMed - as supplied by publisher]

Related citations

24. *Curr Opin Psychiatry*. 2012 Sep 20. [Epub ahead of print]
The third wave of cognitive behavioural therapies: what is new and what is effective?

Kahl KG, Winter L, Schweiger U.

Source

aDepartment of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Hannover bDepartment of Psychiatry and Psychotherapy, University of Lübeck, Lübeck, Germany.

Abstract

PURPOSE OF REVIEW:

The purpose of this study was to shortly characterize the evolving psychotherapeutic methods summarized as 'third wave psychotherapies' and to review recent research on the therapeutic impact of these methods.

RECENT FINDINGS:

'Third wave psychotherapies' comprise a heterogeneous group of treatments, including acceptance and commitment treatment, behavioural activation, cognitive behavioural analysis system of psychotherapy, dialectical behavioural therapy, metacognitive therapy, mindfulness-based cognitive therapy and schema therapy. Several randomized controlled trials, longitudinal case series and pilot studies have been performed during the past 3-5 years, showing the efficacy and effectiveness of 'third wave psychotherapies'.

SUMMARY:

The third wave of behavioural psychotherapies is an important arena of modern psychotherapy. It has added considerably to the spectrum of empirically supported treatments for mental disorders and influenced research on psychotherapy. The presented methods open up treatment possibilities for patient groups such as borderline personality disorder, chronic depression or generalized anxiety disorder that had received only little specific attention in the past. The available evidence now allows considering all third wave treatments as empirically supported.

PMID: 22992547 [PubMed - as supplied by publisher]

Related citations



25. *Prehosp Emerg Care*. 2012 Sep 19. [Epub ahead of print]
An Unexpected Intracranial Blade.

Vivien B, Lamhaut L, Carli P.

Source

From the SAMU de Paris, Département d'Anesthésie-Réanimation, Hôpital Necker, Enfants Malades , Université Paris Descartes, Paris , France .

Abstract

Abstract While self-mutilations with stab wounds are relatively common in psychiatric patients suffering from schizophrenia and personality disorders, they are rarely performed as suicidal attempts. Even in psychotic patients, suicidal stab wounds of the skull are rare in the literature. We report the case of a 34-year-old schizophrenic man whom emergency medical services (EMS) providers cared for at his home because of a complete self-amputation of his right hand, without any other apparent wound than a facial laceration. The patient was transferred to the acute surgical ward for evaluation of the possibility reimplantation of the amputated hand. When his neurologic status rapidly declined after hospital admission, a whole-body computed tomography (CT) scan was performed for other injuries. Unexpectedly, cerebral CT scan showed the presence of an intracranial 11-cm-long blade, whose distal tip was located in the left temporal cerebral lobe. Given the nature of the cerebral injuries on CT scan and the major impairment of the neurologic status of the patient, the neurosurgeon considered surgical extraction of the blade to be futile, and the patient's condition rapidly deteriorated to brain death.

PMID: 22991981 [PubMed - as supplied by publisher]

Related citations



26. Behav Sci Law. 2012 Sep 19. doi: 10.1002/bsl.2040. [Epub ahead of print]
[Psycholegal Abilities and Restoration of Competence to Stand Trial.](#)

Morris DR, Deyoung NJ.

Source

Logansport State Hospital, IRTC, Logansport, IN, 46947, U.S.A.. drdmo@hotmail.com.

Abstract

Criminal defendants adjudicated incompetent to stand trial are typically hospitalized for competence restoration in state institutions. Prolonged restoration hospitalizations involve civil rights concerns and increasing financial costs, and there remains interest in determining which individuals are likely to be successfully restored. We retrospectively reviewed hospital records of 455 male defendants admitted to a forensic treatment center for competence restoration in an effort to determine whether psychiatric diagnoses, demographic factors, or psycholegal abilities were predictive of successful or failed restoration. At varying stages of restoration efforts, psychotic disorder, mental retardation, and previous state hospitalization predicted unsuccessful restoration, while substance use and personality disorders were predictive of successful restoration. Psycholegal abilities were predictive of

successful restoration and appeared to form a continuum, with basic behavior and outlook, factual legal understanding, and rational attorney assistance factors demonstrating progressively increased importance in successful restoration. Copyright © 2012 John Wiley & Sons, Ltd.

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PMID: 22991326 [PubMed - as supplied by publisher]

Related citations



27. Behav Sci Law. 2012 Sep 19. doi: 10.1002/bsl.2037. [Epub ahead of print]

[Relative Contributions of Gender and Traumatic Life Experience to the Prediction of Mental Disorders in a Sample of Incarcerated Offenders.](#)

Gunter TD, Chibnall JT, Antoniak SK, McCormick B, Black DW.

Source

Indiana University School of Medicine, Department of Psychiatry, Division of Forensic Psychiatry, 1111 West 10th Street, Indianapolis, Indiana, 46202, U.S.A.; University of Iowa Carver College of Medicine, Department of Psychiatry. tdgunter@iupui.edu.

Abstract

The objective of this study was to quantify the relative contributions of gender and traumatic life experience to psychiatric disorders in a sample of 320 offenders entering a state prison. Women were more likely than men to report traumatic events and personal and family mental health treatment histories; and were more likely to meet criteria for posttraumatic stress, borderline personality, and eating disorders. People reporting traumatic life experiences were more likely than those not so reporting to have family mental histories and to meet criteria for mood, anxiety, psychotic, antisocial personality, and borderline personality disorders, as well as elevated suicide risk. With both gender and trauma included in the logistic regression models, only trauma was a significant predictor of mood, anxiety, psychotic, attention deficit hyperactivity, and antisocial personality disorders, as well as suicide risk. Trauma-informed programming, regardless of gender, is important for incarcerated offenders. To the extent that trauma is also criminogenic, these data suggest that women and men share the risk. Copyright © 2012 John Wiley & Sons, Ltd.

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PMID: 22991312 [PubMed - as supplied by publisher]

Related citations



28. Compr Psychiatry. 2012 Sep 14. pii: S0010-440X(12)00137-X. doi: 10.1016/j.comppsych.2012.07.008. [Epub ahead of print]

Father's parenting and father-child relationship among children and adolescents with attention-deficit/hyperactivity disorder.

Chang LR, Chiu YN, Wu YY, Gau SS.

Source

Department of Psychiatry, National Taiwan University Hospital, Yun-Lin Branch, Yunlin 64041, Taiwan; Department of Psychiatry, National Taiwan University, College of Medicine, Taipei 10002, Taiwan.

Abstract

OBJECTIVE:

Western literature documents impaired father-child interactions in addition to strong evidence of impaired mother-child interactions in children with attention-deficit/hyperactivity disorder (ADHD). However, the parenting process of fathers and their engagement in the Asian family with children with ADHD remain unexplored. The authors compared fathering and father-child relationships between children with ADHD and those without ADHD and identified the correlates of these paternal measures.

METHODS:

Fathering and father-child relationships were compared between 296 children with attention-deficit/hyperactivity disorder (ADHD) and 229 children without ADHD in Taiwan. All child participants and their parents received psychiatric interviews for the diagnosis of ADHD and other psychiatric disorders of the children, and their fathers were assessed for ADHD, anxiety and depressive symptoms. Both the fathers and children reported on the father's parenting style, father-child interactions, behavioral problems at home, and perceived family support.

RESULTS:

The results showed that children with ADHD received less affection/care and more overprotection and authoritarian control from their fathers. They had less active interactions with their fathers, more severe behavioral problems at home; and perceived less family support than children without ADHD. Correlates for impaired father-child interactions included childhood ADHD symptoms, any comorbidity, age at assessment, and the father's neurotic personality and depressive symptoms. In addition, the children reported more negatively on fathering and father-child interactions than the fathers.

CONCLUSIONS:

Our findings suggest the negative impacts of ADHD on the father's parenting style and father-child interactions. Clinical interventions aimed at improving father-child interactions warrant more attention.

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PMID: 22985803 [PubMed - as supplied by publisher]

Related citations



29. J Psychiatr Res. 2012 Sep 14. pii: S0022-3956(12)00252-X. doi: 10.1016/j.jpsychires.2012.08.019. [Epub ahead of print]

Probability and predictors of remission from life-time prescription drug use disorders: Results from the National Epidemiologic Survey on Alcohol and Related Conditions.

Blanco C, Secades-Villa R, García-Rodríguez O, Labrador-Mendez M, Wang S, Schwartz RP.

Source

Department of Psychiatry, New York State Psychiatric Institute, Columbia University, New York, NY 10032, USA. Electronic address: cblanco@nyspi.cpmc.columbia.edu.

Abstract

While prescription drug use disorders (PDUD) has become an important and growing public health problem, little is known about their course. This study aims to estimate cumulative probability of remission from sedatives, tranquilizers, opioids and stimulants, and to identify predictors of remission across substances. Analyses were done for the sub-sample of individuals with lifetime history of abuse or dependence on sedatives ($n = 402$), tranquilizers ($n = 372$), opioids ($n = 521$), and stimulants ($n = 765$) at Wave 1 of the National Epidemiological Survey on Alcohol and Related Conditions (NESARC). Cumulative probability estimates and hazard ratios for remission from PDUD were obtained for the general population. Lifetime cumulative probability estimates of remission were above 96% for all substances assessed. Half of the cases of PDUD remitted between 4 and 5 years after onset. Remission from PDUD was greater for younger individuals. Males exhibited lower hazards of remission for stimulants use disorder. A diagnosis of personality disorders decreased probability of remission for sedatives and stimulants. Only abuse or dependence on some prescription drugs decreased the probability of remission from other PDUD, whereas other drug disorders did not predict remission. A significant proportion of individuals with PDUD achieve remission at some point in their life-time. Predictors of remission were found to be mostly substance-specific rather than common across substances. The lower rates of remission among some subgroups of the population highlight the need to strengthen preventive and intervention efforts among vulnerable population subgroups.

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PMID: 22985744 [PubMed - as supplied by publisher]

Related citations



30. Biol Mood Anxiety Disord. 2012 Sep 17;2(1):16. [Epub ahead of print]
Correlations between psychological tests and physiological responses during fear conditioning and renewal.

Martinez KG, Castro-Couch M, Franco-Chaves JA, Ojeda-Arce B, Segura G, Milad MR, Quirk GJ.

Abstract

ABSTRACT:

BACKGROUND:

Anxiety disorders are characterized by specific emotions, thoughts and physiological responses. Little is known, however, about the relationship between psychological/personality indices of anxiety and physiological responses.

METHODS:

We studied this relationship in healthy subjects by comparing scores on psychological and personality questionnaires with results of an experimental fear conditioning paradigm with a visual conditioned stimulus (CS). We measured skin conductance response (SCR) during habituation, condition and extinction and subsequently testing for recall and renewal of fear 24 hours later.

RESULTS:

We found that multiple regression models explained 45% of the variance during conditioning to the CS+, and 24% of the variance during renewal of fear to the CS+. Factors that explained conditioning included lower levels of conscientiousness, increased baseline reactivity (SCL), and response to the shock (UCR). Low levels of extraversion correlated with greater renewal. No model could be found to explain extinction learning or extinction recall to the CS+.

CONCLUSIONS:

The lack of correlation of fear extinction with personality and neuropsychological indices suggests that extinction may be less determined by trait variables and cognitive state, and may depend more on the subject's current emotional state. The negative correlation between fear renewal and extraversion suggests that this personality characteristic may protect against post-treatment relapse of symptoms of anxiety disorders.

Free Article

PMID: 22985550 [PubMed - as supplied by publisher]

Related citations



31. J Abnorm Psychol. 2012 Sep 17. [Epub ahead of print]

[Genetic Overlap Between Personality and Risk for Disordered Gambling: Evidence From a National Community-Based Australian Twin Study.](#)

Slutske WS, Cho SB, Piasecki TM, Martin NG.

Abstract

Using data from a large Australian twin sample we examined the extent to which genetic variation in the Big Three personality dimensions (positive emotionality, negative emotionality, and constraint) and their lower-order components explained genetic variation in the risk for disordered gambling (DG) among men and women. Genetic influences contributing to individual differences in normal-range personality traits explained over 40% of the genetic risk for DG, with a larger contribution among women than among men. The largest and most robust contributions came from the higher-order personality dimension of negative emotionality and its two lower-order dimensions of alienation and aggression. Surprisingly, low self-control was associated with the genetic risk for DG only among women, and risk-taking/sensation-seeking did not explain genetic risk for DG in either sex. The results of this study have implications for the causes of comorbidity between DG and other psychiatric disorders, the search for genes associated with DG risk, and the possibility of sex differences in the etiology of DG. Using a broad-band inventory of personality supports the conclusion that there probably is a substantial proportion of genetic variation in DG that cannot be explained by individual differences in personality. (PsycINFO Database Record (c) 2012 APA, all rights reserved).

PMID: 22985012 [PubMed - as supplied by publisher]

Related citations

32. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

[Dimensions of Personality and Personality Pathology: Factor Structure of the Shedler-Westen Assessment Procedure-II \(SWAP-II\).](#)

Westen D, Waller NG, Shedler J, Blagov PS.

Abstract

Researchers have proposed replacing the current system for diagnosing personality disorders with a dimensional trait model. Proposed trait models have been derived primarily from data provided by untrained lay informants (often via self-report questionnaires) using item sets derived from lay conceptions of personality. An alternative is to derive personality trait dimensions from data provided by clinically expert informants using an instrument that includes personality features salient to clinicians who treat personality dysfunction. The authors report the factor structure of the latest edition of the Shedler-Westen Assessment Procedure (SWAP-II) using a normative clinical sample of 1,201 North American patients

assessed by experienced psychologists and psychiatrists. Factor analysis identified 14 clinically and empirically coherent factors. The findings highlight dimensions of personality and personality pathology that have not emerged in personality item sets designed for lay personality description.

PMID: 22984863 [PubMed - as supplied by publisher]

Related citations



33. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

[Socioeconomic-Status and Mental Health in a Personality Disorder Sample: The Importance of Neighborhood Factors.](#)

Walsh Z, Shea MT, Yen S, Ansell EB, Grilo CM, McGlashan TH, Stout RL, Bender DS, Skodol AE, Sanislow CA, Morey LC, Gunderson JG.

Abstract

This cross-sectional study examined the associations between neighborhood-level socioeconomic-status (NSES), and psychosocial functioning and personality pathology among 335 adults drawn from the Collaborative Longitudinal Personality Disorders Study. Participants belonged to four personality disorder (PD) diagnostic groups: Avoidant, Borderline, Schizotypal, and Obsessive Compulsive. Global functioning, social adjustment, and PD symptoms were assessed following a minimum two-year period of residential stability. Residence in higher-risk neighborhoods was associated with more PD symptoms and lower levels of functioning and social adjustment. These relationships were consistent after controlling for individual-level socioeconomic-status and ethnicity; however, the positive association between neighborhood-level socio-economic risk and PD symptoms was evident only at higher levels of individual-level socio-economic risk. Our findings identify NSES as a candidate for explaining some of the variability in symptoms and functioning among PD individuals.

PMID: 22984860 [PubMed - as supplied by publisher]

Related citations



34. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

[Social Context of Anger in Borderline Personality Disorder and Depressive Disorders: Findings from a Naturalistic Observation Study.](#)

Tomko RL, Brown WC, Tragesser SL, Wood PK, Mehl MR, Trull TJ.

Abstract

Anger and affective instability are key features of borderline personality disorder (BPD). Given the dynamic nature of affect, it is ideally studied using ambulatory assessment (AA). Recently, several major studies have examined affective instability via momentary self-report, using electronic diaries, which participants can use throughout their daily routine. The present study sought to complement this research by using an unobtrusive naturalistic

observation method, the Electronically Activated Recorder (EAR). The EAR, which captures interpersonal behavior by periodically recording 50-second snippets of ambient sounds, was worn by 25 participants with BPD who also met the specific affective instability (AI) criterion as well as 13 participants with a depressive disorder (who did not meet criteria for AI or BPD) for three days. Trained coders listened to the captured recordings and rated participants' affect during each 50-second clip (i.e., in naturally varying social contexts). Results suggested that there were differences between diagnostic groups regarding the social context of anger, such that anger at a previous time interval predicted spending time alone in the subsequent time interval for the depressed group, but not for the BPD group. As an ambulatory observational method, the EAR offers an alternative to self-report and can provide insight into the naturalistic expression of emotions in BPD.

PMID: 22984859 [PubMed - as supplied by publisher]

Related citations



35. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

[Personality Disorders in Men with Sexual and Violent Criminal Offense Histories.](#)

Schroeder M, Iffland JS, Hill A, Berner W, Briken P.

Abstract

Little is known about personality disorders (PDs) in offenders with histories of both sexual and (nonsexual) violent offenses. This study aimed to identify possible differences of PD profiles across three different offender groups with both sexual and violent (S+V), only sexual (S), and only violent (V) offenses. Nonviolent (N) offenders were used as a comparison group. Typing of individuals according to their offensive histories was performed on the basis of 259 psychiatric court reports that included the Structured Clinical Interview (SCID)-II for PD diagnostics. Men from the S+V group committed significantly more acts of rape and sexual coercion than the mere sexual offenders. Furthermore, S+V offenders showed the highest rates of PDs overall (68.3%), with every second offender being diagnosed with an antisocial PD and every third offender with a borderline PD. In summary, the results suggest that S+V offenders form a group of individuals with remarkable differences regarding PD profiles, the relatively highest frequencies of conduct disorders, familial addictive problems, and PDs overall.

PMID: 22984858 [PubMed - as supplied by publisher]

Related citations



36. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

[An Empirical Examination of Gunderson's Proposed Revision of the Diagnostic Algorithm for Borderline Personality Disorder.](#)

Zimmerman M, Dalrymple K, Young D, Chelminski I, Martinez J.

Abstract

Gunderson (2010) recently offered a sharp criticism of the draft proposal for diagnosing personality disorders in DSM-5. Based on a review of phenomenological, factor analytic, social psychology, family, neurobiological, and treatment studies of borderline personality disorder (BPD), he proposed an alternative revision of the BPD criteria. One of the suggested changes was a modification of the DSM-IV diagnostic algorithm. Gunderson did not, however, provide any data on the impact this new diagnostic algorithm would have on the prevalence of BPD, or the validity of this alternative approach compared to the DSM-IV algorithm. In the present report from the Rhode Island Methods to Improve Diagnostic Assessment and Services (MIDAS) project we administered semi-structured diagnostic interviews to 3,081 psychiatric outpatients and examined diagnostic concordance between DSM-IV and Gunderson's proposal, and whether there is incremental validity in Gunderson's diagnostic approach. The results did not indicate that the alternative diagnostic algorithm improved validity, and, depending on the threshold used, could result in false negative diagnoses.

PMID: 22984857 [PubMed - as supplied by publisher]

Related citations



37. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

[Borderline Personality Traits and Substance Use: Genetic Factors Underlie the Association with Smoking and Ever Use of Cannabis, but Not with High Alcohol Consumption.](#)

Distel MA, Trull TJ, de Moor MM, Vink JM, Geels LM, van Beek JH, Bartels M, Willemsen G, Thiery E, Derom CA, Neale MC, Boomsma DI.

Abstract

Borderline personality disorder (BPD) and substance use disorders often co-occur. Both disorders are heritable and family studies showed that there are familial factors that increase the risk for BPD as well as substance use/abuse. This is the first study that investigates whether the association of borderline personality traits (BPT) with substance use reflects an underlying genetic vulnerability or nongenetic familial influences. To this end we analyzed data of 5,638 Dutch and Belgian twins aged between 21-50 years from 3,567 families. Significant associations between BPT and high alcohol consumption ($r = .192$), regular smoking ($r = .299$), and ever use of cannabis ($r = .254$) were found. Bivariate genetic analyses showed that the associations of BPT and substance use had different etiologies. For regular smoking and for ever use of cannabis, the correlation with BPT was explained by common genetic factors. Interestingly, for high alcohol consumption and BPT the association was explained by unique environmental factors that influence both traits rather than common genetic factors.

PMID: 22984855 [PubMed - as supplied by publisher]

Related citations



38. J Pers Disord. 2012 Sep 17. [Epub ahead of print]

The Heritability of Cluster B Personality Disorders Assessed Both by Personal Interview and Questionnaire.

Torgersen S, Myers J, Reichborn-Kjennerud T, Røysamb E, Kubarych TS, Kendler KS.

Abstract

Whereas the heritability of common personality traits has been firmly established, the results of the few published studies on personality disorders (PDs) are highly divergent, with some studies finding high heredity and others very low. A problem with assessing personality disorders by means of interview is errors connected with interviewer bias. A way to overcome the problem is to use self-report questionnaires in addition to interviews. This study used both interview and questionnaire for assessing DSM-IV Cluster B personality disorders: antisocial personality disorder (APD), borderline (BPD), narcissistic (NPD), and histrionic (HPD). We assessed close to 2,800 twins from the Norwegian Institute of Public Health Twin Panel using a self-report questionnaire and, a few years later, the Structured Interview for DSM-IV Personality (SIDP-IV). Items from the self-report questionnaire that best predicted the PDs captured by the interview were then selected. Measurement models combining questionnaire and interview information were applied and were fitted using Mx. Whereas the heritability of Cluster B PDs assessed by interview was around .30, and around .40-.50 when assessed by self-report questionnaire, the heritability of the convergent latent factor, including information from both interview and self-report questionnaire was .69 for APD, .67 for BPD, .71 for NPD, and .63 for HPD. As is usually found for personality, the effect of shared-in families (familial) environment was zero. In conclusion, when both interview and self-report questionnaire are taken into account, the heritability of Cluster B PD appears to be in the upper range of previous findings for mental disorders.

PMID: 22984852 [PubMed - as supplied by publisher]

Related citations



39. Eur J Psychotraumatol. 2012;3. doi: 10.3402/ejpt.v3i0.19566. Epub 2012 Sep 13.

Dysfunctional affect regulation in borderline personality disorder and in somatoform disorder.

van Dijke A.

Source

Delta Psychiatric Hospital, Poortugaal, the Netherlands.

Abstract

BACKGROUND:

Although affect dysregulation is considered a core component of borderline personality disorder (BPD) and somatoform disorders (SoD), remarkably little research has focused on

the prevalence and nature of affect dysregulation in these disorders. Also, despite apparent similarities, little is known about how dysfunctional under- and overregulation of affect and positive and negative somatoform and psychoform dissociative experiences inter-relate. Prior studies suggest a clear relationship between early childhood psychological trauma and affect dysregulation, especially when the caretaker is emotionally, sexually, or physically abusing the child, but how these relate to under- and overregulation while differentiating for developmental epochs is not clear. Although an elevated risk of childhood trauma exposure or complex posttraumatic stress disorder (CPTSD) symptoms has been reported in BPD and SoD, trauma histories, dysfunctional affect regulation, dissociation, PTSD, and CPTSD were never assessed in unison in BPD and/or SoD.

METHOD:

BPD and/or SoD diagnoses were confirmed or ruled out in 472 psychiatric inpatients using clinical interviews. Dysfunctional under- and overregulation of affect and somatoform and psychoform dissociation, childhood trauma-by-primary-caretaker (TPC), PTSD, and CPTSD were all measured using self reports.

RESULTS:

No disorder-specific form of dysfunctional affect regulation was found. Although both BPD and SoD can involve affect dysregulation and dissociation, there is a wide range of intensity of dysfunctional regulation phenomena in patients with these diagnoses. Evidence was found for the existence of three qualitatively different forms of experiencing states: inhibitory experiencing states (overregulation of affect and negative psychoform dissociation) most commonly found in SoD, excitatory experiencing states (underregulation of affect and positive psychoform dissociation) most commonly found in BPD, and combination of inhibitory and excitatory experiencing states commonly occurring in comorbid BPD+SoD. Almost two-thirds of participants reported having experienced childhood TPC. Underregulation of affect was associated with emotional TPC and TPC occurring in developmental epoch, 0-6 years of age. Overregulation of affect was associated with physical TPC. Almost a quarter of all participants met the criteria for CPTSD. BPD+SoD patients had the most extensive childhood trauma histories and were most likely to meet CPTSD criteria, followed by BPD, psychiatric comparison (PC), and SoD. The BPD+SoD and BPD reported significantly higher levels of CPTSD than the SoD or PC groups but did not differ from each other except for greater severity of CPTSD somatic symptoms by the BPD+SoD group.

CONCLUSION:

THREE QUALITATIVELY DIFFERENT FORMS OF DYSFUNCTIONAL REGULATION WERE IDENTIFIED: inhibitory, excitatory, and combined inhibitory and excitatory states. Distinguishing inhibitory versus excitatory states of experiencing may help to clarify differences in dissociation and affect dysregulation between and within BPD and SoD patients. Specific interventions addressing overregulation in BPD, or underregulation in SoD, should be added to disorder-specific evidence-based treatments. CPT is particularly prevalent in BPD and BPD+SoD and is differentially associated with under- and

overregulation of affect depending on the type of traumatic exposure. CPTSD warrants further investigation as a potential independent syndrome or as a marker identifying a subgroup of affectively, or both affectively and somatically, dysregulated patients diagnosed with BPD who have childhood trauma histories.

PMCID: PMC3443400 **Free PMC Article**

PMID: 22984638 [PubMed]

Related citations



40. Eur Neuropsychopharmacol. 2012 Sep 13. pii: S0924-977X(12)00214-3. doi: 10.1016/j.euroneuro.2012.07.017. [Epub ahead of print]
KCNIP4 as a candidate gene for personality disorders and adult ADHD.

Weißflog L, Scholz CJ, Jacob CP, Nguyen TT, Zamzow K, Groß-Lesch S, Renner TJ, Romanos M, Rujescu D, Walitza S, Kneitz S, Lesch KP, Reif A.

Source

Department of Psychiatry, ADHD Clinical Research Network, Molecular Psychiatry Laboratory of Translational Neuroscience; Psychosomatics and Psychotherapy, University of Wuerzburg, Wuerzburg, Germany; Department of Psychiatry, Psychiatric Neurobiology and Bipolar Disorder Program, Psychosomatics and Psychotherapy, University of Wuerzburg, Wuerzburg, Germany. Electronic address: Weissflog_1@klinik.uni-wuerzburg.de.

Abstract

Attention-deficit/hyperactivity disorder (ADHD) is a neurodevelopmental disorder in children with striking persistence into adulthood and a high co-morbidity with other psychiatric disorders, including personality disorders (PD). The 4p15.31 region was shown to be associated with ADHD in several genome wide association studies (GWAS). In the present study we also report association of the 4p15.31 locus with Cluster B and Cluster C PD as identified by a pooled genome-wide association study in 400 individuals suffering from PD. The gene coding for the Kv channel-interacting protein 4 (KCNIP4) is located in this region. KCNIP4 is an interaction partner of presenilin and plays a role in a negative feedback loop in the Wnt/ β -catenin pathway. Thus, we reasoned it to be a promising candidate gene for ADHD as well as for PD. To clarify the role of KCNIP4 in those disorders, we conducted candidate gene based association studies in 594 patients suffering from adult ADHD and 630 PD patients as compared to 974 healthy control individuals. In the adult ADHD sample, six single markers and one haplotype block revealed to be associated with disease (p values from 0.0079 to 0.049). Seven markers within the KCNIP4 gene showed an association with PD (p values from 0.0043 to 0.0437). The results of these studies suggest a role of KCNIP4 in the etiology of ADHD, PD and other co-morbid disorders.

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PMID: 22981920 [PubMed - as supplied by publisher]

Related citations



41. Forensic Sci Int. 2012 Sep 12. pii: S0379-0738(12)00388-X. doi: 10.1016/j.forsciint.2012.08.025. [Epub ahead of print]
Death by starvation. Seeking a forensic psychiatric understanding of a case of fatal child maltreatment by the parent.

Catanesi R, Rocca G, Candelli C, Solarino B, Carabellese F.

Source

Section of Criminology and Forensic Psychiatry, Department of Internal Medicine and Public Medicine, University of Bari, Policlinico, Piazza Giulio Cesare, 70124 Bari, Italy. Electronic address: r.catanesi@criminologia.uniba.it.

Abstract

In the Western world, cases of fatal child neglect due to starvation are extremely rare. When they do occur, particularly at the hands of a parent, such crimes are considered to be caused by mental disorders or personality disorders with severe affective impairment. The present report describes the peculiar case of a couple with a total of four children to care for, who starved a 16-month-old female to death, while all the other children were found to be healthy. After a forensic psychiatric assessment of their criminal responsibility, the couples were both judged guilty and sentenced to 30 years in prison. After a brief overview of the scientific knowledge about filicide, the authors propose a framework that may help to understand and explain the motivations underlying this dreadful crime that shocked the nation, and emphasize the role of the forensic psychiatric investigation into cases of filicide, which may contribute to gain a greater insight into the different motivational factors underlying this phenomenon.

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PMID: 22981214 [PubMed - as supplied by publisher]

Related citations



42. Psychiatry Res. 2012 Sep 11. pii: S0165-1781(12)00398-8. doi: 10.1016/j.psychres.2012.07.046. [Epub ahead of print]
Sensation-seeking, social anhedonia, and impulsivity in substance use disorder patients with and without schizophrenia and in non-abusing schizophrenia patients.

Zhornitsky S, Rizkallah E, Pampoulova T, Chiasson JP, Lipp O, Stip E, Potvin S.

Source

Department of Psychiatry, Faculty of Medicine, University of Montreal, Montreal, Canada.

Abstract

Substance use disorders (SUDs) are common in patients with schizophrenia and this comorbidity is associated with a poorer prognosis, relative to non-abusing patients. One hypothesis that has been advanced in the literature is that dual diagnosis (DD) patients may have a different personality profile than non-abusing schizophrenia patients. The present case-control study aimed to characterize levels of personality traits (sensation-seeking, social anhedonia, and impulsivity) in substance abuse/dependence patients with (DD group; n=31) and without schizophrenia (SUD group; n=39), relative to non-abusing schizophrenia patients (SCZ group; n=23), and healthy controls (n=25). Impulsivity was assessed using the Barratt Impulsivity Scale. Sensation-seeking was assessed using the Zuckerman Sensation Seeking Scale. Social anhedonia was assessed with the Chapman Social Anhedonia Scale. We found that sensation-seeking was significantly higher in DD and SUD, relative to SCZ patients. We found that social anhedonia was significantly elevated in DD and SCZ, relative to healthy controls. We found that impulsivity was significantly higher in DD, SCZ and SUD patients, compared to healthy controls. The results suggest that sensation-seeking is prominent in substance abuse/dependence (irrespective of schizophrenia), social anhedonia is prominent in schizophrenia (irrespective of substance abuse/dependence), and impulsivity is prominent in all three populations.

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PMID: 22980481 [PubMed - as supplied by publisher]

Related citations



43. Soc Cogn Affect Neurosci. 2012 Sep 13. [Epub ahead of print]
[Anterior insular cortex mediates bodily sensibility and social anxiety.](#)

Terasawa Y, Shibata M, Moriguchi Y, Umeda S.

Source

National Center of Neurology and Psychiatry Keio University 4-1-1 Ogawa-higashi cho, Kodaira, Tokyo 187-8553 JAPAN Tel: +81-42-341-2711 Fax: +81-42-346-1944
yterasawa@ncnp.go.jp.

Abstract

Studies in psychiatry and cognitive neuroscience have reported an important relationship between individual interoceptive accuracy and anxiety level. This indicates that greater attention to one's bodily state may contribute to the development of intense negative emotions and anxiety disorders. We hypothesized that reactivity in the anterior insular cortex underlies the intensity of interoceptive awareness and anxiety. To elucidate this triadic mechanism, we conducted functional magnetic resonance imaging (fMRI) and mediation analyses to examine the relationship between emotional disposition and activation in the anterior insular cortex while participants evaluated their own emotional and bodily states. Our results indicated that right anterior insular activation was positively correlated with

individual levels of social anxiety and neuroticism, and negatively correlated with agreeableness and extraversion. The results of the mediation analyses revealed that activity in the right anterior insula mediated the activity of neural correlates of interoceptive sensibility and social fear. Our findings suggest that attention to interoceptive sensation affects personality traits, through how we feel emotion subjectively in various situations.

PMID: 22977199 [PubMed - as supplied by publisher]

Related citations



44. Psychol Med. 2012 Sep 14:1-9. [Epub ahead of print]

Early motor developmental milestones and level of neuroticism in young adulthood: a 23-year follow-up study of the Copenhagen Perinatal Cohort.

Flensburg-Madsen T, Sørensen HJ, Revsbech R, Mortensen EL.

Source

National Institute of Public Health, University of Southern Denmark, Copenhagen, Denmark.

Abstract

BACKGROUND:

Studies investigating early developmental factors in relation to psychopathology have mainly focused on schizophrenia. The personality dimension of neuroticism seems to be a general risk factor for psychopathology, but evidence on associations between early developmental precursors and personality traits is almost non-existent. This study is therefore the first to investigate associations between early motor developmental milestones and neuroticism in adulthood. Method Mothers of 9125 children of the Copenhagen Perinatal Cohort recorded 12 developmental milestones during the child's first year of life. A subsample of the cohort comprising 1182 individuals participated in a follow-up when they were aged 20-34 years and were administered the Eysenck Personality Questionnaire (EPQ). Associations between motor developmental milestones and level of neuroticism, extraversion and psychoticism were analysed by multiple linear regression adjusting for sex, single-mother status, parity, mother's age, father's age, parental social status and birth weight.

RESULTS:

Among the 1182 participants with information on the EPQ, information on milestones was available for 968 participants. Infants who developed high levels of neuroticism as adults tended to sit without support, crawl, and walk with and without support significantly later than individuals with low levels of neuroticism (p values <0.05). These results remained significant after adjustment for the included covariates and for adult intelligence.

CONCLUSIONS:

The findings are the first of their kind and suggest that delays in early motor development may not only characterize psychopathological disorders such as schizophrenia, but may also be associated with the personality dimension of neuroticism in adulthood.

PMID: 22975250 [PubMed - as supplied by publisher]

Related citations



45. Int J Group Psychother. 2012 Oct;62(4):500-29.

[Integrating empirically supported therapies for treating personality disorders: a synthesis of psychodynamic and cognitive-behavioral group treatments.](#)

Rivera M, Darke JL.

Abstract

Abstract This paper describes the theoretical foundations and components of an intensive group treatment program for individuals diagnosed with personality disorders. The Chrysalis Community Day Treatment Program integrates aspects of three empirically supported therapies: Transference-Focused Psychotherapy and Mentalization-Based Therapy, both psychodynamic psychotherapies, and Dialectical Behavior Therapy, a cognitive-behavioral therapy. Each of these modalities is structured for the treatment of individuals suffering from the symptoms of borderline personality disorder, and each of the treatments addresses problems that occur across a wide spectra of beliefs, capacities, and behaviors. The program is comprised of expressive, psycho-educational and skills-training groups, and participants attend three days per week, for 15 weeks. Preliminary evaluation is promising, reflecting decreases in self-injurious behavior, suicide attempts, psychiatric hospitalizations, and psychiatric symptoms at a one-year follow-up.

PMID: 22974149 [PubMed - in process]

Related citations



46. Child Psychiatry Hum Dev. 2012 Sep 12. [Epub ahead of print]

[Cross-Informant Agreement on Child and Adolescent Withdrawn Behavior: A Latent Class Approach.](#)

Rubin DH, Althoff RR, Walkup JT, Hudziak JJ.

Source

Department of Psychiatry, Weill Cornell Medical College, New York, NY, USA,
dhr2002@med.cornell.edu.

Abstract

Withdrawn behavior (WB) relates to many developmental outcomes, including pervasive developmental disorders, anxiety, depression, psychosis, personality disorders and suicide. No study has compared the latent profiles of different informants' reports on WB. This study uses multi-informant latent class analyses (LCA) of the child behavior checklist (CBCL), teacher report form (TRF) and youth self-report (YSR) to examine phenotypic variance in WB. LCA was applied to the CBCL, TRF and YSR of 2,031 youth (ages 6-18); of which 276 children were clinically-referred. A 4-class solution for the CBCL and 3-class solutions for the YSR and TRF were optimal. The CBCL yielded low symptoms, predominantly shy or secretive moderate symptoms, and all symptoms classes. The TRF lacked the moderate-secretive class, and the YSR lacked the moderate-shy class. Agreement was low. LCA shows similar structure of withdrawn behavior across informants but characterizations of moderate WB vary.

PMID: 22968799 [PubMed - as supplied by publisher]

Related citations



47. Hum Brain Mapp. 2012 Sep 11. doi: 10.1002/hbm.22174. [Epub ahead of print]
[Linking novelty seeking and harm avoidance personality traits to cerebellar volumes.](#)

Laricchiuta D, Petrosini L, Piras F, Macci E, Cutuli D, Chiapponi C, Cerasa A, Picerni E, Caltagirone C, Girardi P, Tamorri SM, Spalletta G.

Source

I.R.C.C.S. Santa Lucia Foundation, Rome, Italy; Department of Psychology, Faculty of Medicine and Psychology, University "Sapienza" of Rome, Rome, Italy.
daniela.laricchiuta@uniroma1.it.

Abstract

Personality traits are multidimensional traits comprising cognitive, emotional, and behavioral characteristics, and a wide array of cerebral structures mediate individual variability. Differences in personality traits covary with brain morphometry in specific brain regions, and neuroimaging studies showed structural or functional abnormalities of cerebellum in subjects with personality disorders, suggesting a cerebellar role in affective processing and an effect on personality characteristics. To test the hypothesis that cerebellar [white matter (WM) and cortex] volumes are correlated with scores obtained in the four temperamental scales of the Temperament and Character Inventory (TCI) by Cloninger, a total of 125 healthy participants aged 18-67 years of both genders (males = 52) completed the TCI and underwent magnetic resonance imaging. The scores obtained in each temperamental scale were associated with the volumes of cerebellar WM and cortex of right and left hemispheres separately by using linear regression analyses. In line with our hypothesis, novelty seeking (NS) scores were positively associated with WM and cortex cerebellar volumes. Harm avoidance (HA) scores were negatively associated with WM and cortex cerebellar volumes. The range of individual differences in NS and HA scores reflects the range of variances of

cerebellar volumes. The present data indicating a cerebellar substrate for some personality traits extend the relationship between personality and brain areas to a structure up to now thought to be involved mainly in motor and cognitive functions, much less in emotional processes and even less in personality individual differences. *Hum Brain Mapp*, 2012. © 2012 Wiley Periodicals, Inc.

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PMID: 22965823 [PubMed - as supplied by publisher]

Related citations



48. *J Affect Disord*. 2012 Sep 7. [Epub ahead of print]

The relationship between affective temperaments, defensive styles and depressive symptoms in a large sample.

Carvalho AF, Hyphantis TN, Taunay TC, Macêdo DS, Floros GD, Ottoni GL, Fountoulakis KN, Lara DR.

Source

Federal University of Ceará, Faculty of Medicine, Department of Clinical Medicine, Fortaleza, CE, Brazil; Psychiatry Research Group, Faculty of Medicine, Federal University of Ceará, Fortaleza, CE, Brazil.

Abstract

BACKGROUND:

Affective temperaments may represent heritable subclinical manifestations of mood disorders. The concept of ego defense mechanisms also has provided a model for the comprehension of mood psychopathology. The relationships between affective temperaments, defense styles and depressive symptoms remain unknown.

METHODS:

We obtained data from a subsample of the Brazilian Internet Study on Temperament and Psychopathology (BRAINSTEP). Socio-demographic information was collected and participants completed the Affective and Emotional Temperament Composite Scale (AFECTS), the defense style questionnaire (DSQ-40) and the Symptom Checklist-90-Revised (SCL-90-R).

RESULTS:

Among 9937 participants (4472 male; 45%), individuals with hyperthymic or euthymic temperaments were more likely to present a mature defense style, whereas an immature defensive style was predominantly observed in individuals with cyclothymic, volatile, depressive, dysphoric, euphoric and disinhibited temperaments. Higher immature and lower

mature defense style scores were independently associated with depressive symptoms. Participants with either euthymic or hyperthymic temperaments were less likely to endorse depressive symptoms. Euthymic and hyperthymic temperaments moderated the correlations of mature/immature defenses with depressive symptoms.

LIMITATIONS:

The data was collected from a convenience web-based sample. The study was cross-sectional.

CONCLUSIONS:

Affective temperaments are associated with distinct defense styles. These two personality theories provide distinct but interacting views for comprehension of depressive psychopathology.

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Related citations



49. J Psychiatr Res. 2012 Sep 6. [Epub ahead of print]

[Momentary emotion surrounding bulimic behaviors in women with bulimia nervosa and borderline personality disorder.](#)

Selby EA, Doyle P, Crosby RD, Wonderlich SA, Engel SG, Mitchell JD, Le Grange D.

[Source](#)

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[Abstract](#)

BACKGROUND:

Bulimia nervosa (BN) and borderline personality disorder (BPD) are disorders that involve emotion dysregulation, for negative emotion in particular, as well as impulsive behaviors beyond binge eating and vomiting. Given these similarities in psychopathology, it is not surprising that those with BN also present with BPD in approximately one third of cases. Improved understanding of similarities and differences in the experience of negative and positive emotion could aid in the development of treatments specifically tailored to the needs of these disorders.

METHODS:

In this study, we examined Ecological Momentary Assessment (EMA) data from 133 women diagnosed with BN, 25 of whom also exhibited diagnostic levels of BPD. Emotions and

behaviors were assessed daily, with multiple random and event-contingent signals to complete questionnaires on portable digital devices, for a period of two weeks.

RESULTS:

Results indicated that the BPD group experienced higher negative emotional variability on bulimic event days. Both groups also demonstrated increasing negative emotion and decreasing positive emotion pre- binge eating and vomiting, with levels of negative emotion decreasing and positive emotion increasing after, for both behaviors.

CONCLUSIONS:

In terms of group differences, additive effects were found for the BN comorbid with BPD group, who demonstrated greater negative emotional variability, on bulimic event days, and also had higher overall levels of negative emotion pre- and post-binge eating. Those with BN only, however, displayed increasing trajectories of positive emotion before and after binge eating and after vomiting, indicating a potential emotional dampening effect of BPD.

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Related citations



50. Behav Genet. 2012 Sep;42(5):732-42. Epub 2012 Sep 7.
Substantial genetic overlap between schizotypy and neuroticism: a twin study.

Macare C, Bates TC, Heath AC, Martin NG, Ettinger U.

Source

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Abstract

Schizotypy is phenotypically associated with neuroticism. To reveal the origin of this association, we assessed 3,349 (1,449 monozygotic, 1,105 dizygotic [DZ] same-sex and 795 DZ opposite-sex) twins on a 12-item version of Chapman's Psychosis-Proneness Scales and the short form of the Eysenck Personality Questionnaire-Revised as measures of schizotypy and neuroticism. A substantial proportion (0.51 with 95 % CI from 0.38 to 0.64) of the phenotypic correlation of 0.37 between neuroticism and the perceptual and ideational components of schizotypy was accounted for by shared genetic influences on these two traits. Moreover, a Cholesky decomposition including anhedonia, hypomania and impulsivity fully accounted for the heritable variance in perceptual and ideational components of schizotypy. These findings suggest a shared genetic etiology between neuroticism and perceptual and ideational components of schizotypy and affect future

investigations on the etiology of these phenotypically overlapping traits and affective and psychotic disorders.

PMID: 22955548 [PubMed - in process]

Related citations

