

1. JAMA Psychiatry. 2013 Feb 27;1-8. doi: 10.1001/jamapsychiatry.2013.441. [Epub ahead of print]

Full Spectrum of Psychiatric Disorders Related to Foreign Migration: A Danish Population-Based Cohort Study.

**Cantor-Graae E, Pedersen CB.**

#### Abstract

**IMPORTANCE** Although increased risk for schizophrenia among immigrants is well established, knowledge of the broader spectrum of psychiatric disorders associated with a foreign migration background is lacking. **OBJECTIVE** To examine the full range of psychiatric disorders associated with any type of foreign migration background among persons residing in Denmark, including foreign-born adoptees, first- and second-generation immigrants, native Danes with a history of foreign residence, and persons born abroad to Danish expatriates. **DESIGN AND SETTING** Danish population-based cohort study. Persons were followed up from their 10th birthday for the development of mental disorders based on outpatient and inpatient data. **PARTICIPANTS** All persons born between January 1, 1971, and December 31, 2000 (N = 1 859 419) residing in Denmark by their 10th birthday with follow-up data to December 31, 2010. **MAIN OUTCOME MEASURES** Incidence rate ratios (IRRs) and cumulative incidences for psychiatric outcomes. **RESULTS** All categories of foreign migration background, except persons born abroad to Danish expatriates, were associated with increased risk for at least 1 psychiatric disorder. Foreign-born adoptees had increased IRRs for all psychiatric disorders and had the highest IRRs for these disorders compared with other foreign migration categories. First- and second-generation immigrants having 2 foreign-born parents had significantly increased IRRs for schizophrenia and schizophrenia spectrum disorders and had similar risk magnitudes. Second-generation immigrants having 1 foreign-born parent had significantly increased IRRs for all psychiatric disorders. Native Danes with a history of foreign residence had increased IRRs for bipolar affective disorder, affective disorders, personality disorders, and schizophrenia spectrum disorders. **CONCLUSIONS AND RELEVANCE** The extent to which a background of foreign migration confers an increased risk for the broad spectrum of psychiatric disorders varies according to parental origin, with greatest risks for foreign-born adoptees. The spectrum of psychiatric disorders showed greater variation within the second-generation immigrant group than between first-generation vs second-generation immigrants, and the spectrum differed according to whether individuals had 1 or 2 foreign-born parents. PMID: 23446644 [PubMed - as supplied by publisher]

2. J Med Case Rep. 2013 Feb 27;7(1):56. [Epub ahead of print]

Dissociative paraplegia after epidural anesthesia: a case report.

**Hirjak D, Thomann PA, Wolf RC, Weidner N, Wilder-Smith EP.**

## Abstract

### *INTRODUCTION:*

Clinicians are confronted with considerable difficulties in diagnosing conversion disorders such as dissociative paraplegia. In the literature, there is still no sufficient evidence regarding a typical pattern or general characteristics for this neuropsychiatric syndrome. Over the last decades case reports have described patients with similar personality traits, psychopathological characteristics, history and symptoms.

### *CASE PRESENTATION:*

We present the case of a 67-year-old Caucasian woman of high economic status and educational level with no psychopathological symptoms and no history of mental disorders who developed dissociative paraplegia after epidural anesthesia. The neurological examination revealed incongruous features, and repeated spine magnetic resonance imaging was normal. Three years earlier the patient had transient paralysis of her left lower limb without detectable cause.

### *CONCLUSION:*

We identified an association between stressful life events and neurological anomalies. Crucial for the diagnosis of dissociative paraplegia is the neurological examination. Our case demonstrates that lack of psychopathological features and previous psychiatric diagnosis are not sufficient to exclude dissociative paraplegia. In patients with incongruous neurological findings and absent neurobiological correlates, clinicians should consider the presence of conversion disorders such as dissociative paraplegia.

PMID: 23445923 [PubMed - as supplied by publisher]

3. J Pers Disord. 2013 Feb 27. [Epub ahead of print]

[Executive Functioning in People with Obsessive-Compulsive Personality Traits: Evidence of Modest Impairment.](#)

**García-Villamizar D, Dattilo J.**

## Abstract

Investigations of executive dysfunctions among people with obsessive-compulsive personality disorders (OCPD) have yielded inconsistent results. The authors speculate that obsessive-compulsive personality traits (OCPT) from a nonclinical population may be associated with specific executive dysfunctions relative to working memory, attentional set-shifting, and planning. A sample consisting of 79 adults (39 females, 40 males) was divided into high and low scorers on the Personality Diagnostic Questionnaire-4 (PDQ-4; Hyler, 1994). In addition, these participants were interviewed using the SCID-II (First, Spitzer, Gibbon & Williams, 1997) to confirm the presence of symptoms of obsessive-compulsive personality. Participants completed a battery of executive tasks associated with the Cambridge Neuropsychological

Test Automated Battery (CANTAB), including Spatial Working Memory, Intradimensional/Extradimensional (ID/ED), Attentional Set-Shifting, and Stockings of Cambridge. Also, self-report measures of executive functions as well as of anxiety and depressive symptoms were administered. The analysis of covariance revealed significant differences between participants with OCPT and controls on the Spatial Working Memory tasks, ID/ED tasks, Stockings of Cambridge, and the Dysexecutive Questionnaire (DEX). Nevertheless, there were no significant differences in the number of problems solved in minimum movements. These results suggest that executive dysfunctions are present in people with prominent OCPT and that there is a high convergence between clinical and ecological measures of executive functions in people with obsessive personality traits.

PMID: 23445476 [PubMed - as supplied by publisher]

4. J Pers Disord. 2013 Feb 27. [Epub ahead of print]

[How to Measure Quality of Life for Cost-Effectiveness Analyses of Personality Disorders: A Systematic Review.](#)

**Papaioannou D, Brazier J, Parry G.**

#### [Abstract](#)

A systematic review was undertaken to assess the construct validity and responsiveness of four generic health-related quality of life (HRQL) measures in personality disorders (PDs). Ten databases were searched and reference lists scrutinized to identify relevant studies. Relevant data were extracted accordingly. A narrative synthesis was performed of the evidence on construct validity, including known groups validity (detecting differences in HRQL scores between two different groups), convergent validity (strength of association between generic HRQL), and other measures (e.g., symptom) and responsiveness (differences in generic HRQL measure scores in responders/nonresponders or correlation with changes in other measures). Ten studies were identified: six of the EQ-5D, two involving the SF-36, and another two the SF-12, but none with the SF-6D. Evidence indicated that the EQ-5D, SF-36, and SF-12 were probably valid measures with PDs. Four studies demonstrated that the EQ-5D Index was able to detect changes in patients. The authors conclude that generic HRQL measures appear appropriate for use with people with PDs in terms of psychometric performance. However, qualitative concerns remain as to whether they fully reflect the impact of the condition.

PMID: 23445474 [PubMed - as supplied by publisher]

5. J Pers Disord. 2013 Feb 27. [Epub ahead of print]

[Characteristics of Borderline Personality Disorder in a Community Sample: Comorbidity, Treatment Utilization, and General Functioning.](#)

**Tomko RL, Trull TJ, Wood PK, Sher KJ.**

## Abstract

This study provides estimates of the prevalence and demographic features of borderline personality disorder (BPD) in a community sample as well as BPD comorbidity rates with Axis I and II disorders. In addition, the authors provide data on general functioning and treatment seeking among individuals with BPD. Data from 34,481 participants in the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) were analyzed. Results suggest that 2.7% of adults in the United States meet diagnostic criteria for BPD, with slightly higher rates of the disorder in females, people in lower income brackets, people younger than 30, and individuals who are separated or divorced. Racial/ethnic differences were evident, with Native Americans (5.0%) and Blacks (3.5%) having significantly higher rates of the disorder, on average, and Asians having significantly lower rates (1.2%). Individuals with a BPD diagnosis were likely to have co-occurring lifetime mood disorders, anxiety disorders, substance use disorders, and other personality disorders. Specifically, 84.8% of individuals with BPD also had a lifetime anxiety disorder, 82.7% had a lifetime mood disorder/episode, and 78.2% were diagnosed with a lifetime substance use disorder. Individuals with BPD showed significant impairment in functioning and were highly likely to seek therapy or receive medication for mental health concerns.

PMID: 23445473 [PubMed - as supplied by publisher]

## 6. BMC Psychiatry. 2013 Feb 25;13(1):69. [Epub ahead of print]

Using the mood disorder questionnaire and bipolar spectrum diagnostic scale to detect bipolar disorder and borderline personality disorder among eating disorder patients.

**Nagata T, Yamada H, Teo AR, Yoshimura C, Kodama Y, van Vliet I.**

## Abstract

### ABSTRACT:

**BACKGROUND:** Screening scales for bipolar disorder including the Mood Disorder Questionnaire (MDQ) and Bipolar Spectrum Diagnostic Scale (BSDS) have been plagued by high false positive rates confounded by presence of borderline personality disorder. This study examined the accuracy of these scales for detecting bipolar disorder among patients referred for eating disorders and explored the possibility of simultaneous assessment of co-morbid borderline personality disorder.

### METHODS:

Participants were 78 consecutive female patients who were referred for evaluation of an eating disorder. All participants completed the mood and eating disorder sections of the SCID-I/P and the borderline personality disorder section of the SCID-II, in addition to the MDQ and BSDS. Predictive validity of the MDQ and BSDS was evaluated by Receiver Operating Characteristic analysis of the Area Under the Curve (AUC).

## RESULTS:

Fifteen (19%) and twelve (15%) patients fulfilled criteria for bipolar II disorder and borderline personality disorder, respectively. The AUCs for bipolar II disorder were 0.78 (MDQ) and 0.78 (BDS), and the AUCs for borderline personality disorder were 0.75 (MDQ) and 0.79 (BDS).

## CONCLUSIONS:

Among patients being evaluated for eating disorders, the MDQ and BDS show promise as screening questionnaires for both bipolar disorder and borderline personality disorder.

## Free Article

PMID: 23443034 [PubMed - as supplied by publisher]

7. J Anxiety Disord. 2013 Feb 7;27(2):178-187. doi: 10.1016/j.janxdis.2013.01.002. [Epub ahead of print]

[Depersonalization/derealization during acute social stress in social phobia.](#)

**Hoyer J, Braeuer D, Crawcour S, Klumbies E, Kirschbaum C.**

Institute of Clinical Psychology and Psychotherapy, Technische Universitaet Dresden, Germany. Electronic address: [hoyer@psychologie.tu-dresden.de](mailto:hoyer@psychologie.tu-dresden.de).

## Abstract

The present study aimed at investigating how frequently and intensely depersonalization/derealization symptoms occur during a stressful performance situation in social phobia patients vs. healthy controls, as well as testing hypotheses about the psychological predictors and consequences of such symptoms. N=54 patients with social phobia and N=34 control participants without mental disorders were examined prior to, during, and after a standardized social performance situation (Trier Social Stress Test, TSST). An adapted version of the Cambridge Depersonalization Scale was applied along with measures of social anxiety, depression, personality, participants' subjective appraisal, safety behaviours, and post-event processing. Depersonalization symptoms were more frequent in social phobia patients (92%) than in controls (52%). Specifically in patients, they were highly positively correlated with safety behaviours and post-event-processing, even after controlling for social anxiety. The role of depersonalization/derealization in the maintenance of social anxiety should be more thoroughly recognized and explored.

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8. Compr Psychiatry. 2013 Feb 19. pii: S0010-440X(13)00030-8. doi: 10.1016/j.comppsy.2013.01.003. [Epub ahead of print]

The risk and associated factors of methamphetamine psychosis in methamphetamine-dependent patients in Malaysia.

**Sulaiman AH, Said MA, Habil MH, Rashid R, Siddiq A, Guan NC, Midin M, Jaafar NR, Sidi H, Das S.**

Department of Psychological Medicine, Faculty of Medicine, University of Malaya, 50603, Kuala Lumpur, Malaysia. Electronic address: [hatim@um.edu.my](mailto:hatim@um.edu.my).

## Abstract

### *OBJECTIVE:*

The objective of this study was to determine the risk of lifetime and current methamphetamine-induced psychosis in patients with methamphetamine dependence. The association between psychiatric co-morbidity and methamphetamine-induced psychosis was also studied.

### *METHODS:*

This was a cross-sectional study conducted concurrently at a teaching hospital and a drug rehabilitation center in Malaysia. Patients with the diagnosis of methamphetamine based on DSM-IV were interviewed using the Mini International Neuropsychiatric Interview (M.I.N.I.) for methamphetamine-induced psychosis and other Axis I psychiatric disorders. The information on sociodemographic background and drug use history was obtained from interview or medical records.

### *RESULTS:*

Of 292 subjects, 47.9% of the subjects had a past history of psychotic symptoms and 13.0% of the patients were having current psychotic symptoms. Co-morbid major depressive disorder (OR=7.18, 95 CI=2.612-19.708), bipolar disorder (OR=13.807, 95 CI=5.194-36.706), antisocial personality disorder (OR=12.619, 95 CI=6.702-23.759) and heavy methamphetamine uses were significantly associated with lifetime methamphetamine-induced psychosis after adjusted for other factors. Major depressive disorder (OR=2.870, CI=1.154-7.142) and antisocial personality disorder (OR=3.299, 95 CI=1.375-7.914) were the only factors associated with current psychosis.

### *CONCLUSION:*

There was a high risk of psychosis in patients with methamphetamine dependence. It was associated with co-morbid affective disorder, antisocial personality, and heavy methamphetamine use. It is recommended that all cases of methamphetamine dependence should be screened for psychotic symptoms.

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PMID: 23433219 [PubMed - as supplied by publisher]

9. Eur Eat Disord Rev. 2013 Feb 21. doi: 10.1002/erv.2226. [Epub ahead of print]  
[Punishment and Reward Sensitivity: Are Naturally Occurring Clusters in These Traits Related to Eating and Weight Problems in Adolescents?](#)

**Matton A, Goossens L, Braet C, Vervaet M.**

Department of Developmental, Personality and Social Psychology, University of Ghent, Belgium; Department of Psychiatry and Medical Psychology, Center for Eating Disorders, University Hospital Ghent, Belgium.

#### [Abstract](#)

Little is known about the role of sensitivity to punishment (SP) and reward (SR) in eating problems during adolescence. Therefore, the aim of the present study was to examine the naturally occurring clusters of high and low SP and SR among nonclinical adolescents and the between-cluster differences in various eating problems and weight. A total of 579 adolescents (14-19 years, 39.8% boys) completed the Sensitivity to Punishment and Sensitivity to Reward Questionnaire (SPSRQ), the Behavioural Inhibition System and Behavioural Activation System scales (BIS/BAS scales), the Dutch Eating Behaviour Questionnaire and the Child Eating Disorder Examination Questionnaire and were weighed and measured. On the basis of the SPSRQ, four clusters were established, interpreted as lowSP  $\times$  lowSR, lowSP  $\times$  highSR, highSP  $\times$  highSR and highSP  $\times$  lowSR. These were associated with eating problems but not with adjusted body mass index. It seemed that specifically the highSP  $\times$  highSR cluster outscored the other clusters on eating problems. These results were partly replicated with the BIS/BAS scales, although less significant relations between the clusters and eating problems were found. The implications of the findings in terms of possible risk and protective clusters are discussed. Copyright © 2013 John Wiley & Sons, Ltd and Eating Disorders Association.

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PMID: 23426856 [PubMed - as supplied by publisher]

10. JAMA Psychiatry. 2013 Feb 20;1-8. doi: 10.1001/jamapsychiatry.2013.504. [Epub ahead of print]

[Adult Psychiatric Outcomes of Bullying and Being Bullied by Peers in Childhood and Adolescence.](#)

**Copeland WE, Wolke D, Angold A, Costello EJ.**

#### [Abstract](#)

**IMPORTANCE** Both bullies and victims of bullying are at risk for psychiatric problems in childhood, but it is unclear if this elevated risk extends into early adulthood. **OBJECTIVE**

To test whether bullying and/or being bullied in childhood predicts psychiatric problems and suicidality in young adulthood after accounting for childhood psychiatric problems and family hardships. DESIGN Prospective, population-based study. SETTING Community sample from 11 counties in Western North Carolina. PARTICIPANTS A total of 1420 participants who had being bullied and bullying assessed 4 to 6 times between the ages of 9 and 16 years. Participants were categorized as bullies only, victims only, bullies and victims (hereafter referred to as bullies/victims), or neither. MAIN OUTCOME MEASURE Psychiatric outcomes, which included depression, anxiety, antisocial personality disorder, substance use disorders, and suicidality (including recurrent thoughts of death, suicidal ideation, or a suicide attempt), were assessed in young adulthood (19, 21, and 24-26 years) by use of structured diagnostic interviews. RESULTS Victims and bullies/victims had elevated rates of young adult psychiatric disorders, but also elevated rates of childhood psychiatric disorders and family hardships. After controlling for childhood psychiatric problems or family hardships, we found that victims continued to have a higher prevalence of agoraphobia (odds ratio [OR], 4.6 [95% CI, 1.7-12.5]; P < .01), generalized anxiety (OR, 2.7 [95% CI, 1.1-6.3]; P < .001), and panic disorder (OR, 3.1 [95% CI, 1.5-6.5]; P < .01) and that bullies/victims were at increased risk of young adult depression (OR, 4.8 [95% CI, 1.2-19.4]; P < .05), panic disorder (OR, 14.5 [95% CI, 5.7-36.6]; P < .001), agoraphobia (females only; OR, 26.7 [95% CI, 4.3-52.5]; P < .001), and suicidality (males only; OR, 18.5 [95% CI, 6.2-55.1]; P < .001). Bullies were at risk for antisocial personality disorder only (OR, 4.1 [95% CI, 1.1-15.8]; P < .04). CONCLUSIONS AND RELEVANCE The effects of being bullied are direct, pleiotropic, and long-lasting, with the worst effects for those who are both victims and bullies. PMID: 23426798 [PubMed - as supplied by publisher]

11. [Depress Anxiety. 2013 Feb 19. doi: 10.1002/da.22073. \[Epub ahead of print\]](#)  
[MAJOR DEPRESSIVE DISORDER IN VULNERABLE GROUPS OF OLDER ADULTS, THEIR COURSE AND TREATMENT, AND PSYCHIATRIC COMORBIDITY.](#)

**Chou KL, Cheung KC.**

Department of Asian and Policy Studies, The Hong Kong Institute of Education, Hong Kong, China.

#### [Abstract](#)

##### [BACKGROUND:](#)

Although a number of epidemiology studies of major depressive disorder (MDD) in older adults have been reported, most of them suffer four limitations: (1) the sample was not nationally representative; (2) the sample was relatively small or only one or two sociodemographic correlates of MDD were examined; (3) psychiatric comorbidity was not examined; and (4) the clinical characteristics of MDD were not reported. This study (1) examines the prevalence of DSM-IV MDD across different demographics, especially the vulnerable ones; (2) identifies clinical characteristics of DSM-IV MDD, such as onset,



course, and treatment; and (3) evaluates the comorbidity of DSM-IV MDD with anxiety disorder, substance-use disorder, and personality disorder.

#### *METHODS:*

We analyzed data on 8,205 individuals aged 65 or older from the National Epidemiologic Survey on Alcohol and Related Conditions (2001-2002), a nationally representative survey of the noninstitutionalized US household population. The Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV version assessed MDD, anxiety, substance use, personality disorders, and pathological gambling. The survey also included demographic characteristics: age, sex, race/ethnicity, marital status, education, employment status, personal income, urban vs. rural residence, and region of the country.

#### *RESULTS:*

Marital status and gender were associated with MDD, whereas race and socioeconomic characteristics were not. Specifically, the prevalence rates of past-year MDD were significantly greater for females (3.6%) than males (2.0%) and higher for widowed (4.9%) or separated/divorced (3.5%) than married (1.85%). The mean onset age was 50 years and the average number of lifetime episodes was 4.4. Only half of older adults with MDD had received treatment, even though one-fourth had thought about suicide. Anxiety disorder, substance dependence, and pathological gambling were highly associated with MDD.

#### *CONCLUSION:*

Prevention could be targeted to older women and those who were widowed, separated, or divorced and low treatment rate was also alarming. More research is needed for the comorbid psychiatric disorders in late-life depression because of their impact on the course and prognosis of MDD.

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12. Child Adolesc Psychiatry Ment Health. 2013 Feb 20;7(1):5. [Epub ahead of print]  
[Non-suicidal self-injury and emotion regulation: a review on facial emotion recognition and facial mimicry.](#)

**In-Albon T, Bürli M, Ruf C, Schmid M.**

#### *Abstract*

**ABSTRACT:** Non-suicidal self-injury (NSSI) is an increasingly prevalent, clinically significant behavior in adolescents and can be associated with serious consequences for the afflicted person. Emotion regulation is considered its most frequent function. Because the symptoms of NSSI are common and cause impairment, it will be included in Section 3

disorders as a new disorder in the revised Diagnostic and Statistical Manual of Mental Disorders (DSM-5). So far, research has been conducted mostly with patients with borderline personality disorder (BPD) showing self-injurious behavior. Therefore, for this review the current state of research regarding emotion regulation, NSSI, and BPD in adolescents is presented. In particular, the authors focus on studies on facial emotion recognition and facial mimicry, as social interaction difficulties might be a result of not recognizing emotions in facial expressions and inadequate facial mimicry. Although clinical trials investigating the efficacy of psychological treatments for NSSI among adolescents are lacking, especially those targeting the capacity to cope with emotions, clinical implications of the improvement in implicit and explicit emotion regulation in the treatment of NSSI is discussed. Given the impact of emotion regulation skills on the effectiveness of psychotherapy, neurobiological and psychophysiological outcome variables should be included in clinical trials.

### Free Article

PMID: 23421964 [PubMed - as supplied by publisher]

13. J Abnorm Psychol. 2013 Feb 18. [Epub ahead of print]

[Aggregation of Lifetime Axis I Psychiatric Disorders Through Age 30: Incidence, Predictors, and Associated Psychosocial Outcomes.](#)

**Farmer RF, Kosty DB, Seeley JR, Olino TM, Lewinsohn PM.**

### Abstract

Longitudinal data from representative birth cohorts on the aggregation of psychiatric disorders, or the cumulative number of unique diagnosed disorders experienced by persons within a circumscribed period, are limited. As a consequence, risk factors for and psychosocial implications of lifetime disorder aggregation in the general population remain largely unknown. This research evaluates the incidence, predictors, and psychosocial sequelae of lifetime disorder aggregation from childhood through age 30. Over a 14-year period, participants in the Oregon Adolescent Depression Project (probands; N = 816) were repeatedly evaluated for psychiatric disorders and assessed with multiple measures of psychosocial functioning. First-degree relatives of probands (N = 2,414) were also interviewed to establish their lifetime psychiatric history. The cumulative prevalence of common lifetime psychiatric disorders for the proband sample was 71%. Three-quarters of all proband psychiatric disorders occurred among 37% of the sample, and 82% of all disorder diagnoses were made among persons who met criteria for at least one other lifetime disorder. Lifetime disorder aggregation in probands was predicted by lifetime psychiatric disorder densities among first-degree relatives and was related to heterotypic comorbidity patterns that included disorders from both internalizing and externalizing domains, most notably major depressive and alcohol use disorders. By age 30, disorder aggregation was significantly associated with mental health care service utilization and predictive of personality disorder pathology and numerous indicators of poor psychosocial functioning.

Possible implications of disorder aggregation on the conceptualization of lifetime psychiatric disorder comorbidity are discussed. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 23421525 [PubMed - as supplied by publisher]

14. Psychol Psychother. 2013 Feb 19. doi: 10.1111/papt.12004. [Epub ahead of print]  
[Influence of therapist competence and quantity of cognitive behavioural therapy on suicidal behaviour and inpatient hospitalisation in a randomised controlled trial in borderline personality disorder: Further analyses of treatment effects in the BOScot study.](#)

**Norrie J, Davidson K, Tata P, Gumley A.**

Centre for Healthcare Randomised Trials (CHaRT), Health Services Research Unit, Aberdeen University, UK.

### Abstract

#### *OBJECTIVES:*

We investigated the treatment effects reported from a high-quality randomized controlled trial of cognitive behavioural therapy (CBT) for 106 people with borderline personality disorder attending community-based clinics in the UK National Health Service - the BOScot trial. Specifically, we examined whether the amount of therapy and therapist competence had an impact on our primary outcome, the number of suicidal acts, using instrumental variables regression modelling.

#### *DESIGN:*

Randomized controlled trial. Participants from across three sites (London, Glasgow, and Ayrshire/Arran) were randomized equally to CBT for personality disorders (CBTpd) plus Treatment as Usual or to Treatment as Usual. Treatment as Usual varied between sites and individuals, but was consistent with routine treatment in the UK National Health Service at the time. CBTpd comprised an average 16 sessions (range 0-35) over 12 months.

#### *METHOD:*

We used instrumental variable regression modelling to estimate the impact of quantity and quality of therapy received (recording activities and behaviours that took place after randomization) on number of suicidal acts and inpatient psychiatric hospitalization.

#### *RESULTS:*

A total of 101 participants provided full outcome data at 2 years post randomization. The previously reported intention-to-treat (ITT) results showed on average a reduction of 0.91 (95% confidence interval 0.15-1.67) suicidal acts over 2 years for those randomized to CBT. By incorporating the influence of quantity of therapy and therapist competence, we show

that this estimate of the effect of CBTpd could be approximately two to three times greater for those receiving the right amount of therapy from a competent therapist.

### *CONCLUSIONS:*

Trials should routinely control for and collect data on both quantity of therapy and therapist competence, which can be used, via instrumental variable regression modelling, to estimate treatment effects for optimal delivery of therapy. Such estimates complement rather than replace the ITT results, which are properly the principal analysis results from such trials.

### *PRACTITIONER POINTS:*

Assessing the impact of the quantity and quality of therapy (competence of therapists) is complex. More competent therapists, trained in CBTpd, may significantly reduce the number of suicidal act in patients with borderline personality disorder.

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15. Int J Eat Disord. 2013 Feb 17. doi: 10.1002/eat.22113. [Epub ahead of print]

[Methylation of the glucocorticoid receptor gene promoter in bulimic women: Associations with borderline personality disorder, suicidality, and exposure to childhood abuse.](#)

**Steiger H, Labonté B, Groleau P, Turecki G, Israel M.**

Eating Disorders Program, Douglas University Institute, Quebec, Canada; Department of Psychiatry, McGill University, Quebec, Canada; Department of Psychology, McGill University, Quebec, Canada. [stehow@douglas.mcgill.ca](mailto:stehow@douglas.mcgill.ca).

### *Abstract*

#### *OBJECTIVE:*

To compare levels of methylation of the glucocorticoid receptor (GR) gene (NR3C1) promoter between women with bulimia nervosa (BN) and women with no eating disorder (ED), and also to explore, in women with BN, the extent to which methylation of the GR gene promoter corresponds to childhood abuse, suicidality, or borderline personality disorder (BPD).

#### *METHOD:*

We measured methylation levels in selected NR3C1 promoter regions using DNA obtained from lymphocytes in 64 women with BN (32 selected as having a history of severe childhood abuse and 32 selected as having no such history) and 32 comparison women with no ED or history of childhood abuse.

## *RESULTS:*

Compared to noneating disordered women, women with BN and comorbid BPD (or BN with a history of suicidality) showed significantly more methylation of specific exon 1C sites. There was also a (nonsignificant) result indicative of greater methylation in some 1C sites among women with BN, when compared (as a group) to women with no ED. No parallel effects owing to childhood abuse were observed.

## *DISCUSSION:*

Our findings associate BN (when accompanied by BPD or suicidality) with hypermethylation of certain GR exon 1C promoter sites. We discuss theoretical and clinical implications of our findings. © 2013 by Wiley Periodicals, Inc.

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PMID: 23417893 [PubMed - as supplied by publisher]

16. Am J Addict. 2013 Mar;22(2):93-8. doi: 10.1111/j.1521-0391.2013.00304.x.

Exploring the Association between Lifetime Prevalence of Mental Illness and Transition from Substance Use to Substance Use Disorders: Results from the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC).

**Lev-Ran S, Imtiaz S, Rehm J, Le Foll B.**

Translational Addiction Research Laboratory, Centre for Addiction and Mental Health, Toronto, Ontario, Canada; Addictions Program, Centre for Addiction and Mental Health, Toronto, Ontario, Canada.

## *Abstract*

### *BACKGROUND AND OBJECTIVES:*

The association between substance use disorders (SUDs) and mental illness (MI) has been well established. Previous studies reporting this association in various clinical populations have not taken into account former substance use. This may be important as increased prevalence of substance use among individuals with MI may partially explain the strong association between SUDs and MI.

### *METHODS:*

In this study we included only individuals with previous substance use and explored the association between lifetime diagnosis of MI and transition from substance use to SUDs. Analyses were conducted across six different categories of substances (alcohol, nicotine,

cannabis, cocaine, hallucinogens, inhalants) based on a large representative US sample, the National Epidemiologic Survey of Alcohol and Related Conditions (NESARC, n = 43,093).

### **RESULTS:**

Lifetime diagnoses of any MI, and particularly personality disorders and psychotic disorders, were found to be associated with higher prevalence of transition from substance use to SUDs across most categories of substances. This association was particularly strong for nicotine (adjusted OR = 2.95 (2.72-3.20)).

### **CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:**

This cross-sectional study expands on previous research by highlighting the association between lifetime diagnosis of any MI and increased rates of transition from substance use to SUDs across a range of substances. Longitudinal studies exploring temporal effects of this association are further needed. (Am J Addict 2013;22:93-98).

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PMID: 23414492 [PubMed - in process]

17. J Child Adolesc Psychopharmacol. 2013 Feb;23(1):49-53. doi: 10.1089/cap.2012.0057.  
[Suicidal thoughts are associated with platelet counts in adolescent inpatients.](#)

**Ragolsky M, Shimon H, Shalev H, Weizman A, Rubin E.**

1 The Beer-Sheva Mental Health Center , Beer-Sheva, Israel .

### **Abstract**

**Abstract Objective:** Platelets (PLT), which serve as the primary hemostatic indicator, can be used as a peripheral model for studying monoamine turnover in the brain. Therefore, they are attractive targets as circulatory biomarkers for the detection of psychiatric disorders. However, PLT counts have not been utilized as a peripheral biomarker of psychopathology. **Methods:** This study was a retrospective analysis of PLT counts upon admission of 108 drug-naïve adolescents hospitalized in an inpatient psychiatric department. PLT counts of patients with suicidal ideation (SI) were compared with those of nonsuicidal inpatients (NSI) and those of 77 healthy adolescents, serving as a control group. The patients' disorders were diagnosed and classified by one of four American Psychiatric Association, Diagnostic and Statistical Manual of Mental Disorders, 4th ed. (DSM IV) diagnoses, that is, unipolar depression, bipolar depression, schizophrenia, and a pooled group of conduct and borderline personality disorders. **Results:** Significantly higher PLT counts were observed in SI patients, as compared with NSI patients (300,200±53.3/mL vs. 253,900±53.2/mL, respectively; p=0.0001). A significant difference in PLT counts in SI patients, relative to the control group, was also noted (300,200±53.3/mL vs. 254,000±52/mL, respectively; p<10<sup>-26</sup>). Finally, a significant difference in PLT counts was observed between conduct/borderline personality disorders patient with and without suicidal ideation (292,000±55/mL vs.

246,000±64/mL, respectively; p=0.001). Conclusions: PLT counts are higher in suicidal hospitalized adolescents than in nonsuicidal inpatients, as well as than in controls.

PMID: 23410141 [PubMed - in process]

### **Related citations**

18. Psychopathology. 2013 Feb 13. [Epub ahead of print]  
[Have Personality Disorders Been Overdiagnosed among Eating Disorder Patients?.](#)

**von Lojewski A, Fisher A, Abraham S.**

Department of Obstetrics and Gynaecology, University of Sydney, Royal North Shore Hospital, St Leonards, N.S.W., Australia.

### **Abstract**

**Background:** There is persuasive evidence for a relationship between eating disorders (EDs) and personality disorders (PDs). Research studies over the last three decades have used various tools to explore PDs in EDs with differing results. We investigated PDs derived from an interview - the International Personality Disorder Examination. **Methods:** 132 female inpatients with restrictive anorexia nervosa (AN-R), binge-purging AN, bulimia nervosa (BN) and ED not otherwise specified were interviewed. MANCOVA was used to test for differences in dimensional PD scores for the ED diagnostic and behavioural groups. **Results:** Twenty-one percent of patients had a definite DSM-IV PD diagnosis and 37% of patients had ≥1 definite or probable DSM-IV PD diagnoses. Cluster C PDs were most commonly found [avoidant (25%), obsessive-compulsive (9%), dependent (2%)], followed by cluster B PDs [borderline (13%), histrionic (2%)]. Comparison of PD dimensional scores revealed significantly lower PD scores for borderline PD in AN-R when compared to the other diagnostic groups; and significantly higher scores for histrionic, narcissistic, antisocial, and not otherwise specified PDs for BN when compared to the other diagnostic groups. Self-induced vomiting was the only behaviour significantly associated with any PD dimensional scores (borderline and narcissistic). **Conclusions:** Assessment of PDs using a highly structured interview administered by trained interviewers results in less PD diagnoses compared with previous studies of inpatients with an ED. Avoidance is the most common PD and those patients who induce vomiting are more likely to have borderline features.

Copyright © 2013 S. Karger AG, Basel.

PMID: 23407268 [PubMed - as supplied by publisher]

### **Related citations**

19. JAMA Psychiatry. 2013 Feb;70(2):140-8. doi: 10.1001/jamapsychiatry.2013.270.  
[Validity of prototype diagnosis for mood and anxiety disorders.](#)

**Defife JA, Peart J, Bradley B, Ressler K, Drill R, Westen D.**

## Abstract

**CONTEXT** With growing recognition that most forms of psychopathology are best represented as dimensions or spectra, a central question becomes how to implement dimensional diagnosis in a way that is empirically sound and clinically useful. Prototype matching, which involves comparing a patient's clinical presentation with a prototypical description of the disorder, is an approach to diagnosis that has gained increasing attention with forthcoming revisions to both the DSM and the International Classification of Diseases. **OBJECTIVE** To examine prototype diagnosis for mood and anxiety disorders. **DESIGN, SETTING, AND PATIENTS** In the first study, we examined clinicians' DSM-IV and prototype diagnoses with their ratings of the patients' adaptive functioning and patients' self-reported symptoms. In the second study, independent interviewers made prototype diagnoses following either a systematic clinical interview or a structured diagnostic interview. A third interviewer provided independent ratings of global adaptive functioning. Patients were recruited as outpatients (study 1; N = 84) and from primary care clinics (study 2; N = 143). **MAIN OUTCOME MEASURES** Patients' self-reported mood, anxiety, and externalizing symptoms along with independent clinical ratings of adaptive functioning. **RESULTS** Clinicians' prototype diagnoses showed small to moderate correlations with patient-reported psychopathology and performed as well as or better than DSM-IV diagnoses. Prototype diagnoses from independent interviewers correlated on average  $r = .50$  and showed substantial incremental validity over DSM-IV diagnoses in predicting adaptive functioning. **CONCLUSIONS** Prototype matching is a viable alternative for psychiatric diagnosis. As in research on personality disorders, mood and anxiety disorder prototypes outperformed DSM-IV decision rules in predicting psychopathology and global functioning. Prototype matching has multiple advantages, including ease of use in clinical practice, reduced artifactual comorbidity, compatibility with naturally occurring cognitive processes in diagnosticians, and ready translation into both categorical and dimensional diagnosis.

PMID: 23403467 [PubMed - in process]

## Related citations

20. Eur Psychiatry. 2013 Feb 8. pii: S0924-9338(12)00143-5. doi: 10.1016/j.eurpsy.2012.11.007. [Epub ahead of print]  
[Factors associated with borderline personality disorder in major depressive patients and their relationship to bipolarity.](#)

**Azorin JM, Kaladjian A, Adida M, Fakra E, Belzeaux R, Hantouche E, Lancrenon S.**

SHU Psychiatrie Adultes, Sainte-Marguerite Hospital, 13274 Marseille cedex 9, France.  
Electronic address: jazorin@ap-hm.fr.



## Abstract

### OBJECTIVE:

To analyze the interface between borderline personality disorder (BPD) and bipolarity in depressed patients comorbid with BPD.

### METHODS:

As part of National Multi-site Study of 493 consecutive DSM-IV major depressive patients evaluated in at least two semi-structured interviews 1 month apart, 19 (3.9%) had comorbid BPD (BPD+), whereas 474 (96.1%) did not manifest this comorbidity (BPD-).

### RESULTS:

Compared to BPD (-), BPD (+) patients displayed higher rates of bipolar (BP) disorders and temperaments, an earlier age at onset with a family history of affective illness, more comorbidity, more stressors before the first episode which was more often depressive or mixed, as well as a greater number and severity of affective episodes.

### CONCLUSIONS:

The hypothesis which fitted at best our findings was to consider BPD as a contributory factor in the development of BP disorder, which could have favoured the progression from unipolar major depression to BP disorder. We could not however exclude that some features of BP disorder may have contributed to the development of BPD.

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PMID: 23402737 [PubMed - as supplied by publisher]

### Related citations

21. Schizophr Res. 2013 Feb 9. pii: S0920-9964(13)00045-5. doi: 10.1016/j.schres.2013.01.007. [Epub ahead of print]  
Positive and negative schizotypy are associated with prodromal and schizophrenia-spectrum symptoms.

**Barrantes-Vidal N, Gross GM, Sheinbaum T, Mitjavila M, Ballepí S, Kwapil TR.**

Departament de Psicologia Clínica i de la Salut, Universitat Autònoma de Barcelona, Spain; Sant Pere Claver - Fundació Sanitària, Spain; Instituto de Salud Carlos III, CIBERSAM, Spain; University of North Carolina at Greensboro, United States.

## Abstract

The present study examined the validity of psychometrically assessed positive and negative schizotypy in a study of 214 Spanish young adults using interview and questionnaire measures of impairment and psychopathology. Schizotypy provides a useful construct for understanding the etiology and development of schizophrenia and related disorders. Recent interview, laboratory, and experience sampling studies have supported the validity of psychometrically assessed positive and negative symptom dimensions. The present study expands on previous findings by examining the validity of these dimensions in a Spanish sample and employing a widely used interview measure of the schizophrenia prodrome. As hypothesized, the positive schizotypy dimension predicted CAARMS ultra high-risk or psychosis threshold status, and both dimensions uniquely predicted the presence of schizophrenia-spectrum personality disorders. Furthermore, positive schizotypy was associated with psychotic-like, paranoid, schizotypal, and mood symptoms, whereas negative schizotypy was associated with interview ratings of negative and schizoid symptoms. The schizotypy dimensions were also distinguished by their associations with self and other schemas. Positive schizotypy was associated with increased negative self and other schemas, whereas negative schizotypy was associated with decreased positive self and other schemas. The findings provide further construct validation of positive and negative schizotypy and support these dimensions as universal constructs.

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PMID: 23402694 [PubMed - as supplied by publisher]

## Related citations

22. Expert Rev Pharmacoecon Outcomes Res. 2013 Feb;13(1):73-81. doi: 10.1586/erp.12.87. [Cost-effectiveness of psychotherapy for personality disorders: treatment recommendations and implementation.](#)

**Soeteman DI, Kim JJ.**

Center for Health Decision Science, Harvard School of Public Health, Boston, MA, USA.

## Abstract

This article reviews the current evidence on the cost-effectiveness of psychotherapy for personality disorders (PDs). Although the evidence is still scarce, several well-designed cost-effectiveness studies provide insight into the question - how cost effective is it to reimburse therapies for PDs? This article further argues that the implementation costs and effects should be an integral part of cost-effectiveness analyses to enhance the dissemination of treatment recommendations. Moreover, cost-effectiveness analyses are important in working towards a more patient-centered approach in psychotherapy research that could potentially help accelerate the implementation and adoption of cost-effective care for PDs.

PMID: 23402448 [PubMed - in process]

## Related citations

23. Drug Alcohol Depend. 2013 Feb 8. pii: S0376-8716(13)00023-9. doi: 10.1016/j.drugalcdep.2013.01.010. [Epub ahead of print]  
Risk factors for incident nonmedical prescription opioid use and abuse and dependence: Results from a longitudinal nationally representative sample.

**Katz C, El-Gabalawy R, Keyes KM, Martins SS, Sareen J.**

University of Manitoba, Department of Psychiatry, Winnipeg, Manitoba, Canada.

## Abstract

### *BACKGROUND:*

There has been a significant increase in opioid prescriptions and the prevalence of opioid nonmedical use. Nonmedical use may lead to opioid abuse/dependence, a serious public health concern. The aim of this paper was to determine the mental and physical health predictors of incident nonmedical prescription opioid use (NMPOU) and abuse/dependence, and the impact of comorbidity in a longitudinal, nationally representative sample.

### *METHODS:*

Data come from Waves 1 and 2 of the National Epidemiologic Survey on Alcohol and Related Conditions (N=34,653;  $\geq 20$  years old). Mental disorders were assessed using the Alcohol Use Disorder and Associated Disabilities Interview Schedule-DSM-IV edition. Physical conditions were based on self-reports of physician-diagnoses. Multiple logistic regression models examined the associations between mental and physical health predictors at Wave 1 and their association to incident NMPOU and abuse/dependence disorders at Wave 2.

### *RESULTS:*

After adjusting for sociodemographics, Axis I and II mental disorders and physical conditions, the presence of mental disorders (i.e., mood, personality disorders and substance use disorders), physical conditions (i.e., increasing number of physical conditions, any physical condition, arteriosclerosis or hypertension, cardiovascular disease and arthritis) and sociodemographic factors (i.e., sex and marital status) at Wave 1 positively predicted incident abuse/dependence at Wave 2. Comorbid disorders increased the risk of NMPOU and abuse/dependence.

### *CONCLUSION:*

These results suggest the importance of mental and physical comorbidity as a risk for NMPOU and abuse/dependence, emphasizing the need for careful screening practices when prescribing opioids.

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PMID: 23399466 [PubMed - as supplied by publisher]

### [Related citations](#)

24. Child Adolesc Psychiatry Ment Health. 2013 Feb 11;7(1):3. doi: 10.1186/1753-2000-7-3.  
Diagnosis of personality disorders in adolescents: a study among psychologists.

**Laurensen EM, Hutsebaut J, Feenstra DJ, Van Busschbach JJ, Luyten P.**

Viersprong Institute for Studies on Personality Disorders (VISPD), P.O, Box 7, 4660 AA, Halsteren, The Netherlands. annelies.laurensen@deviersprong.nl.

### [Abstract](#)

#### *BACKGROUND:*

Recent guidelines concerning the treatment of personality disorders (PDs) recommend diagnosing PDs in adolescents. However, it remains unclear whether these guidelines influence the current opinions and practices of mental health care professionals.

#### *METHODS:*

Five hundred sixty-six psychologists completed an online survey concerning PDs in adolescents, of whom 367 professionals reported working with adolescents. The survey contained demographical questions (age, gender, profession, work setting) and specific questions related to PD in adolescence.

#### *RESULTS:*

Although a majority of psychologists working with adolescents acknowledged the existence of PDs in adolescents (57.8%), only a small minority diagnoses PDs in adolescence (8.7%) and offers a treatment specifically aimed at targeting PD pathology (6.5%). Reasons for not diagnosing PDs in adolescence mainly concerned the belief that adolescent personality problems are transient (41.2%) and that the DSM-IV-TR does not allow diagnosing PDs in adolescence (25.9%).

#### *CONCLUSIONS:*

Although practice guidelines might have influenced clinicians' opinions about PDs in adolescence, they have had little impact so far on routine clinical practice.

### **Free Article**

PMID: 23398887 [PubMed - in process]

### [Related citations](#)

25. J Pers Disord. 2013 Feb 11. [Epub ahead of print]

[Personality Pathology as a Risk Factor for Negative Health Perception.](#)

**Powers AD, Oltmanns TF.**

#### [Abstract](#)

Previous findings suggest that self-perception of health relates to many physical health outcomes, including mortality. Many factors appear to shape health perceptions, such as personality. Little research, however, has focused on whether personality pathology may affect perceived health. This preliminary study examined the unique effects of personality pathology on health perceptions beyond those of objective health and normal personality factors. As part of an ongoing longitudinal study, the authors examined data from a representative sample (N = 697) of St. Louis residents (ages 55-64) who were identified using standard epidemiological methods. The Diagnostic Interview Schedule and the Health Status Inventory were used to collect reports of health perceptions, chronic illnesses, and physical functioning. Personality traits were measured with the revised NEO Personality Inventory, and personality disorders were assessed using the Structured Interview for DSM-IV Personality. Number of physical illnesses, physical functioning, normal personality, and personality disorders all predicted self-perception of health separately. Personality disorders also predicted health perception above and beyond objective health and personality variables. These findings elucidate the importance of personality pathology in understanding perceived health and suggest that certain patterns of pathology may be particularly detrimental to subjective health.

PMID: 23398105 [PubMed - as supplied by publisher]

#### [Related citations](#)

26. J Pers Disord. 2013 Feb 11. [Epub ahead of print]

[CYP2D6 Polymorphism and Mental and Personality Disorders in Suicide Attempters.](#)

**Blasco-Fontecilla H, Peñas-Lledó E, Vaquero-Lorenzo C, Dorado P, Saiz-Ruiz J, Llerena A, Baca-García E.**

#### [Abstract](#)

Prior studies on the association between the CYP2D6 polymorphism and suicide did not explore whether mental and personality disorders mediate this association. The main objective of the present study was to test an association between CYP2D6 polymorphism and mental and personality disorders among suicide attempters. The MINI and the DSM-IV version of the International Personality Disorder Examination Screening Questionnaire were used to diagnose mental and personality disorders, respectively, in 342 suicide attempters. Suicide attempters were divided into four groups according to their number of CYP2D6 active genes (zero, one, and two or more). Differences in mental and personality disorders across the four groups were measured using linear-by-linear association, chi square-test, and

95% confidence intervals. Suicide attempters carrying two or more active CYP2D6 genes were more likely to be diagnosed with at least one personality disorder than those with one or zero CYP2D6 active genes.

PMID: 23398102 [PubMed - as supplied by publisher]

### **Related citations**

27. J Pers Disord. 2013 Feb 11. [Epub ahead of print]

[Treatment Characteristics and Outcome of Depression Among Depressed Adolescent Outpatients With and Without Comorbid Axis II Disorders.](#)

**Strandholm T, Karlsson L, Kiviruusu O, Pelkonen M, Marttunen M.**

### **Abstract**

In the literature, disagreement exists on the impact of Axis II comorbidity on the treatment outcome of depression. The aim of the present study was to examine in a naturalistic treatment setting the 1-year outcome and treatment characteristics of depressed adolescent outpatients with and without comorbid Axis II disorders. The 151 participants were interviewed for Axis I and II diagnoses at baseline and follow-up. Those diagnosed with a personality disorder were significantly more impaired at follow-up than those without. The given treatment did not differ between the two groups in length, intensity, or hospitalization, but the group with Axis II comorbidity received more psychotropic medication. The treatment outcome of depression was poorer for the group with Axis II disorders compared to those without. In conclusion, a personality disorder diagnosis is a sign of more severe overall symptoms. Special attention should be paid to Axis II traits when planning and conducting the treatment of adolescent depression.

PMID: 23398099 [PubMed - as supplied by publisher]

### **Related citations**

28. J Pers Disord. 2013 Feb 11. [Epub ahead of print]

[Social Phobia and Avoidant Personality Disorder: Similar but Different?](#)

**Lampe L, Sunderland M.**

### **Abstract**

Avoidant personality disorder (AvPD) is regarded as a severe variant of social phobia (SP), consistent with a dimensional model. However, these conclusions are largely drawn from studies based on individuals with SP, with or without comorbid AvPD. The present study hypothesized that there are qualitative differences between AvPD and SP that are undermined by limiting research to participants with SP. The authors sought to test this hypothesis by comparing three groups-SP only, AvPD only, and SP+AvPD-using data extracted from an epidemiological sample of 10,641 adults aged 18 years and over. Screening questions were used in the epidemiological survey to identify ICD-10 personality disorders; from this the author developed a proxy measure for DSM-IV AvPD. Axis I

diagnoses, including DSM-IV SP, were identified using the Composite International Diagnostic Interview (CIDI). In this sample, the majority of those with AvPD did not also have SP: The authors found 116 persons with AvPD only, 196 with SP only, and 69 with SP+AvPD. There was little difference between any of the groups on sex, marital status, employment, education, or impairment variables. The SP+AvPD group reported more distress and comorbidity than the SP only and AvPD only groups, which did not differentiate from each other. More feared social situations were endorsed in the SP only group compared to the AvPD only group. Although the finding of few differences between SP only and AvPD only groups among the variables measured in this epidemiological survey fails to provide support for the hypothesis of qualitative differences, the finding that the AvPD only group appears more similar to the SP only group than to the SP+AvPD group also fails to provide support for the alternative continuity hypothesis. The greater distress and additional comorbidity with depression associated with SP+AvPD may be due to the additional symptom load of a second disorder rather than simply representing a more severe variant of social phobia. The use of a proxy for AvPD is a limitation of the study. Future studies should focus on broader clinical variables that have been proposed as qualitatively different between these disorders, and on the possible genetic and environmental factors that might help explain such differences.

PMID: 23398095 [PubMed - as supplied by publisher]

#### [Related citations](#)

29. J Pers Disord. 2013 Feb 11. [Epub ahead of print]

[Understanding the Personality Disorder and Aggression Relationship: An Investigation Using Contemporary Aggression Theory.](#)

**Gilbert F, Daffern M, Talevski D, Ogloff JR.**

#### [Abstract](#)

Research has consistently demonstrated a link between certain personality disorders (PDs) and increased rates of aggression and violence. At present, understanding of the mechanisms that underlie this relationship is limited. This study was designed to examine the contention (Gilbert & Daffern, 2011) that the application of a contemporary psychological aggression theory, the General Aggression Model (GAM; Anderson & Bushman, 2002), may assist in elucidating the PD-aggression relationship. Eighty-seven offenders undergoing presentence evaluation were assessed for Axis II PDs and psychopathy, aggression, and three constructs delineated by the GAM: scripts, normative beliefs, and anger. Regression analyses were undertaken to examine the relative contributions of these variables to aggression. The results upheld a relationship between several PDs and aggression, and suggested that for these PDs, the consideration of scripts, beliefs supportive of aggression, and anger facilitated an improved understanding of aggressiveness. Overall, the findings indicate that the GAM offers valuable insight into the psychological features that characterize individuals with PD who are prone to aggression.

PMID: 23398093 [PubMed - as supplied by publisher]

#### [Related citations](#)

30. Personal Disord. 2013 Feb 11. [Epub ahead of print]

[The Role of Experiential Avoidance in the Association Between Borderline Features and Emotion Regulation in Adolescents.](#)

**Schramm AT, Venta A, Sharp C.**

#### Abstract

Difficulties in emotion regulation are one of the core features of borderline personality disorder (BPD). Individuals with BPD also report higher levels of experiential avoidance (EA) compared to controls. These constructs have never been studied concomitantly in adolescents. First, given the conceptual similarity of difficulties in emotion regulation and EA, the authors sought to determine whether EA provides incremental validity, above emotion dysregulation, in its association with borderline features. Second, EA was explored as a mediator in the relation between difficulties in emotion regulation and borderline features. The sample included 208 adolescents recruited from an inpatient psychiatric unit (Mage = 15.96, SD = 1.39; females = 60.1%). Borderline personality features were assessed using the self-report Borderline Personality Features Scale for Children (Crick, Murray-Close, & Woods, 2005). EA was assessed using the Avoidance and Fusion Questionnaire for Youth (Greco, Lambert, & Baer, 2008), and difficulties in emotion regulation were assessed using the Difficulties in Emotion Regulation Scale (Gratz & Roemer, 2004). Greater borderline personality features were associated with significantly higher levels of EA and difficulties in emotion regulation. Hierarchical regression analyses showed that EA made a small, but significant, incremental and independent contribution to borderline features when added to a model already including difficulties in emotion regulation. In addition, EA partially mediated the relation between difficulties in emotion regulation and borderline features. EA and emotion regulation are both important targets of treatments aimed at decreasing borderline personality features in adolescents. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 23397937 [PubMed - as supplied by publisher]

#### Related citations

31. Personal Disord. 2013 Feb 11. [Epub ahead of print]

[The Interaction of Borderline Personality Disorder Symptoms and Relationship Satisfaction in Predicting Affect.](#)

**Kuhlken K, Robertson C, Benson J, Nelson-Gray R.**

#### Abstract

Previous research has suggested that stable, marital relationships may have overall prognostic significance for individuals with borderline personality disorder (BPD); however, research focused on the impact of nonmarital, and perhaps short-term, romantic relationships is lacking. Thus, the primary goal of this study was to examine the impact of the interaction of BPD symptoms and relationship satisfaction on state negative affect in college



undergraduates. It was predicted that individuals who scored higher on measures of BPD symptoms and who were in a satisfying romantic relationship would report less negative affect than comparable individuals in a less satisfying romantic relationship. Questionnaires assessing BPD symptoms, relationship satisfaction, and negative affect were administered to 111 women, the majority of whom then completed daily measures of relationship satisfaction and negative affect over a 2-week follow-up period. Hierarchical multiple regression and hierarchical linear modeling were used to test the hypotheses. The interaction of BPD symptoms with relationship satisfaction was found to significantly predict anger, as measured at one time point, suggesting that satisfying romantic relationships may be a protective factor for individuals scoring high on measures of BPD symptoms with regard to anger. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 23397936 [PubMed - as supplied by publisher]

### **Related citations**

32. Personal Disord. 2013 Feb 11. [Epub ahead of print]

**Unique Influences of Adolescent Antecedents on Adult Borderline Personality Disorder Features.**

**Stepp SD, Olin TM, Klein DN, Seeley JR, Lewinsohn PM.**

### **Abstract**

There is a dearth of prospective information regarding adolescent precursors of borderline personality disorder (BPD). This study aimed to determine the unique associations between early maladaptive family functioning, parental psychiatric diagnoses, proband early onset psychiatric diagnosis, and BPD symptoms in adulthood using an existing longitudinal study. Participants were randomly selected from 9 high schools in western Oregon. A total of 1,709 students (ages 14-18 years) completed 2 assessments during adolescence. All adolescents with a history of a depressive disorder ( $n = 360$ ) or a history of nonmood disorders ( $n = 284$ ) and a random sample of adolescents with no history of psychopathology ( $n = 457$ ) were invited to participate in a 3rd and 4th evaluation when participants were on average 24 years old and 30 years old, respectively. Biological parents were interviewed at the 3rd assessment. The multivariate model with all early risk factors found that maternal-child discord ( $p < .05$ ), maternal BPD ( $p < .05$ ), paternal substance use disorder (SUD;  $p < .05$ ), and proband depression ( $p < .05$ ), SUD ( $p < .001$ ), and suicidality ( $p < .05$ ) were associated with later BPD symptoms. Maternal SUD and proband anxiety, conduct disorder/oppositional defiant disorder, and attention-deficit/hyperactivity disorder were also associated with proband BPD symptoms in univariate analyses, but were no longer significant when the other risk factors were included in the model. Multivariate assessment models are needed to identify unique risk factors for BPD. This will enhance the efficiency of screening efforts for early detection of risk. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 23397935 [PubMed - as supplied by publisher]

### **Related citations**

33. BMJ Open. 2013 Feb 8;3(2). pii: e002286. doi: 10.1136/bmjopen-2012-002286. Print 2013. Diagnosis-specific disability pension predicts suicidal behaviour and mortality in young adults: a nationwide prospective cohort study.

**Jonsson U, Alexanderson K, Kjeldgård L, Westerlund H, Mittendorfer-Rutz E.**

Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.

## Abstract

### OBJECTIVES:

Increasing rates of disability pension (DP), particularly owing to mental diagnoses, have been observed among young adults in Organisation for Economic Co-operation and Development (OECD) countries. There is a lack of knowledge about the health prognosis in this group. The aim of this study was to investigate whether DP in young adulthood owing to specific mental diagnoses or somatic diagnoses predicts suicidal behaviour and all-cause mortality.

### DESIGN:

A nationwide prospective cohort study.

### SETTING:

A register study of all young adults who in 2005 were 19-23 years old and lived in Sweden. Registers held by the National Board of Health and Welfare, Statistics Sweden and the National Social Insurance Agency were used.

### PARTICIPANTS:

525 276 young adults. Those who in 2005 had DP with mental diagnoses (n=8070) or somatic diagnoses (n=3975) were compared to all the other young adults in the same age group (n=513 231).

### OUTCOME MEASURES:

HRs for suicide attempt, suicide and all-cause mortality in 2006-2010 were calculated by Cox proportionate hazard regression models, adjusted for sex, country of birth, parental education and parental and previous own suicidal behaviour.

### RESULTS:

The adjusted HR for suicide attempt was 3.32 (95% CI 2.98 to 3.69) among those on DP with mental diagnoses and 1.78 (95% CI 1.41 to 2.26) among those on DP with somatic

diagnoses. For the specific mental diagnoses, the unadjusted HRs ranged between 2.42 (mental retardation) and 22.94 (personality disorders), while the adjusted HRs ranged between 2.03 (mental retardation) and 6.00 (bipolar disorder). There was an increased risk of mortality for young adults on DP in general, but only those with mental DP diagnoses had a significantly elevated HR of completed suicide with an adjusted HR of 3.92 (95% CI 2.83 to 5.43).

#### *CONCLUSIONS:*

Young adults on DP are at increased risk of suicidal behaviour and preterm death, which emphasises the need for improved treatment and follow-up.

#### **Free Article**

PMID: 23396561 [PubMed]

#### **Related citations**

34. Int J Soc Psychiatry. 2013 Feb 10. [Epub ahead of print]  
[Personality disorders in a community sample in Turkey: Prevalence, associated risk factors, temperament and character dimensions.](#)

**Dereboy C, Güzel HS, Dereboy F, Okyay P, Eskin M.**

Department of Psychiatry, Faculty of Medicine, Adnan Menderes University.

#### **Abstract**

##### *BACKGROUND:*

: Data from Turkey on prevalence of personality disorders (PD) in the normal population are sparse.

##### *AIMS:*

: The present study conducted in a community sample aimed to investigate personality disorders in terms of prevalence, associated risk factors and personality dimensions.

##### *METHODS:*

: A stratified sampling procedure allowed us to compose a sample consisting of 774 participants residing in Aydin, Turkey. The DSM-IV and ICD-10 Personality Questionnaire (DIP-Q) and the Temperament and Character Inventory (TCI) were used to assess PDs and personality dimensions, respectively.

## RESULTS:

: Roughly 20% of the participants received a PD diagnosis. Among the individual PD categories, schizotypal and obsessive-compulsive PDs were the most prevalent diagnoses. Participants with PD were more likely to have higher self-directedness and cooperativeness scores. These risk factors and personality dimensions were most strongly associated with the cluster B disorders.

## CONCLUSION:

: New versions of the diagnostic systems should include schizotypal, obsessive-compulsive and cluster B PDs as separate diagnostic categories, and impaired self-directedness as well as cooperativeness as a general diagnostic criterion for the sake of backward and forward compatibility of the research in this field.

PMID: 23396288 [PubMed - as supplied by publisher]

## Related citations

35. *Neurosci Biobehav Rev.* 2013 Feb 8;37(3):448-470. doi: 10.1016/j.neubiorev.2013.01.024. [Epub ahead of print]  
[Empathy and social problem solving in alcohol dependence, mood disorders and selected personality disorders.](#)

**Thoma P, Friedmann C, Suchan B.**

Institute of Cognitive Neuroscience, Department of Neuropsychology, Ruhr-University Bochum, Universitätsstraße 150, D-44780 Bochum, Germany. Electronic address: Patrizia.Thoma@rub.de.

## Abstract

Altered empathic responding in social interactions in concert with a reduced capacity to come up with effective solutions for interpersonal problems have been discussed as relevant factors contributing to the development and maintenance of psychiatric disorders. The aim of the current work was to review and evaluate 30 years of empirical evidence of impaired empathy and social problem solving skills in alcohol dependence, mood disorders and selected personality disorders (borderline, narcissistic, antisocial personality disorders/psychopathy), which have until now received considerably less attention than schizophrenia or autism in this realm. Overall, there is tentative evidence for dissociations of cognitive (e.g. borderline personality disorder) vs. emotional (e.g. depression, narcissism, psychopathy) empathy dysfunction in some of these disorders. However, inconsistencies in the definition of relevant concepts and their measurement, scarce neuroimaging data and rare consideration of comorbidities limit the interpretation of findings. Similarly, although impaired social problem solving appears to accompany all of these disorders, the concept has not been well integrated with empathy or other cognitive dysfunctions as yet.

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PMID: 23396051 [PubMed - as supplied by publisher]

### [Related citations](#)

36. J Gerontol Nurs. 2013 Mar;39(3):10-4. doi: 10.3928/00989134-20130131-02. Epub 2013 Feb 11.

[Managing differences: care of the person with frontotemporal degeneration.](#)

**Hall GR, Shapira J, Gallagher M, Denny SS.**

### [Abstract](#)

Caring for people with non-Alzheimer's dementias is particularly challenging for families and care providers. This is especially true for those with frontotemporal degeneration (FTD) who exhibit profound changes in personality, behavior, language, and movement. Initial symptoms are often misdiagnosed as psychiatric disorders or early-onset Alzheimer's disease, and typically do not respond to pharmacological and nonpharmacological interventions designed for people with other dementias. Using individual examples, this article illustrates common features of two subtypes of FTD: behavioral variant FTD and non-fluent primary progressive aphasia.

Copyright 2013, SLACK Incorporated.  
PMID: 23394488 [PubMed - in process]

### [Related citations](#)

37. Annu Rev Clin Psychol. 2013 Feb 1. [Epub ahead of print]

[Dissociative Disorders in DSM-5.](#)

**Spiegel D, Lewis-Fernández R, Lanius R, Vermetten E, Simeon D, Friedman M.**

Department of Psychiatry, School of Medicine, Stanford University, Stanford, CA 94305-5718; email: dspiegel@stanford.edu.

### [Abstract](#)

The rationale, research literature, and proposed changes to the dissociative disorders and conversion disorder in the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) are presented. Dissociative identity disorder will include reference to possession as well as identity fragmentation, to make the disorder more applicable to culturally diverse situations. Dissociative amnesia will include dissociative fugue as a subtype, since fugue is a rare disorder that always involves amnesia but does not always include confused wandering or loss of personality identity. Depersonalization disorder will include derealization as well, since the two often co-occur. A dissociative subtype of posttraumatic stress disorder (PTSD), defined by the presence of depersonalization or derealization in addition to other PTSD symptoms, is being recommended, based upon new

epidemiological and neuroimaging evidence linking it to an early life history of adversity and a combination of frontal activation and limbic inhibition. Conversion disorder (functional neurological symptom disorder) will likely remain with the somatic symptom disorders, despite considerable dissociative comorbidity. Expected final online publication date for the Annual Review of Clinical Psychology Volume 9 is March 26, 2013. Please see <http://www.annualreviews.org/catalog/pubdates.aspx> for revised estimates.

PMID: 23394228 [PubMed - as supplied by publisher]

### **Related citations**

38. Am J Physiol Gastrointest Liver Physiol. 2013 Feb 7. [Epub ahead of print]  
[Sex Differences in Brain Activity to Anticipated and Experienced Visceral Pain in Healthy Subjects.](#)

**Kano M, Farmer AD, Aziz Q, Giampietro V, Brammer MJ, Williams SC, Fukudo S, Coen SJ.**

1Tohoku University, Graduate School of Medicine.

### **Abstract**

Females demonstrate higher pain sensitivity and prevalence of chronic visceral pain conditions such as functional gastrointestinal disorders, than males. The role of sex differences in the brain processing of visceral pain is still unclear. In 16 male and 16 female healthy subjects we compared personality, anxiety levels, skin conductance response (SCR) and brain processing using functional MRI during anticipation and pain induced by oesophageal distension at pain toleration level. There was no significant difference in personality scores, anxiety levels, SCR and subjective ratings of pain between sexes. In group analysis, both males and females demonstrated a similar pattern of brain activation and deactivation during anticipation and pain consistent with previous reports. However, during anticipation females showed significantly greater activation in the cuneus, precuneus, and supplementary motor area (SMA) and stronger deactivation in the right amygdala and left parahippocampal gyrus, whilst males demonstrated greater activation in the cerebellum. During pain, females demonstrated greater activation in the midcingulate cortex, anterior insula, premotor cortex, and cerebellum and stronger deactivation in the caudate, whilst males showed increased activity in the SMA. The pattern of brain activity suggests that, during anticipation, females may demonstrate stronger limbic inhibition, which is considered to be a cognitive modulation strategy for impending painful stimulation. During pain, females significantly activate brain areas associated with the affective and motivation components of pain. These responses may underlie the sex differences that exist in pain conditions, whereby females may attribute more emotional importance to painful stimuli in comparison to males.

PMID: 23392235 [PubMed - as supplied by publisher]

### **Related citations**

39. J Can Acad Child Adolesc Psychiatry. 2013 Feb;22(1):41-6.

[Substance-use in Childhood and Adolescence: A Brief Overview of Developmental Processes and their Clinical Implications.](#)

**Castellanos-Ryan N, O'Leary-Barrett M, Conrod PJ.**

Centre de recherche du CHU Ste-Justine, Université de Montréal, Montréal, Québec.

#### Abstract

##### *OBJECTIVE:*

The current paper aims to review findings from developmental research that are related to adolescent substance-use and are considered key for improving theory and developing effective prevention.

##### *METHOD:*

A selective literature review of relevant developmental studies on adolescent substance-use was conducted.

##### *RESULTS:*

Studies in epidemiology and developmental science focusing on developmental onset, developmental transitions, comorbidity among disorders, and endophenotypes have identified important trends, risk-factors for and consequences of adolescent substance-use, which have informed theoretical models of addiction. Furthermore, they have informed clinical practice by identifying childhood disorders and personality characteristics that can be targeted preventatively before substance-use problems have their onset.

##### *CONCLUSIONS:*

Developmental research has contributed significantly to the understanding of aetiology and treatment of substance-use disorders. By targeting early liability factors rather than substance-use problems later in adolescence, interventions could reduce the adverse impact substance-use has on the developing brain as well as other associated harms.

PMCID: PMC3565714 **Free PMC Article**

PMID: 23390432 [PubMed]

#### **Related citations**

40. Biol Psychol. 2013 Feb 4. pii: S0301-0511(13)00023-9. doi:

[10.1016/j.biopsycho.2013.01.011.](#) [Epub ahead of print]

[Enhanced discrimination between threatening and safe contexts in high-anxious individuals.](#)

**Glotzbach-Schoon E, Tadda R, Andreatta M, Tröger C, Ewald H, Grillon C, Pauli P, Mühlberger A.**

Department of Psychology, Biological Psychology, Clinical Psychology and Psychotherapy, University of Würzburg, Marcusstr. 9-11, D-97070 Würzburg, Germany.

### Abstract

Trait anxiety, a stable personality trait associated with increased fear responses to threat, is regarded as a risk factor for the development and maintenance of anxiety disorders. Although the effect of trait anxiety has been examined with regard to explicit threat cues, little is known about the effect of trait anxiety on contextual threat learning. To assess this issue, extreme groups of low and high trait anxiety underwent a contextual fear conditioning protocol using virtual reality. Two virtual office rooms served as the conditioned contexts. One virtual office room (CXT+) was paired with unpredictable electrical stimuli. In the other virtual office room, no electrical stimuli were delivered (CXT-). High-anxious participants tended to show faster acquisition of startle potentiation in the CXT+ versus the CXT- than low-anxious participants. This enhanced contextual fear learning might function as a risk factor for anxiety disorders that are characterized by sustained anxiety.

Copyright © 2013. Published by Elsevier B.V.

PMID: 23384512 [PubMed - as supplied by publisher]

### Related citations

41. Int Rev Psychiatry. 2013 Feb;25(1):41-51. doi: 10.3109/09540261.2012.731384.

[Somatization and somatic symptom presentation in cancer: A neglected area.](#)

**Grassi L, Caruso R, Nanni MG.**

Section of Psychiatry, Department of Biomedical and Specialist Surgical Sciences, University of Ferrara , Ferrara , Italy.

### Abstract

Abstract The recognition of somatization process in cancer patients is a challenging and neglected area, for the extreme difficulty in differentiating and assessing the psycho(patho)logical components from those biologically determined and related to cancer and cancer treatment, as well as for the scarce usefulness of rigid categorical DSM criteria. However, several dimensions of somatization (and the interconnected concept of abnormal illness behaviour) have been shown to be diagnosable in cancer patients and to negatively influence coping and quality of life outcomes. An integration of the formal DSM-ICD nosology with a system specifically taking into account the patients' emotional responses to cancer and cancer treatment, such as the Diagnostic Criteria for Psychosomatic Research (DCPR), is suggested. More data on some specific symptom dimensions, including pain, fatigue and sexual disorders, are needed to examine their possible psychological



components. More research is also needed regarding the association of somatization with personality traits (e.g. type D distressed personality, alexithymia), developmental dimensions (e.g. attachment), and cultural issues (e.g. culturally mediated attributional styles to somatic symptoms). Also, the impact and effectiveness of specific therapeutic intervention in 'somatizing' cancer patients is necessary.

PMID: 23383666 [PubMed - in process]

### **Related citations**

42. Int J Eat Disord. 2013 Feb 5. doi: 10.1002/eat.22112. [Epub ahead of print]

[An intensive DBT program for patients with multidagnostic eating disorder presentations: A case series analysis.](#)

**Federici A, Wisniewski L.**

Cleveland Center for Eating Disorders, Cleveland, Ohio.

### **Abstract**

#### **OBJECTIVE:**

This study presents case-series data on a novel outpatient program that blends dialectical behavior therapy (DBT) with standard eating disorder (ED) interventions (i.e., food exposure, weight monitoring, cognitive modification, ED psychoeducation) for patients with complex and multidagnostic ED presentations.

#### **METHOD:**

Quantitative and qualitative data was collected on a sample of seven consecutively admitted women who presented with a severe ED, a history of several failed treatment attempts, pervasive emotion dysregulation, and significant Axis I or II psychiatric comorbidity (e.g., PTSD, borderline personality disorder).

#### **RESULTS:**

Treatment was associated with reductions in ED symptoms, suicidal and self-injurious behaviors, treatment interfering behaviors, psychiatric and medical hospitalizations, and clinician burnout.

#### **DISCUSSION:**

Overall, the results suggest that this blended DBT/cognitive behavior therapy for ED treatment model is a promising intervention for this complex and "hard to treat" population.

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PMID: 23381784 [PubMed - as supplied by publisher]

### **Related citations**

43. Eur Child Adolesc Psychiatry. 2013 Feb 5. [Epub ahead of print]

[The child behavior checklist dysregulation profile predicts adolescent DSM-5 pathological personality traits 4 years later.](#)

**De Caluwé E, Decuyper M, De Clercq B.**

Faculty of Psychology and Educational Sciences, Ghent University, Ghent, Belgium,  
alien.decaluwe@ugent.be.

### **Abstract**

Emotional dysregulation in childhood has been associated with various forms of later psychopathology, although no studies have investigated the personality related adolescent outcomes associated with early emotional dysregulation. The present study uses a typological approach to examine how the child behavior checklist-dysregulation profile (CBCL-DP) predicts DSM-5 pathological personality traits (as measured with the personality inventory for the diagnostic and statistical manual of mental disorders 5 or PID-5 by Krueger et al. (Psychol Med 2012)) across a time span of 4 years in a sample of 243 children aged 8-14 years (57.2 % girls). The results showed that children assigned to the CBCL-DP class are at risk for elevated scores on a wide range of DSM-5 personality pathology features, including higher scores on hostility, risk taking, deceitfulness, callousness, grandiosity, irresponsibility, impulsivity and manipulateness. These results are discussed in the context of identifying early manifestations of persistent regulation problems, because of their enduring impact on a child's personality development.

PMID: 23381573 [PubMed - as supplied by publisher]

### **Related citations**

44. Acta Psychiatr Scand. 2013 Feb 4. doi: 10.1111/acps.12083. [Epub ahead of print]

[The bipolar-borderline personality disorders connection in major depressive patients.](#)

**Perugi G, Angst J, Azorin JM, Bowden C, Vieta E , Young AH.**

Department of Psychiatry, University of Pisa, Pisa, Italy.

### **Abstract**

#### **OBJECTIVE:**

The study focuses on the controversial relationship between borderline personality disorder (BPD) and bipolar disorder (BD), defined according to different criteria set, in a world-wide sample of patients with a current major depressive episode (MDE).

## **METHOD:**

A total of 5635 patients with an MDE were enrolled in a multinational study, designed to assess varying definition of hypo/mania and familial and clinical variables associated with bipolarity. Patients with (BPD+) and without (BPD-)comorbid BPD were compared on sociodemographic, familial and clinical characteristics.

## **RESULTS:**

Five hundred and thirty-two patients (9.3%) met criteria for BPD. A diagnosis of BD was more frequent in BPD+ than in BPD- using either DSM-IVTR-modified criteria or the bipolar specifier. BPD+ were younger than BPD- depressives with regard to age and age at onset. They also showed more hypomania/mania in first-degree relatives in comparison to BPD- as well as more psychiatric comorbidity, psychotic symptoms, mixed states, atypical features, seasonality of mood episodes, suicide attempts, prior mood episodes and antidepressants-induced hypo/manic switches.

## **CONCLUSION:**

In our sample, selected on the basis of the presence of a mood disorder, the BD-BPD connection is confirmed by the high prevalence of bipolarity in depressive patients with BPD and by the significant association with familial and clinical features classically considered as external validators of bipolarity.

© 2013 John Wiley & Sons A/S. Published by Blackwell Publishing Ltd.  
PMID: 23379930 [PubMed - as supplied by publisher]

## **Related citations**

45. Aust N Z J Psychiatry. 2013 Feb 1. [Epub ahead of print]  
[Research priorities in mental health.](#)

**Christensen H, Batterham PJ, Griffiths KM, Gosling J, Hehir KK.**

1Black Dog Institute, The University of New South Wales, Australia.

## **Abstract**

**Objective:**Over the last decade, Australia has seen an increase in investment in mental health services, primarily through the funding of headspace and Better Access to Mental Health Outcomes programs. Concurrently there has been a policy focus on prevention and early intervention, suicide reduction and 'hard-to-target' groups such as Indigenous groups. It is not clear, however, whether research funding targeting health services or prevention or promotion has been prioritized, or whether funding priorities in general have shifted over the last decade.**Methods:**A total of 1008 Australian-authored research publications and 126 competitive research grants in 2008 were coded in terms of their target of research, research goal setting and target group. These characteristics were compared with the research

priorities of 570 stakeholders, burden of disease estimates and similar data collected 10 years earlier. Results: The proportion of research funding for affective disorders, dementia and psychosis has increased, but not for anxiety disorders or suicide. Funding for childhood disorders has decreased. Funding for prevention and promotion is low and decreasing. With respect to research publications, substance abuse was associated with the most publications, followed by affective disorders, anxiety disorders and psychosis. When publications and funding are compared to stakeholder priorities and the burden of disease, the areas of suicide and self-harm, personality disorders, anxiety disorders, childhood conditions and dementia are all insufficiently funded. Conclusion: Despite mental health policy reforms through the last decade, there has been little change in the focus of research funding or publication output. There is modest evidence for a shift in support towards affective disorders as a major focus for research. However, the remaining gaps were very similar to those identified 10 years earlier showing that suicide, personality disorders and anxiety disorders are under-researched.

PMID: 23378236 [PubMed - as supplied by publisher]

### [Related citations](#)

46. *Neurol Sci.* 2013 Feb 3. [Epub ahead of print]

[The behavioral variant of frontotemporal dementia: linking neuropathology to social cognition.](#)

**Cerami C, Cappa SF.**

Neurorehabilitation Unit, Department of Clinical Neurosciences, San Raffaele Scientific Institute and Università Vita-Salute San Raffaele, Via Olgettina 60, 20132, Milan, Italy, cerami.chiara@hsr.it.

### [Abstract](#)

The behavioral variant of frontotemporal dementia (bvFTD) is one of the most frequent neurodegenerative disorders with a presenile onset. It is characterized by a long phase of subclinical behavioral changes and social conduct disorders, associated with a progressive modification of personality. Recently, an international consortium of experts developed revised guidelines for its clinical diagnosis, which highlight the supportive role of biomarkers in the diagnostic process. According to new criteria, bvFTD can be classified in "possible" (requiring three of six specific clinical features), "probable" (in the presence of functional disability and typical neuroimaging features), and "with definite frontotemporal lobar degeneration" (requiring the presence of a known causal mutation or a histopathological confirmation). Familial aggregation is frequently reported in bvFTD and frontotemporal lobar degeneration in general, with an autosomal dominant transmission in about 10 % cases. The aim of this paper is to review and discuss recent advances in the knowledge of clinical, neuropsychological, and imaging features of bvFTD. We also briefly summarize the available genetic information about the frontotemporal lobar degeneration spectrum.

PMID: 23377232 [PubMed - as supplied by publisher]

## Related citations

47. Br J Psychiatry. 2013 Feb;202:89-90. doi: 10.1192/bjp.bp.112.113571.  
Effectiveness of cognitive analytic therapy for personality disorders.

**Mulder R, Chanen AM.**

University of Otago, Christchurch, PO Box 4345, Christchurch 8140, New Zealand.  
roger.mulder@otago.ac.nz.

## Abstract

Personality disorders affect up to 50% of psychiatric out-patients. Most treatment studies have been performed in patients with borderline personality disorder. Structured psychosocial interventions for people with borderline personality disorders appear to have similar efficacy. There is some evidence that non-structured, non-specialised treatments offered by psychiatric general services might be ineffective and possibly harmful in patients with personality disorders. Cognitive analytic therapy is a time-limited, integrative psychotherapy, which appears to be effective for a range of personality disorders and superior to treatment as usual. Its practical nature and relatively short time limit may make it suitable for front-line clinical services.

PMID: 23377206 [PubMed - in process]

## Related citations

48. Ann Clin Psychiatry. 2013 Feb;25(1):1.  
DSM-5 is approved, but personality disorders criteria have not changed.

**Black DW.**

PMID: 23376863 [PubMed - in process]

## Related citations

49. Crim Behav Ment Health. 2013 Jan 31. doi: 10.1002/cbm.1852. [Epub ahead of print]  
Re-offending in forensic patients released from secure care: The role of antisocial/borderline personality disorder co-morbidity, substance dependence and severe childhood conduct disorder.

**Howard R, McCarthy L, Huband N, Duggan C.**

Institute of Mental Health, Nottingham, UK.

## Abstract

### *BACKGROUND:*

Research suggests that a particular externalising phenotype, manifested in a developmental trajectory from severe childhood conduct disorder through early-onset substance abuse to adult antisocial/borderline personality disorder co-morbidity, may increase risk of antisocial behaviour in general and criminal recidivism in particular.

### *AIM:*

This study aims to test the hypothesis that antisocial/borderline co-morbidity together with the triad of substance dependence, severe conduct disorder and borderline pathology would result in an increased risk of criminal recidivism.

### *METHODS:*

Fifty-three men who had been assessed and treated in a secure hospital unit were followed up after they had returned to the community. They were assessed for severity of the following: (i) antisocial personality disorder; (ii) borderline personality disorder; (iii) drug/alcohol dependence; and (iv) high Psychopathy Checklist Revised scores (factors 1 and 2).

### *RESULTS:*

Patients with antisocial/borderline co-morbidity took significantly less time to re-offend compared with those without such co-morbidity. Both Psychopathy Checklist Revised factor 2 and the tripartite risk measure significantly predicted time to re-offence; the former largely accounted for the predictive accuracy of the latter.

### *CONCLUSION:*

Risk of criminal recidivism can be adequately assessed without recourse to the pejorative term 'psychopath'. It is sufficient to assess the presence of the three elements of our risk measure: borderline and antisocial personality disorders in the context of drug/alcohol dependence and severe childhood conduct disorder. Practical implications of the study are as follows. (i) Sound assessment of personality, inclusive of a detailed history of childhood conduct disorder as well as adolescent and adult substance misuse, yields good enough information about risk of recidivism without recourse to the pejorative concept of 'psychopathy'. (ii) Given the high risk of alcohol-related violence in individuals with antisocial/borderline co-morbidity, there is a need for specific alcohol-directed interventions to help such men retain control of their substance use. Copyright © 2013 John Wiley & Sons, Ltd.

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PMID: 23371302 [PubMed - as supplied by publisher]

### **Related citations**

50. Behav Cogn Psychother. 2013 Feb 1:1-14. [Epub ahead of print]  
[Early Improvement in Eating Attitudes during Cognitive Behavioural Therapy for Eating Disorders: The Impact of Personality Disorder Cognitions.](#)

**Park EC, Waller G, Gannon K.**

Central and North West London NHS Foundation Trust, UK.

#### [Abstract](#)

Background: The personality disorders are commonly comorbid with the eating disorders. Personality disorder pathology is often suggested to impair the treatment of axis 1 disorders, including the eating disorders. Aims: This study examined whether personality disorder cognitions reduce the impact of cognitive behavioural therapy (CBT) for eating disorders, in terms of treatment dropout and change in eating disorder attitudes in the early stages of treatment. Method: Participants were individuals with a diagnosed eating disorder, presenting for individual outpatient CBT. They completed measures of personality disorder cognitions and eating disorder attitudes at sessions one and six of CBT. Drop-out rates prior to session six were recorded. Results: CBT had a relatively rapid onset of action, with a significant reduction in eating disorder attitudes over the first six sessions. Eating disorder attitudes were most strongly associated with cognitions related to anxiety-based personality disorders (avoidant, obsessive-compulsive and dependent). Individuals who dropped out of treatment prematurely had significantly higher levels of dependent personality disorder cognitions than those who remained in treatment. For those who remained in treatment, higher levels of avoidant, histrionic and borderline personality disorder cognitions were associated with a greater change in global eating disorder attitudes. Conclusions: CBT's action and retention of patients might be improved by consideration of such personality disorder cognitions when formulating and treating the eating disorders.

PMID: 23369824 [PubMed - as supplied by publisher]

#### [Related citations](#)

51. Pain Pract. 2013 Feb 1. doi: 10.1111/papr.12039. [Epub ahead of print]  
[Ultra-Marathon Runners Are Different: Investigations into Pain Tolerance and Personality Traits of Participants of the TransEurope FootRace 2009.](#)

**Freund W, Weber F, Billich C, Birklein F, Breimhorst M, Schuetz UH.**

Department of Diagnostic and Interventional Radiology, University Hospitals Ulm, Ulm, Germany, Germany.

## Abstract

### *INTRODUCTION:*

Susceptibility to pain varies among individuals and may predispose to a higher risk for pain disorders. Thus, it is of interest to investigate subjects who exhibit higher resistance to pain. We therefore tested pain tolerance and assessed personality traits of ultra-marathon athletes who are able to run 4487 km (2789 mi) over 64 days without resting days and compare the results to controls.

### *METHODS:*

After approval of the local ethics committee and with informed consent, 11 participants of the TransEurope FootRace (TEFR09 participants) and 11 matched (age, sex, and ethnicity) controls without marathon experience in the last 5 years were enrolled. They were tested for cold pain tolerance (cold pressor [CP] test), and the 240 item trait and character inventory (TCI) as well as the general self-efficacy (GSE) test were obtained.

### *RESULTS:*

TransEurope FootRace participants had a highly significant greater cold pain tolerance in the CP test than controls ( $P = 0.0002$ ). While the GSE test showed no differences, the TCI test provided TEFR09 participants to be less cooperative and reward dependent but more spiritually transcendent than the controls. Significant positive correlations were found between the CP test pain score at 180 seconds and several TCI subscales showing that higher pain scores correlate with higher reward dependence, dependence, cooperativeness, empathy, and pure-hearted conscience.

### *CONCLUSIONS:*

Personality profiles as well as pain tolerance of our sample of TEFR09 participants differ from normal controls and-as obtained in previous studies-probably also from chronic pain patients. Low pain perception may predispose a person to become a long-distance runner. It remains unclear, however, whether low pain perception is cause or consequence of continuous extreme training.

© 2013 The Authors Pain Practice © 2013 World Institute of Pain.

PMID: 23368760 [PubMed - as supplied by publisher]

### **Related citations**

1. Psicothema. 2013 May;25(2):171-8. doi: 10.7334/psicothema2012.74.  
[Cluster A maladaptive personality patterns in a non-clinical adolescent population.](#)



**Fonseca-Pedrero E, Paino M, Santarén-Rosell M, Lemos-Giráldez S.**

Universidad de La Rioja.

### Abstract

**Background:** The prevalence and expression of Cluster A personality disorders in adolescence is poorly analyzed and understood. The main goal was to analyze the rate of Cluster A traits and maladaptive personality patterns in adolescents. In addition, the underlying dimensional structure and the possible influence of sex and age in its phenotypic expression were examined. **Method:** The final sample was comprised of a total of 1,443 participants (M= 15.9 years, SD= 1.2). The instrument used was the Personality Diagnostic Questionnaire-4+ (PDQ-4+). **Results:** Cluster A maladaptive personality traits are common among adolescents. According to the PDQ-4+, 13.1% (n= 189) of the sample reported a Cluster A maladaptive personality pattern. Analysis of the internal structure yielded two interrelated factors, namely Paranoid and Schizotypal-Schizoid. Males, compared with females, obtained higher scores on the schizotypal subscale when the score was dimensional and on the schizotypal and schizoid subscales when items were dichotomized. **Conclusions:** These data yield new clues that improve the understanding of Cluster A traits in this sector of the population, and advance in early detection of adolescents at risk of personality disorders.

PMID: 23628530 [PubMed - in process]

2. *Addict Behav.* 2013 Apr 3;38(8):2369-2373. doi: 10.1016/j.addbeh.2013.03.017. [Epub ahead of print]

The association between probable personality disorders and smoking cessation and maintenance.

**Piñeiro B, Fernández Del Río E, López-Durán A, Martínez U, Becoña E.**

Smoking Cessation Unit, Department of Clinical Psychology and Psychobiology, Faculty of Psychology, University of Santiago de Compostela, Santiago de Compostela, Spain.  
Electronic address: [barbara.pineiro@usc.es](mailto:barbara.pineiro@usc.es).

### Abstract

#### *INTRODUCTION:*

Although it has been suggested that persons with psychopathological disorders experience greater difficulty in quitting smoking, the few studies that have analyzed personality disorders in smokers have failed to produce conclusive results. The aim of this study was to examine whether the presence of probable personality disorders was associated with the achievement of abstinence at the end of a smoking cessation treatment, as well as the maintenance of abstinence at 6 and 12 months of follow-up.

## *METHODS:*

The sample comprised 290 smokers (41% men and 59% women) who participated in a psychological smoking cessation treatment and who were followed for a year. Abstinence was tested by measuring carbon monoxide in exhaled air.

## *RESULTS:*

Participants with a probable borderline, antisocial or avoidant personality disorder were less likely to quit smoking at the end of the treatment, whereas probable schizoid personality disorder predicted better maintenance of abstinence at 6 and 12 months. In addition, smoking 25 or more cigarettes before starting the treatment decreased the likelihood of maintaining abstinence at 6 and 12 months of follow-up.

## *CONCLUSIONS:*

This study revealed differential (and opposing) relationships between specific personality disorders and smoking cessation outcomes, illustrating the need to consider Axis II disorders separately when predicting treatment outcomes.

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PMID: 23628430 [PubMed - as supplied by publisher]

3. J Psychiatr Res. 2013 Apr 27. pii: S0022-3956(13)00120-9. doi: 10.1016/j.jpsychires.2013.04.001. [Epub ahead of print]

[Associations between morningness/eveningness and psychopathology: An epidemiological survey in three in-patient psychiatric clinics.](#)

**Lemoine P, Zawieja P, Ohayon MM.**

Groupe ORPÉA-CLINÉA, Division Psychiatrie, France.

## *Abstract*

### *OBJECTIVE:*

This study aims to examine the association between the chronotype (morningness/eveningness) and specific mental disorders.

### *METHODS:*

Cross-sectional epidemiological study conducted in three in-patient clinical settings. A total of 1468 consecutive in-patients who gave their written consent were enrolled. On the admission day, patients filled sleep questionnaires and a nurse filled a Clinical Global Impressions scale. Hospitalization reports and ICD-10 diagnoses were collected.

## RESULTS:

Sleep/wake schedule was similar between the psychiatric diagnoses. On the other hand, morning type patients had an earlier bedtime, earlier wakeup time and shorter sleep duration than the other chronotype regardless of the diagnosis. In multivariate models, patients with a depressive disorder or a psychosis were more likely to be morning type. Patients with an anxiety disorder, addiction disorder or personality disorder were more likely to be evening type.

## CONCLUSIONS:

Age and sleep/wake schedule are contributing factors for the chronotype but mental disorders too appeared to modulate chronotype preferences.

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PMID: 23628386 [PubMed - as supplied by publisher]

4. Psychoneuroendocrinology. 2013 Apr 26. pii: S0306-4530(13)00122-4. doi: 10.1016/j.psyneuen.2013.03.023. [Epub ahead of print]  
HPA system activity in alexithymia: A cortisol awakening response study.

**Alkan Härtwig E, Aust S, Heuser I.**

Cluster of Excellence "Languages of Emotion", Freie Universität Berlin, Habelschwerdter Allee 45, 14195 Berlin, Germany; Department of Psychiatry, Charité University Medicine, Campus Benjamin Franklin, Eschenallee 3, 14050 Berlin, Germany. Electronic address: [elif.alkan@fu-berlin.de](mailto:elif.alkan@fu-berlin.de).

## Abstract

### OBJECTIVES:

Alexithymia is a personality trait characterized by difficulties in identifying, describing and communicating one's own emotions. It is also associated with several stress-related psychiatric disorders. The aim of the study was to examine the cortisol awakening response (CAR) as a measure of HPA-system function in a community based sample of psychologically and physically healthy adults with alexithymia.

### METHODS:

Forty-one high alexithymic individuals and thirty-seven low alexithymic subjects, well-controlled regarding gender, age and sociodemographic status, provided three saliva cortisol samples each day for three consecutive days for the calculation of mean CAR. Participants filled out questionnaires on alexithymia (TAS-20, BVAQ) and interpersonal reactivity (IRI) prior to cortisol assessment.

## RESULTS:

The mean CAR of three sampling days was significantly lower in the alexithymic group in comparison to control participants. Additionally there was a negative correlation between CAR and perceived stress, which points to lower CAR in alexithymia accompanied by higher perceived stress in socio-emotional situations. CAR was negatively correlated with age in the alexithymic group, indicating to alterations in HPA system over longer time to stress exposure.

## CONCLUSION:

Alexithymic individuals have a lower CAR. Hence the results of the present study indicate that certain aspects of personality modulate HPA-system functioning.

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PMID: 23627992 [PubMed - as supplied by publisher]

5. J Psychiatr Ment Health Nurs. 2013 Apr 29. doi: 10.1111/jpm.12009. [Epub ahead of print] [Axis IV - psychosocial and environmental problems - in the DSM-IV.](#)

**Ramirez A, Ekselius L, Ramklint M.**

Department of Neuroscience, Psychiatry, Uppsala University Hospital, Uppsala, Sweden.

## Abstract

**ACCESSIBLE SUMMARY:** The aim of this study was to extensively explore the properties of the revised axis IV of the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). Psychosocial and environmental problems, which are believed to exacerbate current mental disorders, were evaluated by using a questionnaire and through clinical interviews. The reliability between self-assessment and professional assessment was also examined. The results showed that the revised axis IV according to DSM-IV seems to have concurrent validity, but is still hampered by limited reliability. These findings could be useful for the upcoming DSM-V revision as well as help clinicians and patients to better identify mental health problems. **ABSTRACT:** The aim of this study was to further explore the properties of axis IV in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). In a naturalistic cross-sectional design, a group (n = 163) of young (18-25 years old) Swedish psychiatric outpatients was assessed according to DSM-IV. Psychosocial and environmental problems/axis IV were evaluated through structured interviewing by a social worker and by self-assessment on a questionnaire. Reliability between professional assessment and self-assessment of axis IV was examined. Concurrent validity of axis IV was also examined. Reliability between professional and self-assessed axis IV was fair to almost perfect, 0.31-0.83, according to prevalence and bias-adjusted kappa. Categories of psychosocial stress and environmental problems were related to the presence of axis I disorders, co-morbidity, personality disorders and decreasing Global Assessment of

Functioning (GAF) values. The revised axis IV according to DSM-IV seems to have concurrent validity, but is still hampered by limited reliability.

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PMID: 23627600 [PubMed - as supplied by publisher]

6. *J Clin Neurol*. 2013 Apr;9(2):133-7. doi: 10.3988/jcn.2013.9.2.133. Epub 2013 Apr 4. A case of frontotemporal dementia with amyotrophic lateral sclerosis presenting with pathological gambling.

**Ozel-Kizil E, Sakarya A, Arica B, Haran S.**

Department of Psychiatry, Ankara University School of Medicine, Ankara, Turkey.

#### Abstract

##### *BACKGROUND:*

Pathological gambling (PG), which is characterized by consistent, repetitive gambling and unsuccessful quitting attempts, is classified as an impulse control disorder. PG has also been reported in patients with Parkinson's disease, frontotemporal dementia, and amyotrophic lateral sclerosis.

##### *CASE REPORT:*

A 53-year-old male visited the outpatient clinic due to excessive gambling and personality changes. Based on electrophysiological findings and neuropsychiatric assessment, he was diagnosed as frontotemporal dementia-amyotrophic lateral sclerosis.

##### *CONCLUSIONS:*

This case report underlines that PG can also be seen in patients with neurological disorders involving the orbitofrontal cortex.

PMID: 23626653 [PubMed]



7. *Psychopharmacology (Berl)*. 2013 Apr 28. [Epub ahead of print] Antiaggressive activity of central oxytocin in male rats.

**Calcagnoli F, de Boer SF, Althaus M, den Boer JA, Koolhaas JM.**

Department of Behavioral Physiology, University of Groningen, P.O. Box 11103, 9700 CC, Groningen, The Netherlands, [f.calcagnoli@rug.nl](mailto:f.calcagnoli@rug.nl).

## Abstract

### *RATIONALE:*

A substantial body of research suggests that the neuropeptide oxytocin promotes social affiliative behaviors in a wide range of animals including humans. However, its antiaggressive action has not been unequivocally demonstrated in male laboratory rodents.

### *OBJECTIVE:*

Our primary goal was to examine the putative serenic effect of oxytocin in a feral strain (wild type Groningen, WTG) of rats that generally show a much broader variation and higher levels of intermale aggression than commonly used laboratory strains of rats.

### *METHODS:*

Resident animals were intracerebroventricularly (icv) administered with different doses of synthetic oxytocin and oxytocin receptor antagonist, alone and in combination, in order to manipulate brain oxytocin functioning and to assess their behavioral response to an intruder.

### *RESULTS:*

Our data clearly demonstrate that acute icv administered oxytocin produces dose-dependent and receptor-selective changes in social behavior, reducing aggression and potentiating social exploration. These antiaggressive effects are stronger in the more offensive rats. On the other hand, administration of an oxytocin receptor antagonist tends to increase (nonsignificantly) aggression only in low-medium aggressive animals.

### *CONCLUSIONS:*

These results suggest that transiently enhancing brain oxytocin function has potent antiaggressive effects, whereas its attenuation tends to enhance aggressiveness. In addition, a possible inverse relationship between trait aggression and endogenous oxytocinergic signaling is revealed. Overall, this study emphasizes the importance of brain oxytocinergic signaling for regulating intermale offensive aggression. This study supports the suggestion that oxytocin receptor agonists could clinically be useful for curbing heightened aggression seen in a range of neuropsychiatric disorders like antisocial personality disorder, autism, and addiction.

PMID: 23624810 [PubMed - as supplied by publisher]



8. Endocrinol Nutr. 2013 Apr 24. pii: S1575-0922(12)00274-4. doi: 10.1016/j.endonu.2012.09.003. [Epub ahead of print]

[Contributions of cortisol suppression tests to understanding of psychiatric disorders: a narrative review of literature.](#)

[Article in English, Spanish]

**Tajima-Pozo K, Montes-Montero A, Güemes I, González-Vives S, Díaz-Marsá M, Carrasco JL.**

Instituto de Psiquiatría y Salud Mental. Hospital Clínico San Carlos, Madrid, España.  
Electronic address: [doctortajimapoza@gmail.com](mailto:doctortajimapoza@gmail.com).

## Abstract

Activity of the hypothalamic-pituitary-adrenal axis had been studied for the past half century, when some researchers noted that some patients with Cushing's syndrome and severe mood disorders had high baseline cortisol levels, which resulted in an inhibited response in the 1mg dexamethasone suppression test. Altered dexamethasone suppression test results were subsequently found in many psychiatric diseases, including anorexia nervosa, obsessive-compulsive disorder, degenerative dementia, bipolar disorders, and schizophrenia. The relationship between high baseline cortisol levels and stress has also been studied. Some researches on the genesis of borderline personality disorder focused on traumatic childhood backgrounds. Other investigations aimed at elucidating the relationship between traumatic backgrounds and some psychiatric disorders noted that patients with post-traumatic stress disorder and borderline personality disorder showed an enhanced cortisol suppression with low cortisol doses (0.5mg). Recent studies showed that use of an ultra-low dose of cortisol during the dexamethasone suppression test may be helpful for detecting disorders with hyperactivity of the hypothalamic-pituitary-adrenal axis. Recent advances in neuroimaging support the existence of hyperactivity of the hypothalamic-pituitary-adrenal axis in patients with borderline personality disorder, relating a decreased pituitary gland volume to major traumatic backgrounds and suicidal attempts. The purpose of this paper is to make a narrative review of research using dexamethasone suppression test in psychiatric disorders, in order to ascertain its value as a supplemental diagnostic test or as a prognostic marker.

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PMID: 23623464 [PubMed - as supplied by publisher]



9. J Affect Disord. 2013 Apr 25. pii: S0165-0327(13)00224-3. doi: 10.1016/j.jad.2013.02.038.  
[Epub ahead of print]

[Recurrent suicide attempts in patients with depressive and anxiety disorders: The role of borderline personality traits.](#)

**Stringer B, van Meijel B, Eikelenboom M, Koekkoek B, M M Licht C, Kerkhof AJ, Penninx BW, Beekman AT.**

Department of Psychiatry and the EMGO Institute for Health and Care Research, VU University Medical Center Amsterdam/GGZ inGeest, Amsterdam, The Netherlands; Research Group Mental Health Nursing, Inholland University of Applied Sciences/Cluster Nursing, Amsterdam, The Netherlands. Electronic address: [b.stringer@ggzingeest.nl](mailto:b.stringer@ggzingeest.nl).

## Abstract

### BACKGROUND:

The presence of a comorbid borderline personality disorder (BPD) may be associated with an increase of suicidal behaviors in patients with depressive and anxiety disorders. The aim of this study is to examine the role of borderline personality traits on recurrent suicide attempts.

### METHODS:

The Netherlands Study on Depression and Anxiety included 1838 respondents with lifetime depressive and/or anxiety disorders, of whom 309 reported at least one previous suicide attempt. A univariable negative binomial regression analysis was performed to examine the association between comorbid borderline personality traits and suicide attempts. Univariable and multivariable negative binomial regression analyses were performed to identify risk factors for the number of recurrent suicide attempts in four clusters (type and severity of axis-I disorders, BPD traits, determinants of suicide attempts and socio-demographics).

### RESULTS:

In the total sample the suicide attempt rate ratio increased with 33% for every unit increase in BPD traits. A lifetime diagnosis of dysthymia and comorbid BPD traits, especially the symptoms anger and fights, were independently and significantly associated with recurrent suicide attempts in the final model (n=309).

### LIMITATIONS:

The screening of personality disorders was added to the NESDA assessments at the 4-year follow-up for the first time. Therefore we were not able to examine the influence of comorbid BPD traits on suicide attempts over time.

### CONCLUSIONS:

Persons with a lifetime diagnosis of dysthymia combined with borderline personality traits especially difficulties in coping with anger seemed to be at high risk for recurrent suicide attempts. For clinical practice, it is recommended to screen for comorbid borderline personality traits and to strengthen the patient's coping skills with regard to anger.

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PMID: 23623006 [PubMed - as supplied by publisher]



10. Assessment. 2013 Apr 24. [Epub ahead of print]

Characterizing Psychopathy Using DSM-5 Personality Traits.

**Strickland CM, Drislane LE, Lucy M, Krueger RF, Patrick CJ.**



## Abstract

Despite its importance historically and contemporarily, psychopathy is not recognized in the current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR). Its closest counterpart, antisocial personality disorder, includes strong representation of behavioral deviance symptoms but weak representation of affective-interpersonal features considered central to psychopathy. The current study evaluated the extent to which psychopathy and its distinctive facets, indexed by the Triarchic Psychopathy Measure, can be assessed effectively using traits from the dimensional model of personality pathology developed for DSM-5, operationalized by the Personality Inventory for DSM-5 (PID-5). Results indicate that (a) facets of psychopathy entailing impulsive externalization and callous aggression are well-represented by traits from the PID-5 considered relevant to antisocial personality disorder, and (b) the boldness facet of psychopathy can be effectively captured using additional PID-5 traits. These findings provide evidence that the dimensional model of personality pathology embodied in the PID-5 provides effective trait-based coverage of psychopathy and its facets.

PMID: 23620353 [PubMed - as supplied by publisher]

## Related citations



11. Compr Psychiatry. 2013 Apr 22. pii: S0010-440X(13)00057-6. doi: 10.1016/j.comppsy.2013.03.006. [Epub ahead of print]  
[Personality subtypes in adolescents with anorexia nervosa.](#)

**Gazzillo F, Lingiardi V, Peloso A, Giordani S, Vesco S, Zanna V, Filippucci L, Vicari S.**

Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome, via degli Apuli, 00185, Rome. Electronic address: [freuwin@libero.it](mailto:freuwin@libero.it).

## Abstract

The aims of this study are to (1) empirically identify the personality subtypes of adolescents with anorexic disorders and (2) investigate the personality disorders, identity disturbances, and affective features associated with the different subtypes. We assessed 102 adolescent patients with Eating Disorders (anorexia nervosa and eating disorder not otherwise specified) using three clinical instruments: the Shedler-Westen Assessment Procedure for Adolescents (SWAP-200-A) (Westen D, Shedler J, Durrett C, Glass S, Martens A. Personality diagnoses in adolescence: DSM-IV Axis II diagnoses and an empirically derived alternative. *Am J Psychiatry* 2003;160:952-966), the Affective Regulation and Experience Questionnaire (AREQ) (Zittel Conklin C, Bradley R, Westen D. Affect regulation in borderline personality disorder. *J Nerv Ment Dis* 2006;194:69-77), and the Identity Disorder Questionnaire (IDQ) (Wilkinson-Ryan T, Westen D. Identity disturbance in borderline personality disorder: An empirical investigation. *Am J Psychiatry* 2000;157:528-541). We performed a Q factor analysis of the SWAP-200-A descriptions of our sample to identify personality subtypes. We correlated these personality styles with AREQ and IDQ factors and explored the personality differences among individuals with the different types of ED. The Q factor analysis

identified three personality subtypes: high-functioning/perfectionist, emotionally dysregulated, and overcontrolled/constricted. Each subtype showed specific identity and affective features, comorbidities with different personality disorders, and clinical implications. These results contribute to the understanding of adolescents with ED and seem to be relevant for treatment planning.

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PMID: 23618607 [PubMed - as supplied by publisher]

#### Related citations



12. Assessment. 2013 Apr 21. [Epub ahead of print]  
DSM-5 Pathological Personality Traits and the Personality Assessment Inventory.

**Hopwood CJ, Wright AG, Krueger RF, Schade N, Markon KE, Morey LC.**

#### Abstract

Section 3 of the DSM-5 will include a pathological personality trait system rooted in the quantitative epistemology of personality and clinical psychology. This system has the potential to enhance the clinical utility of the diagnostic nosology by providing a means for the dimensional assessment of individuals with psychopathology. However, there is limited research on the associations of DSM-5 traits with common mental disorders and related clinical phenomena as measured by currently popular assessment instruments. The purpose of this article was to evaluate the convergence of the DSM-5 trait system with a well-validated broadband clinical instrument, the Personality Assessment Inventory (PAI). Bivariate correlations were examined and factor analytic methods were used to examine the degree to which the DSM-5 traits and PAI capture common variance in personality and mental health. In a student sample ( $N = 1,001$ ), we found broad convergence between the DSM-5 traits and PAI, which could be organized effectively using five factors. The implications of these findings for using traits to address issues related to diagnostic co-occurrence and heterogeneity in routine clinical assessment are discussed.

PMID: 23610235 [PubMed - as supplied by publisher]

#### Related citations



13. Assessment. 2013 Apr 21. [Epub ahead of print]  
Conceptions of Narcissism and the DSM-5 Pathological Personality Traits.

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

#### Abstract

The Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) features two conceptions of Narcissistic Personality Disorder (NPD), one based on the retained DSM-IV's categorical diagnosis and the other based on a model that blends impairments in personality functioning with a specific trait profile intended to recapture DSM-IV NPD.

Nevertheless, the broader literature contains a richer array of potential conceptualizations of narcissism, including distinguishable perspectives from psychiatric nosology, clinical observation and theory, and social/personality psychology. This raises questions about the most advantageous pattern of traits to use to reflect various conceptions of narcissistic pathology via the Personality Inventory for the DSM-5 (PID-5). In this study, we examine the associations of the Personality Disorder Questionnaire-Narcissistic Personality Disorder scale, Narcissistic Personality Inventory-16, and the Pathological Narcissism Inventory and the PID-5 dimensions and facets in a large sample (N = 1,653) of undergraduate student participants. Results point to strong associations with PID-5 Antagonism scales across narcissism measures, consistent with the DSM-5's proposed representation of NPD. However, additional notable associations emerged with PID-5 Negative Affectivity and Psychoticism scales when considering more clinically relevant narcissism measures. PMID: 23610234 [PubMed - as supplied by publisher]

### Related citations



14. Am J Clin Dermatol. 2013 Apr 23. [Epub ahead of print]  
[Psychiatric Comorbidities and Alexithymia in Patients with Seborrheic Dermatitis: A Questionnaire Study in Turkey.](#)

**Cömert A, Akbaş B, Kılıç EZ, Akın O, Gökçe E, Göktuna Z, Taşkapan O.**

Department of Dermatology, School of Medicine, Yeditepe University, Devlet Yolu Ankara Cad. No: 102/104, Kozyatağı, 34752, Istanbul, Turkey, [asuderma@gmail.com](mailto:asuderma@gmail.com).

### Abstract

#### *OBJECTIVE:*

The aim of the study was to determine the levels of anxiety, depression, and obsessive-compulsive symptoms in patients with seborrheic dermatitis (SD) compared with healthy subjects. Additionally, we aimed to investigate the presence of alexithymia among patients and its association with these psychiatric comorbidities.

#### *METHODS:*

A total of 117 consecutive adult patients (66 male, 51 female) with SD and 95 age- and gender-matched healthy controls selected from the community (46 male, 49 female) were enrolled in the study. The demographic characteristics of the patients were recorded. The clinical severity of the disease was assessed according to the Seborrheic Dermatitis Area and Severity Index (SDASI) scoring system. Both patients and controls were evaluated by the validated Turkish versions of the Hospital Anxiety and Depression Scale (HADS), Maudsley Obsessive Compulsive Inventory (MOCI), and Toronto Alexithymia Scale (TAS-26).

## RESULTS:

There were no statistically significant differences between the patient and control groups regarding the mean scores of depressive or obsessive-compulsive symptoms or alexithymia (all  $p > 0.05$ ). However, anxiety scores in patients with SD were higher than in controls ( $p = 0.001$ ). No significant relationship was present between anxiety and disease severity nor disease duration ( $p > 0.05$ ). Thirty-eight patients with high anxiety scores were found to be more alexithymic ( $p = 0.000$ ).

## CONCLUSION:

SD is one of the inflammatory skin disorders that is known to be triggered or aggravated by stress. However, little scientific evidence exists to confirm this view. In addition, very limited data are available about the presence of the personality profiles leading to emotional dysregulation such as alexithymia and concurrent psychiatric disorders in patients with SD. Our study showed that anxiety levels were significantly higher in patients with SD compared with healthy controls but there was no significant association with alexithymia, depression, or obsessive-compulsive symptom levels. Dermatologists should be particularly vigilant to the possibility of concurrent psychiatric morbidity in patients with SD in order to improve patients' well-being.

PMID: 23609607 [PubMed - as supplied by publisher]

## Related citations



15. J Theor Biol. 2013 Apr 19. pii: S0022-5193(13)00165-3. doi: 10.1016/j.jtbi.2013.04.012.

[Epub ahead of print]

[Bargaining models of depression and evolution of cooperation.](#)

## Rosenström T.

IBS, Unit of Personality, Work and Health Psychology, University of Helsinki (Siltavuorenpenger 1 A), P.O.Box 9, 00014, Helsinki, Finland. Electronic address: [tom.rosenstrom@helsinki.fi](mailto:tom.rosenstrom@helsinki.fi).

## Abstract

This paper presents a model for evolutionary origins of unipolar depressive disorders and reviews empirical evidence in support of the "nonparticipation hypothesis of depression" suggested by the model. In line with previous theory, depression is interpreted to provide means for not participating in joint enterprises that would otherwise be difficult to avoid ('bargaining' model); therefore, it provides an additional alternative strategy to social-imitation dynamics occurring in Public Good Games. Average income from joint enterprises modeled with a Public Good Game is interpreted to drive group-level genetic selection. Based-on these assumptions, it is shown that if a joint enterprise is sufficiently important for both the between-individual and the between-groups competition, then a nonparticipation strategy (or gene for depression vulnerability) will be present in total population almost

surely (i.e., with probability one). The modeling framework serves to explain several other seemingly unrelated empirical observations, such as association between income inequality and depression, co-morbidity and proximal biological mechanisms for negative emotions, and mechanisms for the social network-dynamics of emotion.

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PMID: 23608629 [PubMed - as supplied by publisher]

#### Related citations



16. Psychiatry Res. 2013 Apr 19. pii: S0165-1781(13)00148-0. doi:

10.1016/j.psychres.2013.03.017. [Epub ahead of print]

[Suicidal ideation and risk factors in primary care patients with anxiety disorders.](#)

**Bomyea J, Lang AJ, Craske MG, Chavira D, Sherbourne CD, Rose RD, Golinelli D, Campbell-Sills L, Welch SS, Sullivan G, Bystritsky A, Roy-Byrne P, Stein MB.**

SDSU/UCSD Joint Doctoral Program in Clinical Psychology, CA 92037, USA. Electronic address: [Bomyea@hotmail.com](mailto:Bomyea@hotmail.com).

#### Abstract

The presence of an anxiety disorder is associated with greater frequency of suicidal thoughts and behaviors. Given the high personal and societal costs of suicidal behaviors, suicide prevention is a priority. Understanding factors present within individuals with anxiety disorders that increase suicide risk may inform prevention efforts. The aims of the present study were to examine the prevalence of suicidal ideation and behaviors, as well as factors associated with suicide risk in patients with anxiety disorders in primary care. Data from a large scale randomized controlled study were analyzed to assess prevalence of suicidal thoughts and behaviors, as well as factors associated with suicide risk. Results revealed that suicidal ideation and behaviors were relatively common in this group. When examining mental and physical health factors jointly, presence of depression, mental health-related impairment, and social support each uniquely accounted for variance in suicide risk score. Methodological limitations include cross-sectional data collection and lack of information on comorbid personality disorders. Moreover, patients included were from a clinical trial with exclusion criteria that may limit generalizability. Results highlight the complex determinants of suicidal behavior and the need for more nuanced suicide assessment in this population, including evaluation of comorbidity and general functioning.

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PMID: 23608160 [PubMed - as supplied by publisher]

#### Related citations



17. *Depress Anxiety*. 2013 Apr 19. doi: 10.1002/da.22108. [Epub ahead of print]

## DEPRESSION AND SMOKING: A 5-YEAR PROSPECTIVE STUDY OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER.

Holma IA, Holma KM, Melartin TK, Ketokivi M, Isometsä ET.

Mood, Depression, and Suicidal Behaviour Unit, National Institute for Health and Welfare, Helsinki, Finland; Department of Psychiatry, Helsinki University Central Hospital (HUCH), Helsinki, Finland.

### Abstract

#### *BACKGROUND:*

Major depressive disorder (MDD) and smoking are major public health problems and epidemiologically strongly associated. However, the relationship between smoking and depression and whether this is influenced by common confounding factors remain unclear, in part due to limited longitudinal data on covariation.

#### *METHODS:*

In the Vantaa Depression Study, psychiatric out- and inpatients with DSM-IV MDD and aged 20-59 years at were followed from baseline to 6 months, 18 months, and 5 years. We investigated course of depression, smoking, and comorbid alcohol-use disorders among the 214 patients (79.6% of 269) participating at least three time points; differences between smoking versus nonsmoking patients, and covariation of MDD, smoking, and alcohol-use disorders.

#### *RESULTS:*

Overall, 31.3% of the patients smoked regularly, 41.1% intermittently, and 27.6% never. Smokers were younger, had more alcohol-use disorders and Cluster B and C personality disorder symptoms, a higher frequency of lifetime suicide attempts, higher neuroticism, smaller social networks, and lower perceived social support than never smokers. Smoking and depression had limited longitudinal covariation. Depression, smoking, and alcohol-use disorders all exhibited strong autoregressive tendencies.

#### *CONCLUSIONS:*

Among adult psychiatric MDD patients, smoking is strongly associated with substance-use and personality disorders, which may confound research on the impact of smoking. Rather than depression or smoking covarying or predicting each other, depression, smoking, and alcohol-use disorders each have strong autoregressive tendencies. These findings are more consistent with common factors causing their association than either of the conditions strongly predisposing to the other.

PMID: 23606190 [PubMed - as supplied by publisher]

### Related citations



18. Restor Neurol Neurosci. 2013 Apr 8. [Epub ahead of print]  
[Psychobiology of social support: The social dimension of stress buffering.](#)

**Ditzen B, Heinrichs M.**

Division of Clinical Psychology and Psychotherapy, Department of Psychology, University of Zurich, Zurich, Switzerland.

### Abstract

Social integration and social support have a substantial influence on individual health and longevity, an effect assumed to be mediated through reduced stress reactivity in support recipients. However, considerable variability in individual responses to social support has been documented, suggesting that the beneficial effect of social support interacts with early experiences, genetically influenced differences in biological systems mediating social behavior, personality traits, and psychopathology. Here we outline the historical background of social support research, including epidemiological studies, laboratory studies, and field studies on the subject of social support and health, with regard to different psychobiological effect or systems. Most recent research has focused on central nervous system mechanisms which link social integration or social support with reduced neural threat responses. As numerous mental disorders are associated with considerable social impairment, understanding the potentially underlying mechanisms of neural plasticity in relation to social support, stress buffering and health in these disorders can help tailor new diagnostic and treatment strategies. Thus, theories of socially-driven emotional learning and memory, as presented in this review, might eventually lead to psychobiology-based treatment concepts for mental disorders involving social deficits.

PMID: 23603443 [PubMed - as supplied by publisher]

### Related citations



19. Compr Psychiatry. 2013 Apr 18. pii: S0010-440X(13)00055-2. doi:  
10.1016/j.comppsy.2013.03.005. [Epub ahead of print]  
[Exploring personality clusters among parents of ED subjects. Relationship with parents' psychopathology, attachment, and family dynamics.](#)

**Amianto F, Daga GA, Bertorello A, Fassino S.**

Department of Neuroscience, Psychiatry Section, Regional Pilot Centre for Eating Disorders, University of Turin. Electronic address: federico.amianto@unito.it.

## Abstract

### *BACKGROUND:*

Eating disorders are some of the most difficult mental disorders to treat and manage. Family interacts with genetic dispositions and other pathogenic factors, and may influence the outburst, development and outcome of EDs. The present study explores with a cluster analysis the personality traits of parents of ED subjects.

### *METHODS:*

One-hundred-eight mothers and 104 fathers were tested with Temperament Character Inventory (TCI), Eating Disorder Inventory-2 (EDI-2), State-Trait Anger Expression Inventory (STAX), Family Assessment Device (FAD), Attachment Style Questionnaire (ASQ), Symptom Questionnaire (SQ), Psychological Well-Being scales (PWB). The cluster distribution of parents based on personality traits was explored. Parents' clusters TCI scores were compared as regards personality, psychopathology, attachment and family features. Cross distribution of temperament and character clusters in mothers and fathers, among couples and ED diagnoses of the daughters was explored.

### *RESULTS:*

Two clusters of mothers and fathers were identified with temperament clustering. Character traits led to two mothers and three fathers clusters. Mothers temperament cluster 1 (MTC1) correspond to a explosive/adventurous profile, MTC2 to a cautious/passive-dependent profile. Fathers temperament cluster 1 (FTC1) was explosive/methodic, FTC2 was independent/methodic. Character clustering distinguished very immature mothers (MCC1) and majority (65%) of character mature mothers with low self-transcendence (MCC2). A third of fathers was severely immature (FCC1), a third impaired as regards relationships (poor cooperativeness and self-transcendence; FCC2), and one third character mature fathers with low self-transcendence (FCC3). Each cluster evidences specific psychopathology and attachment characteristics. FTC1 was more frequently associated with character immaturity. No significant clusters' cross correlation was found in parental couples.

### *CONCLUSION:*

Parents' clusters analyze in depth the univocal picture of prototypical mothers and fathers of EDs. Parents not disturbed as regards personality traits are not exceptions. Since EDs are multifactor disorders family dynamics related to parents' personality may be very relevant or even marginal in their pathogenesis. Conversely, parenting may be negatively influenced by relatively marginal personality malfunctions of parents. The clustering approach to the complexity of personality-related dynamics of ED families improves the picture of ED parents. Psychoeducational, counseling and psychotherapeutic family interventions should consider the specific underlying personality of parents.



PMID: 23602391 [PubMed - as supplied by publisher]

### Related citations



20. Compr Psychiatry. 2013 Apr 17. pii: S0010-440X(13)00045-X. doi: 10.1016/j.comppsy.2013.02.001. [Epub ahead of print]

Depression and major weight gain: A 6-year prospective follow-up of outpatients.

**Heiskanen TH, Koivumaa-Honkanen HT, Niskanen LK, Lehto SM, Honkalampi KM, Hintikka JJ, Viinamäki HT.**

Department of Psychiatry, Kuopio University Hospital, P.O. Box 1777, FIN-70210 Kuopio, Finland. Electronic address: tuula.heiskanen@kuh.fi.

### Abstract

#### *BACKGROUND:*

Depression and weight change are linked, but there is a paucity of studies on their association during clinical treatment. The present study investigated how risk factors for a weight gain of at least 10% (major weight gain) and mental health modify their mutual association during a 6-year prospective follow-up of depressed outpatients.

#### *METHOD:*

The study sample consisted of 121 depressed treatment-seeking outpatients with a mean age of 44.9 years. A 6-year follow-up started in January 1996. At baseline and on follow-up after 2 and 6 years, psychiatric diagnoses were obtained using the Structured Clinical Interview for DSM-III-R (SCID-I), while cluster C personality disorders (PD) were assessed on 6-month follow-up (SCID-II). Depression was also assessed with the Hamilton Rating Scale for Depression (HAM-D) and general psychopathology with the Symptom Checklist-90 (SCL-90) at baseline and at the end of the 6-year follow-up. Weight changes were based on measurements at baseline and at the end of the follow-up. Logistic regression was used to study the factors associated with major weight gain ( $\geq 10\%$ ).

#### *RESULTS:*

Altogether, 16% of the study sample experienced major weight gain during the 6-year follow-up. Adverse childhood/adolescent experiences as a self-perceived cause of depression (OR 3.72, 95% CI 1.06-13.1,  $p=0.040$ ), higher scores in the HAM-D (OR 1.11, 95% CI 1.02-1.22,  $p=0.019$ ) and the SCL-90 subscale of anxiety (OR 2.22, 95% CI 1.11-4.42,  $p=0.023$ ) at baseline, and cluster C PD at 6 months (OR 3.16, 95% CI 1.11-8.97,  $p=0.031$ ) were separately associated with major weight gain after adjusting for age, gender, and baseline body mass index (BMI).

## CONCLUSION:

The severity of depressive and anxiety symptoms and linking adverse childhood with depression at the beginning of treatment, as well as cluster C PD at 6months, were predictors of major weight gain.

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PMID: 23601988 [PubMed - as supplied by publisher]

## Related citations



21. Transl Neurodegener. 2013 Apr 19;2(1):8. doi: 10.1186/2047-9158-2-8.

[Clinic, neuropathology and molecular genetics of frontotemporal dementia: a mini-review.](#)

**Pan XD, Chen XC.**

Department of Neurology, Union Hospital of Fujian Medical University, 29 Xinquan Road, Fuzhou 350001, China. chenxc998@163.com.

## Abstract

Frontotemporal lobar degeneration (FTLD) represents a group of clinically, neuropathologically and genetically heterogeneous disorders with plenty of overlaps between the neurodegenerative mechanism and the clinical phenotype. FTLD is pathologically characterized by the frontal and temporal lobar atrophy. Frontotemporal dementia (FTD) clinically presents with abnormalities of behavior and personality and language impairments variants. The clinical spectrum of FTD encompasses distinct canonical syndromes: behavioural variant of FTD (bvFTD) and primary progressive aphasia. The later includes nonfluent/agrammatic variant PPA (nfvPPA or PNFA), semantic variant PPA (svPPA or SD) and logopenic variant PPA (lvPPA). In addition, there is also overlap of FTD with motor neuron disease (FTD-MND or FTD-ALS), as well as the parkinsonian syndromes, progressive supranuclear palsy (PSP) and corticobasal syndrome (CBS). The FTLD spectrum disorders are based upon the predominant neuropathological proteins (containing inclusions of hyperphosphorylated tau or ubiquitin protein, e.g transactive response (TAR) DNA-binding protein 43 kDa (TDP-43) and fused-in-sarcoma protein in neurons and glial cells) into three main categories: (1) microtubule-associated protein tau (FTLD-Tau); (2) TAR DNA-binding protein-43 (FTLD-TDP); and (3) fused in sarcoma protein (FTLD-FUS). There are five main genes mutations leading clinical and pathological variants in FTLD that identified by molecular genetic studies, which are chromosome 9 open reading frame 72 (C9ORF72) gene, granulin (GRN) gene, microtubule associated protein tau gene (MAPT), the gene encoding valosin-containing protein (VCP) and the charged multivesicular body protein 2B (CHMP2B). In this review, recent advances on the different clinic variants, neuroimaging, genetics, pathological subtypes and clinicopathological associations of FTD will be discussed.

PMCID: PMC3639184 **Free Article**

PMID: 23597030 [PubMed - in process]

### Related citations



22. Assessment. 2013 Apr 16. [Epub ahead of print]  
[Integrating Normal and Pathological Personality: Relating the DSM-5 Trait-Dimensional Model to General Traits of Personality.](#)

**Watson D, Stasik SM, Ro E, Clark LA.**

### Abstract

The Personality Inventory for DSM-5 (PID-5) assesses traits relevant for diagnosing personality disorder in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). We examined the PID-5 in relation to the Big-Three and Big-Five personality traits in outpatient and community adult samples. Domain-level analyses revealed that PID-5 Negative Affectivity correlated strongly with Neuroticism, and PID-5 Antagonism and Disinhibition correlated strongly negatively with Agreeableness and Conscientiousness, respectively; Antagonism and Disinhibition also were both linked strongly to Big-Three trait Disinhibition. PID-5 Detachment related strongly to personality, including Extraversion/Positive Temperament, but did not show its expected specificity to this factor. Finally, PID-5 Psychoticism correlated only modestly with Openness. Facet-level analyses indicated that some PID-5 scales demonstrated replicable deviations from their DSM-5 model placements. We discuss implications of these data for the DSM-5 model of personality disorder, and for integrating it with well-established structures of normal personality.

PMID: 23596272 [PubMed - as supplied by publisher]

### Related citations



23. Soc Cogn Affect Neurosci. 2013 Apr 16. [Epub ahead of print]  
[The association of interoceptive awareness and alexithymia with neurotransmitter concentrations in insula and anterior cingulate.](#)

**Ernst J, Böker H, Hättenschwiler J, Schüpbach D, Northoff G, Seifritz E, Grimm S.**

To whom correspondence should be addressed. Simone Grimm, Department of Psychiatry, University of Zurich, 8029 Zurich, Switzerland; [simone.grimm@bli.uzh.ch](mailto:simone.grimm@bli.uzh.ch).

### Abstract

Alexithymia and increased interoceptive awareness have been associated with affective disorders as well as with altered insula and anterior cingulate cortex (ACC) function. Brain imaging studies have demonstrated an association between neurotransmitter function and affective disorders as well as personality traits. Here, we firstly examined the relationship between alexithymic facets as assessed with the Toronto Alexithymia Scale (TAS-20) and interoceptive awareness (assessed with the Body Perception Questionnaire, BPQ) in eighteen

healthy subjects. Secondly, we investigated their association with glutamate and gamma-aminobutyric acid (GABA) concentrations in the left insula and the ACC using 3-Tesla proton magnetic resonance spectroscopy (1H-MRS). Behaviorally, we found a close association between alexithymia and interoceptive awareness. Furthermore, glutamate levels in the left insula were positively associated with both alexithymia and awareness of autonomic nervous system reactivity, while GABA concentrations in ACC were selectively associated with alexithymia. Although preliminary, our results suggest that increased glutamate-mediated excitatory transmission - related to enhanced insula activity - reflects increased interoceptive awareness in alexithymia. Suppression of the unspecific emotional arousal evoked by increased awareness of bodily responses in alexithymics might thus be reflected in decreased neuronal activity mediated by increased GABA concentration in ACC. PMID: 23596189 [PubMed - as supplied by publisher]

### Related citations



24. J Nerv Ment Dis. 2013 Apr 16. [Epub ahead of print]

[Similar Associations Between Personality Dimensions and Anxiety or Depressive Disorders in a Population Study of Turkish-Dutch, Moroccan-Dutch, and Native Dutch Subjects.](#)

**Schrier AC, de Wit MA, Krol A, Fassaert TJ, Verhoeff AP, Kupka RW, Dekker J, Beekman AT.**

\*Altrecht Institute for Mental Health Care, Utrecht; †Department of Epidemiology, Documentation and Health Promotion, Municipal Health Service Amsterdam, Amsterdam; ‡Department of Sociology and Anthropology, University of Amsterdam, Amsterdam; Departments of §Psychiatry and ||Clinical Psychology and ¶EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, the Netherlands.

### Abstract

It is well established that personality traits are associated with anxiety and depressive disorders in Western populations, but it is not known whether this is true also for people from non-Western cultures. In this study, we examined whether ethnicity moderates the association between personality dimensions and anxiety or depressive disorders or symptoms. In a random urban population sample, stratified by ethnicity, in Amsterdam, the Netherlands, we interviewed 309 native Dutch subjects, 203 Turkish-Dutch subjects, and 170 Moroccan-Dutch subjects. Dimensions of personality were measured using the NEO Five-Factor Inventory. Anxiety and depressive disorders and symptom levels were assessed with the Composite International Diagnostic Interview and the Symptom Checklist-90-Revised. The association between personality factors and disorders or symptoms of anxiety and depression was very similar in the three ethnic groups: all show the typical profile of high neuroticism and low extraversion, agreeableness, and conscientiousness.

PMID: 23595096 [PubMed - as supplied by publisher]

### Related citations



25. BMC Psychiatry. 2013 Apr 17;13:116. doi: 10.1186/1471-244X-13-116.  
Screening cluster A and cluster B personality disorders in Chinese high school students.

**Wang Y, Zhu X, Cai L, Wang Q, Wang M, Yi J, Yao S.**

Medical Psychological Institute, Second Xiangya Hospital, Central South University, Changsha, 410011, P, R, China. xiongzhaozhu@163.com.

## Abstract

### *BACKGROUND:*

Personality disorders (PDs) during adolescence may, in addition to increasing risk for violent behaviors and suicide, also increase risk for elevated PD traits in adulthood. The aim of this study was to explore the prevalence of Cluster A and Cluster B PD traits and their relationships to demographic variables in Chinese high school students.

### *METHODS:*

A cohort of 3,552 students from eight high schools completed the Personality Diagnostic Questionnaire-4+ (PDQ-4+) and MacArthur Scale of Subjective Social Status-youth version (SSSy) questionnaires.

### *RESULTS:*

Boys scored higher than girls on the paranoid, schizotypal, antisocial, and narcissistic PDs. Freshmen and sophomores scored higher than juniors on schizoid, borderline, and antisocial PDs. Children in single-child families scored higher than nonsingletons on the paranoid and antisocial PDs. Students from single-parent households scored higher than students from double-parent households on the schizotypal and antisocial PDs, and students with remarried parents scored higher than students from double-parent households on the borderline and antisocial PDs. Students who had low perception of social status in the society ladder scored higher than those with a high perceived status on the schizoid and borderline PDs, but scored lower on the histrionic PD; students with a low subjective social status in the school community ladder scored higher scores than those with a high perceived status on the paranoid, schizoid, borderline, and antisocial PDs, but scored lower on the histrionic PD.

### *CONCLUSIONS:*

Gender, grade, family structure, and subjective social status may affect the development of PDs. Longitudinal studies and studies of the full scope of PDs are needed to fully elucidate the impact of demographic variables on PD prevalence rates in adolescence and adulthood.

PMCID: PMC3639232 **Free Article**

PMID: 23594882 [PubMed - in process]

**Related citations**



26. PLoS One. 2013 Apr 4;8(4):e58981. doi: 10.1371/journal.pone.0058981. Print 2013.  
Filicide: mental illness in those who kill their children.

**Flynn SM, Shaw JJ, Abel KM.**

Centre for Mental Health and Risk, University of Manchester, Manchester, United Kingdom.

## Abstract

### *BACKGROUND:*

Most child victims of homicide are killed by a parent or step-parent. This large population study provides a contemporary and detailed description of filicide perpetrators. We examined the relationship between filicide and mental illness at the time of the offence, and care received from mental health services in the past.

### *METHOD:*

All filicide and filicide-suicide cases in England and Wales (1997-2006) were drawn from a national index of homicide perpetrators. Data on people in contact with mental health services were obtained via a questionnaire from mental health teams. Additional clinical information was collected from psychiatric reports.

### *RESULTS:*

6144 people were convicted of homicide, 297 were filicides, and 45 cases were filicide-suicides. 195 (66%) perpetrators were fathers. Mothers were more likely than fathers to have a history of mental disorder (66% v 27%) and symptoms at the time of the offence (53% v 23%), most often affective disorder. 17% of mothers had schizophrenia or other delusional disorders. Overall 8% had schizophrenia. 37% were mentally ill at the time of the offence. 20% had previously been in contact with mental health services, 12% within a year of the offence.

### *CONCLUSION:*

In the majority of cases, mental illness was not a feature of filicide. However, young mothers and parents with severe mental illness, especially affective and personality disorder who are providing care for children, require careful monitoring by mental health and other support services. Identifying risk factors for filicide requires further research.

PMCID: PMC3617183 **Free PMC Article**

PMID: 23593128 [PubMed - in process]

## Related citations



27. *Transl Psychiatry*. 2013 Apr 16;3:e246. doi: 10.1038/tp.2013.20.

Advancing the defensive explanation for anxiety disorders: lorazepam effects on human defense are systematically modulated by personality and threat-type.

**Perkins AM, Ettinger U, Weaver K, Schmechtig A, Schrantee A, Morrison PD, Sapara A, Kumari V, Williams SC, Corr PJ.**

King's College London, Department of Psychological Medicine, Institute of Psychiatry, London, UK.

### Abstract

Clinically effective drugs against human anxiety and fear systematically alter the innate defensive behavior of rodents, suggesting that in humans these emotions reflect defensive adaptations. Compelling experimental human evidence for this theory is yet to be obtained. We report the clearest test to date by investigating the effects of 1 and 2 mg of the anti-anxiety drug lorazepam on the intensity of threat-avoidance behavior in 40 healthy adult volunteers (20 females). We found lorazepam modulated the intensity of participants' threat-avoidance behavior in a dose-dependent manner. However, the pattern of effects depended upon two factors: type of threat-avoidance behavior and theoretically relevant measures of personality. In the case of flight behavior (one-way active avoidance), lorazepam increased intensity in low scorers on the Fear Survey Schedule tissue-damage fear but reduced it in high scorers. Conversely, in the case of risk-assessment behavior (two-way active avoidance), lorazepam reduced intensity in low scorers on the Spielberger trait anxiety but increased it in high scorers. Anti-anxiety drugs do not systematically affect rodent flight behavior; therefore, we interpret this new finding as suggesting that lorazepam has a broader effect on defense in humans than in rodents, perhaps by modulating general perceptions of threat intensity. The different patterning of lorazepam effects on the two behaviors implies that human perceptions of threat intensity are nevertheless distributed across two different neural streams, which influence effects observed on one-way or two-way active avoidance demanded by the situation.

PMID: 23591970 [PubMed - in process]

### Related citations



28. *Psychol Med*. 2013 Apr 16:1-10. [Epub ahead of print]

Lifetime prevalence and co-morbidity of externalizing disorders and depression in prospective assessment.

**Hamdi NR, Iacono WG.**

Department of Psychology, University of Minnesota, Minneapolis, MN, USA.

## Abstract

### BACKGROUND:

Epidemiological research is believed to underestimate the lifetime prevalence of mental illness due to recall failure and a lack of rapport between researchers and participants. Method In this prospective study, we examined lifetime prevalence and co-morbidity rates of substance use disorders, antisocial personality disorder (ASPD) and major depressive disorder (MDD) in a representative, statewide Minnesota sample (n = 1252) assessed four times between the ages of 17 and 29 years with very low attrition.

### RESULTS:

Lifetime prevalence rates of all disorders more than doubled between the ages of 17 and 29 years in both men and women, and our prospective rates at the age of 29 years were consistently higher than rates from leading epidemiological surveys. Although there was some variation, the general trend was for lifetime co-morbidity to increase between the ages of 17 and 29 years, and this trend was significant for MDD-alcohol dependence, MDD-nicotine dependence, and ASPD-nicotine dependence.

### CONCLUSIONS:

Overall, our results show that emerging adulthood is a high-risk period for the development of mental illness, with increases in the lifetime prevalence and co-morbidity of mental disorders during this time. More than a quarter of individuals had met criteria for MDD and over a fifth had experienced alcohol dependence by the age of 29 years, indicating that mental illness is more common than is estimated in cross-sectional mental health surveys. These findings have important implications for the measurement of economic burden, resource allocation toward mental health services and research, advocacy organizations for the mentally ill, and etiological theories of mental disorders.

PMID: 23590946 [PubMed - as supplied by publisher]

### Related citations



29. Acta Psychiatr Scand. 2013 Apr 17. doi: 10.1111/acps.12134. [Epub ahead of print] [Illness perceptions and personality traits of patients with mental disorders: the impact of ethnicity.](#)

**Franz M, Salize HJ, Lujic C, Koch E, Gallhofer B, Jacke CO.**

Clinic for Psychiatry and Psychotherapy, Vitos Clinic Kurhessen, Bad Emstal, Germany.



## Abstract

### OBJECTIVE:

To identify differences and similarities between immigrants of Turkish origin and native German patients in therapeutically relevant dimensions such as subjective illness perceptions and personality traits.

### METHOD:

Turkish and native German mentally disordered in-patients were interviewed in three psychiatric clinics in Hessen, Germany. The Revised Illness Perception Questionnaire (IPQ-Revised) and the Neuroticism-Extraversion-Openness Five-Factor Inventory (NEO-FFI) were used. Differences of scales and similarities by k-means cluster analyses were estimated.

### RESULTS:

Of the 362 total patients, 227 (123 immigrants and 104 native Germans) were included. Neither demographic nor clinical differences were detected. Socioeconomic gradients and differences on IPQ-R scales were identified. For each ethnicity, the cluster analysis identified four different patient types based on NEO-FFI and IPQ-R scales. The patient types of each ethnicity appeared to be very similar in their structure, but they differed solely in the magnitude of the cluster means on included subscales according to ethnicity.

### CONCLUSION:

When subjective illness perceptions and personality traits are considered together, basic patient types emerge independent of the ethnicity. Thus, the ethnical impact on patient types diminishes and a convergence was detected.

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PMID: 23590836 [PubMed - as supplied by publisher]

### Related citations

30. Assessment. 2013 Apr 15. [Epub ahead of print]  
[The Psychometric Properties of the Personality Inventory for DSM-5 in an APA DSM-5 Field Trial Sample.](#)

**Quilty LC, Ayearst L, Chmielewski M, Pollock BG, Bagby RM.**

## Abstract

Section 3 of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a hybrid model of personality pathology, in which dimensional personality traits are used to derive one of seven categorical personality disorder diagnoses. The Personality Inventory for DSM-5 (PID-5) was developed by the DSM-5 Personality and

Personality Disorders workgroup and their consultants to produce a freely available instrument to assess the personality traits within this new system. To date, the psychometric properties of the PID-5 have been evaluated primarily in undergraduate student and community adult samples. In the current investigation, we extend this line of research to a psychiatric patient sample who participated in the APA DSM-5 Field Trial (Centre for Addiction and Mental Health site). A total of 201 psychiatric patients (102 men, 99 women) completed the PID-5 and the Revised NEO Personality Inventory (NEO PI-R). The internal consistencies of the PID-5 domain and facet trait scales were acceptable. Results supported the unidimensional structure of all trait scales but one, and the convergence between the PID-5 and analogous NEO PI-R scales. Evidence for discriminant validity was mixed. Overall, the current investigation provides support for the psychometric properties of this diagnostic instrument in psychiatric samples.

PMID: 23588687 [PubMed - as supplied by publisher]

#### Related citations



31. Assessment. 2013 Apr 15. [Epub ahead of print]  
[Comparing Methods for Scoring Personality Disorder Types Using Maladaptive Traits in DSM-5.](#)

**Samuel DB, Hopwood CJ, Krueger RF, Thomas KM, Ruggero CJ.**

#### Abstract

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.) Section III will include an alternative hybrid system for the diagnosis of personality disorder (PD). This alternative system defines PD types partly through specific combinations of maladaptive traits, rather than by using a set of polythetic diagnostic criteria. The current report utilizes a large sample of undergraduates ( $n = 1,159$ ) to examine three dimensional methods for comparing an individual's trait profile to each PD type. We found that the sum of an individual's scores on the assigned traits obtained large convergent correlations (Mdn  $r = .61$ ) and best reproduced the patterns of PD discriminant correlations observed within the DSM-IV measure. We also tested the DSM-5 Section III model algorithms and compared them with different thresholds for assigning categorical diagnoses. Frequency rates using the algorithms were greatly reduced, whereas requiring half of the assigned traits produced rates that more closely approximated current prevalence estimates. Our research suggests that DSM-5 Section III trait model can reproduce the DSM-IV-TR PD constructs and identifies effective methods of doing so.

PMID: 23588686 [PubMed - as supplied by publisher]

#### Related citations



32. J Nerv Ment Dis. 2013 Apr 12. [Epub ahead of print]  
[Temperament and Character Traits in Patients With Epilepsy: Epileptic Personality.](#)

**Yazici E, Yazici AB, Aydin N, Orhan A, Kirpinar I, Acemoglu H.**

\*Department of Psychiatry, Kocaeli Derince Training and Research Hospital, Kocaeli; †Department of Psychiatry, Kocaeli Seka State Hospital, Kocaeli; ‡Department of Psychiatry, Faculty of Medicine, Atatürk University, Erzurum; §Department of Neurology, Selçuklu Faculty of Medicine, Selçuk University, Konya; ||Department of Psychiatry, Faculty of Medicine, Bezmialem University, İstanbul; and ¶Department of Medical Education, Faculty of Medicine, Atatürk University, Erzurum, Turkey.

## Abstract

Personality and behavioral changes in epilepsy are well documented. However, neither the quantitative characteristics nor the etiology of these changes is clear yet. Cloninger has developed a psychobiological personality model that provides a way to evaluate personality in a dimensional way. This study examined the relationship between epilepsy and Cloninger's dimensional psychobiological personality model. A total of 73 epilepsy outpatients and 79 healthy controls were examined using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Axis I Disorders, the Turkish version of the Temperament and Character Inventory, and an epilepsy questionnaire. Epilepsy patients had higher harm avoidance (HA) and lower persistence, self-directedness (SD), and cooperativeness scores than healthy controls did. In epileptic subjects, there was no correlation between age and duration of epilepsy. Subjects with partial seizures had higher HA scores and lower SD scores than generalized ones. Comorbid depression was represented with lower SD scores. In multiple linear regression models, only major depressive disorder predicted lower scores of SD. This study confirms specific personality changes among epileptics according to Cloninger's dimensional personality model and indicates a relationship between the characteristics of epilepsy and psychiatric comorbidity.

PMID: 23588229 [PubMed - as supplied by publisher]

## Related citations



33. Compr Psychiatry. 2013 Apr 12. pii: S0010-440X(13)00047-3. doi: 10.1016/j.comppsy.2013.02.003. [Epub ahead of print]

[Other- and self-directed forms of violence and their relationships to DSM-IV substance use and other psychiatric disorders in a national survey of adults.](#)

**Harford TC, Yi HY, Grant BF.**

Alcohol Epidemiologic Data System, CSR, Incorporated, Arlington, VA 22201, USA.

## Abstract

### OBJECTIVE:

To examine associations between DSM-IV psychiatric disorders and other- and self-directed violence in the general population.

### METHODS:

Data were obtained from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Waves 1 & 2 (n=34,653). Four violence categories were derived from a latent class analysis (LCA) of 5 other-directed and 4 self-directed violent behavior indicators. Multinomial logistic regression examined class associations for gender, race-ethnicity, age and DSM-IV substance use, mood, anxiety, and personality disorders.

### RESULTS:

Approximately 16% of adults reported some form of violent behavior distributed as follows: other-directed only, 4.6%; self-directed only, 9.3%; combined self- and other-directed, 2.0%; and no violence, 84.1%. The majority of the DSM-IV disorders included in this study were significantly and independently related to each form of violence. Generally, other-directed violence was more strongly associated with any substance use disorders (81%) and any personality disorders (42%), while self-directed violence was more strongly associated with mood (41%) and anxiety disorders (57%). Compared with these two forms of violence, the smaller group with combined self- and other-directed violence was more strongly associated with any substance use disorders (88%), mood disorders (63%), and personality disorders (76%).

### CONCLUSION:

Findings from this study are consistent with recent conceptualizations of disorders as reflecting externalizing disorders and internalizing disorders. The identification of the small category with combined forms of violence further extends numerous clinical studies which established associations between self- and other-directed violent behaviors. The extent to which the combined violence category represents a meaningful and reliable category of violence requires further detailed studies.

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PMID: 23587529 [PubMed - as supplied by publisher]

### Related citations



34. J Pers Disord. 2013 Apr 15. [Epub ahead of print]

Preoccupied Attachment and Emotional Dysregulation: Specific Aspects of Borderline Personality Disorder or General Dimensions of Personality Pathology?

**Scott LN, Kim Y, Nolf KA, Hallquist MN, Wright AG, Stepp SD, Morse JQ, Pilkonis PA.**

#### Abstract

Emotional dysregulation and impaired attachment are seen by many clinical researchers as central aspects of borderline personality disorder (BPD). Alternatively, these constructs may represent general impairments in personality that are nonspecific to BPD. Using multitraitmultimethod models, the authors examined the strength of associations among preoccupied attachment, difficulties with emotion regulation, BPD features, and features of two other personality disorders (i.e., antisocial and avoidant) in a combined psychiatric outpatient and community sample of adults. Results suggested that preoccupied attachment and difficulties with emotion regulation shared strong positive associations with each other and with each of the selected personality disorders. However, preoccupied attachment and emotional dysregulation were more strongly related to BPD features than to features of other personality disorders. Findings suggest that although impairments in relational and emotional domains may underlie personality pathology in general, preoccupied attachment and emotional dysregulation also have specificity for understanding core difficulties in those with BPD.

PMID: 23586934 [PubMed - as supplied by publisher]

#### Related citations



35. J Pers Disord. 2013 Apr 15. [Epub ahead of print]

**Relationships Among Maladaptive Cognitive Content, Dysfunctional Cognitive Processes, and Borderline Personality Features.**

**Geiger PJ, Peters JR, Sauer-Zavala SE, Baer RA.**

#### Abstract

Previous research has demonstrated that maladaptive cognitive content, including dysfunctional attitudes and negative automatic thoughts, is associated with emotional distress. Similarly, dysfunctional cognitive processes, including thought suppression and rumination, have been shown to intensify psychological difficulties. Although maladaptive cognitive content and dysfunctional processes have been linked to borderline personality disorder (BPD), most research has been conducted with Axis I disorders. This study examined the incremental validity of dysfunctional cognitive content and processes in predicting BPD symptom severity, controlling for trait negative affect, in a sample of undergraduate students (N = 85), including many with high levels of BPD features. Although nearly all variables were significantly correlated with BPD features, final regression models suggest that rumination and thought suppression are stronger independent predictors of BPD features than automatic thoughts, dysfunctional attitudes, and trait negative affect. These results suggest the importance of targeting thought suppression and rumination in BPD.

PMID: 23586932 [PubMed - as supplied by publisher]

#### Related citations

36. Biol Psychiatry. 2013 Apr 10. pii: S0006-3223(13)00220-5. doi: 10.1016/j.biopsych.2013.02.024. [Epub ahead of print]

[Impulsivity is Associated with Uric Acid: Evidence from Humans and Mice.](#)

**Sutin AR, Cutler RG, Camandola S, Uda M, Feldman NH, Cucca F, Zonderman AB, Mattson MP, Ferrucci L, Schlessinger D, Terracciano A.**

Department of Medical Humanities and Social Sciences (ARS); Florida State University College of Medicine, Tallahassee, Florida; Laboratory of Behavioral Neuroscience (ARS, AT, ABZ). Electronic address: [angelina.sutin@med.fsu.edu](mailto:angelina.sutin@med.fsu.edu).

## Abstract

### *BACKGROUND:*

The ability to control impulses varies greatly, and difficulty with impulse control can have severe consequences; in the extreme, it is the defining feature of many psychiatric disorders. Evidence from disparate lines of research suggests that uric acid is elevated in psychiatric disorders characterized by high impulsivity, such as attention-deficit/hyperactivity disorder and bipolar disorder. The present research tests the hypothesis that impulsivity is associated with higher uric acid in humans and mice.

### *METHODS:*

Using two longitudinal, nonclinical community samples (total n = 6883), we tested whether there is an association between uric acid and normal variation in trait impulsivity measured with the Revised NEO Personality Inventory. We also examined the effect of uric acid on behavior by comparing wild-type mice, which naturally have low levels of uric acid, with mice genetically modified to accumulate high levels of uric acid.

### *RESULTS:*

In both human samples, the emotional aspects of trait impulsivity, specifically impulsiveness and excitement seeking, were associated with higher levels of uric acid concurrently and when uric acid was measured 3 to 5 years later. Consistent with the human data, the genetically modified mice displayed significantly more exploratory and novelty-seeking behavior than the wild-type mice.

### *CONCLUSIONS:*

Higher uric acid was associated with impulsivity in both humans and mice. The identification of biological markers of impulsivity may lead to a better understanding of the physiological mechanisms involved in impulsivity and may suggest potential targets for therapeutic intervention.

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PMID: 23582268 [PubMed - as supplied by publisher]

### Related citations



37. Eur J Neurosci. 2013 Apr 15. doi: 10.1111/ejn.12208. [Epub ahead of print]  
Early-life stress affects the structural and functional plasticity of the medial prefrontal cortex in adolescent rats.

**Chocyk A, Bobula B, Dudys D, Przyborowska A, Majcher-Maślanka I, Hess G, Wędzony K.**

Laboratory of Pharmacology and Brain Biostructure, Institute of Pharmacology, Polish Academy of Sciences, Krakow, Poland.

### Abstract

Early life experiences are crucial factors that shape brain development and function due to their ability to induce structural and functional plasticity. Among these experiences, early-life stress (ELS) is known to interfere with brain development and maturation, increasing the risk of future psychopathologies, including depression, anxiety, and personality disorders. Moreover, ELS may contribute to the emergence of these psychopathologies during adolescence. In this present study, we investigated the effects of ELS, in the form of maternal separation (MS), on the structural and functional plasticity of the medial prefrontal cortex (mPFC) and anxiety-like behavior in adolescent male rats. We found that the MS procedure resulted in disturbances in mother-pup interactions that lasted until weaning and were most strongly demonstrated by increases in nursing behavior. Moreover, MS caused atrophy of the basal dendritic tree and reduced spine density on both the apical and basal dendrites in layer II/III pyramidal neurons of the mPFC. The structural changes were accompanied by an impairment of long-term potentiation processes and increased expression of key proteins, specifically glutamate receptor 1, glutamate receptor 2, postsynaptic density protein 95,  $\alpha\text{Ca}^{2+}$ /calmodulin-dependent protein kinase II and  $\alpha\text{Ca}^{2+}$ /calmodulin-dependent protein kinase II phosphorylated at residue Thr305, that are engaged in long-term potentiation induction and maintenance in the mPFC. We also found that the MS animals were more anxious in the light/dark exploration test. The results of this study indicate that ELS has a significant impact on the structural and functional plasticity of the mPFC in adolescents. ELS-induced adaptive plasticity may underlie the pathomechanisms of some early-onset psychopathologies observed in adolescents.

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PMID: 23581639 [PubMed - as supplied by publisher]

### Related citations



38. Neuroscience. 2013 Apr 9. pii: S0306-4522(13)00310-2. doi: 10.1016/j.neuroscience.2013.03.055. [Epub ahead of print]

A functional MRI study of deception among offenders with antisocial personality disorders.

**Jiang W, Liu H, Liao J, Ma X, Rong P, Tang Y, Wang W.**

Biomedical Engineering Laboratory, School of Geosciences and Info-Physics, Central South University, Changsha, Hunan 410083, PR China; Department of Radiology, The Third Xiangya Hospital, Central South University, Changsha, Hunan 410013, PR China; Department of Information Science and Engineering, Hunan First Normal University, Changsha, Hunan 410205, PR China.

## Abstract

Deceit is a core feature of antisocial personality disorder (ASPD), and the study of deception in ASPD has important implications for identifying the underlying mechanism of ASPD. A great deal of functional neuroimaging literature has described the neural correlates of deception in healthy volunteers, but there have been few imaging studies examining people with ASPD. The neural correlates of lie-telling in ASPD, and which specific brain activities are related to the capacity to lie, are unclear. In this study, 32 offenders who satisfied the Personality Diagnostic Questionnaire-4 and PDI-IV (Personality Disorder Interview) criteria for ASPD were divided into three groups based on their capacity for deception, which was evaluated based on the deceitfulness criterion of the PDI-IV ASPD. All offenders underwent functional magnetic resonance imaging (fMRI) while responding to questions in a truthful, inverse, or deceitful manner. We primarily created contrasts in the brain activities between truth-telling and lie-telling, and then computed the Pearson's correlation coefficients between activities contrasts of individual, i.e. BOLD (blood-oxygen-level-dependent) strength during deception minus that during truth-telling, and the capacity for deception. Our results indicated that the bilateral dorsolateral prefrontal cortex extending to the middle frontal gyrus, the left inferior parietal lobule, and the bilateral anterior cingulate gyrus/medial superior frontal gyrus were associated with deception among people with ASPD. As the capacity for deception increased, the contrasted brain activities of the above regions decreased. This study found that truthful and untruthful communications of ASPD subjects can be differentiated in terms of brain BOLD activities, and more importantly, this study is the first to use fMRI to discover that BOLD activities during deception are correlated with the capacity to lie. The latter finding might challenge the diagnostic accuracy of lie detection and may also caution that greater attention should be given to detecting untruths in individuals who are skilled at lying.

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PMID: 23578713 [PubMed - as supplied by publisher]

## Related citations



39. Psychol Med. 2013 Apr 11:1-9. [Epub ahead of print]

[The boundaries of the internalizing and externalizing genetic spectra in men and women.](#)

**Kendler KS, Myers J.**



Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University School of Medicine, Richmond, VA, USA.

## Abstract

### BACKGROUND:

The distribution and co-morbidity of common psychiatric disorders can be largely explained as manifestations of two broad psychopathological spectra of internalizing and externalizing disorders. Twin studies suggest that these spectra arise from genetic factors. Method Structural equation twin modeling was applied to interview and questionnaire data on personality traits and lifetime psychiatric disorders on more than 5300 members of male-male (MM) and female-female (FF) twin pairs.

### RESULTS:

The best-fitting models for both the externalizing and internalizing spectra differed significantly in males and females. In males, the externalizing genetic common factor was best indexed by four disorders in the following order: antisocial personality disorder (ASPD), drug abuse/dependence (DAD), alcohol abuse dependence (AAD) and conduct disorder (CD). In females, the four disorders most closely related to the externalizing common factor were, in order: DAD, AAD, nicotine dependence (ND) and ASPD. Personality traits of novelty seeking (NS) and extraversion (E) better indexed the genetic externalizing spectrum in females than in males. In both males and females, major depression (MD) and generalized anxiety disorder (GAD) best indexed the genetic internalizing common factor. Panic disorder (PD) and agoraphobia (AgP) better reflected the internalizing genetic common factor in women, and neuroticism (N) in men. Genetic correlations between the two spectra were estimated at + 0.53 in males and + 0.52 in females.

### CONCLUSIONS:

The disorders that optimally index the genetic liability to externalizing and internalizing disorders in the general population differ meaningfully in men and women. In both sexes, these genetic spectra are better assessed by psychiatric disorders than by personality traits. PMID: 23574685 [PubMed - as supplied by publisher]

### Related citations



40. Schizophr Res. 2013 Apr 6. pii: S0920-9964(13)00158-8. doi: 10.1016/j.schres.2013.03.012. [Epub ahead of print]

Broadly defined risk mental states during adolescence: Disorganization mediates positive schizotypal expression.

**Debbané M, Badoud D, Balanzin D, Eliez S.**

Adolescence Clinical Psychology Research Unit, Faculty of Psychology and Educational Sciences, University of Geneva, Switzerland; Office Médico-Pédagogique Research Unit, Department of Psychiatry, University of Geneva School of Medicine, Switzerland.  
Electronic address: martin.debbane@unige.ch.

## Abstract

While schizotypal features are common during adolescence, they can also signal increased risk for the onset of schizophreniform disorders. Most studies with adolescents find that hallucination and delusion-like symptoms (positive schizotypal features) best predict future psychopathology. Still, the developmental process of positive schizotypy remains elusive, specifically with regards to 1) its relationships to negative and disorganization schizotypal dimensions; 2) its associations to maladaptive functioning during adolescence. This longitudinal study aimed to further characterize these relationships, thereby delineating "early and broadly defined psychosis risk mental states" (Keshavan et al., 2011). The current study presents the 3-year course of schizotypal trait expression in 34 clinical adolescents aged 12 to 18 years consulting for non-psychotic difficulties. Schizotypal expression was assessed twice using the Schizotypal Personality Questionnaire, accompanied by an examination of internalizing/externalizing problems using the Achenbach scales. Cross-sectional and longitudinal analyses were conducted to assess the expression and course of schizotypal dimensions; mediation analyses were further employed to highlight the developmental interactions promoting the maintenance of positive schizotypal expression. The results reveal that positive schizotypy, and more specifically unusual perceptual experiences, significantly declined during the study interval. Disorganization features were found to mediate the relationships between the negative and positive dimensions of schizotypy within and across evaluations. Somatic complaints and attentional difficulties further strengthened the expression of positive schizotypy during the study interval. These results suggest that the relationship between disorganization features and positive schizotypy may play a central role in establishing risk for psychosis during adolescence.

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PMID: 23570898 [PubMed - as supplied by publisher]

## Related citations



41. Psychiatry Res. 2013 Apr 6. pii: S0165-1781(13)00139-X. doi: 10.1016/j.psychres.2013.03.008. [Epub ahead of print]  
[Associations of personality with intrinsic motivation in schizophrenia.](#)

**Vohs JL, Lysaker PH, Nabors L.**

Indiana University School of Medicine, Department of Psychiatry, Indianapolis, IN, USA; Prevention and Recovery Center for Early Psychosis, Midtown Community Mental Health Centers, Wishard Hospital, Indianapolis, IN, USA; Larue D. Carter Memorial Hospital, IU

Psychotic Disorders Research Program, Indianapolis, IN, USA. Electronic address: jvohs@iupui.edu.

## Abstract

Motivation is often disturbed in patients with schizophrenia, but little is known about how it relates to personality. We examined intrinsic motivation (IM), two personality domains, and symptoms in fifty-eight male patients with schizophrenia spectrum disorders. Analyses revealed IM may be linked to Extraversion, Neuroticism, and negative symptoms.

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PMID: 23566367 [PubMed - as supplied by publisher]

## Related citations



42. Eur Child Adolesc Psychiatry. 2013 Apr 7. [Epub ahead of print]  
[Development of schizotypal symptoms following psychiatric disorders in childhood or adolescence.](#)

**Fagel SS, Swaab H, De Sonnevile LM, Van Rijn S, Pieterse JK, Scheepers F, Van Engeland H.**

Department of Clinical Child and Adolescent Studies, Leiden University, Wassenaarseweg 52, 2300 RB, Leiden, Zuid Holland, The Netherlands, sfagel@fsw.leidenuniv.nl.

## Abstract

It was examined how juvenile psychiatric disorders and adult schizotypal symptoms are associated. 731 patients of the Department of Child and Adolescent Psychiatry of the University Medical Centre Utrecht, the Netherlands, with mean age of 12.1 years (SD = 4.0) were reassessed at the mean age of 27.9 years (SD = 5.7) for adult schizotypal symptoms using the Schizotypal Personality Questionnaire-Revised (Vollema, Schizophr Bull 26(3):565-575, 2000). Differences between 13 juvenile DSM categories and normal controls (n = 80) on adult schizotypal total and factor scores were analyzed, using (M)ANCOVA. Pervasive developmental disorders (PDD), attention deficit hyperactivity disorders (ADHD), deferred diagnosis, sexual and gender identity disorders and depressive disorders had higher SPQ total scores when compared to normal controls (p < 0.001). Higher levels of disorganized schizotypal symptoms were found for PDD, ADHD, and deferred diagnosis (p < 0.001). The same diagnostic groups showed higher level of negative schizotypal symptoms, which was likewise true for sexual and gender identity disorders, depressive disorders, disruptive disorders, and the category of 'Other conditions that may be a focus of clinical attention' (p < 0.001). No differences with normal controls were found for adult positive schizotypal symptoms (p < 0.110). The current findings are suggestive of the idea that psychiatric disorders in childhood or adolescence are a more general expression of a liability to schizophrenia spectrum pathology in future life. In addition, specific patterns of

adult schizotypal symptomatology are associated with different types of juvenile psychiatric disorder.

PMID: 23564260 [PubMed - as supplied by publisher]

### Related citations



43. Twin Res Hum Genet. 2013 Apr 8:1-9. [Epub ahead of print]  
How Phenotype and Developmental Stage Affect the Genes We Find: GABRA2 and Impulsivity.

**Dick DM, Aliev F, Latendresse S, Porjesz B, Schuckit M, Rangaswamy M, Hesselbrock V, Edenberg H, Nurnberger J, Agrawal A, Bierut L, Wang J, Bucholz K, Kuperman S, Kramer J.**

Departments of Psychiatry, Human & Molecular Genetics, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.

### Abstract

**Context:** The detection and replication of genes involved in psychiatric outcome has been notoriously difficult. Phenotypic measurement has been offered as one explanation, although most of this discussion has focused on problems with binary diagnoses. **Objective:** This article focuses on two additional components of phenotypic measurement that deserve further consideration in evaluating genetic associations: (1) the measure used to reflect the outcome of interest, and (2) the developmental stage of the study population. We focus our discussion of these issues around the construct of impulsivity and externalizing disorders, and the association of these measures with a specific gene, GABRA2. **Design, Setting, and Participants:** Data were analyzed from the Collaborative Study on the Genetics of Alcoholism Phase IV assessment of adolescents and young adults (ages 12-26; N = 2,128). **Main Outcome Measures:** Alcohol dependence, illicit drug dependence, childhood conduct disorder, and adult antisocial personality disorder symptoms were measured by psychiatric interview; Achenbach youth/adult self-report externalizing scale; Zuckerman Sensation-Seeking scale; Barratt Impulsivity scale; NEO extraversion and conscientiousness. **Results:** GABRA2 was associated with subclinical levels of externalizing behavior as measured by the Achenbach in both the adolescent and young adult samples. Contrary to previous associations in adult samples, it was not associated with clinical-level DSM symptom counts of any externalizing disorders in these younger samples. There was also association with sensation-seeking and extraversion, but only in the adolescent sample. There was no association with the Barratt impulsivity scale or conscientiousness. **Conclusions:** Our results suggest that the pathway by which GABRA2 initially confers risk for eventual alcohol problems begins with a predisposition to sensation-seeking early in adolescence. The findings support the heterogeneous nature of impulsivity and demonstrate that both the measure used to assess a construct of interest and the age of the participants can have profound implications for the detection of genetic associations.

PMID: 23561058 [PubMed - as supplied by publisher]

### Related citations

44. Neurogastroenterol Motil. 2013 Apr 2. doi: 10.1111/nmo.12124. [Epub ahead of print]  
A population-based study of associations between functional gastrointestinal disorders and psychosocial characteristics in Xi'an, China.

**Xu JR, Shang L, Si WL, Song Y, Wang Y, Ma JL, Liu J.**

Department of Gastroenterology, Xi'an Central Hospital, College of Medicine, Xi'an Jiaotong University, Xi'an, Shanxi, China.

## Abstract

### *BACKGROUND:*

Functional gastrointestinal disorders (FGIDs) are disorders with chronic and recurring gastrointestinal symptoms. This study investigated the prevalence of FGIDs, assessed the association between FGIDs and psychosocial factors, and identified potential risk factors for FGIDs in a population in Xi'an, China.

### *METHODS:*

Of 752 recruited residents in Xi'an, 720 were selected for an epidemiological survey using a cluster sampling method. All subjects were interviewed face-to-face to complete the Chinese version of ROME III FGIDs questionnaire, the Symptom Check-List-90, the Eysenck Personality Questionnaire, a Life Event Scale, and a questionnaire regarding personal childhood adversity. The prevalence of FGIDs and associations between FGIDs and psychosocial factors were determined using EpiData Software. Logistic regression analysis was performed to identify the potential risk factors for FGIDs.

### *KEY RESULTS:*

The prevalence of FGIDs in this sample population was 14.3% (103/720). There were 13 (1.8%) cases of overlap of different FGIDs. No significant difference in the prevalence of FGIDs was observed between men and women. Alcohol intake and smoking habits were significantly associated with the presence of FGIDs. The presence of FGIDs was significantly associated with psychological factors and influences such as personality type, life events, childhood adversity, and psychopathology. The potential risk factors for contracting FGIDs were certain life events, childhood adversity, somatization, and a hostile affect ( $P < 0.001$ ).

### *CONCLUSIONS & INFERENCES:*

The prevalence of FGIDs and overlap syndrome in Xi'an, China was lower than that reported in other countries. There was a strong correlation between specific lifestyle habits and psychosocial characteristics and the presence of FGIDs.

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PMID: 23552020 [PubMed - as supplied by publisher]

### Related citations



1. Psicothema. 2013 May;25(2):171-8. doi: 10.7334/psicothema2012.74.  
Cluster A maladaptive personality patterns in a non-clinical adolescent population.

**Fonseca-Pedrero E, Paino M, Santarén-Rosell M, Lemos-Giráldez S.**

Universidad de La Rioja.

### Abstract

Background: The prevalence and expression of Cluster A personality disorders in adolescence is poorly analyzed and understood. The main goal was to analyze the rate of Cluster A traits and maladaptive personality patterns in adolescents. In addition, the underlying dimensional structure and the possible influence of sex and age in its phenotypic expression were examined. Method: The final sample was comprised of a total of 1,443 participants (M= 15.9 years, SD= 1.2). The instrument used was the Personality Diagnostic Questionnaire-4+ (PDQ-4+). Results: Cluster A maladaptive personality traits are common among adolescents. According to the PDQ-4+, 13.1% (n= 189) of the sample reported a Cluster A maladaptive personality pattern. Analysis of the internal structure yielded two interrelated factors, namely Paranoid and Schizotypal-Schizoid. Males, compared with females, obtained higher scores on the schizotypal subscale when the score was dimensional and on the schizotypal and schizoid subscales when items were dichotomized. Conclusions: These data yield new clues that improve the understanding of Cluster A traits in this sector of the population, and advance in early detection of adolescents at risk of personality disorders.

PMID: 23628530 [PubMed - in process]

2. Addict Behav. 2013 Apr 3;38(8):2369-2373. doi: 10.1016/j.addbeh.2013.03.017. [Epub ahead of print]

The association between probable personality disorders and smoking cessation and maintenance.

**Piñeiro B, Fernández Del Río E, López-Durán A, Martínez U, Becoña E.**

Smoking Cessation Unit, Department of Clinical Psychology and Psychobiology, Faculty of Psychology, University of Santiago de Compostela, Santiago de Compostela, Spain.

Electronic address: [barbara.pineiro@usc.es](mailto:barbara.pineiro@usc.es).

## Abstract

### INTRODUCTION:

Although it has been suggested that persons with psychopathological disorders experience greater difficulty in quitting smoking, the few studies that have analyzed personality disorders in smokers have failed to produce conclusive results. The aim of this study was to examine whether the presence of probable personality disorders was associated with the achievement of abstinence at the end of a smoking cessation treatment, as well as the maintenance of abstinence at 6 and 12 months of follow-up.

### METHODS:

The sample comprised 290 smokers (41% men and 59% women) who participated in a psychological smoking cessation treatment and who were followed for a year. Abstinence was tested by measuring carbon monoxide in exhaled air.

### RESULTS:

Participants with a probable borderline, antisocial or avoidant personality disorder were less likely to quit smoking at the end of the treatment, whereas probable schizoid personality disorder predicted better maintenance of abstinence at 6 and 12 months. In addition, smoking 25 or more cigarettes before starting the treatment decreased the likelihood of maintaining abstinence at 6 and 12 months of follow-up.

### CONCLUSIONS:

This study revealed differential (and opposing) relationships between specific personality disorders and smoking cessation outcomes, illustrating the need to consider Axis II disorders separately when predicting treatment outcomes.

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PMID: 23628430 [PubMed - as supplied by publisher]

3. J Psychiatr Res. 2013 Apr 27. pii: S0022-3956(13)00120-9. doi: 10.1016/j.jpsychires.2013.04.001. [Epub ahead of print]

[Associations between morningness/eveningness and psychopathology: An epidemiological survey in three in-patient psychiatric clinics.](#)

**Lemoine P, Zawieja P, Ohayon MM.**

Groupe ORPÉA-CLINÉA, Division Psychiatrie, France.

## Abstract

### OBJECTIVE:

This study aims to examine the association between the chronotype (morningness/eveningness) and specific mental disorders.

### METHODS:

Cross-sectional epidemiological study conducted in three in-patient clinical settings. A total of 1468 consecutive in-patients who gave their written consent were enrolled. On the admission day, patients filled sleep questionnaires and a nurse filled a Clinical Global Impressions scale. Hospitalization reports and ICD-10 diagnoses were collected.

### RESULTS:

Sleep/wake schedule was similar between the psychiatric diagnoses. On the other hand, morning type patients had an earlier bedtime, earlier wakeup time and shorter sleep duration than the other chronotype regardless of the diagnosis. In multivariate models, patients with a depressive disorder or a psychosis were more likely to be morning type. Patients with an anxiety disorder, addiction disorder or personality disorder were more likely to be evening type.

### CONCLUSIONS:

Age and sleep/wake schedule are contributing factors for the chronotype but mental disorders too appeared to modulate chronotype preferences.

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PMID: 23628386 [PubMed - as supplied by publisher]

4. Psychoneuroendocrinology. 2013 Apr 26. pii: S0306-4530(13)00122-4. doi: 10.1016/j.psyneuen.2013.03.023. [Epub ahead of print]  
[HPA system activity in alexithymia: A cortisol awakening response study.](#)

**Alkan Härtwig E, Aust S, Heuser I.**

Cluster of Excellence "Languages of Emotion", Freie Universität Berlin, Habelschwerdter Allee 45, 14195 Berlin, Germany; Department of Psychiatry, Charité University Medicine, Campus Benjamin Franklin, Eschenallee 3, 14050 Berlin, Germany. Electronic address: [elif.alkan@fu-berlin.de](mailto:elif.alkan@fu-berlin.de).



## Abstract

### OBJECTIVES:

Alexithymia is a personality trait characterized by difficulties in identifying, describing and communicating one's own emotions. It is also associated with several stress-related psychiatric disorders. The aim of the study was to examine the cortisol awakening response (CAR) as a measure of HPA-system function in a community based sample of psychologically and physically healthy adults with alexithymia.

### METHODS:

Forty-one high alexithymic individuals and thirty-seven low alexithymic subjects, well-controlled regarding gender, age and sociodemographic status, provided three saliva cortisol samples each day for three consecutive days for the calculation of mean CAR. Participants filled out questionnaires on alexithymia (TAS-20, BVAQ) and interpersonal reactivity (IRI) prior to cortisol assessment.

### RESULTS:

The mean CAR of three sampling days was significantly lower in the alexithymic group in comparison to control participants. Additionally there was a negative correlation between CAR and perceived stress, which points to lower CAR in alexithymia accompanied by higher perceived stress in socio-emotional situations. CAR was negatively correlated with age in the alexithymic group, indicating to alterations in HPA system over longer time to stress exposure.

### CONCLUSION:

Alexithymic individuals have a lower CAR. Hence the results of the present study indicate that certain aspects of personality modulate HPA-system functioning.

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PMID: 23627992 [PubMed - as supplied by publisher]

5. J Psychiatr Ment Health Nurs. 2013 Apr 29. doi: 10.1111/jpm.12009. [Epub ahead of print] [Axis IV - psychosocial and environmental problems - in the DSM-IV.](#)

**Ramirez A, Ekselius L, Ramklint M.**

Department of Neuroscience, Psychiatry, Uppsala University Hospital, Uppsala, Sweden.

## Abstract

ACCESSIBLE SUMMARY: The aim of this study was to extensively explore the properties of the revised axis IV of the Diagnostic and Statistical Manual of Mental Disorders, 4th

Edition (DSM-IV). Psychosocial and environmental problems, which are believed to exacerbate current mental disorders, were evaluated by using a questionnaire and through clinical interviews. The reliability between self-assessment and professional assessment was also examined. The results showed that the revised axis IV according to DSM-IV seems to have concurrent validity, but is still hampered by limited reliability. These findings could be useful for the upcoming DSM-V revision as well as help clinicians and patients to better identify mental health problems. **ABSTRACT:** The aim of this study was to further explore the properties of axis IV in the Diagnostic and Statistical Manual of Mental Disorders, 4th Edition (DSM-IV). In a naturalistic cross-sectional design, a group (n = 163) of young (18-25 years old) Swedish psychiatric outpatients was assessed according to DSM-IV. Psychosocial and environmental problems/axis IV were evaluated through structured interviewing by a social worker and by self-assessment on a questionnaire. Reliability between professional assessment and self-assessment of axis IV was examined. Concurrent validity of axis IV was also examined. Reliability between professional and self-assessed axis IV was fair to almost perfect, 0.31-0.83, according to prevalence and bias-adjusted kappa. Categories of psychosocial stress and environmental problems were related to the presence of axis I disorders, co-morbidity, personality disorders and decreasing Global Assessment of Functioning (GAF) values. The revised axis IV according to DSM-IV seems to have concurrent validity, but is still hampered by limited reliability.

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PMID: 23627600 [PubMed - as supplied by publisher]

6. J Clin Neurol. 2013 Apr;9(2):133-7. doi: 10.3988/jcn.2013.9.2.133. Epub 2013 Apr 4.  
[A case of frontotemporal dementia with amyotrophic lateral sclerosis presenting with pathological gambling.](#)

**Ozel-Kizil E, Sakarya A, Arica B, Haran S.**

Department of Psychiatry, Ankara University School of Medicine, Ankara, Turkey.

#### **Abstract**

##### **BACKGROUND:**

Pathological gambling (PG), which is characterized by consistent, repetitive gambling and unsuccessful quitting attempts, is classified as an impulse control disorder. PG has also been reported in patients with Parkinson's disease, frontotemporal dementia, and amyotrophic lateral sclerosis.

##### **CASE REPORT:**

A 53-year-old male visited the outpatient clinic due to excessive gambling and personality changes. Based on electrophysiological findings and neuropsychiatric assessment, he was diagnosed as frontotemporal dementia-amyotrophic lateral sclerosis.

## CONCLUSIONS:

This case report underlines that PG can also be seen in patients with neurological disorders involving the orbitofrontal cortex.

PMID: 23626653 [PubMed]



7. Psychopharmacology (Berl). 2013 Apr 28. [Epub ahead of print]  
Antiaggressive activity of central oxytocin in male rats.

**Calcagnoli F, de Boer SF, Althaus M, den Boer JA, Koolhaas JM.**

Department of Behavioral Physiology, University of Groningen, P.O. Box 11103, 9700 CC, Groningen, The Netherlands, [f.calcagnoli@rug.nl](mailto:f.calcagnoli@rug.nl).

## Abstract

### RATIONALE:

A substantial body of research suggests that the neuropeptide oxytocin promotes social affiliative behaviors in a wide range of animals including humans. However, its antiaggressive action has not been unequivocally demonstrated in male laboratory rodents.

### OBJECTIVE:

Our primary goal was to examine the putative serenic effect of oxytocin in a feral strain (wild type Groningen, WTG) of rats that generally show a much broader variation and higher levels of intermale aggression than commonly used laboratory strains of rats.

### METHODS:

Resident animals were intracerebroventricularly (icv) administered with different doses of synthetic oxytocin and oxytocin receptor antagonist, alone and in combination, in order to manipulate brain oxytocin functioning and to assess their behavioral response to an intruder.

### RESULTS:

Our data clearly demonstrate that acute icv administered oxytocin produces dose-dependent and receptor-selective changes in social behavior, reducing aggression and potentiating social exploration. These antiaggressive effects are stronger in the more offensive rats. On the other hand, administration of an oxytocin receptor antagonist tends to increase (nonsignificantly) aggression only in low-medium aggressive animals.

## CONCLUSIONS:

These results suggest that transiently enhancing brain oxytocin function has potent antiaggressive effects, whereas its attenuation tends to enhance aggressiveness. In addition, a possible inverse relationship between trait aggression and endogenous oxytocinergic signaling is revealed. Overall, this study emphasizes the importance of brain oxytocinergic signaling for regulating intermale offensive aggression. This study supports the suggestion that oxytocin receptor agonists could clinically be useful for curbing heightened aggression seen in a range of neuropsychiatric disorders like antisocial personality disorder, autism, and addiction.

PMID: 23624810 [PubMed - as supplied by publisher]



8. *Endocrinol Nutr.* 2013 Apr 24. pii: S1575-0922(12)00274-4. doi: 10.1016/j.endonu.2012.09.003. [Epub ahead of print]

[Contributions of cortisol suppression tests to understanding of psychiatric disorders: a narrative review of literature.](#)

[Article in English, Spanish]

**Tajima-Pozo K, Montes-Montero A, Güemes I, González-Vives S, Díaz-Marsá M, Carrasco JL.**

Instituto de Psiquiatría y Salud Mental. Hospital Clínico San Carlos, Madrid, España.  
Electronic address: [doctortajimapozo@gmail.com](mailto:doctortajimapozo@gmail.com).

## Abstract

Activity of the hypothalamic-pituitary-adrenal axis had been studied for the past half century, when some researchers noted that some patients with Cushing's syndrome and severe mood disorders had high baseline cortisol levels, which resulted in an inhibited response in the 1mg dexamethasone suppression test. Altered dexamethasone suppression test results were subsequently found in many psychiatric diseases, including anorexia nervosa, obsessive-compulsive disorder, degenerative dementia, bipolar disorders, and schizophrenia. The relationship between high baseline cortisol levels and stress has also been studied. Some researches on the genesis of borderline personality disorder focused on traumatic childhood backgrounds. Other investigations aimed at elucidating the relationship between traumatic backgrounds and some psychiatric disorders noted that patients with post-traumatic stress disorder and borderline personality disorder showed an enhanced cortisol suppression with low cortisol doses (0.5mg). Recent studies showed that use of an ultra-low dose of cortisol during the dexamethasone suppression test may be helpful for detecting disorders with hyperactivity of the hypothalamic-pituitary-adrenal axis. Recent advances in neuroimaging support the existence of hyperactivity of the hypothalamic-pituitary-adrenal axis in patients with borderline personality disorder, relating a decreased pituitary gland volume to major traumatic backgrounds and suicidal attempts. The purpose of this paper is to make a narrative review of research using dexamethasone suppression test in psychiatric disorders, in order to ascertain its value as a supplemental diagnostic test or as a prognostic marker.

PMID: 23623464 [PubMed - as supplied by publisher]



9. J Affect Disord. 2013 Apr 25. pii: S0165-0327(13)00224-3. doi: 10.1016/j.jad.2013.02.038. [Epub ahead of print]

Recurrent suicide attempts in patients with depressive and anxiety disorders: The role of borderline personality traits.

**Stringer B, van Meijel B, Eikelenboom M, Koekkoek B, M M Licht C, Kerkhof AJ, Penninx BW, Beekman AT.**

Department of Psychiatry and the EMGO Institute for Health and Care Research, VU University Medical Center Amsterdam/GGZ inGeest, Amsterdam, The Netherlands; Research Group Mental Health Nursing, Inholland University of Applied Sciences/Cluster Nursing, Amsterdam, The Netherlands. Electronic address: [b.stringer@ggzingeest.nl](mailto:b.stringer@ggzingeest.nl).

## Abstract

### BACKGROUND:

The presence of a comorbid borderline personality disorder (BPD) may be associated with an increase of suicidal behaviors in patients with depressive and anxiety disorders. The aim of this study is to examine the role of borderline personality traits on recurrent suicide attempts.

### METHODS:

The Netherlands Study on Depression and Anxiety included 1838 respondents with lifetime depressive and/or anxiety disorders, of whom 309 reported at least one previous suicide attempt. A univariable negative binomial regression analysis was performed to examine the association between comorbid borderline personality traits and suicide attempts. Univariable and multivariable negative binomial regression analyses were performed to identify risk factors for the number of recurrent suicide attempts in four clusters (type and severity of axis-I disorders, BPD traits, determinants of suicide attempts and socio-demographics).

### RESULTS:

In the total sample the suicide attempt rate ratio increased with 33% for every unit increase in BPD traits. A lifetime diagnosis of dysthymia and comorbid BPD traits, especially the symptoms anger and fights, were independently and significantly associated with recurrent suicide attempts in the final model (n=309).

### LIMITATIONS:

The screening of personality disorders was added to the NESDA assessments at the 4-year follow-up for the first time. Therefore we were not able to examine the influence of comorbid BPD traits on suicide attempts over time.

## CONCLUSIONS:

Persons with a lifetime diagnosis of dysthymia combined with borderline personality traits especially difficulties in coping with anger seemed to be at high risk for recurrent suicide attempts. For clinical practice, it is recommended to screen for comorbid borderline personality traits and to strengthen the patient's coping skills with regard to anger.

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PMID: 23623006 [PubMed - as supplied by publisher]



10. Assessment. 2013 Apr 24. [Epub ahead of print]  
Characterizing Psychopathy Using DSM-5 Personality Traits.

**Strickland CM, Drislane LE, Lucy M, Krueger RF, Patrick CJ.**

### Abstract

Despite its importance historically and contemporarily, psychopathy is not recognized in the current Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revised (DSM-IV-TR). Its closest counterpart, antisocial personality disorder, includes strong representation of behavioral deviance symptoms but weak representation of affective-interpersonal features considered central to psychopathy. The current study evaluated the extent to which psychopathy and its distinctive facets, indexed by the Triarchic Psychopathy Measure, can be assessed effectively using traits from the dimensional model of personality pathology developed for DSM-5, operationalized by the Personality Inventory for DSM-5 (PID-5). Results indicate that (a) facets of psychopathy entailing impulsive externalization and callous aggression are well-represented by traits from the PID-5 considered relevant to antisocial personality disorder, and (b) the boldness facet of psychopathy can be effectively captured using additional PID-5 traits. These findings provide evidence that the dimensional model of personality pathology embodied in the PID-5 provides effective trait-based coverage of psychopathy and its facets.

PMID: 23620353 [PubMed - as supplied by publisher]

### Related citations



11. Compr Psychiatry. 2013 Apr 22. pii: S0010-440X(13)00057-6. doi:  
10.1016/j.comppsy.2013.03.006. [Epub ahead of print]  
Personality subtypes in adolescents with anorexia nervosa.

**Gazzillo F, Lingardi V, Peloso A, Giordani S, Vesco S, Zanna V, Filippucci L, Vicari S.**

Department of Dynamic and Clinical Psychology, "Sapienza" University of Rome, via degli  
Apuli1, 00185, Rome. Electronic address: [freuwin@libero.it](mailto:freuwin@libero.it).

## Abstract

The aims of this study are to (1) empirically identify the personality subtypes of adolescents with anorexic disorders and (2) investigate the personality disorders, identity disturbances, and affective features associated with the different subtypes. We assessed 102 adolescent patients with Eating Disorders (anorexia nervosa and eating disorder not otherwise specified) using three clinical instruments: the Shedler-Westen Assessment Procedure for Adolescents (SWAP-200-A) (Westen D, Shedler J, Durrett C, Glass S, Martens A. Personality diagnoses in adolescence: DSM-IV Axis II diagnoses and an empirically derived alternative. *Am J Psychiatry* 2003;160:952-966), the Affective Regulation and Experience Questionnaire (AREQ) (Zittel Conklin C, Bradley R, Westen D. Affect regulation in borderline personality disorder. *J Nerv Ment Dis* 2006;194:69-77), and the Identity Disorder Questionnaire (IDQ) (Wilkinson-Ryan T, Westen D. Identity disturbance in borderline personality disorder: An empirical investigation. *Am J Psychiatry* 2000;157:528-541). We performed a Q factor analysis of the SWAP-200-A descriptions of our sample to identify personality subtypes. We correlated these personality styles with AREQ and IDQ factors and explored the personality differences among individuals with the different types of ED. The Q factor analysis identified three personality subtypes: high-functioning/perfectionist, emotionally dysregulated, and overcontrolled/constricted. Each subtype showed specific identity and affective features, comorbidities with different personality disorders, and clinical implications. These results contribute to the understanding of adolescents with ED and seem to be relevant for treatment planning.

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PMID: 23618607 [PubMed - as supplied by publisher]

## Related citations



12. Assessment. 2013 Apr 21. [Epub ahead of print]

[DSM-5 Pathological Personality Traits and the Personality Assessment Inventory.](#)

[Hopwood CJ, Wright AG, Krueger RF, Schade N, Markon KE, Morey LC.](#)

## Abstract

Section 3 of the DSM-5 will include a pathological personality trait system rooted in the quantitative epistemology of personality and clinical psychology. This system has the potential to enhance the clinical utility of the diagnostic nosology by providing a means for the dimensional assessment of individuals with psychopathology. However, there is limited research on the associations of DSM-5 traits with common mental disorders and related clinical phenomena as measured by currently popular assessment instruments. The purpose of this article was to evaluate the convergence of the DSM-5 trait system with a well-validated broadband clinical instrument, the Personality Assessment Inventory (PAI). Bivariate correlations were examined and factor analytic methods were used to examine the degree to which the DSM-5 traits and PAI capture common variance in personality and mental health. In a student sample ( $N = 1,001$ ), we found broad convergence between the DSM-5 traits and PAI, which could be organized effectively using five factors. The

implications of these findings for using traits to address issues related to diagnostic co-occurrence and heterogeneity in routine clinical assessment are discussed.

PMID: 23610235 [PubMed - as supplied by publisher]

#### Related citations



13. Assessment. 2013 Apr 21. [Epub ahead of print]  
Conceptions of Narcissism and the DSM-5 Pathological Personality Traits.

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

#### Abstract

The Diagnostic and Statistical Manual of Mental Disorders-Fifth Edition (DSM-5) features two conceptions of Narcissistic Personality Disorder (NPD), one based on the retained DSM-IV's categorical diagnosis and the other based on a model that blends impairments in personality functioning with a specific trait profile intended to recapture DSM-IV NPD. Nevertheless, the broader literature contains a richer array of potential conceptualizations of narcissism, including distinguishable perspectives from psychiatric nosology, clinical observation and theory, and social/personality psychology. This raises questions about the most advantageous pattern of traits to use to reflect various conceptions of narcissistic pathology via the Personality Inventory for the DSM-5 (PID-5). In this study, we examine the associations of the Personality Disorder Questionnaire-Narcissistic Personality Disorder scale, Narcissistic Personality Inventory-16, and the Pathological Narcissism Inventory and the PID-5 dimensions and facets in a large sample (N = 1,653) of undergraduate student participants. Results point to strong associations with PID-5 Antagonism scales across narcissism measures, consistent with the DSM-5's proposed representation of NPD. However, additional notable associations emerged with PID-5 Negative Affectivity and Psychoticism scales when considering more clinically relevant narcissism measures.

PMID: 23610234 [PubMed - as supplied by publisher]

#### Related citations



14. Am J Clin Dermatol. 2013 Apr 23. [Epub ahead of print]  
Psychiatric Comorbidities and Alexithymia in Patients with Seborrheic Dermatitis: A Questionnaire Study in Turkey.

**Cömert A, Akbaş B, Kılıç EZ, Akın O, Gökçe E, Göktuna Z, Taşkapan O.**

Department of Dermatology, School of Medicine, Yeditepe University, Devlet Yolu Ankara Cad. No: 102/104, Kozyatağı, 34752, Istanbul, Turkey, [asuderma@gmail.com](mailto:asuderma@gmail.com).



## Abstract

### OBJECTIVE:

The aim of the study was to determine the levels of anxiety, depression, and obsessive-compulsive symptoms in patients with seborrheic dermatitis (SD) compared with healthy subjects. Additionally, we aimed to investigate the presence of alexithymia among patients and its association with these psychiatric comorbidities.

### METHODS:

A total of 117 consecutive adult patients (66 male, 51 female) with SD and 95 age- and gender-matched healthy controls selected from the community (46 male, 49 female) were enrolled in the study. The demographic characteristics of the patients were recorded. The clinical severity of the disease was assessed according to the Seborrheic Dermatitis Area and Severity Index (SDASI) scoring system. Both patients and controls were evaluated by the validated Turkish versions of the Hospital Anxiety and Depression Scale (HADS), Maudsley Obsessive Compulsive Inventory (MOCI), and Toronto Alexithymia Scale (TAS-26).

### RESULTS:

There were no statistically significant differences between the patient and control groups regarding the mean scores of depressive or obsessive-compulsive symptoms or alexithymia (all  $p > 0.05$ ). However, anxiety scores in patients with SD were higher than in controls ( $p = 0.001$ ). No significant relationship was present between anxiety and disease severity nor disease duration ( $p > 0.05$ ). Thirty-eight patients with high anxiety scores were found to be more alexithymic ( $p = 0.000$ ).

### CONCLUSION:

SD is one of the inflammatory skin disorders that is known to be triggered or aggravated by stress. However, little scientific evidence exists to confirm this view. In addition, very limited data are available about the presence of the personality profiles leading to emotional dysregulation such as alexithymia and concurrent psychiatric disorders in patients with SD. Our study showed that anxiety levels were significantly higher in patients with SD compared with healthy controls but there was no significant association with alexithymia, depression, or obsessive-compulsive symptom levels. Dermatologists should be particularly vigilant to the possibility of concurrent psychiatric morbidity in patients with SD in order to improve patients' well-being.

PMID: 23609607 [PubMed - as supplied by publisher]

### Related citations



15. J Theor Biol. 2013 Apr 19. pii: S0022-5193(13)00165-3. doi: 10.1016/j.jtbi.2013.04.012. [Epub ahead of print]

Bargaining models of depression and evolution of cooperation.

**Rosenström T.**

IBS, Unit of Personality, Work and Health Psychology, University of Helsinki  
(Siltavuorenpenger 1 A), P.O.Box 9, 00014, Helsinki, Finland. Electronic address:  
[tom.rosenstrom@helsinki.fi](mailto:tom.rosenstrom@helsinki.fi).

### Abstract

This paper presents a model for evolutionary origins of unipolar depressive disorders and reviews empirical evidence in support of the "nonparticipation hypothesis of depression" suggested by the model. In line with previous theory, depression is interpreted to provide means for not participating in joint enterprises that would otherwise be difficult to avoid ('bargaining' model); therefore, it provides an additional alternative strategy to social-imitation dynamics occurring in Public Good Games. Average income from joint enterprises modeled with a Public Good Game is interpreted to drive group-level genetic selection. Based-on these assumptions, it is shown that if a joint enterprise is sufficiently important for both the between-individual and the between-groups competition, then a nonparticipation strategy (or gene for depression vulnerability) will be present in total population almost surely (i.e., with probability one). The modeling framework serves to explain several other seemingly unrelated empirical observations, such as association between income inequality and depression, co-morbidity and proximal biological mechanisms for negative emotions, and mechanisms for the social network-dynamics of emotion.

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PMID: 23608629 [PubMed - as supplied by publisher]

### Related citations



16. Psychiatry Res. 2013 Apr 19. pii: S0165-1781(13)00148-0. doi:  
10.1016/j.psychres.2013.03.017. [Epub ahead of print]

[Suicidal ideation and risk factors in primary care patients with anxiety disorders.](#)

**Bomyea J, Lang AJ, Craske MG, Chavira D, Sherbourne CD, Rose RD, Golinelli D, Campbell-Sills L, Welch SS, Sullivan G, Bystritsky A, Roy-Byrne P, Stein MB.**

SDSU/UCSD Joint Doctoral Program in Clinical Psychology, CA 92037, USA. Electronic address: [Bomyea@hotmail.com](mailto:Bomyea@hotmail.com).

### Abstract

The presence of an anxiety disorder is associated with greater frequency of suicidal thoughts and behaviors. Given the high personal and societal costs of suicidal behaviors, suicide prevention is a priority. Understanding factors present within individuals with anxiety disorders that increase suicide risk may inform prevention efforts. The aims of the present study were to examine the prevalence of suicidal ideation and behaviors, as well as factors

associated with suicide risk in patients with anxiety disorders in primary care. Data from a large scale randomized controlled study were analyzed to assess prevalence of suicidal thoughts and behaviors, as well as factors associated with suicide risk. Results revealed that suicidal ideation and behaviors were relatively common in this group. When examining mental and physical health factors jointly, presence of depression, mental health-related impairment, and social support each uniquely accounted for variance in suicide risk score. Methodological limitations include cross-sectional data collection and lack of information on comorbid personality disorders. Moreover, patients included were from a clinical trial with exclusion criteria that may limit generalizability. Results highlight the complex determinants of suicidal behavior and the need for more nuanced suicide assessment in this population, including evaluation of comorbidity and general functioning.

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PMID: 23608160 [PubMed - as supplied by publisher]

### Related citations



17. *Depress Anxiety*. 2013 Apr 19. doi: 10.1002/da.22108. [Epub ahead of print]  
**DEPRESSION AND SMOKING: A 5-YEAR PROSPECTIVE STUDY OF PATIENTS WITH MAJOR DEPRESSIVE DISORDER.**

**Holma IA, Holma KM, Melartin TK, Ketokivi M, Isometsä ET.**

Mood, Depression, and Suicidal Behaviour Unit, National Institute for Health and Welfare, Helsinki, Finland; Department of Psychiatry, Helsinki University Central Hospital (HUCH), Helsinki, Finland.

### Abstract

#### *BACKGROUND:*

Major depressive disorder (MDD) and smoking are major public health problems and epidemiologically strongly associated. However, the relationship between smoking and depression and whether this is influenced by common confounding factors remain unclear, in part due to limited longitudinal data on covariation.

#### *METHODS:*

In the Vantaa Depression Study, psychiatric out- and inpatients with DSM-IV MDD and aged 20-59 years at were followed from baseline to 6 months, 18 months, and 5 years. We investigated course of depression, smoking, and comorbid alcohol-use disorders among the 214 patients (79.6% of 269) participating at least three time points; differences between smoking versus nonsmoking patients, and covariation of MDD, smoking, and alcohol-use disorders.

## RESULTS:

Overall, 31.3% of the patients smoked regularly, 41.1% intermittently, and 27.6% never. Smokers were younger, had more alcohol-use disorders and Cluster B and C personality disorder symptoms, a higher frequency of lifetime suicide attempts, higher neuroticism, smaller social networks, and lower perceived social support than never smokers. Smoking and depression had limited longitudinal covariation. Depression, smoking, and alcohol-use disorders all exhibited strong autoregressive tendencies.

## CONCLUSIONS:

Among adult psychiatric MDD patients, smoking is strongly associated with substance-use and personality disorders, which may confound research on the impact of smoking. Rather than depression or smoking covarying or predicting each other, depression, smoking, and alcohol-use disorders each have strong autoregressive tendencies. These findings are more consistent with common factors causing their association than either of the conditions strongly predisposing to the other.

© 2013 Wiley Periodicals, Inc.

PMID: 23606190 [PubMed - as supplied by publisher]

## Related citations



18. Restor Neurol Neurosci. 2013 Apr 8. [Epub ahead of print]  
[Psychobiology of social support: The social dimension of stress buffering.](#)

**Ditzen B, Heinrichs M.**

Division of Clinical Psychology and Psychotherapy, Department of Psychology, University of Zurich, Zurich, Switzerland.

## Abstract

Social integration and social support have a substantial influence on individual health and longevity, an effect assumed to be mediated through reduced stress reactivity in support recipients. However, considerable variability in individual responses to social support has been documented, suggesting that the beneficial effect of social support interacts with early experiences, genetically influenced differences in biological systems mediating social behavior, personality traits, and psychopathology. Here we outline the historical background of social support research, including epidemiological studies, laboratory studies, and field studies on the subject of social support and health, with regard to different psychobiological effect or systems. Most recent research has focused on central nervous system mechanisms which link social integration or social support with reduced neural threat responses. As numerous mental disorders are associated with considerable social impairment, understanding the potentially underlying mechanisms of neural plasticity in relation to social support, stress buffering and health in these disorders can help tailor new diagnostic and

treatment strategies. Thus, theories of socially-driven emotional learning and memory, as presented in this review, might eventually lead to psychobiology-based treatment concepts for mental disorders involving social deficits.

PMID: 23603443 [PubMed - as supplied by publisher]

### Related citations



19. Compr Psychiatry. 2013 Apr 18. pii: S0010-440X(13)00055-2. doi: 10.1016/j.comppsy.2013.03.005. [Epub ahead of print]

Exploring personality clusters among parents of ED subjects. Relationship with parents' psychopathology, attachment, and family dynamics.

**Amianto F, Daga GA, Bertorello A, Fassino S.**

Department of Neuroscience, Psychiatry Section, Regional Pilot Centre for Eating Disorders, University of Turin. Electronic address: federico.amianto@unito.it.

### Abstract

#### BACKGROUND:

Eating disorders are some of the most difficult mental disorders to treat and manage. Family interacts with genetic dispositions and other pathogenic factors, and may influence the outburst, development and outcome of EDs. The present study explores with a cluster analysis the personality traits of parents of ED subjects.

#### METHODS:

One-hundred-eight mothers and 104 fathers were tested with Temperament Character Inventory (TCI), Eating Disorder Inventory-2 (EDI-2), State-Trait Anger Expression Inventory (STAX), Family Assessment Device (FAD), Attachment Style Questionnaire (ASQ), Symptom Questionnaire (SQ), Psychological Well-Being scales (PWB). The cluster distribution of parents based on personality traits was explored. Parents' clusters TCI scores were compared as regards personality, psychopathology, attachment and family features. Cross distribution of temperament and character clusters in mothers and fathers, among couples and ED diagnoses of the daughters was explored.

#### RESULTS:

Two clusters of mothers and fathers were identified with temperament clustering. Character traits led to two mothers and three fathers clusters. Mothers temperament cluster 1 (MTC1) correspond to a explosive/adventurous profile, MTC2 to a cautious/passive-dependent profile. Fathers temperament cluster 1 (FTC1) was explosive/methodic, FTC2 was independent/methodic. Character clustering distinguished very immature mothers (MCC1) and majority (65%) of character mature mothers with low self-transcendence (MCC2). A third of fathers was severely immature (FCC1), a third impaired as regards relationships (poor cooperativeness and self-transcendence; FCC2), and one third character mature fathers

with low self-transcendence (FCC3). Each cluster evidences specific psychopathology and attachment characteristics. FTC1 was more frequently associated with character immaturity. No significant clusters' cross correlation was found in parental couples.

#### *CONCLUSION:*

Parents' clusters analyze in depth the univocal picture of prototypical mothers and fathers of EDs. Parents not disturbed as regards personality traits are not exceptions. Since EDs are multifactor disorders family dynamics related to parents' personality may be very relevant or even marginal in their pathogenesis. Conversely, parenting may be negatively influenced by relatively marginal personality malfunctions of parents. The clustering approach to the complexity of personality-related dynamics of ED families improves the picture of ED parents. Psychoeducational, counseling and psychotherapeutic family interventions should consider the specific underlying personality of parents.

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PMID: 23602391 [PubMed - as supplied by publisher]

#### **Related citations**



20. Compr Psychiatry. 2013 Apr 17. pii: S0010-440X(13)00045-X. doi: 10.1016/j.comppsy.2013.02.001. [Epub ahead of print]

Depression and major weight gain: A 6-year prospective follow-up of outpatients.

**Heiskanen TH, Koivumaa-Honkanen HT, Niskanen LK, Lehto SM, Honkalampi KM, Hintikka JJ, Viinamäki HT.**

Department of Psychiatry, Kuopio University Hospital, P.O. Box 1777, FIN-70210 Kuopio, Finland. Electronic address: tuula.heiskanen@kuh.fi.

#### **Abstract**

##### *BACKGROUND:*

Depression and weight change are linked, but there is a paucity of studies on their association during clinical treatment. The present study investigated how risk factors for a weight gain of at least 10% (major weight gain) and mental health modify their mutual association during a 6-year prospective follow-up of depressed outpatients.

##### *METHOD:*

The study sample consisted of 121 depressed treatment-seeking outpatients with a mean age of 44.9 years. A 6-year follow-up started in January 1996. At baseline and on follow-up after 2 and 6 years, psychiatric diagnoses were obtained using the Structured Clinical Interview for DSM-III-R (SCID-I), while cluster C personality disorders (PD) were assessed on 6-month follow-up (SCID-II). Depression was also assessed with the Hamilton Rating Scale for Depression (HAM-D) and general psychopathology with the Symptom Checklist-90 (SCL-

90) at baseline and at the end of the 6-year follow-up. Weight changes were based on measurements at baseline and at the end of the follow-up. Logistic regression was used to study the factors associated with major weight gain ( $\geq 10\%$ ).

### RESULTS:

Altogether, 16% of the study sample experienced major weight gain during the 6-year follow-up. Adverse childhood/adolescent experiences as a self-perceived cause of depression (OR 3.72, 95% CI 1.06-13.1,  $p=0.040$ ), higher scores in the HAM-D (OR 1.11, 95% CI 1.02-1.22,  $p=0.019$ ) and the SCL-90 subscale of anxiety (OR 2.22, 95% CI 1.11-4.42,  $p=0.023$ ) at baseline, and cluster C PD at 6months (OR 3.16, 95% CI 1.11-8.97,  $p=0.031$ ) were separately associated with major weight gain after adjusting for age, gender, and baseline body mass index (BMI).

### CONCLUSION:

The severity of depressive and anxiety symptoms and linking adverse childhood with depression at the beginning of treatment, as well as cluster C PD at 6months, were predictors of major weight gain.

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PMID: 23601988 [PubMed - as supplied by publisher]

### Related citations



21. Transl Neurodegener. 2013 Apr 19;2(1):8. doi: 10.1186/2047-9158-2-8.

[Clinic, neuropathology and molecular genetics of frontotemporal dementia: a mini-review.](#)

**Pan XD, Chen XC.**

Department of Neurology, Union Hospital of Fujian Medical University, 29 Xinquan Road, Fuzhou 350001, China. chenxc998@163.com.

### Abstract

Frontotemporal lobar degeneration (FTLD) represents a group of clinically, neuropathologically and genetically heterogeneous disorders with plenty of overlaps between the neurodegenerative mechanism and the clinical phenotype. FTLD is pathologically characterized by the frontal and temporal lobar atrophy. Frontotemporal dementia (FTD) clinically presents with abnormalities of behavior and personality and language impairments variants. The clinical spectrum of FTD encompasses distinct canonical syndromes: behavioural variant of FTD (bvFTD) and primary progressive aphasia. The later includes nonfluent/agrammatic variant PPA (nfvPPA or PNFA), semantic variant PPA (svPPA or SD) and logopenic variant PPA (lvPPA). In addition, there is also overlap of FTD with motor neuron disease (FTD-MND or FTD-ALS), as well as the parkinsonian syndromes, progressive supranuclear palsy (PSP) and corticobasal syndrome (CBS). The FTLD

spectrum disorders are based upon the predominant neuropathological proteins (containing inclusions of hyperphosphorylated tau or ubiquitin protein, e.g transactive response (TAR) DNA-binding protein 43 kDa (TDP-43) and fused-in-sarcoma protein in neurons and glial cells) into three main categories: (1) microtubule-associated protein tau (FTLD-Tau); (2) TAR DNA-binding protein-43 (FTLD-TDP); and (3) fused in sarcoma protein (FTLD-FUS). There are five main genes mutations leading clinical and pathological variants in FTLT that identified by molecular genetic studies, which are chromosome 9 open reading frame 72 (C9ORF72) gene, granulin (GRN) gene, microtubule associated protein tau gene (MAPT), the gene encoding valosin-containing protein (VCP) and the charged multivesicular body protein 2B (CHMP2B). In this review, recent advances on the different clinic variants, neuroimaging, genetics, pathological subtypes and clinicopathological associations of FTD will be discussed.

PMCID: PMC3639184 **Free Article**

PMID: 23597030 [PubMed - in process]

#### Related citations



22. Assessment. 2013 Apr 16. [Epub ahead of print]  
[Integrating Normal and Pathological Personality: Relating the DSM-5 Trait-Dimensional Model to General Traits of Personality.](#)

**Watson D, Stasik SM, Ro E, Clark LA.**

#### Abstract

The Personality Inventory for DSM-5 (PID-5) assesses traits relevant for diagnosing personality disorder in the Diagnostic and Statistical Manual of Mental Disorders, fifth edition (DSM-5). We examined the PID-5 in relation to the Big-Three and Big-Five personality traits in outpatient and community adult samples. Domain-level analyses revealed that PID-5 Negative Affectivity correlated strongly with Neuroticism, and PID-5 Antagonism and Disinhibition correlated strongly negatively with Agreeableness and Conscientiousness, respectively; Antagonism and Disinhibition also were both linked strongly to Big-Three trait Disinhibition. PID-5 Detachment related strongly to personality, including Extraversion/Positive Temperament, but did not show its expected specificity to this factor. Finally, PID-5 Psychoticism correlated only modestly with Openness. Facet-level analyses indicated that some PID-5 scales demonstrated replicable deviations from their DSM-5 model placements. We discuss implications of these data for the DSM-5 model of personality disorder, and for integrating it with well-established structures of normal personality.

PMID: 23596272 [PubMed - as supplied by publisher]

#### Related citations



23. Soc Cogn Affect Neurosci. 2013 Apr 16. [Epub ahead of print]



The association of interoceptive awareness and alexithymia with neurotransmitter concentrations in insula and anterior cingulate.

**Ernst J, Böker H, Hättenschwiler J, Schüpbach D, Northoff G, Seifritz E, Grimm S.**

To whom correspondence should be addressed. Simone Grimm, Department of Psychiatry, University of Zurich, 8029 Zurich, Switzerland; simone.grimm@bli.uzh.ch.

## Abstract

Alexithymia and increased interoceptive awareness have been associated with affective disorders as well as with altered insula and anterior cingulate cortex (ACC) function. Brain imaging studies have demonstrated an association between neurotransmitter function and affective disorders as well as personality traits. Here, we firstly examined the relationship between alexithymic facets as assessed with the Toronto Alexithymia Scale (TAS-20) and interoceptive awareness (assessed with the Body Perception Questionnaire, BPQ) in eighteen healthy subjects. Secondly, we investigated their association with glutamate and gamma-aminobutyric acid (GABA) concentrations in the left insula and the ACC using 3-Tesla proton magnetic resonance spectroscopy (1H-MRS). Behaviorally, we found a close association between alexithymia and interoceptive awareness. Furthermore, glutamate levels in the left insula were positively associated with both alexithymia and awareness of autonomic nervous system reactivity, while GABA concentrations in ACC were selectively associated with alexithymia. Although preliminary, our results suggest that increased glutamate-mediated excitatory transmission - related to enhanced insula activity - reflects increased interoceptive awareness in alexithymia. Suppression of the unspecific emotional arousal evoked by increased awareness of bodily responses in alexithymics might thus be reflected in decreased neuronal activity mediated by increased GABA concentration in ACC. PMID: 23596189 [PubMed - as supplied by publisher]

## Related citations



24. J Nerv Ment Dis. 2013 Apr 16. [Epub ahead of print]

[Similar Associations Between Personality Dimensions and Anxiety or Depressive Disorders in a Population Study of Turkish-Dutch, Moroccan-Dutch, and Native Dutch Subjects.](#)

**Schrier AC, de Wit MA, Krol A, Fassaert TJ, Verhoeff AP, Kupka RW, Dekker J, Beekman AT.**

\*Altrecht Institute for Mental Health Care, Utrecht; †Department of Epidemiology, Documentation and Health Promotion, Municipal Health Service Amsterdam, Amsterdam; ‡Department of Sociology and Anthropology, University of Amsterdam, Amsterdam; Departments of §Psychiatry and ||Clinical Psychology and ¶EMGO Institute for Health and Care Research, VU University Medical Center, Amsterdam, the Netherlands.

## Abstract

It is well established that personality traits are associated with anxiety and depressive disorders in Western populations, but it is not known whether this is true also for people from non-Western cultures. In this study, we examined whether ethnicity moderates the association between personality dimensions and anxiety or depressive disorders or symptoms. In a random urban population sample, stratified by ethnicity, in Amsterdam, the Netherlands, we interviewed 309 native Dutch subjects, 203 Turkish-Dutch subjects, and 170 Moroccan-Dutch subjects. Dimensions of personality were measured using the NEO Five-Factor Inventory. Anxiety and depressive disorders and symptom levels were assessed with the Composite International Diagnostic Interview and the Symptom Checklist-90-Revised. The association between personality factors and disorders or symptoms of anxiety and depression was very similar in the three ethnic groups: all show the typical profile of high neuroticism and low extraversion, agreeableness, and conscientiousness.

PMID: 23595096 [PubMed - as supplied by publisher]

## Related citations



25. BMC Psychiatry. 2013 Apr 17;13:116. doi: 10.1186/1471-244X-13-116.  
Screening cluster A and cluster B personality disorders in Chinese high school students.

**Wang Y, Zhu X, Cai L, Wang Q, Wang M, Yi J, Yao S.**

Medical Psychological Institute, Second Xiangya Hospital, Central South University, Changsha, 410011, P, R, China. xiongzhaozhu@163.com.

## Abstract

### BACKGROUND:

Personality disorders (PDs) during adolescence may, in addition to increasing risk for violent behaviors and suicide, also increase risk for elevated PD traits in adulthood. The aim of this study was to explore the prevalence of Cluster A and Cluster B PD traits and their relationships to demographic variables in Chinese high school students.

### METHODS:

A cohort of 3,552 students from eight high schools completed the Personality Diagnostic Questionnaire-4+ (PDQ-4+) and MacArthur Scale of Subjective Social Status-youth version (SSSy) questionnaires.

### RESULTS:

Boys scored higher than girls on the paranoid, schizotypal, antisocial, and narcissistic PDs. Freshmen and sophomores scored higher than juniors on schizoid, borderline, and antisocial PDs. Children in single-child families scored higher than nonsingletons on the paranoid and

antisocial PDs. Students from single-parent households scored higher than students from double-parent households on the schizotypal and antisocial PDs, and students with remarried parents scored higher than students from double-parent households on the borderline and antisocial PDs. Students who had low perception of social status in the society ladder scored higher than those with a high perceived status on the schizoid and borderline PDs, but scored lower on the histrionic PD; students with a low subjective social status in the school community ladder scored higher scores than those with a high perceived status on the paranoid, schizoid, borderline, and antisocial PDs, but scored lower on the histrionic PD.

### *CONCLUSIONS:*

Gender, grade, family structure, and subjective social status may affect the development of PDs. Longitudinal studies and studies of the full scope of PDs are needed to fully elucidate the impact of demographic variables on PD prevalence rates in adolescence and adulthood.

PMCID: PMC3639232 **Free Article**

PMID: 23594882 [PubMed - in process]

### **Related citations**



26. PLoS One. 2013 Apr 4;8(4):e58981. doi: 10.1371/journal.pone.0058981. Print 2013.

Filicide: mental illness in those who kill their children.

**Flynn SM, Shaw JJ, Abel KM.**

Centre for Mental Health and Risk, University of Manchester, Manchester, United Kingdom.

### **Abstract**

#### *BACKGROUND:*

Most child victims of homicide are killed by a parent or step-parent. This large population study provides a contemporary and detailed description of filicide perpetrators. We examined the relationship between filicide and mental illness at the time of the offence, and care received from mental health services in the past.

#### *METHOD:*

All filicide and filicide-suicide cases in England and Wales (1997-2006) were drawn from a national index of homicide perpetrators. Data on people in contact with mental health services were obtained via a questionnaire from mental health teams. Additional clinical information was collected from psychiatric reports.

## RESULTS:

6144 people were convicted of homicide, 297 were filicides, and 45 cases were filicide-suicides. 195 (66%) perpetrators were fathers. Mothers were more likely than fathers to have a history of mental disorder (66% v 27%) and symptoms at the time of the offence (53% v 23%), most often affective disorder. 17% of mothers had schizophrenia or other delusional disorders. Overall 8% had schizophrenia. 37% were mentally ill at the time of the offence. 20% had previously been in contact with mental health services, 12% within a year of the offence.

## CONCLUSION:

In the majority of cases, mental illness was not a feature of filicide. However, young mothers and parents with severe mental illness, especially affective and personality disorder who are providing care for children, require careful monitoring by mental health and other support services. Identifying risk factors for filicide requires further research.

PMCID: PMC3617183 **Free PMC Article**

PMID: 23593128 [PubMed - in process]

## Related citations



27. Transl Psychiatry. 2013 Apr 16;3:e246. doi: 10.1038/tp.2013.20.

Advancing the defensive explanation for anxiety disorders: lorazepam effects on human defense are systematically modulated by personality and threat-type.

**Perkins AM, Ettinger U, Weaver K, Schmechtig A, Schrantee A, Morrison PD, Sapara A, Kumari V, Williams SC, Corr PJ.**

King's College London, Department of Psychological Medicine, Institute of Psychiatry, London, UK.

## Abstract

Clinically effective drugs against human anxiety and fear systematically alter the innate defensive behavior of rodents, suggesting that in humans these emotions reflect defensive adaptations. Compelling experimental human evidence for this theory is yet to be obtained. We report the clearest test to date by investigating the effects of 1 and 2 mg of the anti-anxiety drug lorazepam on the intensity of threat-avoidance behavior in 40 healthy adult volunteers (20 females). We found lorazepam modulated the intensity of participants' threat-avoidance behavior in a dose-dependent manner. However, the pattern of effects depended upon two factors: type of threat-avoidance behavior and theoretically relevant measures of personality. In the case of flight behavior (one-way active avoidance), lorazepam increased intensity in low scorers on the Fear Survey Schedule tissue-damage fear but reduced it in high scorers. Conversely, in the case of risk-assessment behavior (two-way active avoidance), lorazepam reduced intensity in low scorers on the Spielberger trait anxiety but

increased it in high scorers. Anti-anxiety drugs do not systematically affect rodent flight behavior; therefore, we interpret this new finding as suggesting that lorazepam has a broader effect on defense in humans than in rodents, perhaps by modulating general perceptions of threat intensity. The different patterning of lorazepam effects on the two behaviors implies that human perceptions of threat intensity are nevertheless distributed across two different neural streams, which influence effects observed on one-way or two-way active avoidance demanded by the situation.

PMID: 23591970 [PubMed - in process]

### Related citations



28. Psychol Med. 2013 Apr 16:1-10. [Epub ahead of print]

Lifetime prevalence and co-morbidity of externalizing disorders and depression in prospective assessment.

**Hamdi NR, Iacono WG.**

Department of Psychology, University of Minnesota, Minneapolis, MN, USA.

### Abstract

#### BACKGROUND:

Epidemiological research is believed to underestimate the lifetime prevalence of mental illness due to recall failure and a lack of rapport between researchers and participants. Method In this prospective study, we examined lifetime prevalence and co-morbidity rates of substance use disorders, antisocial personality disorder (ASPD) and major depressive disorder (MDD) in a representative, statewide Minnesota sample (n = 1252) assessed four times between the ages of 17 and 29 years with very low attrition.

#### RESULTS:

Lifetime prevalence rates of all disorders more than doubled between the ages of 17 and 29 years in both men and women, and our prospective rates at the age of 29 years were consistently higher than rates from leading epidemiological surveys. Although there was some variation, the general trend was for lifetime co-morbidity to increase between the ages of 17 and 29 years, and this trend was significant for MDD-alcohol dependence, MDD-nicotine dependence, and ASPD-nicotine dependence.

#### CONCLUSIONS:

Overall, our results show that emerging adulthood is a high-risk period for the development of mental illness, with increases in the lifetime prevalence and co-morbidity of mental disorders during this time. More than a quarter of individuals had met criteria for MDD and over a fifth had experienced alcohol dependence by the age of 29 years, indicating that mental illness is more common than is estimated in cross-sectional mental health surveys. These findings have important implications for the measurement of economic burden,

resource allocation toward mental health services and research, advocacy organizations for the mentally ill, and etiological theories of mental disorders.

PMID: 23590946 [PubMed - as supplied by publisher]

### Related citations



29. Acta Psychiatr Scand. 2013 Apr 17. doi: 10.1111/acps.12134. [Epub ahead of print] Illness perceptions and personality traits of patients with mental disorders: the impact of ethnicity.

**Franz M, Salize HJ, Lujic C, Koch E, Gallhofer B, Jacke CO.**

Clinic for Psychiatry and Psychotherapy, Vitos Clinic Kurhessen, Bad Emstal, Germany.

### Abstract

#### *OBJECTIVE:*

To identify differences and similarities between immigrants of Turkish origin and native German patients in therapeutically relevant dimensions such as subjective illness perceptions and personality traits.

#### *METHOD:*

Turkish and native German mentally disordered in-patients were interviewed in three psychiatric clinics in Hessen, Germany. The Revised Illness Perception Questionnaire (IPQ-Revised) and the Neuroticism-Extraversion-Openness Five-Factor Inventory (NEO-FFI) were used. Differences of scales and similarities by k-means cluster analyses were estimated.

#### *RESULTS:*

Of the 362 total patients, 227 (123 immigrants and 104 native Germans) were included. Neither demographic nor clinical differences were detected. Socioeconomic gradients and differences on IPQ-R scales were identified. For each ethnicity, the cluster analysis identified four different patient types based on NEO-FFI and IPQ-R scales. The patient types of each ethnicity appeared to be very similar in their structure, but they differed solely in the magnitude of the cluster means on included subscales according to ethnicity.

#### *CONCLUSION:*

When subjective illness perceptions and personality traits are considered together, basic patient types emerge independent of the ethnicity. Thus, the ethnical impact on patient types diminishes and a convergence was detected.

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PMID: 23590836 [PubMed - as supplied by publisher]

## Related citations

30. Assessment. 2013 Apr 15. [Epub ahead of print]  
[The Psychometric Properties of the Personality Inventory for DSM-5 in an APA DSM-5 Field Trial Sample.](#)

**Quilty LC, Ayearst L, Chmielewski M, Pollock BG, Bagby RM.**

### Abstract

Section 3 of the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) includes a hybrid model of personality pathology, in which dimensional personality traits are used to derive one of seven categorical personality disorder diagnoses. The Personality Inventory for DSM-5 (PID-5) was developed by the DSM-5 Personality and Personality Disorders workgroup and their consultants to produce a freely available instrument to assess the personality traits within this new system. To date, the psychometric properties of the PID-5 have been evaluated primarily in undergraduate student and community adult samples. In the current investigation, we extend this line of research to a psychiatric patient sample who participated in the APA DSM-5 Field Trial (Centre for Addiction and Mental Health site). A total of 201 psychiatric patients (102 men, 99 women) completed the PID-5 and the Revised NEO Personality Inventory (NEO PI-R). The internal consistencies of the PID-5 domain and facet trait scales were acceptable. Results supported the unidimensional structure of all trait scales but one, and the convergence between the PID-5 and analogous NEO PI-R scales. Evidence for discriminant validity was mixed. Overall, the current investigation provides support for the psychometric properties of this diagnostic instrument in psychiatric samples.

PMID: 23588687 [PubMed - as supplied by publisher]

## Related citations



31. Assessment. 2013 Apr 15. [Epub ahead of print]  
[Comparing Methods for Scoring Personality Disorder Types Using Maladaptive Traits in DSM-5.](#)

**Samuel DB, Hopwood CJ, Krueger RF, Thomas KM, Ruggero CJ.**

### Abstract

The DSM-5 (Diagnostic and Statistical Manual of Mental Disorders, 5th ed.) Section III will include an alternative hybrid system for the diagnosis of personality disorder (PD). This alternative system defines PD types partly through specific combinations of maladaptive traits, rather than by using a set of polythetic diagnostic criteria. The current report utilizes a large sample of undergraduates ( $n = 1,159$ ) to examine three dimensional methods for comparing an individual's trait profile to each PD type. We found that the sum of an individual's scores on the assigned traits obtained large convergent correlations (Mdn  $r = .61$ ) and best reproduced the patterns of PD discriminant correlations observed within the DSM-IV measure. We also tested the DSM-5 Section III model algorithms and compared them

with different thresholds for assigning categorical diagnoses. Frequency rates using the algorithms were greatly reduced, whereas requiring half of the assigned traits produced rates that more closely approximated current prevalence estimates. Our research suggests that DSM-5 Section III trait model can reproduce the DSM-IV-TR PD constructs and identifies effective methods of doing so.

PMID: 23588686 [PubMed - as supplied by publisher]

### Related citations



32. J Nerv Ment Dis. 2013 Apr 12. [Epub ahead of print]

Temperament and Character Traits in Patients With Epilepsy: Epileptic Personality.

**Yazici E, Yazici AB, Aydin N, Orhan A, Kirpinar I, Acemoglu H.**

\*Department of Psychiatry, Kocaeli Derince Training and Research Hospital, Kocaeli;

†Department of Psychiatry, Kocaeli Seka State Hospital, Kocaeli; ‡Department of Psychiatry, Faculty of Medicine, Atatürk University, Erzurum; §Department of Neurology, Selçuklu Faculty of Medicine, Selçuk University, Konya; ||Department of Psychiatry, Faculty of Medicine, Bezmialem University, İstanbul; and ¶Department of Medical Education, Faculty of Medicine, Atatürk University, Erzurum, Turkey.

### Abstract

Personality and behavioral changes in epilepsy are well documented. However, neither the quantitative characteristics nor the etiology of these changes is clear yet. Cloninger has developed a psychobiological personality model that provides a way to evaluate personality in a dimensional way. This study examined the relationship between epilepsy and Cloninger's dimensional psychobiological personality model. A total of 73 epilepsy outpatients and 79 healthy controls were examined using the Structured Clinical Interview for Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Axis I Disorders, the Turkish version of the Temperament and Character Inventory, and an epilepsy questionnaire. Epilepsy patients had higher harm avoidance (HA) and lower persistence, self-directedness (SD), and cooperativeness scores than healthy controls did. In epileptic subjects, there was no correlation between age and duration of epilepsy. Subjects with partial seizures had higher HA scores and lower SD scores than generalized ones. Comorbid depression was represented with lower SD scores. In multiple linear regression models, only major depressive disorder predicted lower scores of SD. This study confirms specific personality changes among epileptics according to Cloninger's dimensional personality model and indicates a relationship between the characteristics of epilepsy and psychiatric comorbidity.

PMID: 23588229 [PubMed - as supplied by publisher]

### Related citations



33. Compr Psychiatry. 2013 Apr 12. pii: S0010-440X(13)00047-3. doi: 10.1016/j.comppsy.2013.02.003. [Epub ahead of print]



Other- and self-directed forms of violence and their relationships to DSM-IV substance use and other psychiatric disorders in a national survey of adults.

**Harford TC, Yi HY, Grant BF.**

Alcohol Epidemiologic Data System, CSR, Incorporated, Arlington, VA 22201, USA.

## Abstract

### *OBJECTIVE:*

To examine associations between DSM-IV psychiatric disorders and other- and self-directed violence in the general population.

### *METHODS:*

Data were obtained from the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC) Waves 1 & 2 (n=34,653). Four violence categories were derived from a latent class analysis (LCA) of 5 other-directed and 4 self-directed violent behavior indicators. Multinomial logistic regression examined class associations for gender, race-ethnicity, age and DSM-IV substance use, mood, anxiety, and personality disorders.

### *RESULTS:*

Approximately 16% of adults reported some form of violent behavior distributed as follows: other-directed only, 4.6%; self-directed only, 9.3%; combined self- and other-directed, 2.0%; and no violence, 84.1%. The majority of the DSM-IV disorders included in this study were significantly and independently related to each form of violence. Generally, other-directed violence was more strongly associated with any substance use disorders (81%) and any personality disorders (42%), while self-directed violence was more strongly associated with mood (41%) and anxiety disorders (57%). Compared with these two forms of violence, the smaller group with combined self- and other-directed violence was more strongly associated with any substance use disorders (88%), mood disorders (63%), and personality disorders (76%).

### *CONCLUSION:*

Findings from this study are consistent with recent conceptualizations of disorders as reflecting externalizing disorders and internalizing disorders. The identification of the small category with combined forms of violence further extends numerous clinical studies which established associations between self- and other-directed violent behaviors. The extent to which the combined violence category represents a meaningful and reliable category of violence requires further detailed studies.

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PMID: 23587529 [PubMed - as supplied by publisher]

## Related citations



34. J Pers Disord. 2013 Apr 15. [Epub ahead of print]

Preoccupied Attachment and Emotional Dysregulation: Specific Aspects of Borderline Personality Disorder or General Dimensions of Personality Pathology?

**Scott LN, Kim Y, Nolf KA, Hallquist MN, Wright AG, Stepp SD, Morse JQ, Pilkonis PA.**

### Abstract

Emotional dysregulation and impaired attachment are seen by many clinical researchers as central aspects of borderline personality disorder (BPD). Alternatively, these constructs may represent general impairments in personality that are nonspecific to BPD. Using multitraitmultimethod models, the authors examined the strength of associations among preoccupied attachment, difficulties with emotion regulation, BPD features, and features of two other personality disorders (i.e., antisocial and avoidant) in a combined psychiatric outpatient and community sample of adults. Results suggested that preoccupied attachment and difficulties with emotion regulation shared strong positive associations with each other and with each of the selected personality disorders. However, preoccupied attachment and emotional dysregulation were more strongly related to BPD features than to features of other personality disorders. Findings suggest that although impairments in relational and emotional domains may underlie personality pathology in general, preoccupied attachment and emotional dysregulation also have specificity for understanding core difficulties in those with BPD.

PMID: 23586934 [PubMed - as supplied by publisher]

## Related citations



35. J Pers Disord. 2013 Apr 15. [Epub ahead of print]

Relationships Among Maladaptive Cognitive Content, Dysfunctional Cognitive Processes, and Borderline Personality Features.

**Geiger PJ, Peters JR, Sauer-Zavala SE, Baer RA.**

### Abstract

Previous research has demonstrated that maladaptive cognitive content, including dysfunctional attitudes and negative automatic thoughts, is associated with emotional distress. Similarly, dysfunctional cognitive processes, including thought suppression and rumination, have been shown to intensify psychological difficulties. Although maladaptive cognitive content and dysfunctional processes have been linked to borderline personality disorder (BPD), most research has been conducted with Axis I disorders. This study examined the incremental validity of dysfunctional cognitive content and processes in predicting BPD symptom severity, controlling for trait negative affect, in a sample of undergraduate students (N = 85), including many with high levels of BPD features. Although nearly all variables were significantly correlated with BPD features, final regression models

suggest that rumination and thought suppression are stronger independent predictors of BPD features than automatic thoughts, dysfunctional attitudes, and trait negative affect. These results suggest the importance of targeting thought suppression and rumination in BPD.

PMID: 23586932 [PubMed - as supplied by publisher]

### Related citations



36. Biol Psychiatry. 2013 Apr 10. pii: S0006-3223(13)00220-5. doi: 10.1016/j.biopsych.2013.02.024. [Epub ahead of print]

Impulsivity is Associated with Uric Acid: Evidence from Humans and Mice.

**Sutin AR, Cutler RG, Camandola S, Uda M, Feldman NH, Cucca F, Zonderman AB, Mattson MP, Ferrucci L, Schlessinger D, Terracciano A.**

Department of Medical Humanities and Social Sciences (ARS); Florida State University College of Medicine, Tallahassee, Florida; Laboratory of Behavioral Neuroscience (ARS, AT, ABZ). Electronic address: angelina.sutin@med.fsu.edu.

### Abstract

#### BACKGROUND:

The ability to control impulses varies greatly, and difficulty with impulse control can have severe consequences; in the extreme, it is the defining feature of many psychiatric disorders. Evidence from disparate lines of research suggests that uric acid is elevated in psychiatric disorders characterized by high impulsivity, such as attention-deficit/hyperactivity disorder and bipolar disorder. The present research tests the hypothesis that impulsivity is associated with higher uric acid in humans and mice.

#### METHODS:

Using two longitudinal, nonclinical community samples (total n = 6883), we tested whether there is an association between uric acid and normal variation in trait impulsivity measured with the Revised NEO Personality Inventory. We also examined the effect of uric acid on behavior by comparing wild-type mice, which naturally have low levels of uric acid, with mice genetically modified to accumulate high levels of uric acid.

#### RESULTS:

In both human samples, the emotional aspects of trait impulsivity, specifically impulsiveness and excitement seeking, were associated with higher levels of uric acid concurrently and when uric acid was measured 3 to 5 years later. Consistent with the human data, the genetically modified mice displayed significantly more exploratory and novelty-seeking behavior than the wild-type mice.

## CONCLUSIONS:

Higher uric acid was associated with impulsivity in both humans and mice. The identification of biological markers of impulsivity may lead to a better understanding of the physiological mechanisms involved in impulsivity and may suggest potential targets for therapeutic intervention.

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PMID: 23582268 [PubMed - as supplied by publisher]

## Related citations



37. Eur J Neurosci. 2013 Apr 15. doi: 10.1111/ejn.12208. [Epub ahead of print]  
[Early-life stress affects the structural and functional plasticity of the medial prefrontal cortex in adolescent rats.](#)

**Chocyk A, Bobula B, Dudys D, Przyborowska A, Majcher-Maślanka I, Hess G, Wędzony K.**

Laboratory of Pharmacology and Brain Biostructure, Institute of Pharmacology, Polish Academy of Sciences, Krakow, Poland.

## Abstract

Early life experiences are crucial factors that shape brain development and function due to their ability to induce structural and functional plasticity. Among these experiences, early-life stress (ELS) is known to interfere with brain development and maturation, increasing the risk of future psychopathologies, including depression, anxiety, and personality disorders. Moreover, ELS may contribute to the emergence of these psychopathologies during adolescence. In this present study, we investigated the effects of ELS, in the form of maternal separation (MS), on the structural and functional plasticity of the medial prefrontal cortex (mPFC) and anxiety-like behavior in adolescent male rats. We found that the MS procedure resulted in disturbances in mother-pup interactions that lasted until weaning and were most strongly demonstrated by increases in nursing behavior. Moreover, MS caused atrophy of the basal dendritic tree and reduced spine density on both the apical and basal dendrites in layer II/III pyramidal neurons of the mPFC. The structural changes were accompanied by an impairment of long-term potentiation processes and increased expression of key proteins, specifically glutamate receptor 1, glutamate receptor 2, postsynaptic density protein 95,  $\alpha\text{Ca}^{2+}$ /calmodulin-dependent protein kinase II and  $\alpha\text{Ca}^{2+}$ /calmodulin-dependent protein kinase II phosphorylated at residue Thr305, that are engaged in long-term potentiation induction and maintenance in the mPFC. We also found that the MS animals were more anxious in the light/dark exploration test. The results of this study indicate that ELS has a significant impact on the structural and functional plasticity of the mPFC in adolescents. ELS-induced adaptive plasticity may underlie the pathomechanisms of some early-onset psychopathologies observed in adolescents.

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PMID: 23581639 [PubMed - as supplied by publisher]

### Related citations



38. Neuroscience. 2013 Apr 9. pii: S0306-4522(13)00310-2. doi: 10.1016/j.neuroscience.2013.03.055. [Epub ahead of print]  
[A functional MRI study of deception among offenders with antisocial personality disorders.](#)

**Jiang W, Liu H, Liao J, Ma X, Rong P, Tang Y, Wang W.**

Biomedical Engineering Laboratory, School of Geosciences and Info-Physics, Central South University, Changsha, Hunan 410083, PR China; Department of Radiology, The Third Xiangya Hospital, Central South University, Changsha, Hunan 410013, PR China; Department of Information Science and Engineering, Hunan First Normal University, Changsha, Hunan 410205, PR China.

### Abstract

Deceit is a core feature of antisocial personality disorder (ASPD), and the study of deception in ASPD has important implications for identifying the underlying mechanism of ASPD. A great deal of functional neuroimaging literature has described the neural correlates of deception in healthy volunteers, but there have been few imaging studies examining people with ASPD. The neural correlates of lie-telling in ASPD, and which specific brain activities are related to the capacity to lie, are unclear. In this study, 32 offenders who satisfied the Personality Diagnostic Questionnaire-4 and PDI-IV (Personality Disorder Interview) criteria for ASPD were divided into three groups based on their capacity for deception, which was evaluated based on the deceitfulness criterion of the PDI-IV ASPD. All offenders underwent functional magnetic resonance imaging (fMRI) while responding to questions in a truthful, inverse, or deceitful manner. We primarily created contrasts in the brain activities between truth-telling and lie-telling, and then computed the Pearson's correlation coefficients between activities contrasts of individual, i.e. BOLD (blood-oxygen-level-dependent) strength during deception minus that during truth-telling, and the capacity for deception. Our results indicated that the bilateral dorsolateral prefrontal cortex extending to the middle frontal gyrus, the left inferior parietal lobule, and the bilateral anterior cingulate gyrus/medial superior frontal gyrus were associated with deception among people with ASPD. As the capacity for deception increased, the contrasted brain activities of the above regions decreased. This study found that truthful and untruthful communications of ASPD subjects can be differentiated in terms of brain BOLD activities, and more importantly, this study is the first to use fMRI to discover that BOLD activities during deception are correlated with the capacity to lie. The latter finding might challenge the diagnostic accuracy of lie detection and may also caution that greater attention should be given to detecting untruths in individuals who are skilled at lying.

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PMID: 23578713 [PubMed - as supplied by publisher]

## Related citations



39. Psychol Med. 2013 Apr 11:1-9. [Epub ahead of print]

The boundaries of the internalizing and externalizing genetic spectra in men and women.

**Kendler KS, Myers J.**

Virginia Institute of Psychiatric and Behavioral Genetics, Virginia Commonwealth University School of Medicine, Richmond, VA, USA.

## Abstract

### BACKGROUND:

The distribution and co-morbidity of common psychiatric disorders can be largely explained as manifestations of two broad psychopathological spectra of internalizing and externalizing disorders. Twin studies suggest that these spectra arise from genetic factors. Method Structural equation twin modeling was applied to interview and questionnaire data on personality traits and lifetime psychiatric disorders on more than 5300 members of male-male (MM) and female-female (FF) twin pairs.

### RESULTS:

The best-fitting models for both the externalizing and internalizing spectra differed significantly in males and females. In males, the externalizing genetic common factor was best indexed by four disorders in the following order: antisocial personality disorder (ASPD), drug abuse/dependence (DAD), alcohol abuse dependence (AAD) and conduct disorder (CD). In females, the four disorders most closely related to the externalizing common factor were, in order: DAD, AAD, nicotine dependence (ND) and ASPD. Personality traits of novelty seeking (NS) and extraversion (E) better indexed the genetic externalizing spectrum in females than in males. In both males and females, major depression (MD) and generalized anxiety disorder (GAD) best indexed the genetic internalizing common factor. Panic disorder (PD) and agoraphobia (AgP) better reflected the internalizing genetic common factor in women, and neuroticism (N) in men. Genetic correlations between the two spectra were estimated at + 0.53 in males and + 0.52 in females.

### CONCLUSIONS:

The disorders that optimally index the genetic liability to externalizing and internalizing disorders in the general population differ meaningfully in men and women. In both sexes, these genetic spectra are better assessed by psychiatric disorders than by personality traits. PMID: 23574685 [PubMed - as supplied by publisher]

## Related citations



40. Schizophr Res. 2013 Apr 6. pii: S0920-9964(13)00158-8. doi: 10.1016/j.schres.2013.03.012.  
[Epub ahead of print]  
[Broadly defined risk mental states during adolescence: Disorganization mediates positive schizotypal expression.](#)

**Debbané M, Badoud D, Balanzin D, Eliez S.**

Adolescence Clinical Psychology Research Unit, Faculty of Psychology and Educational Sciences, University of Geneva, Switzerland; Office Médico-Pédagogique Research Unit, Department of Psychiatry, University of Geneva School of Medicine, Switzerland.  
Electronic address: martin.debbane@unige.ch.

### Abstract

While schizotypal features are common during adolescence, they can also signal increased risk for the onset of schizophreniform disorders. Most studies with adolescents find that hallucination and delusion-like symptoms (positive schizotypal features) best predict future psychopathology. Still, the developmental process of positive schizotypy remains elusive, specifically with regards to 1) its relationships to negative and disorganization schizotypal dimensions; 2) its associations to maladaptive functioning during adolescence. This longitudinal study aimed to further characterize these relationships, thereby delineating "early and broadly defined psychosis risk mental states" (Keshavan et al., 2011). The current study presents the 3-year course of schizotypal trait expression in 34 clinical adolescents aged 12 to 18 years consulting for non-psychotic difficulties. Schizotypal expression was assessed twice using the Schizotypal Personality Questionnaire, accompanied by an examination of internalizing/externalizing problems using the Achenbach scales. Cross-sectional and longitudinal analyses were conducted to assess the expression and course of schizotypal dimensions; mediation analyses were further employed to highlight the developmental interactions promoting the maintenance of positive schizotypal expression. The results reveal that positive schizotypy, and more specifically unusual perceptual experiences, significantly declined during the study interval. Disorganization features were found to mediate the relationships between the negative and positive dimensions of schizotypy within and across evaluations. Somatic complaints and attentional difficulties further strengthened the expression of positive schizotypy during the study interval. These results suggest that the relationship between disorganization features and positive schizotypy may play a central role in establishing risk for psychosis during adolescence.

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PMID: 23570898 [PubMed - as supplied by publisher]

### Related citations



41. Psychiatry Res. 2013 Apr 6. pii: S0165-1781(13)00139-X. doi: 10.1016/j.psychres.2013.03.008. [Epub ahead of print]  
[Associations of personality with intrinsic motivation in schizophrenia.](#)

**Vohs JL, Lysaker PH, Nabors L.**

Indiana University School of Medicine, Department of Psychiatry, Indianapolis, IN, USA; Prevention and Recovery Center for Early Psychosis, Midtown Community Mental Health Centers, Wishard Hospital, Indianapolis, IN, USA; Larue D. Carter Memorial Hospital, IU Psychotic Disorders Research Program, Indianapolis, IN, USA. Electronic address: jvohs@iupui.edu.

## Abstract

Motivation is often disturbed in patients with schizophrenia, but little is known about how it relates to personality. We examined intrinsic motivation (IM), two personality domains, and symptoms in fifty-eight male patients with schizophrenia spectrum disorders. Analyses revealed IM may be linked to Extraversion, Neuroticism, and negative symptoms.

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PMID: 23566367 [PubMed - as supplied by publisher]

## Related citations



42. Eur Child Adolesc Psychiatry. 2013 Apr 7. [Epub ahead of print]  
[Development of schizotypal symptoms following psychiatric disorders in childhood or adolescence.](#)

**Fagel SS, Swaab H, De Sonnevile LM, Van Rijn S, Pieterse JK, Scheepers F, Van Engeland H.**

Department of Clinical Child and Adolescent Studies, Leiden University, Wassenaarseweg 52, 2300 RB, Leiden, Zuid Holland, The Netherlands, sfagel@fsw.leidenuniv.nl.

## Abstract

It was examined how juvenile psychiatric disorders and adult schizotypal symptoms are associated. 731 patients of the Department of Child and Adolescent Psychiatry of the University Medical Centre Utrecht, the Netherlands, with mean age of 12.1 years ( $SD = 4.0$ ) were reassessed at the mean age of 27.9 years ( $SD = 5.7$ ) for adult schizotypal symptoms using the Schizotypal Personality Questionnaire-Revised (Vollema, Schizophr Bull 26(3):565-575, 2000). Differences between 13 juvenile DSM categories and normal controls ( $n = 80$ ) on adult schizotypal total and factor scores were analyzed, using (M)ANCOVA. Pervasive developmental disorders (PDD), attention deficit hyperactivity disorders (ADHD), deferred diagnosis, sexual and gender identity disorders and depressive disorders had higher SPQ total scores when compared to normal controls ( $p < 0.001$ ). Higher levels of disorganized schizotypal symptoms were found for PDD, ADHD, and deferred diagnosis ( $p < 0.001$ ). The same diagnostic groups showed higher level of negative schizotypal symptoms, which was likewise true for sexual and gender identity disorders, depressive disorders, disruptive disorders, and the category of 'Other conditions that may be a focus of clinical attention' ( $p < 0.001$ ). No differences with normal controls were found for adult



positive schizotypal symptoms ( $p < 0.110$ ). The current findings are suggestive of the idea that psychiatric disorders in childhood or adolescence are a more general expression of a liability to schizophrenia spectrum pathology in future life. In addition, specific patterns of adult schizotypal symptomatology are associated with different types of juvenile psychiatric disorder.

PMID: 23564260 [PubMed - as supplied by publisher]

### Related citations



43. Twin Res Hum Genet. 2013 Apr 8:1-9. [Epub ahead of print]

How Phenotype and Developmental Stage Affect the Genes We Find: GABRA2 and Impulsivity.

**Dick DM, Aliev F, Latendresse S, Porjesz B, Schuckit M, Rangaswamy M, Hesselbrock V, Edenberg H, Nurnberger J, Agrawal A, Bierut L, Wang J, Bucholz K, Kuperman S, Kramer J.**

Departments of Psychiatry, Human & Molecular Genetics, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.

### Abstract

**Context:** The detection and replication of genes involved in psychiatric outcome has been notoriously difficult. Phenotypic measurement has been offered as one explanation, although most of this discussion has focused on problems with binary diagnoses. **Objective:** This article focuses on two additional components of phenotypic measurement that deserve further consideration in evaluating genetic associations: (1) the measure used to reflect the outcome of interest, and (2) the developmental stage of the study population. We focus our discussion of these issues around the construct of impulsivity and externalizing disorders, and the association of these measures with a specific gene, GABRA2. **Design, Setting, and Participants:** Data were analyzed from the Collaborative Study on the Genetics of Alcoholism Phase IV assessment of adolescents and young adults (ages 12-26; N = 2,128). **Main Outcome Measures:** Alcohol dependence, illicit drug dependence, childhood conduct disorder, and adult antisocial personality disorder symptoms were measured by psychiatric interview; Achenbach youth/adult self-report externalizing scale; Zuckerman Sensation-Seeking scale; Barratt Impulsivity scale; NEO extraversion and conscientiousness. **Results:** GABRA2 was associated with subclinical levels of externalizing behavior as measured by the Achenbach in both the adolescent and young adult samples. Contrary to previous associations in adult samples, it was not associated with clinical-level DSM symptom counts of any externalizing disorders in these younger samples. There was also association with sensation-seeking and extraversion, but only in the adolescent sample. There was no association with the Barratt impulsivity scale or conscientiousness. **Conclusions:** Our results suggest that the pathway by which GABRA2 initially confers risk for eventual alcohol problems begins with a predisposition to sensation-seeking early in adolescence. The findings support the heterogeneous nature of impulsivity and demonstrate that both the

measure used to assess a construct of interest and the age of the participants can have profound implications for the detection of genetic associations.

PMID: 23561058 [PubMed - as supplied by publisher]

### Related citations



44. Neurogastroenterol Motil. 2013 Apr 2. doi: 10.1111/nmo.12124. [Epub ahead of print]  
A population-based study of associations between functional gastrointestinal disorders and psychosocial characteristics in Xi'an, China.

**Xu JR, Shang L, Si WL, Song Y, Wang Y, Ma JL, Liu J.**

Department of Gastroenterology, Xi'an Central Hospital, College of Medicine, Xi'an Jiaotong University, Xi'an, Shanxi, China.

### Abstract

#### *BACKGROUND:*

Functional gastrointestinal disorders (FGIDs) are disorders with chronic and recurring gastrointestinal symptoms. This study investigated the prevalence of FGIDs, assessed the association between FGIDs and psychosocial factors, and identified potential risk factors for FGIDs in a population in Xi'an, China.

#### *METHODS:*

Of 752 recruited residents in Xi'an, 720 were selected for an epidemiological survey using a cluster sampling method. All subjects were interviewed face-to-face to complete the Chinese version of ROME III FGIDs questionnaire, the Symptom Check-List-90, the Eysenck Personality Questionnaire, a Life Event Scale, and a questionnaire regarding personal childhood adversity. The prevalence of FGIDs and associations between FGIDs and psychosocial factors were determined using EpiData Software. Logistic regression analysis was performed to identify the potential risk factors for FGIDs.

#### *KEY RESULTS:*

The prevalence of FGIDs in this sample population was 14.3% (103/720). There were 13 (1.8%) cases of overlap of different FGIDs. No significant difference in the prevalence of FGIDs was observed between men and women. Alcohol intake and smoking habits were significantly associated with the presence of FGIDs. The presence of FGIDs was significantly associated with psychological factors and influences such as personality type, life events, childhood adversity, and psychopathology. The potential risk factors for contracting FGIDs were certain life events, childhood adversity, somatization, and a hostile affect ( $P < 0.001$ ).

## CONCLUSIONS & INFERENCES:

The prevalence of FGIDs and overlap syndrome in Xi'an, China was lower than that reported in other countries. There was a strong correlation between specific lifestyle habits and psychosocial characteristics and the presence of FGIDs.

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PMID: 23552020 [PubMed - as supplied by publisher]

## Related citations



1. J Clin Psychol. 2013 Jun 25. doi: 10.1002/jclp.22006. [Epub ahead of print]  
Late Onset Eating Disorders in Spain: Clinical Characteristics and Therapeutic Implications.  
**Bueno B, Krug I, Bulik CM, Jiménez-Murcia S, Granero R, Thornton L, Penelo E, Menchón JM, Sánchez I, Tinahones FJ, Fernández-Aranda F.**

Department of Psychiatry, University Hospital of Bellvitge; CIBER Salud Mental (CIBERSAM), ISCIII.

## Abstract

### OBJECTIVE:

The literature on later age of onset (LAO) in women with eating disorders is scarce. We compared the severity of eating disorders, eating disorder subtype, and personality profiles in a clinical sample of consecutively assessed women with eating disorders with later age of onset (LAO,  $\geq 25$  years) to women with typical age of onset (TAO,  $<25$  years).

### METHOD:

All eating disorder patients met the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) criteria and were admitted to the Eating Disorder Unit of the University Hospital of Bellvitge in Barcelona, Spain. Ninety-six patients were classified as LAO and 759 as TAO.

### ASSESSMENT:

Measures included the Eating Attitude Test-40 (EAT-40), Eating Disorders Inventory-2 (EDI-2), Bulimic Investigatory Test Edinburgh (BITE), Symptom Checklist Revised (SCL-90-R), and the Temperament and Character Inventory-Revised (TCI-R), as well as other clinical and psychopathological indices.

## RESULTS:

LAO individuals reported significantly fewer weekly vomiting episodes, fewer self-harming behaviours, less drug abuse, and lower scores on the BITE symptoms, the EDI-2 drive for thinness, and the TCI-R harm avoidance scales than TAO individuals. Conversely, the LAO group reported more current and premorbid obesity than the TAO group.

## CONCLUSION:

LAO eating disorder patients in this sample presented with milder symptomatology and less extreme personality traits. Premorbid obesity may be more relevant to LAO than TAO eating disorders and should be routinely assessed and considered when planning treatment.

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PMID: 23801539 [PubMed - as supplied by publisher]

## Related citations



2. Am J Geriatr Psychiatry. 2013 Jun 22. pii: S1064-7481(13)00125-5. doi: 10.1016/j.jagp.2013.02.007. [Epub ahead of print]  
Prevalence and Predictors of Persistent Versus Remitting Mood, Anxiety, and Substance Disorders in a National Sample of Older Adults.

**Mackenzie CS, El-Gabalawy R, Chou KL, Sareen J.**

Department of Psychology, University of Manitoba, Winnipeg, Manitoba, Canada.

## Abstract

### OBJECTIVES:

Relatively little is known about whether mental disorders other than depression remit versus persist in later life, especially within nationally representative samples. Our objectives were to examine the prevalence of persistent mood, anxiety, and substance disorders in older adults and to explore a range of physical and mental health predictors of disorder chronicity.

### METHODS:

This study involved a 3-year follow-up design using Wave 1 (2001-2002) and Wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. Participants included 1,994 adults aged 55 years and older who had a past-year mental disorder at Wave 1 and who completed Wave 2. The primary outcome was the prevalence of persistent mood, anxiety, and substance disorders at Wave 2. Potential predictors of persistence included sociodemographic variables, physical health (chronic health conditions and physical health-related quality of life), and mental health (childhood adversity, suicide attempts, mental

health-related quality of life, comorbid mental disorders, personality disorders, and lifetime treatment-seeking).

### **RESULTS:**

With the exception of nicotine dependence, the prevalence of persistent mood, anxiety, and substance disorders ranged from 13% to 33%. Only younger age predicted substance disorder chronicity. Significant predictors of persistent mood and anxiety disorders included physical and mental health comorbidity, physical health- and mental health-related quality of life, suicide attempts, comorbid personality disorders, and treatment-seeking.

### **CONCLUSIONS:**

At least two-thirds of mental disorders in these older adults were not persistent. Sociodemographic variables had little influence on chronicity, whereas a number of markers of mental disorder severity and complexity predicted persistent mood and anxiety disorders. The findings have important treatment and prevention implications.

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PMID: 23800537 [PubMed - as supplied by publisher]

### **Related citations**



3. Stereotact Funct Neurosurg. 2013 Jun 22;91(5):306-313. [Epub ahead of print]  
[The Contemporary Practice of Psychiatric Surgery: Results from a Global Survey of Functional Neurosurgeons.](#)

**Mendelsohn D, Lipsman N, Lozano AM, Taira T, Bernstein M.**

Division of Neurosurgery, Vancouver General Hospital, University of British Columbia, Vancouver, B.C., Canada.

### **Abstract**

**Background:** Interest in neurosurgery for psychiatric diseases (NPD) has grown globally. We previously reported the results of a survey of North American functional neurosurgeons that evaluated general attitudes towards NPD and the future directions of the field. **Objectives:** The purpose of this study was to expand on our previous work and obtain a snapshot in time of global attitudes towards NPD among practicing functional neurosurgeons. We measure general and regional trends in functional neurosurgery and focus specifically on surgery for mind and mood, while exploring the future prospects of the field. **Methods:** We designed an online survey and distributed it electronically to 881 members of the following international organizations: World Society for Stereotactic and Functional Neurosurgery, European Society for Stereotactic and Functional Neurosurgery, Asian-Australasian Society for Stereotactic Functional Neurosurgery and the South and Latin American Society for Stereotactic and

Functional Neurosurgery. Subsequent statistical and thematic analysis was performed on the data obtained. Results: Of 881 surveys distributed, 106 were returned (12.8%). Eighty-two percent of functional neurosurgeon respondents were fellowship trained, with movement disorders and pain making up the majority of their practice. Psychiatric indications are the most frequently treated conditions for 34% of survey respondents, and over half of participants (51%) perform epilepsy surgery. Of the psychiatric conditions, obsessive-compulsive disorder and depression are the most common disorders treated. The majority of respondents (90%) felt optimistic about the future of NPD. Two thirds cited the reluctance of psychiatrists to refer patients as the greatest obstacle facing the field, and a majority reported that a cultural stigma surrounding psychiatric diseases exists in their community. In response to hypothetical situations involving cognitive and personality enhancement, opinions varied, but the majority opposed enhancement interventions. Regional variations were examined as well and uncovered distinct attitudinal differences depending on geographic location. Conclusions: Surgery for psychiatric conditions is an expanding field within functional neurosurgery. The opinions of international functional neurosurgeons were largely in line with those of their North American colleagues. Optimism regarding the future of NPD predominates, and future editions of this survey can be used to track the evolution of neurosurgeons' attitudes towards NPD and neuroenhancement.

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PMID: 23797416 [PubMed - as supplied by publisher]

#### Related citations



4. Psychoneuroendocrinology. 2013 Jun 21. pii: S0306-4530(13)00151-0. doi: 10.1016/j.psyneuen.2013.04.013. [Epub ahead of print]

The ankyrin-3 gene is associated with posttraumatic stress disorder and externalizing comorbidity.

**Logue MW, Solovieff N, Leussis MP, Wolf EJ, Melista E, Baldwin C, Koenen KC, Petryshen TL, Miller MW.**

Biomedical Genetics, Department of Medicine, Boston University School of Medicine, Boston, MA, United States; Department of Biostatistics, Boston University School of Public Health, Boston, MA, United States.

#### Abstract

##### **BACKGROUND:**

The ankyrin 3 gene (ANK3) produces the ankyrin G protein that plays an integral role in regulating neuronal activity. Previous studies have linked ANK3 to bipolar disorder and schizophrenia. A recent mouse study suggests that ANK3 may regulate behavioral disinhibition and stress reactivity. This led us to hypothesize that ANK3 might also be associated with stress-related psychopathology such as posttraumatic stress disorder (PTSD), as well as disorders of the externalizing spectrum such as antisocial personality disorder and

substance-related disorders that are etiologically linked to impulsivity and temperamental disinhibition.

#### **METHODS:**

We examined the possibility of association between ANK3 SNPs and both PTSD and externalizing (defined by a factor score representing a composite of adult antisociality and substance abuse) in a cohort of white non-Hispanic combat veterans and their intimate partners (n=554). Initially, we focused on rs9804190-a SNP previously reported to be associated with bipolar disorder, schizophrenia, and ankyrin G expression in brain. Then we examined 358 additional ANK3 SNPs utilizing a multiple-testing correction.

#### **RESULTS:**

rs9804190 was associated with both externalizing and PTSD ( $p=0.028$  and  $p=0.042$  respectively). Analysis of other ANK3 SNPs identified several that were more strongly associated with either trait. The most significant association with externalizing was observed at rs1049862 ( $p=0.00040$ ,  $p_{\text{corrected}}=0.60$ ). The most significant association with PTSD ( $p=0.00060$ ,  $p_{\text{corrected}}=0.045$ ) was found with three SNPs in complete linkage disequilibrium (LD)-rs28932171, rs11599164, and rs17208576.

#### **CONCLUSIONS:**

These findings support a role of ANK3 in risk of stress-related and externalizing disorders, beyond its previous associations with bipolar disorder and schizophrenia.

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PMID: 23796624 [PubMed - as supplied by publisher]

#### **Related citations**



5. Nord J Psychiatry. 2013 Jun 24. [Epub ahead of print]

Trait-aggressiveness and impulsivity: Role of psychological resilience and childhood trauma in a sample of male prisoners.

**Carli V, Mandelli L, Zaninotto L, Alberti S, Roy A, Serretti A, Sarchiapone M.**

Vladimir Carli, Department of Health Sciences, University of Molise , via F. De Sanctis, 86100, Campobasso , Italy , and Department of Public Health Sciences, Karolinska Institutet, National Prevention of Suicide and Mental Ill-Health (NASP) , 17177, Stockholm , Sweden.

#### **Abstract**

Background: One of the major challenges for research in the field of human aggression is the need to define the role of personality and trait-like dimensions, such as impulsivity and aggressiveness, in predisposing to violent behavior. Aims: 1) To determine whether trait-

aggressiveness and impulsivity may be associated with socio-demographic, clinical and crime history variables in a sample of male prisoners; 2) to detect any association of those traits with measures of early traumatic experiences and current resilience traits. Methods: A sample of male prisoners (n = 1356) underwent the Brown-Goodwin Assessment for Lifetime History of Aggression (BGLHA) and the Barratt Impulsivity Scale (BIS). Axis I psychiatric disorders were also assessed. Early traumatic experiences and psychological resilience were detected respectively by the Childhood Trauma Questionnaire (CTQ) and the Connor-Davidson Resilience Scale (CD-RISC). Two non-linear logistic regression models were performed to test for the best predictors of trait-aggressiveness and impulsivity. Results: Subjects with a history of substance use disorders and self-mutilation reported both higher BGLHA and BIS scores. Axis I disorders and suicide attempts were associated with aggressiveness, but not to impulsivity. A consistent correlation was found between BGLHA scores and early traumatic experiences. Resilience was positively correlated to impulsivity but not to aggressiveness scores. Conclusions: Our results support the view that aggressiveness and impulsivity are two different, albeit related trait-like dimensions of personality, having a different relationship with resilience, and, inferentially, a different impact over the development of psychiatric disorders.

PMID: 23795860 [PubMed - as supplied by publisher]

#### Related citations



6. J Clin Child Adolesc Psychol. 2013 Jun 24. [Epub ahead of print]  
[Predictors and Moderators in the Randomized Trial of Multifamily Psychoeducational Psychotherapy for Childhood Mood Disorders.](#)

**Macpherson HA, Algorta GP, Mendenhall AN, Fields BW, Fristad MA.**

a Departments of Psychiatry and Psychology , The Ohio State University.

#### Abstract

This study investigated predictors and moderators of mood symptoms in the randomized controlled trial (RCT) of Multi-Family Psychoeducational Psychotherapy (MF-PEP) for childhood mood disorders. Based on predictors and moderators in RCTs of psychosocial interventions for adolescent mood disorders, we hypothesized that children's greater functional impairment would predict worse outcome, whereas children's stress/trauma history and parental expressed emotion and psychopathology would moderate outcome. Exploratory analyses examined other demographic, functioning, and diagnostic variables. Logistic regression and linear mixed effects modeling were used in this secondary analysis of the MF-PEP RCT of 165 children, ages 8 to 12, with mood disorders, a majority of whom were male (73%) and White, non-Hispanic (90%). Treatment nonresponse was significantly associated with higher baseline levels of global functioning (i.e., less impairment; Cohen's  $d = 0.51$ ) and lower levels of stress/trauma history ( $d = 0.56$ ) in children and Cluster B personality disorder symptoms in parents ( $d = 0.49$ ). Regarding moderators, children with moderately impaired functioning who received MF-PEP had significantly decreased mood symptoms ( $t = 2.10$ ,  $d = 0.33$ ) compared with waitlist control. MF-PEP had the strongest effect on severely



impaired children ( $t = 3.03$ ,  $d = 0.47$ ). Comprehensive assessment of demographic, youth, parent, and familial variables should precede intervention. Treatment of mood disorders in high-functioning youth without stress/trauma histories and with parents with elevated Cluster B symptoms may require extra therapeutic effort, whereas severely impaired children may benefit most from MF-PEP.

PMID: 23795823 [PubMed - as supplied by publisher]

#### Related citations



7. J Pers Disord. 2013 Jun 24. [Epub ahead of print]

The Effect of Personality Disorders on Treatment Outcomes in Patients with Obsessive-Compulsive Disorders.

**Thiel N, Hertenstein E, Nissen C, Herbst N, Külz AK, Voderholzer U.**

#### Abstract

The effect of comorbid personality disorders (PD) on treatment outcomes in obsessive-compulsive disorder (OCD) is unclear. The authors systematically review results from investigations of therapy outcomes in adult patients with OCD and a comorbid PD. PsycINFO and MEDLINE were searched for original articles. Twenty-three studies assessing PDs through interviews were selected. Cluster A PDs, particularly schizotypal PD, narcissistic PD, and the presence of two or more comorbid PDs, were associated with poorer treatment outcomes in patients with OCD. With regard to other PDs and clusters, the results are inconsistent or the sample sizes are too small to reach a conclusion. OCD patients with different comorbid PDs differ in their therapeutic response to treatment. To optimize the treatment of OCD, the predictive value of PDs on the treatment outcome should be further investigated, and treatment of Axis I and II comorbidity requires more attention.

PMID: 23795757 [PubMed - as supplied by publisher]

#### Related citations



8. Drug Alcohol Depend. 2013 Jun 19. pii: S0376-8716(13)00186-5. doi:

10.1016/j.drugalcdep.2013.05.011. [Epub ahead of print]

Measuring historical trauma in an American Indian community sample: Contributions of substance dependence, affective disorder, conduct disorder and PTSD.

**Ehlers CL, Gizer IR, Gilder DA, Ellingson JM, Yehuda R.**

Molecular and Cellular Neurosciences Department, The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA. Electronic address: [cindy@scripps.edu](mailto:cindy@scripps.edu).

## Abstract

### BACKGROUND:

The American Indian experience of historical trauma is thought of as both a source of intergenerational trauma responses as well as a potential causative factor for long-term distress and substance abuse among communities. The aims of the present study were to evaluate the extent to which the frequency of thoughts of historical loss and associated symptoms are influenced by: current traumatic events, post traumatic stress disorder (PTSD), cultural identification, percent Native American Heritage, substance dependence, affective/anxiety disorders, and conduct disorder/antisocial personality disorder (ASPD).

### METHODS:

Participants were American Indians recruited from reservations that were assessed with the Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA), The Historical Loss Scale and The Historical Loss Associated Symptoms Scale (to quantify frequency of thoughts and symptoms of historical loss) the Stressful-Life-Events Scale (to assess experiences of trauma) and the Orthogonal Cultural Identification Scale (OCIS).

### RESULTS:

Three hundred and six (306) American Indian adults participated in the study. Over half of them indicated that they thought about historical losses at least occasionally, and that it caused them distress. Logistic regression revealed that significant increases in how often a person thought about historical losses were associated with: not being married, high degrees of Native Heritage, and high cultural identification. Additionally, anxiety/affective disorders and substance dependence were correlated with historical loss associated symptoms.

### CONCLUSIONS:

In this American Indian community, thoughts about historical losses and their associated symptomatology are common and the presence of these thoughts are associated with Native American Heritage, cultural identification, and substance dependence.

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PMID: 23791028 [PubMed - as supplied by publisher]

### Related citations



9. Compr Psychiatry. 2013 Jun 20. pii: S0010-440X(13)00119-3. doi: 10.1016/j.comppsy.2013.05.009. [Epub ahead of print]

ADHD, autism spectrum disorder, temperament, and character: Phenotypical associations and etiology in a Swedish childhood twin study.

**Kerekes N, Brändström S, Lundström S, Råstam M, Nilsson T, Anckarsäter H.**

Centre for Ethics, Law and Mental Health (CELAM), University of Gothenburg, Sweden;  
Swedish Prison and Probation Services, R&D Unit, Gothenburg, Sweden. Electronic address:  
[nora.kerekes@neuro.gu.se](mailto:nora.kerekes@neuro.gu.se).

## Abstract

### *OBJECTIVE:*

To explore the links between neurodevelopmental disorders - attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) - and personality in a population-based, genetically sensitive study of children.

### *METHOD:*

A population-based sample of 1886 twins aged 9 and 12, enriched for childhood mental health problems, was recruited from the Child and Adolescent Twin Study in Sweden (CATSS). Parents were interviewed over the telephone using the Autism-Tics, AD/HD and other Comorbidities (A-TAC) inventory, and in a second step they rated their children according to the Junior Temperament and Character Inventory (JTICI).

### *RESULTS:*

ADHD was strongly correlated with novelty seeking, while ASD was correlated positively with harm avoidance and negatively with reward dependence. The strongest associations between personality traits and neurodevelopmental disorders were negative correlations between the character dimensions of self-directedness and cooperativeness and ADHD and ASD alike. Cross-twin cross-trait correlations between ADHD, ASD, and personality dimensions in monozygotic twins were more than double those in dizygotic twins, indicating a strong genetic effect behind the phenotypic covariation between neurodevelopmental disorders and personality.

### *CONCLUSIONS:*

Neurodevelopmental disorders are linked specifically to particular temperament profiles and generally to hampered development of the self-governing strategies referred to as "character." Poor self-agency and cooperation may be core functional outcomes in the separation of children with handicapping conditions from those with traits only reminiscent of neurodevelopmental disorders. The associations between neurodevelopmental disorders and personality are at least partly due to genetic effects influencing both conditions. As a consequence, personality must be broadly considered in neuropsychiatry, just as neuropsychiatric disorders and their genetic, neurodevelopmental, and cognitive susceptibilities have to be in personality research and clinical treatment.

## Related citations



10. *Int Psychogeriatr*. 2013 Jun 21:1-8. [Epub ahead of print]

[Neuropsychiatric disorders secondary to neurosyphilis in elderly people: one theme not to be ignored.](#)

**Zeng YL, Wang WJ, Zhang HL, Chen FY, Huang SJ, Liu GL, Xi Y, Guo XJ, Zheng WH, Yang TC.**

Center of Clinical Laboratory, Zhongshan Hospital, Medical College of Xiamen University, Xiamen 361004, China.

### Abstract

**ABSTRACT** Background: Neurosyphilis (NS) may present with neuropsychiatric disorders characterized by cognitive impairment, personality disorders, and confusion, among others. Very few studies have focused on neuropsychiatric disorders secondary to NS in elderly people. Method: A retrospective chart review was performed to characterize the psychiatric findings, clinical signs and symptoms, laboratory findings, and brain magnetic resonance imaging results of ten elderly inpatients with NS. Results: In these ten patients, the most common presenting symptoms included a wide variety of psychiatric manifestations. The serum rapid plasma regain (RPR) and Treponema pallidum particle agglutination assay (TPPA) of the ten patients were positive, with positive CSF TPPA and RPR rates of 100% and 60%, respectively. In addition, 90% of the patients demonstrated abnormal imaging, including cerebral atrophy, infarct ischemic stroke, and hydrocephalus. Conclusions: Our findings support the importance of serological tests for syphilis as a routine component of the evaluation of patients with clinically evident neurological or psychiatric symptoms. If the serology is positive, all of the patients should be examined with a lumbar puncture. Moreover, psychiatric illnesses secondary to NS in the elderly also deserve medical attention.

PMID: 23790068 [PubMed - as supplied by publisher]

## Related citations



11. *J Pers Disord*. 2013 Jun 20. [Epub ahead of print]

[Hierarchical Structure of Maladaptive Personality Traits in Older Adults: Joint Factor Analysis of the PID-5 and the DAPP-BQ.](#)

**Van den Broeck J, Bastiaansen L, Rossi G, Dierckx E, De Clercq B, Hofmans J.**

### Abstract

In DSM-5, the categorical model and criteria for the 10 personality disorders included in DSM-IV will be reprinted in Section II. Moreover, an alternative dimensional classification model will appear in Section III. This alternative DSM-5 proposal for the diagnosis of a personality disorder is based on two fundamental criteria: impairments in personality

functioning (Criterion A) and the presence of pathological personality traits (Criterion B). In the maladaptive trait model that has been developed to operationalize Criterion B, 25 pathological traits are organized according to five higher order dimensions. The current study focuses on the convergence of the proposed DSM-5 trait model (as measured by the Personality Inventory for DSM-5 [PID-5]) with the Dimensional Assessment of Personality Pathology (DAPP) model (as measured by the Dimensional Assessment of Personality Pathology-Basic Questionnaire [DAPP-BQ]) in a sample of older people. A joint hierarchical factor analysis showed clear convergence between four PID-5 dimensions (Negative Affect, Detachment, Antagonism, Disinhibition) and conceptually similar DAPP-BQ components. Moreover, the PID-5 and the DAPP-BQ showed meaningful associations on different levels of their joint hierarchical factor structure. Methodological and theoretical implications of these initial results for the conceptualization of personality pathology are discussed.

PMID: 23786271 [PubMed - as supplied by publisher]

#### Related citations



12. J Pers Disord. 2013 Jun 20. [Epub ahead of print]

[Toward a Firmer Foundation for DSM-5.1: Domains of Impairment in DSM-IV/DSM-5 Personality Disorders.](#)

**Bornstein RF, Bianucci V, Fishman DP, Biars JW.**

#### Abstract

In recent editions of the Diagnostic and Statistical Manual of Mental Disorders, personality disorders (PDs) have been conceptualized as reflecting impairments in four areas: cognition, affectivity, interpersonal functioning, and impulse control. However, there have been no systematic surveys of PD symptoms to assess the degree to which these four domains of impairment are actually represented in the DSM-IV/DSM-5 PD symptom criteria. Results of such a survey indicated that the most common domain of impairment for DSM-IV/DSM-5 PDs is interpersonal functioning (41% of all PD symptoms), followed by cognition (30%), and affectivity (18%), with relatively few PD symptoms reflecting difficulties in impulse control (6%). Comparison of the proportions of symptoms in different impairment domains in DSM-III, DSM-III-R, and DSM-IV/DSM-5 confirmed that these symptom distributions have been stable across revisions of the diagnostic manual. Implications of these results for the conceptualization of PDs in DSM-5.1 and beyond are discussed.

PMID: 23786269 [PubMed - as supplied by publisher]

#### Related citations



13. J Pers Disord. 2013 Jun 20. [Epub ahead of print]

[Personality Functioning in Patients with Avoidant Personality Disorder and Social Phobia.](#)

**Eikenaes I, Hummelen B, Abrahamsen G, Andrea H, Wilberg T.**

## Abstract

Avoidant personality disorder (APD) and social phobia (SP) are closely related, such that they are suggested to represent different severity levels of one social anxiety disorder. This cross-sectional study aimed to compare patients with APD to patients with SP, with particular focus on personality dysfunction. Ninety-one adult patients were examined by diagnostic interviews and self-report measures, including the Index of Self-Esteem and the Severity Indices of Personality Problems. Patients were categorized in three groups; SP without APD (n = 20), APD without SP (n = 15), and APD with SP (n = 56). Compared to patients with SP without APD, patients with APD reported more symptom disorders, psychosocial problems, criteria of personality disorders, and personality dysfunction regarding self-esteem, identity and relational problems. These results indicate that APD involves more severe and broader areas of personality dysfunction than SP, supporting the conceptualization of APD as a personality disorder as proposed for DSM-5.

PMID: 23786266 [PubMed - as supplied by publisher]

## Related citations



14. *Depress Anxiety*. 2013 Jun 18. doi: 10.1002/da.22137. [Epub ahead of print]

**FACTORS IMPACTING DECISIONS TO DECLINE OR ADHERE TO ANTIDEPRESSANT MEDICATION IN PERINATAL WOMEN WITH MOOD AND ANXIETY DISORDERS.**

**Misri S, Eng AB, Abizadeh J, Blackwell E, Spidel A, Oberlander TF.**

Department of Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada; Department of Obstetrics and Gynecology, University of British Columbia, Vancouver, British Columbia, Canada; Reproductive Mental Health Program, BC Women's Hospital, Vancouver, British Columbia, Canada.

## Abstract

### *PURPOSE:*

To identify specific quantitative and qualitative factors that govern the decision to adhere or decline antidepressant medication in antenatal women with moderate-to-severe mood and anxiety disorders.

### *METHODS:*

Fifty women (30 adherers, 20 decliners) were recruited between 18 and 34 weeks gestation in a tertiary care clinic for perinatal mothers. They were prospectively monitored 4 weeks apart up to 1-month postpartum on the: Hamilton Anxiety Scale, Hamilton Depression Scale, Mood Disorders Insight Scale, Antidepressant Compliance Questionnaire, Penn State Worry

Questionnaire, and NEO Personality Inventory. Qualitative interviews were conducted at baseline. Hierarchical linear modeling determined illness trajectories of the two groups.

### *RESULTS:*

Significantly different course of illness was observed in adherers versus decliners. Adherers had healthier attitudes toward depression and compliance with medication ( $P < .005$ ). Decliners had less illness insight ( $P < .001$ ) and cited fear of fetal exposure, and thought medication was unwarranted.

### *CONCLUSIONS:*

Pregnant women experienced significantly divergent illness trajectories depending on if they accepted antidepressant medication therapy for their illness. Risk perception, attitudes, and illness insight impacted decisions surrounding adherence and decline.

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PMID: 23780823 [PubMed - as supplied by publisher]

### **Related citations**



15. BMC Psychiatry. 2013 Jun 18;13(1):170. [Epub ahead of print]

Frequency and relevance of psychoeducation in psychiatric diagnoses: Results of two surveys five years apart in German-speaking European countries.

**Rummel-Kluge C, Kluge M, Kissling W.**

### *Abstract*

### *BACKGROUND:*

Psychoeducation has been shown to reduce relapse rates in several psychiatric disorders. Studies investigating for which psychiatric diagnoses psychoeducation is offered and assessing its perceived relevance compared to other interventions are lacking.

### *METHODS:*

A two-part questionnaire addressing these questions was sent to the heads of all psychiatric hospitals in Germany, Austria and Switzerland. Results were compared with those from a similar survey 5 years earlier.

### *RESULTS:*

289 of 500 (58%) institutions responded. Significantly ( $p = 0,02$ ) more institutions (93%) offer any type of psychoeducation as compared to 5 years before (86%). Psychoeducation is mainly offered for schizophrenia (86%) and depression (67%) and less frequently for anxiety disorders (18%) and substance abuse (17%). For the following specific diagnoses it is

offered by less than 10% of the institutions: Personality disorder, bipolar disorder, posttraumatic stress disorder, dementia, obsessive compulsive disorder, sleeping disorders, eating disorders, schizophrenia plus substance abuse, pain, attention deficit hyperactivity disorder and early psychosis. 25% offer diagnosis-unspecific psychoeducation. 'Pharmacotherapy' (99%), 'basic occupational therapy' (95%) and 'psychoeducation for patients' (93%) were the therapies being most often, 'light therapy' (24%) and 'sleep deprivation' (16%) the therapies being least often perceived as relevant by the respondents when asked about the value of different interventions offered in their hospitals. Art therapy (61%) and psychoanalytically oriented psychotherapy (59%), two therapies with a smaller evidence base than light therapy or sleep deprivation, were perceived as relevant by more than the half of the respondents.

### CONCLUSION:

Psychoeducation for patients is considered relevant and offered frequently in German-speaking countries, however, mostly only for schizophrenia and depression. The ranking of the perceived relevance of different treatment options suggests that the evidence base is not considered crucial for determining their relevance.

### Free Article

PMID: 23777594 [PubMed - as supplied by publisher]

### Related citations



16. J Gambl Stud. 2013 Jun 18. [Epub ahead of print]

The Clustering of Psychiatric Disorders in High-Risk Gambling Populations.

**Abdollahnejad MR, Delfabbro P, Denson L.**

School of Psychology, University of Adelaide, Adelaide, Australia,  
reza.abdollahnejad@adelaide.edu.au.

### Abstract

The aims of this study were to examine the associations between psychiatric disorders and pathological gambling (PG) and the clustering of psychiatric disorders in high risk gambler populations. The sample comprised 140 regular gamblers who were recruited from the general public. A variety of self-report and semi structured questionnaires was administered, including the Mini International Neuropsychiatric Interview, The Personality Diagnostic Questionnaire-4th Edition, NORC DSM-IV Screen for Gambling Problems Self-administered and Problem Gambling Severity Index. Axis I and Axis II psychiatric disorders and personality disturbances were found to be more prevalent amongst pathological gamblers than other gamblers with the strongest differences observed for mood and anxiety-related disorders. Almost two-thirds of pathological gamblers reported both an anxiety or mood disorder in conjunction with another type of disorder. These differences between the gambling groups existed even after controlling for gender. The results highlight the high



rates of co-morbidity in pathological gamblers in the community and the extent to which anxiety and mood disorders co-existing with other forms of pathology. These results highlight the significant challenges facing treatment services in the treatment of PG and the extent to which this should be treated as the primary disorder.

PMID: 23774993 [PubMed - as supplied by publisher]

#### Related citations



17. Neuropsychobiology. 2013 Jun 15;68(1):51-58. [Epub ahead of print]  
[Patients Suffering from Restless Legs Syndrome Have Low Internal Locus of Control and Poor Psychological Functioning Compared to Healthy Controls.](#)

**Brand S, Beck J, Hatzinger M, Holsboer-Trachsler E.**

Center for Affective, Stress and Sleep Disorders, Psychiatric Hospital, University of Basel, Basel, Switzerland.

#### Abstract

**Background:** Restless legs syndrome (RLS) is a disturbing sensorimotor disorder negatively influencing both sleep and psychological functioning. The aim of the present study was to assess RLS patients with respect to locus of control, sleep-related personality traits, quality of life, and sleep as compared to healthy controls. **Method:** Thirty-eight patients (18 females and 20 males; mean age: 56.06 years) diagnosed with RLS and an age- and gender-matched control group (n = 42) were recruited. Participants completed a series of questionnaires related to locus of control, personality traits, quality of life, and sleep. **Results:** Compared to healthy controls, RLS patients had a lower internal locus of control, unfavourable sleep-related personality traits such as low self-confidence and higher mental arousal, poorer quality of life, and more depressive symptoms. Sleep was also affected. Multiple regression analyses showed that a low internal and a high external locus of control were predicted by RLS. **Conclusions:** The pattern of results suggests that RLS is associated with a low locus of control, negative personality traits, and poor quality of life as compared to healthy controls.

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PMID: 23774053 [PubMed - as supplied by publisher]

#### Related citations



18. Schizophr Res. 2013 Jun 14. pii: S0920-9964(13)00259-4. doi: 10.1016/j.schres.2013.05.004. [Epub ahead of print]  
[Attenuated psychosis syndrome in DSM-5.](#)

**Tsuang MT, Van Os J, Tandon R, Barch DM, Bustillo J, Gaebel W, Gur RE, Heckers S, Malaspina D, Owen MJ, Schultz S, Carpenter W.**

Center for Behavioral Genomics, Department of Psychiatry and Institute of Genomic Medicine, University of California, San Diego, CA, USA; Veterans Affairs San Diego

Healthcare System, San Diego, CA, USA; Harvard Institute of Psychiatric Epidemiology and Genetics, Harvard School of Public Health, Boston, MA, USA. Electronic address: mtsuang@ucsd.edu.

## Abstract

Despite advances in the treatment of schizophrenia over the past half-century, the illness is frequently associated with a poor outcome. This is principally related to the late identification and intervention in the course of the illness by which time patients have experienced a substantial amount of socio-occupational decline that can be difficult to reverse. The emphasis has therefore shifted to defining psychosis-risk syndromes and evaluating treatments that can prevent transition to psychosis in these ultra-high risk groups. To consider the appropriateness of adding psychosis risk syndrome to our diagnostic nomenclature, the psychotic disorders work group extensively reviewed all available data, consulted a range of experts, and carefully considered the variety of expert and public comments on the topic. It was clear that reliable methods were available to define a syndrome characterized by sub-threshold psychotic symptoms (in severity or duration) and which was associated with a very significant increase in the risk of development of a full-fledged psychotic disorder (schizophrenia spectrum, psychotic mood disorder, and other psychotic disorders) within the next year. At the same time, the majority of individuals with "attenuated psychotic symptoms" had one or more other current psychiatric comorbid conditions (usually mood or anxiety disorders, substance use disorder; Fusar-Poli 2012) and exhibited a range of psychiatric outcomes other than conversion to psychosis (significant proportions either fully recover or develop some other psychiatric disorder, with a minority developing a psychotic disorder). Although the reliability of the diagnosis is well established in academic and research settings, it was found to be less so in community and other clinical settings. Furthermore, the nosological relationship of attenuated psychosis syndrome (APS) to schizotypal personality disorder and other psychiatric conditions was unclear. Further study will hopefully resolve these questions. The work group decided to recommend the inclusion of attenuated psychosis syndrome as a category in the appendix (Section 3) of DSM-5 as a condition for further study.

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PMID: 23773295 [PubMed - as supplied by publisher]

## Related citations



19. Am J Psychiatry. 2013 Jun 17. doi: 10.1176/appi.ajp.2013.12111448. [Epub ahead of print] [Diffusion Tensor Imaging White Matter Endophenotypes in Patients With Schizophrenia or Psychotic Bipolar Disorder and Their Relatives.](#)

**Skudlarski P, Schretlen DJ, Thaker GK, Stevens MC, Keshavan MS, Sweeney JA, Tamminga CA, Clementz BA, O'Neil K, Pearlson GD.**

## Abstract

**OBJECTIVE** Both schizophrenia and bipolar disorder are hypothesized to involve disordered brain connectivity. Prior studies show low white matter integrity, measured with diffusion tensor imaging, for both disorders. The authors studied disease specificity and endophenotypic status of these abnormalities by examining patients and their unaffected relatives. **METHOD** The 513 participants included probands with schizophrenia, probands with psychotic bipolar disorder, their first-degree relatives, and healthy comparison subjects. Fractional anisotropy measures of white matter integrity were collected at two sites as a part of the Bipolar-Schizophrenia Network on Intermediate Phenotypes project. Relatives with cluster A or B personality characteristics were further examined. **RESULTS** Both the probands with schizophrenia and those with psychotic bipolar disorder showed lower fractional anisotropy than the comparison subjects in multiple white matter regions; differences were more marked in schizophrenia. No significant differences existed between proband groups, but in some brain regions scores on a measure of the dimensional continuum between schizophrenia and bipolar disorder, the Schizo-Bipolar Scale, showed correlations with fractional anisotropy. Many regions affected in schizophrenia probands showed similar but smaller effects in relatives, with a continuous fractional anisotropy decrease from healthy subjects to relatives to cluster A/B relatives to probands. The pattern for psychotic bipolar disorder was similar but involved fewer brain regions. Effects in bipolar relatives were limited to younger subjects. Fractional anisotropy decreased with age in all groups; this decrease was exaggerated in schizophrenia but not psychotic bipolar disorder. **CONCLUSIONS** Fractional anisotropy was highly heritable, supporting its value as a potential endophenotype.

PMID: 23771210 [PubMed - as supplied by publisher]

## Related citations



20. Am J Psychiatry. 2013 Jun 17. doi: 10.1176/appi.ajp.2013.12101298. [Epub ahead of print] Neuropsychological Impairments in Schizophrenia and Psychotic Bipolar Disorder: Findings from the Bipolar and Schizophrenia Network on Intermediate Phenotypes (B-SNIP) Study.

**Hill SK, Reilly JL, Keefe RS, Gold JM, Bishop JR, Gershon ES, Tamminga CA, Pearlson GD, Keshavan MS, Sweeney JA.**

## Abstract

**OBJECTIVE** Familial neuropsychological deficits are well established in schizophrenia but remain less well characterized in other psychotic disorders. This study from the Bipolar and Schizophrenia Network on Intermediate Phenotypes (B-SNIP) consortium 1) compares cognitive impairment in schizophrenia and bipolar disorder with psychosis, 2) tests a continuum model of cognitive dysfunction in psychotic disorders, 3) reports familiarity of cognitive impairments across psychotic disorders, and 4) evaluates cognitive impairment among nonpsychotic relatives with and without cluster A personality traits. **METHOD** Participants included probands with schizophrenia (N=293), psychotic bipolar disorder (N=227), schizoaffective disorder (manic, N=110; depressed, N=55), their first-degree

relatives (N=316, N=259, N=133, and N=64, respectively), and healthy comparison subjects (N=295). All participants completed the Brief Assessment of Cognition in Schizophrenia (BACS) neuropsychological battery. RESULTS Cognitive impairments among psychotic probands, compared to healthy comparison subjects, were progressively greater from bipolar disorder ( $z=-0.77$ ) to schizoaffective disorder (manic  $z=-1.08$ ; depressed  $z=-1.25$ ) to schizophrenia ( $z=-1.42$ ). Profiles across subtests of the BACS were similar across disorders. Familiality of deficits was significant and comparable in schizophrenia and bipolar disorder. Of particular interest were similar levels of neuropsychological deficits in relatives with elevated cluster A personality traits across proband diagnoses. Nonpsychotic relatives of schizophrenia probands without these personality traits exhibited significant cognitive impairments, while relatives of bipolar probands did not. CONCLUSIONS Robust cognitive deficits are present and familial in schizophrenia and psychotic bipolar disorder. Severity of cognitive impairments across psychotic disorders was consistent with a continuum model, in which more prominent affective features and less enduring psychosis were associated with less cognitive impairment. Cognitive dysfunction in first-degree relatives is more closely related to psychosis-spectrum personality disorder traits in psychotic bipolar disorder than in schizophrenia.

PMID: 23771174 [PubMed - as supplied by publisher]

#### Related citations



21. Alcohol Clin Exp Res. 2013 Jun 13. doi: 10.1111/acer.12158. [Epub ahead of print]  
[Gender Differences in Lifetime Alcohol Dependence: Results from the National Epidemiologic Survey on Alcohol and Related Conditions.](#)

**Khan S, Okuda M, Hasin DS, Secades-Villa R, Keyes K, Lin KH, Grant B, Blanco C.**

Department of Psychiatry, Columbia University/New York State Psychiatric Institute, New York, New York.

#### Abstract

##### *BACKGROUND:*

An extensive clinical literature has noted gender differences in the etiology and clinical characteristics of individuals with alcohol dependence (AD). Despite this knowledge, many important questions remain.

##### *METHODS:*

Using the 2001 to 2002 National Epidemiologic Survey on Alcohol and Related Conditions ( $n = 43,093$ ), we examined differences in sociodemographic characteristics, psychiatric and medical comorbidities, clinical correlates, risk factors, and treatment-utilization patterns of men ( $N = 2,974$ ) and women ( $N = 1,807$ ) with lifetime AD.

## RESULTS:

Men with lifetime AD were more likely than women to be diagnosed with any substance use disorder and antisocial personality disorder, whereas women were more likely to have mood and anxiety disorders. After adjusting for sociodemographic characteristics and gender differences in psychiatric comorbidity in the general population, AD was associated with externalizing disorders and any mood disorder among women only. Men with AD met more criteria, had longer episodes, and were younger at the age of first drink. There were no gender differences in remission rates. Women with AD were more likely to have a family and a spouse with history of alcohol use disorders. Treatment rates were low for both genders, and women were more likely to report social stigmatization as a treatment barrier.

## CONCLUSIONS:

There are important gender differences in the psychiatric comorbidities, risk factors, clinical characteristics, and treatment-utilization patterns among individuals with lifetime AD.

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PMID: 23763329 [PubMed - as supplied by publisher]

## Related citations



22. *Front Hum Neurosci.* 2013 Jun 5;7:243. doi: 10.3389/fnhum.2013.00243. Print 2013.  
[An interaction of a NR3C1 polymorphism and antenatal solar activity impacts both hippocampus volume and neuroticism in adulthood.](#)

**Montag C, Eichner M, Markett S, Quesada CM, Schoene-Bake JC, Melchers M, Plieger T, Weber B, Reuter M.**

Department of Psychology, University of Bonn Bonn, Germany ; Center for Economics and Neuroscience, University of Bonn Bonn, Germany.

## Abstract

The investigation of the interaction of genes and environment in the context of mental health and personality yields important new insights for a better understanding of human nature. Both antenatal and postnatal environmental factors have been considered as potential modulators of genetic activity. Antenatally, especially smoking or alcohol drinking habits of the mother dramatically influence the health of the child during pregnancy and even later on in life. In the present study we would like to introduce a more "distant" factor that is not under the control of the becoming mother but that nevertheless plays a potential role for the health of the unborn child later on in adulthood. Here, we retrospectively investigate the influence of solar activity (while the child is still in the uterus of the becoming mother) on brain structure (with a focus on hippocampus and amygdala volume) and personality in adulthood. We observe an interaction of a genetic variant (rs41423247) of the glucocorticoid receptor gene (NR3C1) and solar activity in the first trimester after conception on both

hippocampal volume and the personality trait neuroticism in adulthood in N = 254 participants. The NR3C1 gene is the focus of interest, because of its influence on the hypothalamic-pituitary-adrenal (HPA) axis and negative emotionality. Carriers of the CC variant of rs41423247 grown in the womb under the influence of high sun radiation (high solar activity) show both the highest hippocampal volume in the left hemisphere and lowest neuroticism scores. The present findings should encourage researchers in psychology and psychiatry to include also environmental influences such as solar activity besides genetics to better understand the etiogenesis of psychiatric disorders.

PMCID: PMC3672672 **Free PMC Article**

PMID: 23761749 [PubMed]

### Related citations



23. Compr Psychiatry. 2013 Jun 4. pii: S0010-440X(13)00106-5. doi: 10.1016/j.comppsy.2013.04.014. [Epub ahead of print]

[Pathological gambling in eating disorders: Prevalence and clinical implications.](#)

**Jiménez-Murcia S, Steiger H, Isráel M, Granero R, Prat R, Santamaría JJ, Moragas L, Sánchez I, Custal N, Orekhova L, Fagundo AB, Menchón J, Fernández-Aranda F.**

Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, 08907, Spain; Ciber Fisiopatología Obesidad y Nutrición (CIBERObn), Instituto Salud Carlos III, Barcelona, Spain; Clinical Sciences Department, School of Medicine, University of Barcelona, Spain. Electronic address: [sjimenez@bellvitgehospital.cat](mailto:sjimenez@bellvitgehospital.cat).

### Abstract

#### OBJECTIVE:

Pathological gambling (PG) and eating disorders (ED) rarely co-occur. We explored the prevalence of lifetime PG in ED, compared severity of ED symptoms, personality traits, and psychopathological profiles across individuals with ED and PG (ED+PG) and without PG (ED-PG). Finally, we assessed the incremental predictive value of gender on the presentation of a comorbid PG.

#### METHOD:

A total sample of 1681 consecutively admitted ED patients (1576 females and 105 males), participated in the current study (25 ED+PG and 1656 ED-PG). All participants were diagnosed according to DSM-IV criteria. Assessment measures included the Symptom Checklist and the Temperament and Character Inventory-Revised, as well as other clinical and psychopathological indices.

## RESULTS:

The observed lifetime prevalence of PG was 1.49%. ED subtype was associated with lifetime PG ( $p=.003$ ), with PG being more frequent in binge eating disorder (5.7%). ED+PG was more prevalent in males than in females (16% vs. 1.26%, respectively). Additionally, ED+PG patients exhibited more impulsive behaviours, lower impulse regulation and higher novelty seeking. Best predictors of ED+PG were novelty seeking (OR 1.030,  $p=.035$ ), sex (OR 3.295,  $p=.048$ ) and BMI (OR 1.081,  $p=.005$ ).

## CONCLUSIONS:

Some personality traits (novelty seeking), being male and higher BMI are strongly related to the presence of lifetime PG in specific ED subtypes (namely binge eating disorder).

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PMID: 23759149 [PubMed - as supplied by publisher]

## Related citations



24. BMC Psychiatry. 2013 Jun 11;13:166. doi: 10.1186/1471-244X-13-166.

ADHD symptomatology in eating disorders: a secondary psychopathological measure of severity?

**Fernández-Aranda F, Agüera Z, Castro R, Jiménez-Murcia S, Ramos-Quiroga JA, Bosch R, Fagundo AB, Granero R, Penelo E, Claes L, Sánchez I, Riesco N, Casas M, Menchon JM.**

Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.  
ffernandez@bellvitgehospital.cat.

## Abstract

### BACKGROUND:

Attention-deficit/hyperactivity disorder (ADHD) has commonly been described in psychiatric disorders. Although several studies have found positive associations between abnormal eating patterns during childhood and ADHD, there is a lack of studies on ADHD and Eating Disorders (ED). The aims of this exploratory study were 1) to assess the ADHD symptoms level in ED and to ascertain whether there are differences among ED subtypes; 2) to analyze whether the presence of ADHD symptoms is associated with more severe eating disorder symptoms and greater general psychopathology; and 3) to assess whether the ADHD symptoms level is associated with specific temperament and character traits.

## **METHODS:**

191 female ED patients were included. Assessment was carried out with the EDI-2, ASRS-v1.1, the SCL-90-R and the TCI-R.

## **RESULTS:**

The ADHD symptoms level was similar in bulimia, eating disorder not otherwise specified and binge eating subtypes, and lower in anorexic patients. Obsessiveness and Hostility were significantly positively associated with ADHD symptoms. A path model showed that ADHD was associated with high Novelty Seeking and low Self-Directedness, whereas ED severity was influenced by ADHD severity and low Self-Directedness.

## **CONCLUSIONS:**

Bingeing/purging ED subtypes have a high ADHD symptoms level, also related with more severe eating, general and personality psychopathology.

PMCID: PMC3693886 **Free PMC Article**

PMID: 23758944 [PubMed - in process]

### **Related citations**



25. Epilepsy Behav. 2013 Jul;28 Suppl 1:S74-80. doi: 10.1016/j.yebeh.2013.03.026.  
Juvenile myoclonic epilepsy: Psychiatric comorbidity and impact on outcome.

**de Araujo Filho GM, Yacubian EM.**

Department of Neurology and Neurosurgery, Universidade Federal de São Paulo (UNIFESP), São Paulo, Brazil; Laboratório Interdisciplinar de Neurociências Clínicas (LiNC), Department of Psychiatry, Universidade Federal de São Paulo (UNIFESP), São Paulo, Brazil. Electronic address: filho.gerardo@gmail.com.

### **Abstract**

Juvenile myoclonic epilepsy (JME) is a well-defined age-related idiopathic epilepsy syndrome. Past studies have emphasized the difficulties in the treatment of patients with JME, which have been attributed to some specific psychiatric, psychological, and psychosocial characteristics. These aspects have aroused a significant amount of interest in the last two decades. In this article, the available studies that investigated the prevalence of psychiatric disorders (PDs) in JME and its impact on seizure outcome were reviewed in order to provide an update to clinicians about these two important aspects associated with this common epilepsy syndrome. The review disclosed a high prevalence of PDs in patients with JME, particularly mood, anxiety, and personality disorders. In addition, most recent studies have also observed that overall prevalence of PDs in JME has not shown statistically significant differences when compared with TLE, an epilepsy syndrome where the



psychiatric aspects are most frequently studied. Taken together, data regarding the prevalence of PDs and their possible consequences on seizure outcome on JME indicate that special attention should be directed to psychological disturbances and psychiatric symptoms in this epilepsy syndrome. The early recognition and treatment of psychiatric symptoms, as well as psychological disturbances and psychosocial difficulties, should be considered fundamental to JME prognosis. This article is part of a supplemental special issue entitled Juvenile Myoclonic Epilepsy: What is it Really?

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PMID: 23756487 [PubMed - in process]

### Related citations



26. Community Ment Health J. 2013 Jun 7. [Epub ahead of print]

[Risk Factors Associated with Recurrent Homelessness After a First Homeless Episode.](#)

**McQuiston HL, Gorroochurn P, Hsu E, Caton CL.**

Division of Outpatient and Community Psychiatry, Department of Psychiatry and Behavioral Health, The St. Luke's and Roosevelt Hospitals, 1090 Amsterdam Avenue, 13th Floor, New York, NY, 10025, USA, hottod@gmail.com.

### Abstract

Alcohol and drug use are commonly associated with the experience of homelessness. In order to better understand this, we explored the prevalence of drug and alcohol use as it related to successful re-housing within a sample of first-time single homeless adults at municipal shelters. From within this sample, we compared the features of recurrent homelessness with those of chronic homelessness and of being stably housed. We interviewed 344 subjects upon shelter entry and followed each one every six months for 18 months using standardized social and mental health measures. We analyzed baseline assessments relative to housing experiences during follow-up using Chi square and multinomial logistic regression. Eighty-one percent (N = 278) obtained housing over 18 months, of which 23.7 % (N = 66) experienced homelessness again. Recurrent homelessness was more common among those with a high school education and if initially re-housed with family. Bivariate analysis resulted in the observation of the highest rate of alcohol and other drug use among this recurrent group and multinomial logistic regression supported this only with the coupling of arrest history and diagnosed antisocial personality disorder. With relatively high rates of recurrent homelessness, there were differences between subjects who experienced recurrent homelessness compared to those who were stably housed and with chronic homelessness. That alcohol and other substance use disorders were associated with recurrent homelessness only if they were linked to other risk factors highlights the complexity of causes for homelessness and a resultant need to organize them into constellations of causal risk factors. Consistent with this, there should be initiatives that span bureaucratic boundaries so as to flexibly meet multiple complex service needs, thus improving outcomes concerning episodes of recurrent homelessness.

PMID: 23744291 [PubMed - as supplied by publisher]

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27. J Psychiatr Res. 2013 Jun 3. pii: S0022-3956(13)00145-3. doi: 10.1016/j.jpsychires.2013.05.005. [Epub ahead of print]

Can protective factors moderate the detrimental effects of child maltreatment on personality functioning?

**Hengartner MP, Müller M, Rodgers S, Rössler W, Ajdacic-Gross V.**

Zurich University Hospital of Psychiatry, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland. Electronic address: michael.hengartner@dgsp.uzh.ch.

### Abstract

#### *OBJECTIVE:*

The aim of this study was to examine whether, and if so, to what extent, education and coping strategies may reduce the detrimental effects of childhood maltreatment on personality functioning.

#### *METHODS:*

We assessed dimensional trait-scores of all 10 DSM-IV personality disorders (PDs), childhood maltreatment, education and three coping styles in 511 subjects of the general population of Zurich, Switzerland, using data from the ZInEP Epidemiology Survey.

#### *RESULTS:*

Childhood maltreatment was associated with all 10 PDs. Low education was related to antisocial, borderline and histrionic PD. Low emotion-focused coping was associated with paranoid, schizoid, borderline, avoidant, and obsessive-compulsive PD. Low problem-focused coping was related to schizoid PD and high problem-focused coping to histrionic PD. High dysfunctional coping was significantly related to all 10 PD dimensions. Obsessive-compulsive trait scores were significantly lower in maltreated subjects with high emotion-focused coping. Antisocial, borderline and narcissistic trait scores were significantly higher in maltreated subjects with high dysfunctional coping.

#### *CONCLUSION:*

Education and adaptive coping may have a protective effect on PD symptomatology. Promotion of adaptive coping and suppression of dysfunctional coping may additionally reduce PD symptoms specifically in maltreated subjects. Those findings have important clinical implications. Longitudinal research is needed to address questions of causality and to evaluate potential effects of treatment and intervention.

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PMID: 23743134 [PubMed - as supplied by publisher]

#### Related citations



28. Aust N Z J Psychiatry. 2013 Jun 5. [Epub ahead of print]  
[Mental illness and psychiatric treatment amongst firesetters, other offenders and the general community.](#)

**Ducat L, Ogloff JR, McEwan T.**

Centre for Forensic Behavioural Science, Monash University and Victorian Institute of Forensic Mental Health (Forensicare), Clifton Hill, Australia.

#### Abstract

**Objective:** Firesetting is often reported to be associated with psychopathology, but frequently these conclusions are based on studies reliant on selective forensic psychiatric samples without the use of comparison groups. The aim of the study was to examine the rates of mental illness, substance use disorders, personality pathology and psychiatric service usage in a population of convicted firesetters compared with other offenders and community controls. **Method:** Using a data-linkage design, the study examined the psychiatric histories and usage of public mental health services by 1328 arsonists convicted between 2000 and 2009 in Victoria, Australia. These were compared with 1328 matched community controls and 421 non-firesetting offenders. **Results:** Firesetters were significantly more likely to have been registered with psychiatric services (37%) compared with other offenders (29.3%) and community controls (8.7%). The firesetters were also more likely to have utilised a diverse range of public mental health services. Firesetters attracted psychiatric diagnoses more often than community controls and other offenders, particularly affective, substance use, and personality disorders. **Conclusions:** This study confirms that there is a link between firesetting and psychopathology, suggesting that there is a role for the psychiatric screening of known firesetters, and a need to consider psychopathology in formulating the risk for further firesetting.

PMID: 23739314 [PubMed - as supplied by publisher]

#### Related citations



29. Assessment. 2013 Jun 3. [Epub ahead of print]  
[Personality and Psychopathology : Mapping the MMPI-2-RF on Cloninger's Psychobiological Model of Personality.](#)

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

#### Abstract

This study investigates the relationship between the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and the Temperament and Character

Inventory (TCI) in a combined data set (N = 491) of patients with a broad range of psychiatric disorders (n = 286) as well as alcohol use disorder (n = 205). We examined bivariate correlations between both measures. The MMPI-2-RF scales relate to the TCI dimensions as was hypothesized, and relationships between both measurements were largely similar for psychiatric patients and alcohol-dependent patients. Theoretical and clinical implications are considered.

PMID: 23737600 [PubMed - as supplied by publisher]

#### Related citations



30. J Consult Clin Psychol. 2013 Jun 3. [Epub ahead of print]  
[Chronic Sleep Disturbances and Borderline Personality Disorder Symptoms.](#)

**Selby EA.**

#### Abstract

Objective: Few studies have examined the experience of chronic sleep disturbances in those with borderline personality disorder (BPD), and further establishing this association may be pertinent to enhancing current treatments, given the relevance of sleep to emotion regulation and stress management. Method: Data were analyzed (N = 5,692) from Part II of the National Comorbidity Survey-Replication (NCS-R) sample (Kessler & Merikangas, 2004), which assessed personality disorders and sleep problems. Rates of chronic sleep disturbances (difficulty initiating sleep, difficulty maintaining sleep, and waking earlier than desired), as well as the consequences of poor sleep, were examined. Indices for BPD diagnosis and symptoms were used in logistic and linear regression analyses to predict sleep and associated problems after accounting for chronic health problems, Axis I comorbidity, suicidal ideation over the last year, and key sociodemographic variables. Results: BPD was significantly associated with all 3 chronic sleep problems assessed, as well as with the consequences of poor sleep. The magnitude of the association between BPD and sleep problems was comparable to that for Axis I disorders traditionally associated with sleep problems. BPD symptoms interacted with chronic sleep problems to predict elevated social/emotional, cognitive, and self-care impairment. Conclusions: Sleep disturbances are consistently associated with BPD symptoms, as are the daytime consequences of poor sleep. There may also be a synergistic effect where BPD symptoms are aggravated by poor sleep and lead to higher levels of functional impairment. Sleep in patients with BPD should be routinely assessed, and ameliorating chronic sleep problems may enhance treatment by improving emotion regulation and implementation of therapeutic skills. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 23731205 [PubMed - as supplied by publisher]

#### Related citations

1. J Clin Psychol. 2013 Jun 25. doi: 10.1002/jclp.22006. [Epub ahead of print]

Late Onset Eating Disorders in Spain: Clinical Characteristics and Therapeutic Implications.

**Bueno B, Krug I, Bulik CM, Jiménez-Murcia S, Granero R, Thornton L, Penelo E, Menchón JM, Sánchez I, Tinahones FJ, Fernández-Aranda F.**

Department of Psychiatry, University Hospital of Bellvitge; CIBER Salud Mental (CIBERSAM), ISCIII.

## Abstract

### *OBJECTIVE:*

The literature on later age of onset (LAO) in women with eating disorders is scarce. We compared the severity of eating disorders, eating disorder subtype, and personality profiles in a clinical sample of consecutively assessed women with eating disorders with later age of onset (LAO,  $\geq 25$  years) to women with typical age of onset (TAO,  $<25$  years).

### *METHOD:*

All eating disorder patients met the Diagnostic and Statistical Manual of Mental Disorders Fourth Edition (DSM-IV) criteria and were admitted to the Eating Disorder Unit of the University Hospital of Bellvitge in Barcelona, Spain. Ninety-six patients were classified as LAO and 759 as TAO.

### *ASSESSMENT:*

Measures included the Eating Attitude Test-40 (EAT-40), Eating Disorders Inventory-2 (EDI-2), Bulimic Investigatory Test Edinburgh (BITE), Symptom Checklist Revised (SCL-90-R), and the Temperament and Character Inventory-Revised (TCI-R), as well as other clinical and psychopathological indices.

### *RESULTS:*

LAO individuals reported significantly fewer weekly vomiting episodes, fewer self-harming behaviours, less drug abuse, and lower scores on the BITE symptoms, the EDI-2 drive for thinness, and the TCI-R harm avoidance scales than TAO individuals. Conversely, the LAO group reported more current and premorbid obesity than the TAO group.

### *CONCLUSION:*

LAO eating disorder patients in this sample presented with milder symptomatology and less extreme personality traits. Premorbid obesity may be more relevant to LAO than TAO eating disorders and should be routinely assessed and considered when planning treatment.

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PMID: 23801539 [PubMed - as supplied by publisher]

## Related citations



2. Am J Geriatr Psychiatry. 2013 Jun 22. pii: S1064-7481(13)00125-5. doi: 10.1016/j.jagp.2013.02.007. [Epub ahead of print]  
Prevalence and Predictors of Persistent Versus Remitting Mood, Anxiety, and Substance Disorders in a National Sample of Older Adults.

**Mackenzie CS, El-Gabalawy R, Chou KL, Sareen J.**

Department of Psychology, University of Manitoba, Winnipeg, Manitoba, Canada.

### Abstract

#### *OBJECTIVES:*

Relatively little is known about whether mental disorders other than depression remit versus persist in later life, especially within nationally representative samples. Our objectives were to examine the prevalence of persistent mood, anxiety, and substance disorders in older adults and to explore a range of physical and mental health predictors of disorder chronicity.

#### *METHODS:*

This study involved a 3-year follow-up design using Wave 1 (2001-2002) and Wave 2 (2004-2005) of the National Epidemiologic Survey on Alcohol and Related Conditions. Participants included 1,994 adults aged 55 years and older who had a past-year mental disorder at Wave 1 and who completed Wave 2. The primary outcome was the prevalence of persistent mood, anxiety, and substance disorders at Wave 2. Potential predictors of persistence included sociodemographic variables, physical health (chronic health conditions and physical health-related quality of life), and mental health (childhood adversity, suicide attempts, mental health-related quality of life, comorbid mental disorders, personality disorders, and lifetime treatment-seeking).

#### *RESULTS:*

With the exception of nicotine dependence, the prevalence of persistent mood, anxiety, and substance disorders ranged from 13% to 33%. Only younger age predicted substance disorder chronicity. Significant predictors of persistent mood and anxiety disorders included physical and mental health comorbidity, physical health- and mental health-related quality of life, suicide attempts, comorbid personality disorders, and treatment-seeking.

#### *CONCLUSIONS:*

At least two-thirds of mental disorders in these older adults were not persistent. Sociodemographic variables had little influence on chronicity, whereas a number of markers

of mental disorder severity and complexity predicted persistent mood and anxiety disorders. The findings have important treatment and prevention implications.

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PMID: 23800537 [PubMed - as supplied by publisher]

### Related citations



3. Stereotact Funct Neurosurg. 2013 Jun 22;91(5):306-313. [Epub ahead of print]  
[The Contemporary Practice of Psychiatric Surgery: Results from a Global Survey of Functional Neurosurgeons.](#)

**Mendelsohn D, Lipsman N, Lozano AM, Taira T, Bernstein M.**

Division of Neurosurgery, Vancouver General Hospital, University of British Columbia, Vancouver, B.C., Canada.

### Abstract

**Background:** Interest in neurosurgery for psychiatric diseases (NPD) has grown globally. We previously reported the results of a survey of North American functional neurosurgeons that evaluated general attitudes towards NPD and the future directions of the field. **Objectives:** The purpose of this study was to expand on our previous work and obtain a snapshot in time of global attitudes towards NPD among practicing functional neurosurgeons. We measure general and regional trends in functional neurosurgery and focus specifically on surgery for mind and mood, while exploring the future prospects of the field. **Methods:** We designed an online survey and distributed it electronically to 881 members of the following international organizations: World Society for Stereotactic and Functional Neurosurgery, European Society for Stereotactic and Functional Neurosurgery, Asian-Australasian Society for Stereotactic Functional Neurosurgery and the South and Latin American Society for Stereotactic and Functional Neurosurgery. Subsequent statistical and thematic analysis was performed on the data obtained. **Results:** Of 881 surveys distributed, 106 were returned (12.8%). Eighty-two percent of functional neurosurgeon respondents were fellowship trained, with movement disorders and pain making up the majority of their practice. Psychiatric indications are the most frequently treated conditions for 34% of survey respondents, and over half of participants (51%) perform epilepsy surgery. Of the psychiatric conditions, obsessive-compulsive disorder and depression are the most common disorders treated. The majority of respondents (90%) felt optimistic about the future of NPD. Two thirds cited the reluctance of psychiatrists to refer patients as the greatest obstacle facing the field, and a majority reported that a cultural stigma surrounding psychiatric diseases exists in their community. In response to hypothetical situations involving cognitive and personality enhancement, opinions varied, but the majority opposed enhancement interventions. Regional variations were examined as well and uncovered distinct attitudinal differences depending on geographic location. **Conclusions:** Surgery for psychiatric conditions is an expanding field within functional neurosurgery. The opinions of international functional neurosurgeons were largely in line with those of their North American colleagues. Optimism regarding the future of NPD

predominates, and future editions of this survey can be used to track the evolution of neurosurgeons' attitudes towards NPD and neuroenhancement.

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PMID: 23797416 [PubMed - as supplied by publisher]

#### Related citations



4. Psychoneuroendocrinology. 2013 Jun 21. pii: S0306-4530(13)00151-0. doi: 10.1016/j.psyneuen.2013.04.013. [Epub ahead of print]

The ankyrin-3 gene is associated with posttraumatic stress disorder and externalizing comorbidity.

**Logue MW, Solovieff N, Leussis MP, Wolf EJ, Melista E, Baldwin C, Koenen KC, Petryshen TL, Miller MW.**

Biomedical Genetics, Department of Medicine, Boston University School of Medicine, Boston, MA, United States; Department of Biostatistics, Boston University School of Public Health, Boston, MA, United States.

#### Abstract

##### *BACKGROUND:*

The ankyrin 3 gene (ANK3) produces the ankyrin G protein that plays an integral role in regulating neuronal activity. Previous studies have linked ANK3 to bipolar disorder and schizophrenia. A recent mouse study suggests that ANK3 may regulate behavioral disinhibition and stress reactivity. This led us to hypothesize that ANK3 might also be associated with stress-related psychopathology such as posttraumatic stress disorder (PTSD), as well as disorders of the externalizing spectrum such as antisocial personality disorder and substance-related disorders that are etiologically linked to impulsivity and temperamental disinhibition.

##### *METHODS:*

We examined the possibility of association between ANK3 SNPs and both PTSD and externalizing (defined by a factor score representing a composite of adult antisociality and substance abuse) in a cohort of white non-Hispanic combat veterans and their intimate partners (n=554). Initially, we focused on rs9804190-a SNP previously reported to be associated with bipolar disorder, schizophrenia, and ankyrin G expression in brain. Then we examined 358 additional ANK3 SNPs utilizing a multiple-testing correction.

##### *RESULTS:*

rs9804190 was associated with both externalizing and PTSD (p=0.028 and p=0.042 respectively). Analysis of other ANK3 SNPs identified several that were more strongly



associated with either trait. The most significant association with externalizing was observed at rs1049862 ( $p=0.00040$ ,  $p_{\text{corrected}}=0.60$ ). The most significant association with PTSD ( $p=0.00060$ ,  $p_{\text{corrected}}=0.045$ ) was found with three SNPs in complete linkage disequilibrium (LD)-rs28932171, rs11599164, and rs17208576.

### CONCLUSIONS:

These findings support a role of ANK3 in risk of stress-related and externalizing disorders, beyond its previous associations with bipolar disorder and schizophrenia.

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PMID: 23796624 [PubMed - as supplied by publisher]

### Related citations



5. Nord J Psychiatry. 2013 Jun 24. [Epub ahead of print]

Trait-aggressiveness and impulsivity: Role of psychological resilience and childhood trauma in a sample of male prisoners.

**Carli V, Mandelli L, Zaninotto L, Alberti S, Roy A, Serretti A, Sarchiapone M.**

Vladimir Carli, Department of Health Sciences, University of Molise , via F. De Sanctis, 86100, Campobasso , Italy , and Department of Public Health Sciences, Karolinska Institutet, National Prevention of Suicide and Mental Ill-Health (NASP) , 17177, Stockholm , Sweden.

### Abstract

Background: One of the major challenges for research in the field of human aggression is the need to define the role of personality and trait-like dimensions, such as impulsivity and aggressiveness, in predisposing to violent behavior. Aims: 1) To determine whether trait-aggressiveness and impulsivity may be associated with socio-demographic, clinical and crime history variables in a sample of male prisoners; 2) to detect any association of those traits with measures of early traumatic experiences and current resilience traits. Methods: A sample of male prisoners ( $n = 1356$ ) underwent the Brown-Goodwin Assessment for Lifetime History of Aggression (BGLHA) and the Barratt Impulsivity Scale (BIS). Axis I psychiatric disorders were also assessed. Early traumatic experiences and psychological resilience were detected respectively by the Childhood Trauma Questionnaire (CTQ) and the Connor-Davidson Resilience Scale (CD-RISC). Two non-linear logistic regression models were performed to test for the best predictors of trait-aggressiveness and impulsivity. Results: Subjects with a history of substance use disorders and self-mutilation reported both higher BGLHA and BIS scores. Axis I disorders and suicide attempts were associated with aggressiveness, but not to impulsivity. A consistent correlation was found between BGLHA scores and early traumatic experiences. Resilience was positively correlated to impulsivity but not to aggressiveness scores. Conclusions: Our results support the view that aggressiveness and impulsivity are two different, albeit related trait-like dimensions of personality, having a different relationship

with resilience, and, inferentially, a different impact over the development of psychiatric disorders.

PMID: 23795860 [PubMed - as supplied by publisher]

#### Related citations



6. J Clin Child Adolesc Psychol. 2013 Jun 24. [Epub ahead of print]  
Predictors and Moderators in the Randomized Trial of Multifamily Psychoeducational Psychotherapy for Childhood Mood Disorders.

**Macpherson HA, Algorta GP, Mendenhall AN, Fields BW, Fristad MA.**

a Departments of Psychiatry and Psychology , The Ohio State University.

#### Abstract

This study investigated predictors and moderators of mood symptoms in the randomized controlled trial (RCT) of Multi-Family Psychoeducational Psychotherapy (MF-PEP) for childhood mood disorders. Based on predictors and moderators in RCTs of psychosocial interventions for adolescent mood disorders, we hypothesized that children's greater functional impairment would predict worse outcome, whereas children's stress/trauma history and parental expressed emotion and psychopathology would moderate outcome. Exploratory analyses examined other demographic, functioning, and diagnostic variables. Logistic regression and linear mixed effects modeling were used in this secondary analysis of the MF-PEP RCT of 165 children, ages 8 to 12, with mood disorders, a majority of whom were male (73%) and White, non-Hispanic (90%). Treatment nonresponse was significantly associated with higher baseline levels of global functioning (i.e., less impairment; Cohen's  $d = 0.51$ ) and lower levels of stress/trauma history ( $d = 0.56$ ) in children and Cluster B personality disorder symptoms in parents ( $d = 0.49$ ). Regarding moderators, children with moderately impaired functioning who received MF-PEP had significantly decreased mood symptoms ( $t = 2.10$ ,  $d = 0.33$ ) compared with waitlist control. MF-PEP had the strongest effect on severely impaired children ( $t = 3.03$ ,  $d = 0.47$ ). Comprehensive assessment of demographic, youth, parent, and familial variables should precede intervention. Treatment of mood disorders in high-functioning youth without stress/trauma histories and with parents with elevated Cluster B symptoms may require extra therapeutic effort, whereas severely impaired children may benefit most from MF-PEP.

PMID: 23795823 [PubMed - as supplied by publisher]

#### Related citations



7. J Pers Disord. 2013 Jun 24. [Epub ahead of print]  
The Effect of Personality Disorders on Treatment Outcomes in Patients with Obsessive-Compulsive Disorders.

**Thiel N, Hertenstein E, Nissen C, Herbst N, Külz AK, Voderholzer U.**

## Abstract

The effect of comorbid personality disorders (PD) on treatment outcomes in obsessive-compulsive disorder (OCD) is unclear. The authors systematically review results from investigations of therapy outcomes in adult patients with OCD and a comorbid PD. PsycINFO and MEDLINE were searched for original articles. Twenty-three studies assessing PDs through interviews were selected. Cluster A PDs, particularly schizotypal PD, narcissistic PD, and the presence of two or more comorbid PDs, were associated with poorer treatment outcomes in patients with OCD. With regard to other PDs and clusters, the results are inconsistent or the sample sizes are too small to reach a conclusion. OCD patients with different comorbid PDs differ in their therapeutic response to treatment. To optimize the treatment of OCD, the predictive value of PDs on the treatment outcome should be further investigated, and treatment of Axis I and II comorbidity requires more attention.

PMID: 23795757 [PubMed - as supplied by publisher]

## Related citations



8. Drug Alcohol Depend. 2013 Jun 19. pii: S0376-8716(13)00186-5. doi: 10.1016/j.drugalcdep.2013.05.011. [Epub ahead of print]

Measuring historical trauma in an American Indian community sample: Contributions of substance dependence, affective disorder, conduct disorder and PTSD.

**Ehlers CL, Gizer IR, Gilder DA, Ellingson JM, Yehuda R.**

Molecular and Cellular Neurosciences Department, The Scripps Research Institute, 10550 North Torrey Pines Road, La Jolla, CA 92037, USA. Electronic address: [cindy@scripps.edu](mailto:cindy@scripps.edu).

## Abstract

### BACKGROUND:

The American Indian experience of historical trauma is thought of as both a source of intergenerational trauma responses as well as a potential causative factor for long-term distress and substance abuse among communities. The aims of the present study were to evaluate the extent to which the frequency of thoughts of historical loss and associated symptoms are influenced by: current traumatic events, post traumatic stress disorder (PTSD), cultural identification, percent Native American Heritage, substance dependence, affective/anxiety disorders, and conduct disorder/antisocial personality disorder (ASPD).

### METHODS:

Participants were American Indians recruited from reservations that were assessed with the Semi-Structured Assessment for the Genetics of Alcoholism (SSAGA), The Historical Loss Scale and The Historical Loss Associated Symptoms Scale (to quantify frequency of thoughts

and symptoms of historical loss) the Stressful-Life-Events Scale (to assess experiences of trauma) and the Orthogonal Cultural Identification Scale (OCIS).

#### *RESULTS:*

Three hundred and six (306) American Indian adults participated in the study. Over half of them indicated that they thought about historical losses at least occasionally, and that it caused them distress. Logistic regression revealed that significant increases in how often a person thought about historical losses were associated with: not being married, high degrees of Native Heritage, and high cultural identification. Additionally, anxiety/affective disorders and substance dependence were correlated with historical loss associated symptoms.

#### *CONCLUSIONS:*

In this American Indian community, thoughts about historical losses and their associated symptomatology are common and the presence of these thoughts are associated with Native American Heritage, cultural identification, and substance dependence.

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PMID: 23791028 [PubMed - as supplied by publisher]

#### **Related citations**



9. Compr Psychiatry. 2013 Jun 20. pii: S0010-440X(13)00119-3. doi: 10.1016/j.comppsy.2013.05.009. [Epub ahead of print]

[ADHD, autism spectrum disorder, temperament, and character: Phenotypical associations and etiology in a Swedish childhood twin study.](#)

**Kerekes N, Brändström S, Lundström S, Råstam M , Nilsson T, Anckarsäter H.**

Centre for Ethics, Law and Mental Health (CELAM), University of Gothenburg, Sweden; Swedish Prison and Probation Services, R&D Unit, Gothenburg, Sweden. Electronic address: [nora.kerekes@neuro.gu.se](mailto:nora.kerekes@neuro.gu.se).

#### **Abstract**

##### *OBJECTIVE:*

To explore the links between neurodevelopmental disorders - attention deficit hyperactivity disorder (ADHD) and autism spectrum disorder (ASD) - and personality in a population-based, genetically sensitive study of children.

##### *METHOD:*

A population-based sample of 1886 twins aged 9 and 12, enriched for childhood mental health problems, was recruited from the Child and Adolescent Twin Study in Sweden (CATSS).

Parents were interviewed over the telephone using the Autism-Tics, AD/HD and other Comorbidities (A-TAC) inventory, and in a second step they rated their children according to the Junior Temperament and Character Inventory (JTCI).

### RESULTS:

ADHD was strongly correlated with novelty seeking, while ASD was correlated positively with harm avoidance and negatively with reward dependence. The strongest associations between personality traits and neurodevelopmental disorders were negative correlations between the character dimensions of self-directedness and cooperativeness and ADHD and ASD alike. Cross-twin cross-trait correlations between ADHD, ASD, and personality dimensions in monozygotic twins were more than double those in dizygotic twins, indicating a strong genetic effect behind the phenotypic covariation between neurodevelopmental disorders and personality.

### CONCLUSIONS:

Neurodevelopmental disorders are linked specifically to particular temperament profiles and generally to hampered development of the self-governing strategies referred to as "character." Poor self-agency and cooperation may be core functional outcomes in the separation of children with handicapping conditions from those with traits only reminiscent of neurodevelopmental disorders. The associations between neurodevelopmental disorders and personality are at least partly due to genetic effects influencing both conditions. As a consequence, personality must be broadly considered in neuropsychiatry, just as neuropsychiatric disorders and their genetic, neurodevelopmental, and cognitive susceptibilities have to be in personality research and clinical treatment.

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PMID: 23790516 [PubMed - as supplied by publisher]

### Related citations



10. Int Psychogeriatr. 2013 Jun 21:1-8. [Epub ahead of print]

[Neuropsychiatric disorders secondary to neurosyphilis in elderly people: one theme not to be ignored.](#)

**Zeng YL, Wang WJ, Zhang HL, Chen FY, Huang SJ, Liu GL, Xi Y, Guo XJ, Zheng WH, Yang TC.**

Center of Clinical Laboratory, Zhongshan Hospital, Medical College of Xiamen University, Xiamen 361004, China.

### Abstract

**ABSTRACT** Background: Neurosyphilis (NS) may present with neuropsychiatric disorders characterized by cognitive impairment, personality disorders, and confusion, among others.

Very few studies have focused on neuropsychiatric disorders secondary to NS in elderly people. Method: A retrospective chart review was performed to characterize the psychiatric findings, clinical signs and symptoms, laboratory findings, and brain magnetic resonance imaging results of ten elderly inpatients with NS. Results: In these ten patients, the most common presenting symptoms included a wide variety of psychiatric manifestations. The serum rapid plasma regain (RPR) and Treponema pallidum particle agglutination assay (TPPA) of the ten patients were positive, with positive CSF TPPA and RPR rates of 100% and 60%, respectively. In addition, 90% of the patients demonstrated abnormal imaging, including cerebral atrophy, infarct ischemic stroke, and hydrocephalus. Conclusions: Our findings support the importance of serological tests for syphilis as a routine component of the evaluation of patients with clinically evident neurological or psychiatric symptoms. If the serology is positive, all of the patients should be examined with a lumbar puncture. Moreover, psychiatric illnesses secondary to NS in the elderly also deserve medical attention.

PMID: 23790068 [PubMed - as supplied by publisher]

### Related citations



11. J Pers Disord. 2013 Jun 20. [Epub ahead of print]

[Hierarchical Structure of Maladaptive Personality Traits in Older Adults: Joint Factor Analysis of the PID-5 and the DAPP-BQ.](#)

**Van den Broeck J, Bastiaansen L, Rossi G, Dierckx E, De Clercq B, Hofmans J.**

### Abstract

In DSM-5, the categorical model and criteria for the 10 personality disorders included in DSM-IV will be reprinted in Section II. Moreover, an alternative dimensional classification model will appear in Section III. This alternative DSM-5 proposal for the diagnosis of a personality disorder is based on two fundamental criteria: impairments in personality functioning (Criterion A) and the presence of pathological personality traits (Criterion B). In the maladaptive trait model that has been developed to operationalize Criterion B, 25 pathological traits are organized according to five higher order dimensions. The current study focuses on the convergence of the proposed DSM-5 trait model (as measured by the Personality Inventory for DSM-5 [PID-5]) with the Dimensional Assessment of Personality Pathology (DAPP) model (as measured by the Dimensional Assessment of Personality Pathology-Basic Questionnaire [DAPP-BQ]) in a sample of older people. A joint hierarchical factor analysis showed clear convergence between four PID-5 dimensions (Negative Affect, Detachment, Antagonism, Disinhibition) and conceptually similar DAPP-BQ components. Moreover, the PID-5 and the DAPP-BQ showed meaningful associations on different levels of their joint hierarchical factor structure. Methodological and theoretical implications of these initial results for the conceptualization of personality pathology are discussed.

PMID: 23786271 [PubMed - as supplied by publisher]

### Related citations



12. J Pers Disord. 2013 Jun 20. [Epub ahead of print]

[Toward a Firmer Foundation for DSM-5.1: Domains of Impairment in DSM-IV/DSM-5 Personality Disorders.](#)

**Bornstein RF, Bianucci V, Fishman DP, Biars JW.**

#### Abstract

In recent editions of the Diagnostic and Statistical Manual of Mental Disorders, personality disorders (PDs) have been conceptualized as reflecting impairments in four areas: cognition, affectivity, interpersonal functioning, and impulse control. However, there have been no systematic surveys of PD symptoms to assess the degree to which these four domains of impairment are actually represented in the DSM-IV/DSM-5 PD symptom criteria. Results of such a survey indicated that the most common domain of impairment for DSM-IV/DSM-5 PDs is interpersonal functioning (41% of all PD symptoms), followed by cognition (30%), and affectivity (18%), with relatively few PD symptoms reflecting difficulties in impulse control (6%). Comparison of the proportions of symptoms in different impairment domains in DSM-III, DSM-III-R, and DSM-IV/DSM-5 confirmed that these symptom distributions have been stable across revisions of the diagnostic manual. Implications of these results for the conceptualization of PDs in DSM-5.1 and beyond are discussed.

PMID: 23786269 [PubMed - as supplied by publisher]

#### Related citations



13. J Pers Disord. 2013 Jun 20. [Epub ahead of print]

[Personality Functioning in Patients with Avoidant Personality Disorder and Social Phobia.](#)

**Eikenaes I, Hummelen B, Abrahamsen G, Andrea H, Wilberg T.**

#### Abstract

Avoidant personality disorder (APD) and social phobia (SP) are closely related, such that they are suggested to represent different severity levels of one social anxiety disorder. This cross-sectional study aimed to compare patients with APD to patients with SP, with particular focus on personality dysfunction. Ninety-one adult patients were examined by diagnostic interviews and self-report measures, including the Index of Self-Esteem and the Severity Indices of Personality Problems. Patients were categorized in three groups; SP without APD (n = 20), APD without SP (n = 15), and APD with SP (n = 56). Compared to patients with SP without APD, patients with APD reported more symptom disorders, psychosocial problems, criteria of personality disorders, and personality dysfunction regarding self-esteem, identity and relational problems. These results indicate that APD involves more severe and broader areas of personality dysfunction than SP, supporting the conceptualization of APD as a personality disorder as proposed for DSM-5.

PMID: 23786266 [PubMed - as supplied by publisher]

#### Related citations



14. *Depress Anxiety*. 2013 Jun 18. doi: 10.1002/da.22137. [Epub ahead of print]  
**FACTORS IMPACTING DECISIONS TO DECLINE OR ADHERE TO  
ANTIDEPRESSANT MEDICATION IN PERINATAL WOMEN WITH MOOD AND  
ANXIETY DISORDERS.**

**Misri S, Eng AB, Abizadeh J, Blackwell E, Spidel A, Oberlander TF.**

Department of Psychiatry, University of British Columbia, Vancouver, British Columbia, Canada; Department of Obstetrics and Gynecology, University of British Columbia, Vancouver, British Columbia, Canada; Reproductive Mental Health Program, BC Women's Hospital, Vancouver, British Columbia, Canada.

### **Abstract**

#### **PURPOSE:**

To identify specific quantitative and qualitative factors that govern the decision to adhere or decline antidepressant medication in antenatal women with moderate-to-severe mood and anxiety disorders.

#### **METHODS:**

Fifty women (30 adherers, 20 decliners) were recruited between 18 and 34 weeks gestation in a tertiary care clinic for perinatal mothers. They were prospectively monitored 4 weeks apart up to 1-month postpartum on the: Hamilton Anxiety Scale, Hamilton Depression Scale, Mood Disorders Insight Scale, Antidepressant Compliance Questionnaire, Penn State Worry Questionnaire, and NEO Personality Inventory. Qualitative interviews were conducted at baseline. Hierarchical linear modeling determined illness trajectories of the two groups.

#### **RESULTS:**

Significantly different course of illness was observed in adherers versus decliners. Adherers had healthier attitudes toward depression and compliance with medication ( $P < .005$ ). Decliners had less illness insight ( $P < .001$ ) and cited fear of fetal exposure, and thought medication was unwarranted.

#### **CONCLUSIONS:**

Pregnant women experienced significantly divergent illness trajectories depending on if they accepted antidepressant medication therapy for their illness. Risk perception, attitudes, and illness insight impacted decisions surrounding adherence and decline.

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PMID: 23780823 [PubMed - as supplied by publisher]

### **Related citations**





15. BMC Psychiatry. 2013 Jun 18;13(1):170. [Epub ahead of print]  
Frequency and relevance of psychoeducation in psychiatric diagnoses: Results of two surveys five years apart in German-speaking European countries.

**Rummel-Kluge C, Kluge M, Kissling W.**

Abstract

**BACKGROUND:**

Psychoeducation has been shown to reduce relapse rates in several psychiatric disorders. Studies investigating for which psychiatric diagnoses psychoeducation is offered and assessing its perceived relevance compared to other interventions are lacking.

**METHODS:**

A two-part questionnaire addressing these questions was sent to the heads of all psychiatric hospitals in Germany, Austria and Switzerland. Results were compared with those from a similar survey 5 years earlier.

**RESULTS:**

289 of 500 (58%) institutions responded. Significantly ( $p = 0,02$ ) more institutions (93%) offer any type of psychoeducation as compared to 5 years before (86%). Psychoeducation is mainly offered for schizophrenia (86%) and depression (67%) and less frequently for anxiety disorders (18%) and substance abuse (17%). For the following specific diagnoses it is offered by less than 10% of the institutions: Personality disorder, bipolar disorder, posttraumatic stress disorder, dementia, obsessive compulsive disorder, sleeping disorders, eating disorders, schizophrenia plus substance abuse, pain, attention deficit hyperactivity disorder and early psychosis. 25% offer diagnosis-unspecific psychoeducation. 'Pharmacotherapy' (99%), 'basic occupational therapy' (95%) and 'psychoeducation for patients' (93%) were the therapies being most often, 'light therapy' (24%) and 'sleep deprivation' (16%) the therapies being least often perceived as relevant by the respondents when asked about the value of different interventions offered in their hospitals. Art therapy (61%) and psychoanalytically oriented psychotherapy (59%), two therapies with a smaller evidence base than light therapy or sleep deprivation, were perceived as relevant by more than the half of the respondents.

**CONCLUSION:**

Psychoeducation for patients is considered relevant and offered frequently in German-speaking countries, however, mostly only for schizophrenia and depression. The ranking of the perceived relevance of different treatment options suggests that the evidence base is not considered crucial for determining their relevance.

**Free Article**

PMID: 23777594 [PubMed - as supplied by publisher]

## Related citations



16. J Gambl Stud. 2013 Jun 18. [Epub ahead of print]  
The Clustering of Psychiatric Disorders in High-Risk Gambling Populations.

**Abdollahnejad MR, Delfabbro P, Denson L.**

School of Psychology, University of Adelaide, Adelaide, Australia,  
reza.abdollahnejad@adelaide.edu.au.

## Abstract

The aims of this study were to examine the associations between psychiatric disorders and pathological gambling (PG) and the clustering of psychiatric disorders in high risk gambler populations. The sample comprised 140 regular gamblers who were recruited from the general public. A variety of self-report and semi structured questionnaires was administered, including the Mini International Neuropsychiatric Interview, The Personality Diagnostic Questionnaire-4th Edition, NORC DSM-IV Screen for Gambling Problems Self-administered and Problem Gambling Severity Index. Axis I and Axis II psychiatric disorders and personality disturbances were found to be more prevalent amongst pathological gamblers than other gamblers with the strongest differences observed for mood and anxiety-related disorders. Almost two-thirds of pathological gamblers reported both an anxiety or mood disorder in conjunction with another type of disorder. These differences between the gambling groups existed even after controlling for gender. The results highlight the high rates of co-morbidity in pathological gamblers in the community and the extent to which anxiety and mood disorders co-existing with other forms of pathology. These results highlight the significant challenges facing treatment services in the treatment of PG and the extent to which this should be treated as the primary disorder.

PMID: 23774993 [PubMed - as supplied by publisher]

## Related citations



17. Neuropsychobiology. 2013 Jun 15;68(1):51-58. [Epub ahead of print]  
Patients Suffering from Restless Legs Syndrome Have Low Internal Locus of Control and Poor Psychological Functioning Compared to Healthy Controls.

**Brand S, Beck J, Hatzinger M, Holsboer-Trachsler E.**

Center for Affective, Stress and Sleep Disorders, Psychiatric Hospital, University of Basel, Basel, Switzerland.

## Abstract

Background: Restless legs syndrome (RLS) is a disturbing sensorimotor disorder negatively influencing both sleep and psychological functioning. The aim of the present study was to assess RLS patients with respect to locus of control, sleep-related personality traits, quality

of life, and sleep as compared to healthy controls. Method: Thirty-eight patients (18 females and 20 males; mean age: 56.06 years) diagnosed with RLS and an age- and gender-matched control group (n = 42) were recruited. Participants completed a series of questionnaires related to locus of control, personality traits, quality of life, and sleep. Results: Compared to healthy controls, RLS patients had a lower internal locus of control, unfavourable sleep-related personality traits such as low self-confidence and higher mental arousal, poorer quality of life, and more depressive symptoms. Sleep was also affected. Multiple regression analyses showed that a low internal and a high external locus of control were predicted by RLS. Conclusions: The pattern of results suggests that RLS is associated with a low locus of control, negative personality traits, and poor quality of life as compared to healthy controls.

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PMID: 23774053 [PubMed - as supplied by publisher]

### Related citations



18. Schizophr Res. 2013 Jun 14. pii: S0920-9964(13)00259-4. doi: 10.1016/j.schres.2013.05.004. [Epub ahead of print]  
[Attenuated psychosis syndrome in DSM-5.](#)

**Tsuang MT, Van Os J, Tandon R, Barch DM, Bustillo J, Gaebel W, Gur RE, Heckers S, Malaspina D, Owen MJ, Schultz S, Carpenter W.**

Center for Behavioral Genomics, Department of Psychiatry and Institute of Genomic Medicine, University of California, San Diego, CA, USA; Veterans Affairs San Diego Healthcare System, San Diego, CA, USA; Harvard Institute of Psychiatric Epidemiology and Genetics, Harvard School of Public Health, Boston, MA, USA. Electronic address: mtsuang@ucsd.edu.

### Abstract

Despite advances in the treatment of schizophrenia over the past half-century, the illness is frequently associated with a poor outcome. This is principally related to the late identification and intervention in the course of the illness by which time patients have experienced a substantial amount of socio-occupational decline that can be difficult to reverse. The emphasis has therefore shifted to defining psychosis-risk syndromes and evaluating treatments that can prevent transition to psychosis in these ultra-high risk groups. To consider the appropriateness of adding psychosis risk syndrome to our diagnostic nomenclature, the psychotic disorders work group extensively reviewed all available data, consulted a range of experts, and carefully considered the variety of expert and public comments on the topic. It was clear that reliable methods were available to define a syndrome characterized by sub-threshold psychotic symptoms (in severity or duration) and which was associated with a very significant increase in the risk of development of a full-fledged psychotic disorder (schizophrenia spectrum, psychotic mood disorder, and other psychotic disorders) within the next year. At the same time, the majority of individuals with "attenuated psychotic symptoms" had one or more other current psychiatric comorbid

conditions (usually mood or anxiety disorders, substance use disorder; Fusar-Poli 2012) and exhibited a range of psychiatric outcomes other than conversion to psychosis (significant proportions either fully recover or develop some other psychiatric disorder, with a minority developing a psychotic disorder). Although the reliability of the diagnosis is well established in academic and research settings, it was found to be less so in community and other clinical settings. Furthermore, the nosological relationship of attenuated psychosis syndrome (APS) to schizotypal personality disorder and other psychiatric conditions was unclear. Further study will hopefully resolve these questions. The work group decided to recommend the inclusion of attenuated psychosis syndrome as a category in the appendix (Section 3) of DSM-5 as a condition for further study.

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PMID: 23773295 [PubMed - as supplied by publisher]

### Related citations



19. Am J Psychiatry. 2013 Jun 17. doi: 10.1176/appi.ajp.2013.12111448. [Epub ahead of print] [Diffusion Tensor Imaging White Matter Endophenotypes in Patients With Schizophrenia or Psychotic Bipolar Disorder and Their Relatives.](#)

**Skudlarski P, Schretlen DJ, Thaker GK, Stevens MC, Keshavan MS, Sweeney JA, Tamminga CA, Clementz BA, O'Neil K, Pearlson GD.**

### Abstract

**OBJECTIVE** Both schizophrenia and bipolar disorder are hypothesized to involve disordered brain connectivity. Prior studies show low white matter integrity, measured with diffusion tensor imaging, for both disorders. The authors studied disease specificity and endophenotypic status of these abnormalities by examining patients and their unaffected relatives. **METHOD** The 513 participants included probands with schizophrenia, probands with psychotic bipolar disorder, their first-degree relatives, and healthy comparison subjects. Fractional anisotropy measures of white matter integrity were collected at two sites as a part of the Bipolar-Schizophrenia Network on Intermediate Phenotypes project. Relatives with cluster A or B personality characteristics were further examined. **RESULTS** Both the probands with schizophrenia and those with psychotic bipolar disorder showed lower fractional anisotropy than the comparison subjects in multiple white matter regions; differences were more marked in schizophrenia. No significant differences existed between proband groups, but in some brain regions scores on a measure of the dimensional continuum between schizophrenia and bipolar disorder, the Schizo-Bipolar Scale, showed correlations with fractional anisotropy. Many regions affected in schizophrenia probands showed similar but smaller effects in relatives, with a continuous fractional anisotropy decrease from healthy subjects to relatives to cluster A/B relatives to probands. The pattern for psychotic bipolar disorder was similar but involved fewer brain regions. Effects in bipolar relatives were limited to younger subjects. Fractional anisotropy decreased with age in all groups; this decrease was exaggerated in schizophrenia but not psychotic bipolar disorder. **CONCLUSIONS** Fractional anisotropy was highly heritable, supporting its value as a potential endophenotype.

PMID: 23771210 [PubMed - as supplied by publisher]

**Related citations**



20. Am J Psychiatry. 2013 Jun 17. doi: 10.1176/appi.ajp.2013.12101298. [Epub ahead of print] Neuropsychological Impairments in Schizophrenia and Psychotic Bipolar Disorder: Findings from the Bipolar and Schizophrenia Network on Intermediate Phenotypes (B-SNIP) Study.

**Hill SK, Reilly JL, Keefe RS, Gold JM, Bishop JR, Gershon ES, Tamminga CA, Pearlson GD, Keshavan MS, Sweeney JA.**

**Abstract**

**OBJECTIVE** Familial neuropsychological deficits are well established in schizophrenia but remain less well characterized in other psychotic disorders. This study from the Bipolar and Schizophrenia Network on Intermediate Phenotypes (B-SNIP) consortium 1) compares cognitive impairment in schizophrenia and bipolar disorder with psychosis, 2) tests a continuum model of cognitive dysfunction in psychotic disorders, 3) reports familiarity of cognitive impairments across psychotic disorders, and 4) evaluates cognitive impairment among nonpsychotic relatives with and without cluster A personality traits. **METHOD** Participants included probands with schizophrenia (N=293), psychotic bipolar disorder (N=227), schizoaffective disorder (manic, N=110; depressed, N=55), their first-degree relatives (N=316, N=259, N=133, and N=64, respectively), and healthy comparison subjects (N=295). All participants completed the Brief Assessment of Cognition in Schizophrenia (BACS) neuropsychological battery. **RESULTS** Cognitive impairments among psychotic probands, compared to healthy comparison subjects, were progressively greater from bipolar disorder ( $z=-0.77$ ) to schizoaffective disorder (manic  $z=-1.08$ ; depressed  $z=-1.25$ ) to schizophrenia ( $z=-1.42$ ). Profiles across subtests of the BACS were similar across disorders. Familiarity of deficits was significant and comparable in schizophrenia and bipolar disorder. Of particular interest were similar levels of neuropsychological deficits in relatives with elevated cluster A personality traits across proband diagnoses. Nonpsychotic relatives of schizophrenia probands without these personality traits exhibited significant cognitive impairments, while relatives of bipolar probands did not. **CONCLUSIONS** Robust cognitive deficits are present and familial in schizophrenia and psychotic bipolar disorder. Severity of cognitive impairments across psychotic disorders was consistent with a continuum model, in which more prominent affective features and less enduring psychosis were associated with less cognitive impairment. Cognitive dysfunction in first-degree relatives is more closely related to psychosis-spectrum personality disorder traits in psychotic bipolar disorder than in schizophrenia.

PMID: 23771174 [PubMed - as supplied by publisher]

**Related citations**



21. Alcohol Clin Exp Res. 2013 Jun 13. doi: 10.1111/acer.12158. [Epub ahead of print] Gender Differences in Lifetime Alcohol Dependence: Results from the National Epidemiologic Survey on Alcohol and Related Conditions.

**Khan S, Okuda M, Hasin DS, Secades-Villa R, Keyes K, Lin KH, Grant B, Blanco C.**

Department of Psychiatry, Columbia University/New York State Psychiatric Institute, New York, New York.

## Abstract

### *BACKGROUND:*

An extensive clinical literature has noted gender differences in the etiology and clinical characteristics of individuals with alcohol dependence (AD). Despite this knowledge, many important questions remain.

### *METHODS:*

Using the 2001 to 2002 National Epidemiologic Survey on Alcohol and Related Conditions (n = 43,093), we examined differences in sociodemographic characteristics, psychiatric and medical comorbidities, clinical correlates, risk factors, and treatment-utilization patterns of men (N = 2,974) and women (N = 1,807) with lifetime AD.

### *RESULTS:*

Men with lifetime AD were more likely than women to be diagnosed with any substance use disorder and antisocial personality disorder, whereas women were more likely to have mood and anxiety disorders. After adjusting for sociodemographic characteristics and gender differences in psychiatric comorbidity in the general population, AD was associated with externalizing disorders and any mood disorder among women only. Men with AD met more criteria, had longer episodes, and were younger at the age of first drink. There were no gender differences in remission rates. Women with AD were more likely to have a family and a spouse with history of alcohol use disorders. Treatment rates were low for both genders, and women were more likely to report social stigmatization as a treatment barrier.

### *CONCLUSIONS:*

There are important gender differences in the psychiatric comorbidities, risk factors, clinical characteristics, and treatment-utilization patterns among individuals with lifetime AD.

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PMID: 23763329 [PubMed - as supplied by publisher]

### **Related citations**



22. [Front Hum Neurosci. 2013 Jun 5;7:243. doi: 10.3389/fnhum.2013.00243. Print 2013. An interaction of a NR3C1 polymorphism and antenatal solar activity impacts both hippocampus volume and neuroticism in adulthood.](#)

**Montag C, Eichner M, Markett S, Quesada CM, Schoene-Bake JC, Melchers M, Plieger T, Weber B, Reuter M.**

Department of Psychology, University of Bonn Bonn, Germany ; Center for Economics and Neuroscience, University of Bonn Bonn, Germany.

### Abstract

The investigation of the interaction of genes and environment in the context of mental health and personality yields important new insights for a better understanding of human nature. Both antenatal and postnatal environmental factors have been considered as potential modulators of genetic activity. Antenatally, especially smoking or alcohol drinking habits of the mother dramatically influence the health of the child during pregnancy and even later on in life. In the present study we would like to introduce a more "distant" factor that is not under the control of the becoming mother but that nevertheless plays a potential role for the health of the unborn child later on in adulthood. Here, we retrospectively investigate the influence of solar activity (while the child is still in the uterus of the becoming mother) on brain structure (with a focus on hippocampus and amygdala volume) and personality in adulthood. We observe an interaction of a genetic variant (rs41423247) of the glucocorticoid receptor gene (NR3C1) and solar activity in the first trimester after conception on both hippocampal volume and the personality trait neuroticism in adulthood in N = 254 participants. The NR3C1 gene is the focus of interest, because of its influence on the hypothalamic-pituitary-adrenal (HPA) axis and negative emotionality. Carriers of the CC variant of rs41423247 grown in the womb under the influence of high sun radiation (high solar activity) show both the highest hippocampal volume in the left hemisphere and lowest neuroticism scores. The present findings should encourage researchers in psychology and psychiatry to include also environmental influences such as solar activity besides genetics to better understand the etiogenesis of psychiatric disorders.

PMCID: PMC3672672 **Free PMC Article**

PMID: 23761749 [PubMed]

### Related citations



23. Compr Psychiatry. 2013 Jun 4. pii: S0010-440X(13)00106-5. doi: 10.1016/j.comppsy.2013.04.014. [Epub ahead of print]

[Pathological gambling in eating disorders: Prevalence and clinical implications.](#)

**Jiménez-Murcia S, Steiger H, Isráel M, Granero R, Prat R, Santamaría JJ, Moragas L, Sánchez I, Custal N, Orekhova L, Fagundo AB, Menchón J, Fernández-Aranda F.**

Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, 08907, Spain; Ciber Fisiopatología Obesidad y Nutrición (CIBERobn), Instituto Salud Carlos III, Barcelona, Spain; Clinical Sciences Department, School of Medicine, University of Barcelona, Spain. Electronic address: [sjimenez@bellvitgehospital.cat](mailto:sjimenez@bellvitgehospital.cat).

## Abstract

### OBJECTIVE:

Pathological gambling (PG) and eating disorders (ED) rarely co-occur. We explored the prevalence of lifetime PG in ED, compared severity of ED symptoms, personality traits, and psychopathological profiles across individuals with ED and PG (ED+PG) and without PG (ED-PG). Finally, we assessed the incremental predictive value of gender on the presentation of a comorbid PG.

### METHOD:

A total sample of 1681 consecutively admitted ED patients (1576 females and 105 males), participated in the current study (25 ED+PG and 1656 ED-PG). All participants were diagnosed according to DSM-IV criteria. Assessment measures included the Symptom Checklist and the Temperament and Character Inventory-Revised, as well as other clinical and psychopathological indices.

### RESULTS:

The observed lifetime prevalence of PG was 1.49%. ED subtype was associated with lifetime PG ( $p=.003$ ), with PG being more frequent in binge eating disorder (5.7%). ED+PG was more prevalent in males than in females (16% vs. 1.26%, respectively). Additionally, ED+PG patients exhibited more impulsive behaviours, lower impulse regulation and higher novelty seeking. Best predictors of ED+PG were novelty seeking (OR 1.030,  $p=.035$ ), sex (OR 3.295,  $p=.048$ ) and BMI (OR 1.081,  $p=.005$ ).

### CONCLUSIONS:

Some personality traits (novelty seeking), being male and higher BMI are strongly related to the presence of lifetime PG in specific ED subtypes (namely binge eating disorder).

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PMID: 23759149 [PubMed - as supplied by publisher]

### Related citations



24. BMC Psychiatry. 2013 Jun 11;13:166. doi: 10.1186/1471-244X-13-166.

ADHD symptomatology in eating disorders: a secondary psychopathological measure of severity?

**Fernández-Aranda F, Agüera Z, Castro R, Jiménez-Murcia S, Ramos-Quiroga JA, Bosch R, Fagundo AB, Granero R, Penelo E, Claes L, Sánchez I, Riesco N, Casas M, Menchon JM.**



Department of Psychiatry, University Hospital of Bellvitge-IDIBELL, Barcelona, Spain.  
ffernandez@bellvitgehospital.cat.

## Abstract

### BACKGROUND:

Attention-deficit/hyperactivity disorder (ADHD) has commonly been described in psychiatric disorders. Although several studies have found positive associations between abnormal eating patterns during childhood and ADHD, there is a lack of studies on ADHD and Eating Disorders (ED). The aims of this exploratory study were 1) to assess the ADHD symptoms level in ED and to ascertain whether there are differences among ED subtypes; 2) to analyze whether the presence of ADHD symptoms is associated with more severe eating disorder symptoms and greater general psychopathology; and 3) to assess whether the ADHD symptoms level is associated with specific temperament and character traits.

### METHODS:

191 female ED patients were included. Assessment was carried out with the EDI-2, ASRS-v1.1, the SCL-90-R and the TCI-R.

### RESULTS:

The ADHD symptoms level was similar in bulimia, eating disorder not otherwise specified and binge eating subtypes, and lower in anorexic patients. Obsessiveness and Hostility were significantly positively associated with ADHD symptoms. A path model showed that ADHD was associated with high Novelty Seeking and low Self-Directedness, whereas ED severity was influenced by ADHD severity and low Self-Directedness.

### CONCLUSIONS:

Bingeing/purging ED subtypes have a high ADHD symptoms level, also related with more severe eating, general and personality psychopathology.

PMCID: PMC3693886 **Free PMC Article**

PMID: 23758944 [PubMed - in process]

### Related citations



25. Epilepsy Behav. 2013 Jul;28 Suppl 1:S74-80. doi: 10.1016/j.yebeh.2013.03.026.  
Juvenile myoclonic epilepsy: Psychiatric comorbidity and impact on outcome.

**de Araujo Filho GM, Yacubian EM.**

Department of Neurology and Neurosurgery, Universidade Federal de São Paulo (UNIFESP), São Paulo, Brazil; Laboratório Interdisciplinar de Neurociências Clínicas (LiNC), Department of Psychiatry, Universidade Federal de São Paulo (UNIFESP), São Paulo, Brazil. Electronic address: filho.gerardo@gmail.com.

## Abstract

Juvenile myoclonic epilepsy (JME) is a well-defined age-related idiopathic epilepsy syndrome. Past studies have emphasized the difficulties in the treatment of patients with JME, which have been attributed to some specific psychiatric, psychological, and psychosocial characteristics. These aspects have aroused a significant amount of interest in the last two decades. In this article, the available studies that investigated the prevalence of psychiatric disorders (PDs) in JME and its impact on seizure outcome were reviewed in order to provide an update to clinicians about these two important aspects associated with this common epilepsy syndrome. The review disclosed a high prevalence of PDs in patients with JME, particularly mood, anxiety, and personality disorders. In addition, most recent studies have also observed that overall prevalence of PDs in JME has not shown statistically significant differences when compared with TLE, an epilepsy syndrome where the psychiatric aspects are most frequently studied. Taken together, data regarding the prevalence of PDs and their possible consequences on seizure outcome on JME indicate that special attention should be directed to psychological disturbances and psychiatric symptoms in this epilepsy syndrome. The early recognition and treatment of psychiatric symptoms, as well as psychological disturbances and psychosocial difficulties, should be considered fundamental to JME prognosis. This article is part of a supplemental special issue entitled Juvenile Myoclonic Epilepsy: What is it Really?

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PMID: 23756487 [PubMed - in process]

## Related citations



26. Community Ment Health J. 2013 Jun 7. [Epub ahead of print]  
[Risk Factors Associated with Recurrent Homelessness After a First Homeless Episode.](#)

**McQuistion HL, Gorroochurn P, Hsu E, Caton CL.**

Division of Outpatient and Community Psychiatry, Department of Psychiatry and Behavioral Health, The St. Luke's and Roosevelt Hospitals, 1090 Amsterdam Avenue, 13th Floor, New York, NY, 10025, USA, hottod@gmail.com.

## Abstract

Alcohol and drug use are commonly associated with the experience of homelessness. In order to better understand this, we explored the prevalence of drug and alcohol use as it related to successful re-housing within a sample of first-time single homeless adults at

municipal shelters. From within this sample, we compared the features of recurrent homelessness with those of chronic homelessness and of being stably housed. We interviewed 344 subjects upon shelter entry and followed each one every six months for 18 months using standardized social and mental health measures. We analyzed baseline assessments relative to housing experiences during follow-up using Chi square and multinomial logistic regression. Eighty-one percent (N = 278) obtained housing over 18 months, of which 23.7 % (N = 66) experienced homelessness again. Recurrent homelessness was more common among those with a high school education and if initially re-housed with family. Bivariate analysis resulted in the observation of the highest rate of alcohol and other drug use among this recurrent group and multinomial logistic regression supported this only with the coupling of arrest history and diagnosed antisocial personality disorder. With relatively high rates of recurrent homelessness, there were differences between subjects who experienced recurrent homelessness compared to those who were stably housed and with chronic homelessness. That alcohol and other substance use disorders were associated with recurrent homelessness only if they were linked to other risk factors highlights the complexity of causes for homelessness and a resultant need to organize them into constellations of causal risk factors. Consistent with this, there should be initiatives that span bureaucratic boundaries so as to flexibly meet multiple complex service needs, thus improving outcomes concerning episodes of recurrent homelessness.

PMID: 23744291 [PubMed - as supplied by publisher]

#### Related citations



27. J Psychiatr Res. 2013 Jun 3. pii: S0022-3956(13)00145-3. doi: 10.1016/j.jpsychires.2013.05.005. [Epub ahead of print]

[Can protective factors moderate the detrimental effects of child maltreatment on personality functioning?](#)

**Hengartner MP, Müller M, Rodgers S, Rössler W, Ajdacic-Gross V.**

Zurich University Hospital of Psychiatry, Department of Psychiatry, Psychotherapy and Psychosomatics, Zurich, Switzerland. Electronic address: michael.hengartner@dgsp.uzh.ch.

#### Abstract

##### *OBJECTIVE:*

The aim of this study was to examine whether, and if so, to what extent, education and coping strategies may reduce the detrimental effects of childhood maltreatment on personality functioning.

##### *METHODS:*

We assessed dimensional trait-scores of all 10 DSM-IV personality disorders (PDs), childhood maltreatment, education and three coping styles in 511 subjects of the general population of Zurich, Switzerland, using data from the ZInEP Epidemiology Survey.

## RESULTS:

Childhood maltreatment was associated with all 10 PDs. Low education was related to antisocial, borderline and histrionic PD. Low emotion-focused coping was associated with paranoid, schizoid, borderline, avoidant, and obsessive-compulsive PD. Low problem-focused coping was related to schizoid PD and high problem-focused coping to histrionic PD. High dysfunctional coping was significantly related to all 10 PD dimensions. Obsessive-compulsive trait scores were significantly lower in maltreated subjects with high emotion-focused coping. Antisocial, borderline and narcissistic trait scores were significantly higher in maltreated subjects with high dysfunctional coping.

## CONCLUSION:

Education and adaptive coping may have a protective effect on PD symptomatology. Promotion of adaptive coping and suppression of dysfunctional coping may additionally reduce PD symptoms specifically in maltreated subjects. Those findings have important clinical implications. Longitudinal research is needed to address questions of causality and to evaluate potential effects of treatment and intervention.

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PMID: 23743134 [PubMed - as supplied by publisher]

## Related citations



28. Aust N Z J Psychiatry. 2013 Jun 5. [Epub ahead of print]

[Mental illness and psychiatric treatment amongst firesetters, other offenders and the general community.](#)

**Ducat L, Ogloff JR, McEwan T.**

Centre for Forensic Behavioural Science, Monash University and Victorian Institute of Forensic Mental Health (Forensicare), Clifton Hill, Australia.

## Abstract

**Objective:** Firesetting is often reported to be associated with psychopathology, but frequently these conclusions are based on studies reliant on selective forensic psychiatric samples without the use of comparison groups. The aim of the study was to examine the rates of mental illness, substance use disorders, personality pathology and psychiatric service usage in a population of convicted firesetters compared with other offenders and community controls. **Method:** Using a data-linkage design, the study examined the psychiatric histories and usage of public mental health services by 1328 arsonists convicted between 2000 and 2009 in Victoria, Australia. These were compared with 1328 matched community controls and 421 non-firesetting offenders. **Results:** Firesetters were significantly more likely to have been registered with psychiatric services (37%) compared with other offenders (29.3%) and community controls (8.7%). The firesetters were also more likely to have utilised a diverse

range of public mental health services. Firesetters attracted psychiatric diagnoses more often than community controls and other offenders, particularly affective, substance use, and personality disorders. Conclusions: This study confirms that there is a link between firesetting and psychopathology, suggesting that there is a role for the psychiatric screening of known firesetters, and a need to consider psychopathology in formulating the risk for further firesetting.

PMID: 23739314 [PubMed - as supplied by publisher]

#### Related citations



29. Assessment. 2013 Jun 3. [Epub ahead of print]

Personality and Psychopathology : Mapping the MMPI-2-RF on Cloninger's Psychobiological Model of Personality.

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

#### Abstract

This study investigates the relationship between the Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) and the Temperament and Character Inventory (TCI) in a combined data set (N = 491) of patients with a broad range of psychiatric disorders (n = 286) as well as alcohol use disorder (n = 205). We examined bivariate correlations between both measures. The MMPI-2-RF scales relate to the TCI dimensions as was hypothesized, and relationships between both measurements were largely similar for psychiatric patients and alcohol-dependent patients. Theoretical and clinical implications are considered.

PMID: 23737600 [PubMed - as supplied by publisher]

#### Related citations



30. J Consult Clin Psychol. 2013 Jun 3. [Epub ahead of print]

Chronic Sleep Disturbances and Borderline Personality Disorder Symptoms.

**Selby EA.**

#### Abstract

Objective: Few studies have examined the experience of chronic sleep disturbances in those with borderline personality disorder (BPD), and further establishing this association may be pertinent to enhancing current treatments, given the relevance of sleep to emotion regulation and stress management. Method: Data were analyzed (N = 5,692) from Part II of the National Comorbidity Survey-Replication (NCS-R) sample (Kessler & Merikangas, 2004), which assessed personality disorders and sleep problems. Rates of chronic sleep disturbances (difficulty initiating sleep, difficulty maintaining sleep, and waking earlier than desired), as well as the consequences of poor sleep, were examined. Indices for BPD diagnosis and symptoms were used in logistic and linear regression analyses to predict sleep and associated problems after accounting for chronic health problems, Axis I comorbidity, suicidal ideation

over the last year, and key sociodemographic variables. Results: BPD was significantly associated with all 3 chronic sleep problems assessed, as well as with the consequences of poor sleep. The magnitude of the association between BPD and sleep problems was comparable to that for Axis I disorders traditionally associated with sleep problems. BPD symptoms interacted with chronic sleep problems to predict elevated social/emotional, cognitive, and self-care impairment. Conclusions: Sleep disturbances are consistently associated with BPD symptoms, as are the daytime consequences of poor sleep. There may also be a synergistic effect where BPD symptoms are aggravated by poor sleep and lead to higher levels of functional impairment. Sleep in patients with BPD should be routinely assessed, and ameliorating chronic sleep problems may enhance treatment by improving emotion regulation and implementation of therapeutic skills. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 23731205 [PubMed - as supplied by publisher]

### **Related citations**

1. Eur Arch Psychiatry Clin Neurosci. 2013 Sep 28. [Epub ahead of print]  
[Adult attention-deficit/hyperactivity disorder in major depressed and bipolar subjects: role of personality traits and clinical implications.](#)  
**Di Nicola M, Sala L, Romo L, Catalano V, Even C, Dubertret C, Martinotti G, Camardese G, Mazza M, Tedeschi D, Callea A, De Risio L, Guelfi JD, Rouillon F, Janiri L, Gorwood P.**

Institute of Psychiatry and Psychology, Catholic University of Sacred Heart , L.go Francesco Vito 1, Rome, 00168, Italy, [mdnicola@libero.it](mailto:mdnicola@libero.it).

### **Abstract**

A significant comorbidity between attention-deficit/hyperactivity disorder (ADHD) and affective disorders has been consistently reported in adults. Less data regarding the role of personality traits and the influence of ADHD co-occurrence on clinical characteristics and outcome of mood disorders are currently available. One hundred and six remitted major depressed, 102 euthymic bipolar subjects, and 120 healthy controls, homogeneous with respect to demographic characteristics, were included in the study. ADHD diagnosis was based on DSM-IV-TR criteria. Childhood and adult ADHD features were measured with the Wender Utah Rating Scale, the Adult ADHD Self-rating Scale, and the Brown Attention-Deficit Disorder Scale. The Revised NEO Personality Inventory was also administered to the clinical groups, in order to investigate personality dimensions. The occurrence of adult ADHD in subjects with bipolar disorders (BD) or major depressive disorder (MDD) was 15.7 and 7.5 %, respectively, compared to 3.3 % in healthy controls (HC). Significant associations ( $p < .001$ ) between personality traits (neuroticism, conscientiousness, and extraversion) and ADHD features were observed. Logistic regression analysis of all clinical subjects ( $n = 208$ ) showed that those with lower levels of neuroticism ( $OR = 1.031$ ;  $p = .025$ ) had a lower

frequency of ADHD comorbidity. The present study emphasizes the close relationship between affective disorders, especially BD, and ADHD in adults. Our findings support the need to assess subjects with mood disorders in the clinical setting for possible coexisting ADHD and to further investigate personality traits to better understand the etiology of affective disorders and ADHD co-occurrence.

PMID: 24077910 [PubMed - as supplied by publisher]

2. Am J Psychiatry. 2013 Sep 30. doi: 10.1176/appi.ajp.2013.13020224. [Epub ahead of print] [Patient Personality and Therapist Response: An Empirical Investigation.](#)

**Colli A, Tanzilli A, Dimaggio G, Lingardi V.**

#### **Abstract**

**OBJECTIVE** The aim of this study was to examine the relationship between therapists' emotional responses and patients' personality disorders and level of psychological functioning. **METHOD** A random national sample of psychiatrists and clinical psychologists (N=203) completed the Therapist Response Questionnaire to identify patterns of therapists' emotional response, and the Shedler-Westen Assessment Procedure-200 to assess personality disorders and level of psychological functioning in a randomly selected patient currently in their care and with whom they had worked for a minimum of eight sessions and a maximum of 6 months (one session per week). **RESULTS** There were several significant relationships between therapists' responses and patients' personality pathology. Paranoid and antisocial personality disorders were associated with criticized/mistreated countertransference, and borderline personality disorder was related to helpless/inadequate, overwhelmed/disorganized, and special/overinvolved countertransference. Disengaged countertransference was associated with schizotypal and narcissistic personality disorders and negatively associated with dependent and histrionic personality disorders. Schizoid personality disorder was associated with helpless/inadequate responses. Positive countertransference was associated with avoidant personality disorder, which was also related to both parental/protective and special/overinvolved therapist responses. Obsessive-compulsive personality disorder was negatively associated with special/overinvolved therapist responses. In general, therapists' responses were characterized by stronger negative feelings when working with lower-functioning patients. **CONCLUSIONS** Patients' specific personality pathologies are associated with consistent emotional responses, which suggests that clinicians can make diagnostic and therapeutic use of their responses to patients.

PMID: 24077643 [PubMed - as supplied by publisher]

3. Community Ment Health J. 2013 Sep 26. [Epub ahead of print] [The Impact of Personality Disorders on Legally Supervised Community Treatment: A Systematic Literature Review.](#)

**Carr WA.**

Department of Psychology, University of New Haven, 300 Boston Post Road, West Haven, CT, 06516, USA, [acarr@newhaven.edu](mailto:acarr@newhaven.edu).

## Abstract

Mental health needs are common among community corrections offenders and many are enrolled in some form of supervised or mandated treatment. One category of mental health problem which may be germane to both treatment completion and recidivism among those in legally supervised treatment is the diagnosis of Personality Disorder (PD). This systematic review reports on sixteen studies comprised of full or mixed legally-supervised samples of offender in community-based treatment and examines the impact of PDs on treatment completion. These studies were difficult to compare because of the differences in program setting, definition of treatment completion, definition of PD, method of PD assessment and type of treatment, among other variables. The impact of antisocial personality disorder in treatment was a common focus, and other PDs were rarely assessed. The relevance of DSM PD categories to offender management in community corrections as well as the limitations of the current PD diagnostic categories is discussed.

PMID: 24068584 [PubMed - as supplied by publisher]

## Related citations



4. BMJ Case Rep. 2013 Sep 24;2013. pii: bcr2013010270. doi: 10.1136/bcr-2013-010270. Unusual presentation of two Chinese phenylketonuria sisters who were misdiagnosed for years.

**Liu X, Guo H, Dahal M, Shi B.**

First Affiliated Hospital of Xi'an Jiaotong University Health Science Center, Xi'an, Shaanxi, China.

## Abstract

Significant developmental delay was first noticed when both sisters were in their third year of life. However, no biochemical disorders were found through the routine biochemical tests, including liver and kidney function, lipoprotein, urine and blood cell count analysis. Progressively, both sisters exhibited odd behaviour, accompanied by personality changes and altered sleep rhythm and then were diagnosed as attention deficit hyperactivity disorder. In the eighth year, the younger sister began to take risperidone due to a presumed psychiatric disorder. Four months before attending our hospital, both sisters were diagnosed by MRI as having hereditary leukodystrophy. Nerve-nurturing treatment was tried, but without good outcome. They were then referred to our hospital for further consultation. After systematic examinations, it was confirmed that both the sisters were suffering from phenylketonuria. The symptoms were alleviated after dietary restriction of phenylalanine and symptomatic treatment.

PMID: 24068375 [PubMed - in process]



## Related citations



5. Assessment. 2013 Sep 24. [Epub ahead of print]  
Reliability and Validity of the Personality Inventory for DSM-5 (PID-5): Predicting DSM-IV Personality Disorders and Psychopathy in Community-Dwelling Italian Adults.

**Fossati A, Krueger RF, Markon KE, Borroni S, Maffei C.**

### Abstract

In order to assess the internal consistency, factor structure, and ability to recover DSM-IV personality disorders (PDs) of the Personality Inventory for DSM-5 (PID-5) scales, 710 Italian adult community dwelling volunteers were administered the Italian translation of the PID-5, as well as the Italian translation of the Personality Diagnostic Questionnaire-4+ (PDQ-4+). Cronbach's alpha values were  $>.70$  for all PID-5 facet scales and greater than  $.90$  for all PID-5 domain scales. Parallel analysis and confirmatory factor analysis supported the theoretical five-factor model of the PID-5 trait scales. Regression analyses showed that both PID-5 trait and domain scales explained a substantial amount of variance in the PDQ-4+ PD scales, with the exception of the Passive-Aggressive PD scale. When the PID-5 was administered to a second independent sample of 389 Italian adult community dwelling volunteers, the basic psychometric properties of the scale were replicated. In this second sample, the PID-5 trait and domain scales proved to be significant predictors of psychopathy measures. As a whole, the results of the present study support the hypothesis that the PID-5 is a reliable instrument which is able to recover DSM-IV PDs, as well as to capture personality pathology that is not included in the DSM-IV (namely, psychopathy).

PMID: 24065702 [PubMed - as supplied by publisher]

## Related citations



6. Schizophr Bull. 2013 Sep 23. [Epub ahead of print]  
Characterization of Psychotic Experiences in Adolescence Using the Specific Psychotic Experiences Questionnaire: Findings From a Study of 5000 16-Year-Old Twins.

**Ronald A, Sieradzka D, Cardno AG, Haworth CM, McGuire P, Freeman D.**

Centre for Brain and Cognitive Development, Birkbeck, University of London, London, UK;

### Abstract

We aimed to characterize multiple psychotic experiences, each assessed on a spectrum of severity (ie, quantitatively), in a general population sample of adolescents. Over five thousand 16-year-old twins and their parents completed the newly devised Specific Psychotic Experiences Questionnaire (SPEQ); a subsample repeated it approximately 9 months later. SPEQ was investigated in terms of factor structure, intersubscale correlations, frequency of endorsement and reported distress, reliability and validity, associations with traits of anxiety, depression and personality, and sex differences. Principal component analysis revealed a 6-

component solution: paranoia, hallucinations, cognitive disorganization, grandiosity, anhedonia, and parent-rated negative symptoms. These components formed the basis of 6 subscales. Correlations between different experiences were low to moderate. All SPEQ subscales, except Grandiosity, correlated significantly with traits of anxiety, depression, and neuroticism. Scales showed good internal consistency, test-retest reliability, and convergent validity. Girls endorsed more paranoia, hallucinations, and cognitive disorganization; boys reported more grandiosity and anhedonia and had more parent-rated negative symptoms. As in adults at high risk for psychosis and with psychotic disorders, psychotic experiences in adolescents are characterized by multiple components. The study of psychotic experiences as distinct dimensional quantitative traits is likely to prove an important strategy for future research, and the SPEQ is a self- and parent-report questionnaire battery that embodies this approach.

### Free Article

PMID: 24062593 [PubMed - as supplied by publisher]

### Related citations



7. J Psychiatr Res. 2013 Sep 9. pii: S0022-3956(13)00273-2. doi: 10.1016/j.jpsychires.2013.08.022. [Epub ahead of print]

Comorbid substance use disorders with other Axis I and II mental disorders among treatment-seeking Asian Americans, Native Hawaiians/Pacific Islanders, and mixed-race people.

**Wu LT, Blazer DG, Gersing KR, Burchett B, Swartz MS, Mannelli P; NIDA AAPI Workgroup.**

Department of Psychiatry and Behavioral Sciences, School of Medicine, Duke University Medical Center, Durham, NC, USA. Electronic address: [litzy.wu@duke.edu](mailto:litzy.wu@duke.edu).

### Abstract

Little is known about behavioral healthcare needs of Asian Americans (AAs), Native Hawaiians/Pacific Islanders (NHs/Pis), and mixed-race people (MRs)-the fastest growing segments of the U.S. population. We examined substance use disorder (SUD) prevalences and comorbidities among AAs, NHs/Pis, and MRs (N = 4572) in a behavioral health electronic health record database. DSM-IV diagnoses among patients aged 1-90 years who accessed behavioral healthcare from 11 sites were systematically captured: SUD, anxiety, mood, personality, adjustment, childhood-onset, cognitive/dementia, dissociative, eating, factitious, impulse-control, psychotic/schizophrenic, sleep, and somatoform diagnoses. Of all patients, 15.0% had a SUD. Mood (60%), anxiety (31.2%), adjustment (30.9%), and disruptive (attention deficit-hyperactivity, conduct, oppositional defiant, disruptive behavior diagnosis, 22.7%) diagnoses were more common than others (psychotic 14.2%, personality 13.3%, other childhood-onset 11.4%, impulse-control 6.6%, cognitive 2.8%, eating 2.2%, somatoform 2.1%). Less than 1% of children aged <12 years had SUD. Cannabis diagnosis was the primary SUD affecting adolescents aged 12-17. MRs aged 35-49 years had the highest prevalence of cocaine diagnosis. Controlling for age at first visit, sex, treatment setting, length

of treatment, and number of comorbid diagnoses, NHs/PIs and MRs were about two times more likely than AAs to have  $\geq 2$  SUDs. Regardless of race/ethnicity, personality diagnosis was comorbid with SUD. NHs/PIs with a mood diagnosis had elevated odds of having SUD. Findings present the most comprehensive patterns of mental diagnoses available for treatment-seeking AAs, NHs/PIs, and MRs in the real-world medical setting. In-depth research is needed to elucidate intraracial and interracial differences in treatment needs.

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PMID: 24060266 [PubMed - as supplied by publisher]

#### Related citations



8. Psychiatr Q. 2013 Sep 24. [Epub ahead of print]  
[Comorbid Personality Disorders and Violent Behavior in Psychotic Patients.](#)

**Volavka J.**

Emeritus of Psychiatry, New York University School of Medicine, PO Box 160663, Big Sky, MT, 59716, USA, [janvolavka@gmail.com](mailto:janvolavka@gmail.com).

#### Abstract

Schizophrenia without any comorbidity confers a modest, but statistically significant elevation of the risk for violence. That risk is considerably increased by comorbid antisocial personality disorder or psychopathy as well as by comorbid substance use disorders. These comorbidities are frequent. Conduct disorder and conduct disorder symptoms elevate the risk for aggressive behavior in patients with schizophrenia. Violence among adults with schizophrenia may follow at least two distinct pathways—one associated with premorbid conditions, including antisocial conduct, and another associated with the acute psychopathology of schizophrenia. Aggressive behavior in bipolar disorder occurs mainly during manic episodes, but it remains elevated in euthymic patients in comparison with controls. The risk of violent behavior is increased by comorbidity with borderline personality disorder, antisocial personality disorder, and substance use disorders. These comorbidities are frequent. Borderline personality disorder and bipolar disorder are related in their phenomenology and response to medication. These two disorders share a tendency to impulsiveness, and impulsive behavior, including impulsive aggression, is particularly expressed when they co-occur.

PMID: 24057452 [PubMed - as supplied by publisher]

#### Related citations



9. Biol Psychol. 2013 Sep 16. pii: S0301-0511(13)00196-8. doi:  
10.1016/j.biopsycho.2013.09.005. [Epub ahead of print]  
[Cognitive and personality analysis of startle reactivity in a large cohort of healthy males.](#)

**Giakoumaki SG, Roussos P, Tsapakis EM, Koiliari E, Pasparakis E, Zouraraki C, Bitsios P.**

Department of Psychiatry and Behavioral Sciences, Faculty of Medicine, University of Crete, Heraklion, Crete, Greece; Department of Psychology, University of Crete, Rethymno, Crete, Greece. Electronic address: [sgiakoumaki@uoc.gr](mailto:sgiakoumaki@uoc.gr).

## Abstract

Subjects with low/undetectable startle are usually excluded from startle studies but few reports not confounded by this factor, show reduced startle in healthy impulsive subjects, or clinical populations with disorders of affect and impulsivity but also in schizophrenia and its prodrome. We examined the relationship of startle reactivity including startle "non-responding" status to cognitive and affective personality traits in a large and ethnically/demographically homogeneous cohort of healthy males from the LOGOS study, Heraklion, Crete. Startle reactivity was monotonically related to sensitivity to reward (higher in "non-responders", lower in strong responders). In addition, "non-responders" had poorer strategy, working memory and sustained attention performance compared to responder tertile groups. More research in clinical and high risk populations is required to examine if low/undetectable startle reactivity is a valuable intermediate phenotype for disorders of affect and impulsivity. It is possible that the "non-responsive" status may capture disease related features such as executive dysfunction.

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PMID: 24051230 [PubMed - as supplied by publisher]

## Related citations



10. *Neuropsychiatr Dis Treat.* 2013;9:1351-8. doi: 10.2147/NDT.S51554. Epub 2013 Sep 11. [Maternal personality profile of children affected by migraine.](#)

**Esposito M, Roccella M, Gallai B, Parisi L, Lavano SM, Marotta R, Carotenuto M.**

Center for Childhood Headache, Second University of Naples, Naples, Italy.

## Abstract

### *BACKGROUND:*

Empirical evidence of the important role of the family in primary pediatric headache has grown significantly in the last few years, although the interconnections between the dysfunctional process and the family interaction are still unclear. Even though the role of parenting in childhood migraine is well known, no studies about the personality of parents of migraine children have been conducted. The aim of the present study was to assess, using an objective measure, the personality profile of mothers of children affected by migraine without aura (MoA).

## MATERIALS AND METHODS:

A total of 269 mothers of MoA children (153 male, 116 female, aged between 6 and 12 years; mean  $8.93 \pm 3.57$  years) were compared with the findings obtained from a sample of mothers of 587 healthy children (316 male, 271 female, mean age  $8.74 \pm 3.57$  years) randomly selected from schools in the Campania, Umbria, Calabria, and Sicily regions. Each mother filled out the Minnesota Multiphasic Personality Inventory - second edition (MMPI-2), widely used to diagnose personality and psychological disorders. The t-test was used to compare age and MMPI-2 clinical basic and content scales between mothers of MoA and typical developing children, and Pearson's correlation test was used to evaluate the relation between MMPI-2 scores of mothers of MoA children and frequency, intensity, and duration of migraine attacks of their children.

## RESULTS:

Mothers of MoA children showed significantly higher scores in the paranoia and social introversion clinical basic subscales, and in the anxiety, obsessiveness, depression, health concerns, bizarre mentation, cynicism, type A, low self-esteem, work interference, and negative treatment indicator clinical content subscales ( $P < 0.001$  for all variables). Moreover, Pearson's correlation analysis showed a significant relationship between MoA frequency of children and anxiety ( $r = 0.4903$ ,  $P = 0.024$ ) and low self-esteem ( $r = 0.5130$ ,  $P = 0.017$ ), while the MoA duration of children was related with hypochondriasis ( $r = 0.6155$ ,  $P = 0.003$ ), hysteria ( $r = 0.6235$ ,  $P = 0.003$ ), paranoia ( $r = 0.5102$ ,  $P = 0.018$ ), psychasthenia ( $r = 0.4806$ ,  $P = 0.027$ ), schizophrenia ( $r = 0.4350$ ,  $P = 0.049$ ), anxiety ( $r = 0.4332$ ,  $P = 0.050$ ), and health concerns ( $r = 0.7039$ ,  $P < 0.001$ ) MMPI-2 scores of their mothers.

## CONCLUSION:

This could be considered a preliminary study that indicates the potential value of maternal personality assessment for better comprehension and clinical management of children affected by migraine, though further studies on the other primary headaches are necessary.

PMCID: PMC3775696 **Free PMC Article**

PMID: 24049447 [PubMed]

### Related citations



11. Curr Top Behav Neurosci. 2013 Sep 19. [Epub ahead of print]  
Disruptive Behavior Disorders: Taking an RDoC(ish) Approach.

**Blair RJ, White SF, Meffert H, Hwang S.**

Department of Health and Human Services, Section on Affective Cognitive Neuroscience,  
National Institute of Mental Health, National Institutes of Health, Bethesda, MD, USA,  
[JamesBlair@mail.nih.gov](mailto:JamesBlair@mail.nih.gov).

## Abstract

The disruptive behavior disorders Disruptive behavior disorders include Conduct Disorder (CD) Conduct Disorder (CD) , Oppositional Defiant Disorder (ODD) Oppositional Defiant Disorder (ODD) , and Attention Deficit Hyperactivity Disorder (ADHD). These disorders are highly comorbid with each other as well as with mood and anxiety disorders and personality disorders (particularly borderline personality disorder). The goal of this chapter is to consider these disorders from an RDoC(ish) approach. In other words, we will outline four functional processes and the behavioral implications of dysfunction within these processes. Moreover, we will briefly consider how dysfunction in one might increase the risk for the development of rather different behavioral problems that have been previously associated with rather different disorders. Our goal is to identify neurocognitive-based functional targets for treatment.

PMID: 24048954 [PubMed - as supplied by publisher]

## Related citations



12. Transcult Psychiatry. 2013 Sep 17. [Epub ahead of print]

The social construction of violence among Northern Plains tribal members with antisocial personality disorder and alcohol use disorder.

**Jervis LL, Spicer P, Belcourt A, Sarche M, Novins DK, Fickenscher A, Beals J, Team AS.**

University of Oklahoma.

## Abstract

Whereas recent reports from national studies have presented extremely high rates for many personality disorders in American Indian communities, persistent concerns about the meaning of these symptoms have left many troubled by these reports. American Indians as a group are known to suffer disproportionately from a number of violent experiences, but the dynamics of this violence have received little attention. This paper examines perspectives on violence in the lives of 15 northern plains tribal members who met criteria for antisocial personality disorder and comorbid alcohol use disorder. It explores how study participants constructed and understood their own violent encounters, as well as the motivations they described (characterized here as reputation, leveling, retaliation, catharsis, and self-defense). Violence was gendered in this study, with men generally presenting as perpetrators and women as victims. Men often described themselves as ready participants in a violent world, while women were quite clear that aggression for them was often simply required as they tried to defend themselves from male violence. While this analysis does not replace clinical analyses of violence in antisocial personality disorder, it does reveal an underlying cultural logic that may play a role in shaping the recourse to violence for that minority of individuals for whom it appears to be the obvious choice.

PMID: 24045407 [PubMed - as supplied by publisher]

## Related citations



13. Sleep Med. 2013 Sep 14. pii: S1389-9457(13)00109-3. doi: 10.1016/j.sleep.2013.03.008.  
[Epub ahead of print]  
Sleep disturbances in a clinical forensic psychiatric population.

**Kamphuis J, Karsten J, de Weerd A, Lancel M.**

Department of Forensic Psychiatry, Mental Health Services Drenthe, Assen, The Netherlands. Electronic address: [Jeanine.Kamphuis@ggzdrenthe.nl](mailto:Jeanine.Kamphuis@ggzdrenthe.nl).

## Abstract

### *OBJECTIVE:*

Poor sleep is known to cause detrimental effects on the course of diverse psychiatric disorders and is a putative risk factor for hostility and aggression. Thus, sleep may be crucial in forensic psychiatric practice. However, little is known about the prevalence of sleep disturbances in these complex psychiatric patients.

### *METHODS:*

In this study we investigated the presence of sleep disorders and subjective sleep quality using the Sleep Diagnosis List (SDL), the Pittsburgh Sleep Quality Index (PSQI), interviews addressing the causes of sleep complaints, and file information on sleep medications in 110 patients admitted to a forensic psychiatric hospital.

### *RESULTS:*

Almost 30% of the participants suffered from one or more sleep disorders, especially insomnia. An even larger proportion of the participants (49.1%) experienced poor sleep quality. Interestingly, patients with an antisocial personality disorder or traits were particularly dissatisfied with their sleep. The most common causes of sleep problems were suboptimal sleep hygiene, stress or ruminating, negative sleep conditioning, and side effects of psychotropic medication. Of the poor sleepers, 40.7% received a hypnotic drug.

### *CONCLUSION:*

Despite intensive clinical treatment, sleep problems are experienced by a large number of forensic psychiatric patients. It would be worthwhile to examine the effects of pharmacological and non-pharmacological sleep interventions on both psychiatric symptoms and reactive aggressive behavior in forensic patients.

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PMID: 24045060 [PubMed - as supplied by publisher]

**Related citations**

14. *J Pers Disord.* 2013 Oct;27(5):625-35. doi: 10.1521/pedi.2013.27.5.625.  
Personality disorders as maladaptive, extreme variants of normal personality: borderline personality disorder and neuroticism in a substance using sample.

**Samuel DB, Carroll KM, Rounsaville BJ, Ball SA.**

#### Abstract

Although the current diagnostic manual conceptualizes personality disorders (PDs) as categorical entities, an alternative perspective is that PDs represent maladaptive extreme versions of the same traits that describe normal personality. Existing evidence indicates that normal personality traits, such as those assessed by the five-factor model (FFM), share a common structure and obtain reasonably predictable correlations with the PDs. However, very little research has investigated whether PDs are more extreme than normal personality traits. Utilizing item-response theory analyses, the authors of the current study extend previous research to demonstrate that the diagnostic criterion for borderline personality disorder and FFM neuroticism could be fit along a single latent dimension. Furthermore, the authors' findings indicate that the borderline criteria assessed the shared latent trait at a level that was more extreme ( $d = 1.11$ ) than FFM neuroticism. This finding provides further evidence for dimensional understanding of personality pathology and suggests that a trait model in DSM-5 should span normal and abnormal personality functioning, but focus on the extremes of these common traits.

PMID: 24044664 [PubMed - in process]

#### Related citations



15. *Rev Psiquiatr Salud Ment.* 2013 Sep 13. pii: S1888-9891(13)00083-9. doi: 10.1016/j.rpsm.2013.07.004. [Epub ahead of print]

[Risk of suicide in male prison inmates.](#)

[Article in English, Spanish]

**Saavedra J, López M.**

Departamento de Psicología Experimental, Universidad de Sevilla, Sevilla, España.

Electronic address: [fjsaavedra@us.es](mailto:fjsaavedra@us.es).

#### Abstract

#### AIMS:

Many studies have demonstrated that the risk of suicide in prison is higher than in the general population. This study has two aims. First, to explore the risk of suicide in men sentenced in Andalusian prisons. And second, to study the sociodemographic, criminal and, especially, psychopathological factors associated with this risk.



## *METHODS:*

An assessment was made of 472 sentenced inmates in two Andalusian prisons, and included a sociodemographic interview, the IPDE personality disorders questionnaire, the SCID-I diagnostic interview (DSMIV), and the Plutchick suicide risk questionnaire. The interviewers were experienced clinical psychologists with training in prison environments. Adjusted ORs were calculated using a logistic regression.

## *RESULTS:*

A risk of committing suicide was detected in 33.5% of the sample. The diagnoses (lifetime prevalence) of affective disorder (adjusted OR 3329), substance dependence disorders (adjusted OR 2733), personality disorders (adjusted OR 3115) and anxiety disorder (adjusted OR 1650), as well as a family psychiatric history (adjusted OR 1650), were the predictors that remained as risk factors after the regression analysis. No socio-demographic risk factor was significant in the regression analysis.

## *CONCLUSIONS:*

The psychopathological variables are essential and the most powerful factors to explain suicide risk in prisons. A correct and systematic diagnosis, and an appropriate treatment by mental health professionals during the imprisonment are essential to prevent the risk of suicide.

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## **Free Article**

PMID: 24042054 [PubMed - as supplied by publisher]

## **Related citations**



16. Gen Hosp Psychiatry. 2013 Sep 12. pii: S0163-8343(13)00210-7. doi: 10.1016/j.genhosppsy.2013.07.014. [Epub ahead of print]

[Personality does not distinguish people with fibromyalgia but identifies subgroups of patients.](#)

**Torres X, Bailles E, Valdes M, Gutierrez F, Peri JM, Arias A, Gomez E, Collado A.**

Institut Clínic de Neurociències, Hospital Clínic de Barcelona. Electronic address: [xtorres@clinic.ub.es](mailto:xtorres@clinic.ub.es).

## Abstract

### OBJECTIVES:

The objectives were to compare the personality of fibromyalgia (FM) patients with other chronic painful and nonpainful disorders considering the confusion due to psychopathology and to assess the clustering of FM patients according to their personality profile.

### METHODS:

Differences in the NEO Five-Factor Inventory between FM, non-FM chronic pain and drug-resistant epileptic patients were assessed including the confounding effect of demographics and psychopathological status by multivariate regression analysis. Clustering of FM patients was assessed by two-step cluster analysis. Differences in clinical severity and psychosocial problems between subgroups and their outcome 6 months after multidisciplinary treatment were assessed.

### RESULTS:

The final sample comprised 874 patients. Once the effect of confounding variables was considered, clinically nonsignificant differences in personality were observed between groups. FM patients could, however, be grouped into two clusters. Cluster 1 was characterized by higher neuroticism and lower extraversion and showed a worse pretreatment clinical state including more psychosocial problems. In spite of having reached a wider general improvement at 6-month follow-up, Cluster 1 patients remained more anxious and depressed.

### CONCLUSIONS:

Identifying personality-based subgroups of FM might allow implementing specific preventive strategies. FM treatment might be optimized by increasing medication compliance, improving therapeutic alliance and testing different therapeutic options and treatment sequencing for each personality subgroup.

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PMID: 24035635 [PubMed - as supplied by publisher]

### Related citations



17. *Trials*. 2013 Sep 13;14(1):294. [Epub ahead of print]

Short-term psychotherapeutic treatment in adolescents engaging in non-suicidal self-injury: a randomized controlled trial.

**Fischer G, Brunner R, Parzer P, Resch F, Kaess M.**

## Abstract

### BACKGROUND:

Worldwide, prevalence rates of adolescent non-suicidal self-injury (NSSI) range between 13 and 45%. In Germany, lifetime prevalence of NSSI is around 25% in non-clinical samples, and the one-year prevalence for repetitive NSSI is 4%. NSSI is present in the context of several axis I and II disorders (for example, affective disorders or borderline personality disorder); however, preliminary evidence suggests that it would be justified to consider NSSI as its own diagnostic category. Despite the large impact of this behavior, there is still a lack of evidence-based, specific, and effective manualized treatment approaches for adolescents with NSSI.

### METHODS:

The study is designed as a randomized controlled trial (RCT) to test the effectiveness of a new cognitive-behavioral treatment manual for self-harming adolescents - the 'Cutting-Down-Programme' (CDP). A total of 80 adolescents aged between 12 and 17 years from a region in Southern Germany who have engaged in repetitive NSSI ( $\geq 5$  incidents) in the last 6 months will be randomized into a treatment group (CDP) or a control group that will receive treatment as usual (TAU). The adolescents will be assessed by means of structured interviews and questionnaires at three time points (before treatment, directly after treatment and six months after treatment). Primary outcome criterion is a significant reduction (or remission) in the frequency of NSSI. Secondary outcome criteria are depressivity as well as general well-being and self-worth. Additionally, comorbid psychiatric disorders and childhood adversity will be evaluated as predictors of therapeutic outcome.

### DISCUSSION:

Recently, a pilot study in the United Kingdom showed significant reductions in self-harming behavior, depressive symptoms and trait anxiety. This is the first RCT to test the effectiveness of a short-term psychotherapeutic intervention in outpatients engaging in NSSI. Trial registration: The study is registered in the German Clinical Trials Register DRKS00003605.

### Free Article

PMID: 24034810 [PubMed - as supplied by publisher]

### Related citations



18. Bipolar Disord. 2013 Sep 6. doi: 10.1111/bdi.12115. [Epub ahead of print]  
Disturbances in reality testing as markers of risk in offspring of parents with bipolar disorder: a systematic review from a developmental psychopathology perspective.

**Narayan AJ, Allen TA, Cullen KR, Klimes-Dougan B.**

Institute of Child Development, University of Minnesota, Twin Cities, Minneapolis, MN, USA.

## Abstract

### *OBJECTIVES:*

This comprehensive review examined the prevalence and progression of disturbances in reality testing (DRT), defined as psychotic symptoms, cognitive disruptions, and thought problems, in offspring of parents with bipolar disorder (O-BD). Our approach was grounded in a developmental psychopathology perspective and considered a broader phenotype of risk within the bipolar-schizophrenia spectrum as measured by categorical and dimensional assessments of DRT in high-risk youth.

### *METHODS:*

Relevant studies were identified from numerous sources (e.g., PubMed, reference sections, and colleagues). Inclusion criteria were: (i) family risk studies published between 1975 and 2012 in which O-BD were contrasted with a comparison group (e.g., offspring of parents who had other psychiatric disorders or were healthy) on DRT outcomes and (ii) results reported for categorical or dimensional assessments of DRT (e.g., schizophrenia, psychotic symptoms, cluster A personality traits, or thought problems), yielding a total of 23 studies.

### *RESULTS:*

Three key findings emerged: (i) categorical approaches of DRT in O-BD produced low incidence base rates and almost no evidence of significant differences in DRT between O-BD and comparison groups, whereas (ii) many studies using dimensional assessments of DRT yielded significant group differences in DRT. Furthermore, (iii) preliminary evidence from dimensional measures suggested that the developmental progression of DRT in O-BD might represent a prodrome of severe psychological impairment.

### *CONCLUSIONS:*

Preliminary but promising evidence suggests that DRT is a probable marker of risk for future impairment in O-BD. Methodological strengths and weaknesses, the psychometric properties of primary DRT constructs, and future directions for developmental and longitudinal research with O-BD are discussed.

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PMID: 24034419 [PubMed - as supplied by publisher]

## **Related citations**

19. J Neurol Neurosurg Psychiatry. 2013 Sep 12. doi: 10.1136/jnnp-2013-305321. [Epub ahead of print]

The prognosis of functional (psychogenic) motor symptoms: a systematic review.

**Gelauff J, Stone J, Edwards M, Carson A.**

Department of Clinical Neurosciences, University of Edinburgh, , Edinburgh, UK.

## Abstract

### *BACKGROUND:*

The prognosis of functional (or psychogenic) motor symptoms (weakness and movement disorder) has not been systematically reviewed.

### *METHODS:*

We systematically reviewed PubMed for all studies of eight or more patients with functional motor symptoms reporting follow-up data longer than 6 months (excluding studies reporting specific treatments). We recorded symptom duration, physical and psychiatric comorbidity, disability, occupational functioning at follow-up and prognostic factors.

### *RESULTS:*

24 studies were included. There was heterogeneity regarding study size (number of patients (n)=10 491), follow-up duration clinical setting and data availability. Most studies (n=15) were retrospective. Reported symptom outcome was highly variable. Mean weighted follow-up duration was 7.4 years (in 13 studies where data was extractable). The mean percentage of patients same or worse at follow-up for all studies was 39%, range 10% to 90%, n=1134. Levels of physical disability and psychological comorbidity at follow-up were high. Short duration of symptoms, early diagnosis and high satisfaction with care predicted positive outcome in two studies. Gender had no effect. Delayed diagnosis and personality disorder were negatively correlated with outcome. Prognostic factors that varied between studies included age, comorbid anxiety and depression, IQ, educational status, marital status and pending litigation.

### *CONCLUSIONS:*

Existing follow-up studies of functional motor symptoms give us some insights regarding outcome and prognostic factors but are limited by their largely retrospective and selective nature. Overall, prognosis appears unfavourable. The severity and chronicity of functional motor symptoms argues for larger prospective studies including multiple prognostic factors at baseline in order to better understand their natural history.

PMID: 24029543 [PubMed - as supplied by publisher]

## Related citations

20. Br J Psychiatry. 2013 Sep 12. [Epub ahead of print]  
Comparison of short- and long-term dynamic group psychotherapy: randomised clinical trial.

**Lorentzen S, Ruud T, Fjeldstad A, Høglend P.**

Steinar Lorentzen, MD, PhD, Department for Research and Development, Clinic for Mental Health and Addiction, Oslo University Hospital, and Institute of Clinical Medicine, University of Oslo; Torleif Ruud, MD, PhD, Department for Research and Development, Division of Mental Health Services, Akershus University Hospital, Lørenskog, and Institute of Clinical Medicine, University of Oslo; Anette Fjeldstad, MD, Department of Research and Development, Clinic for Mental Health and Addiction, Oslo University Hospital; Per Høglend, MD, PhD, Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

### Abstract

#### *BACKGROUND:*

There are no randomised clinical trials comparing the outcomes of short- with long-term psychodynamic group psychotherapy.

#### *AIMS:*

To compare differences in outcome during and after short- and long-term group psychotherapy.

#### *METHOD:*

In total, 167 out-patients with mood, anxiety and personality disorders were randomised to short- or long-term group therapy (20 or 80 weekly, 90 min sessions). Outcome measures were: symptoms (Symptom Checklist 90 - Revised), interpersonal problems (Inventory of Interpersonal Problems - Circumplex) and psychosocial functioning (Global Assessment of Functioning (GAF) split version: GAF-Symptom and GAF-Function). Change over the 3-year study period was assessed using linear mixed models. The study was registered in clinicalTrials.gov as NCT00521417.

#### *RESULTS:*

Patients in both groups made significant gains. A significantly larger symptomatic change over time was found for long-term compared with short-term therapy, but no significant differences were detected for the three remaining outcome variables. There was a higher number of premature terminations in the long-term (33.3%) compared with the short-term group (8.6%).

## CONCLUSIONS:

Short- and long-term therapy seem equally effective for typical out-patients seeking group psychotherapy, except for symptomatic distress.

PMID: 24029539 [PubMed - as supplied by publisher]

## Related citations



21. *Curr Biol*. 2013 Sep 9;23(17):R746-50. doi: 10.1016/j.cub.2013.06.046.

[Memory reconsolidation.](#)

**Alberini CM, Ledoux JE.**

Center for Neural Science, New York University, 4 Washington Place, New York, NY 10003, USA.

## Abstract

The formation, storage and use of memories is critical for normal adaptive functioning, including the execution of goal-directed behavior, thinking, problem solving and decision-making, and is at the center of a variety of cognitive, addictive, mood, anxiety, and developmental disorders. Memory also significantly contributes to the shaping of human personality and character, and to social interactions. Hence, understanding how memories are formed, stored, retrieved, modified, updated and used potentially impacts many areas in human life, including mental health.

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PMID: 24028957 [PubMed - in process]

## Related citations



22. *JAMA Psychiatry*. 2013 Sep 11. doi: 10.1001/jamapsychiatry.2013.1957. [Epub ahead of print]

[Overt Irritability/Anger in Unipolar Major Depressive Episodes: Past and Current Characteristics and Implications for Long-term Course.](#)

**Judd LL, Schettler PJ, Coryell W, Akiskal HS, Fiedorowicz JG.**

Department of Psychiatry, University of California, San Diego, La Jolla.

## Abstract

**IMPORTANCE** Although symptoms of irritability or anger are not central to the diagnosis of unipolar major depressive episodes (MDEs), these symptoms have been found, in cross-sectional studies, to be highly prevalent and associated with increased comorbidity and depressive illness burden. **OBJECTIVE** To determine the prevalence of overtly expressed irritability/anger and its effect on intake presentation and the long-term course of illness.

**DESIGN** A prospective, naturalistic investigation of patients with unipolar MDEs, studied systematically at intake and during up to 31 years of follow-up. **SETTING** Five US academic medical centers. **PARTICIPANTS** Patients entered the National Institute of Mental Health Collaborative Depression Study during an MDE in 1978, 1979, 1980, or 1981. Patients with unipolar MDE at intake (n = 536) were divided into those with and those without current comorbid overtly expressed irritability/anger. **EXPOSURE** In this observational, longitudinal study, patients received treatment that was recorded but not controlled. **MAIN OUTCOMES AND MEASURES** Groups were compared on illness severity and chronicity, psychosocial impairment, quality of life, suicidal behavior, lifetime comorbid diagnoses, impulse control, and measures associated with bipolarity. **RESULTS** Overt irritability/anger was present in 292 of 536 participants with a unipolar MDE at study intake (54.5%). It was associated with significantly increased depressive severity, longer duration of the index MDE, poorer impulse control, a more chronic and severe long-term course of illness, higher rates of lifetime comorbid substance abuse and anxiety disorder, more antisocial personality disorders, greater psychosocial impairment before intake and during follow-up, reduced life satisfaction, and a higher rate of bipolar II disorder in relatives. No association was found with increased suicidal ideation or behavior. Results were not explained by comorbidity or other manic spectrum symptoms. **CONCLUSIONS AND RELEVANCE** This study extends results of cross-sectional investigations and indicates that irritability/anger during MDEs is a highly prevalent clinical marker of a more severe, chronic, and complex depressive illness. Findings have important implications for assessment and treatment.

PMID: 24026579 [PubMed - as supplied by publisher]

#### Related citations



23. Int J Methods Psychiatr Res. 2013 Sep 11. doi: 10.1002/mpr.1397. [Epub ahead of print] The International ADHD in Substance Use Disorders Prevalence (IASP) study: background, methods and study population.

**van de Glind G, Van Emmerik-van Oortmerssen K, Carpentier PJ, Levin FR, Koeter MW, Barta C, Kaye S, Skutle A, Franck J, Konstenius M, Bu ET, Moggi F, Dom G, Demetrovics Z, Fatséas M, Schillinger A, Kapitány-Fövény M, Verspreet S, Seitz A, Johnson B, Faraone SV, Ramos-Quiroga JA, Allsop S, Carruthers S, Schoevers RA; Iasp Research Group, van den Brink W.**

Trimbos-instituut and ICASA Foundation, Utrecht, The Netherlands; Amsterdam Institute for Addiction research, Department of Psychiatry, Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands.

#### Abstract

Attention deficit/hyperactivity disorder (ADHD) is an increasingly recognized comorbid condition in subjects with substance use disorders (SUDs). This paper describes the methods and study population of the International ADHD in Substance Use Disorders Prevalence (IASP) study. Objectives of the IASP are to determine the prevalence of ADHD in adult treatment seeking patients with SUD in different countries and SUD populations, determine



the reliability and validity of the Adult ADHD Self-report Scale V 1.1 (ASRS) as ADHD screening instrument in SUD populations, investigate the comorbidity profile of SUD patients with and without ADHD, compare risk factors and protective factors in SUD patients with and without a comorbid diagnosis of ADHD, and increase our knowledge about the relationship between ADHD and the onset and course of SUD. In this cross-sectional, multi-centre two stage study, subjects were screened for ADHD with the ASRS, diagnosed with the Conner's Adult ADHD Diagnostic Interview for DSM-IV (CAADID), and evaluated for SUD, major depression, bipolar disorder, anti social personality disorder and borderline personality disorder. Three thousand five hundred and fifty-eight subjects from 10 countries were included. Of these 40.9% screened positive for ADHD. This is the largest international study on this population evaluating ADHD and comorbid disorders. Copyright © 2013 John Wiley & Sons, Ltd.

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PMID: 24022983 [PubMed - as supplied by publisher]

### Related citations



24. Eur Arch Psychiatry Clin Neurosci. 2013 Sep 11. [Epub ahead of print]  
[Fluid intelligence and empathy in association with personality disorder trait-scores: exploring the link.](#)

**Hengartner MP, Ajdacic-Gross V, Rodgers S, Müller M, Haker H, Rössler W.**

Department of Psychiatry, Psychotherapy and Psychosomatics, University of Zurich, PO Box 1930, 8021, Zurich, Switzerland, michael.hengartner@dgsp.uzh.ch.

### Abstract

There is some evidence that fluid intelligence as well as empathy may be significantly related to personality disorders (PDs). To our knowledge, no study has addressed those issues simultaneously in all 10 DSM PDs in a sample of the general population. We analysed data from 196 participants aged 20-41 from the Epidemiology Survey of the Zurich Programme for Sustainable Development of Mental Health Services (ZInEP), a comprehensive psychiatric survey in the general population of Zurich, Switzerland. We assessed the digit symbol-coding test (DSCT), the "reading the mind in the eyes" test (RMET) and the interpersonal reactivity index (IRI). Both measures of cognitive empathy (i.e. RMET and IRI perspective taking) were not related to any PD trait-score. The total PD trait-score was significantly associated with low scores on DSCT and IRI empathic concern and high scores on IRI personal distress, which indicates a dose-response relationship in those measures. DSCT was particularly related to borderline PD, IRI empathic concern to schizoid and narcissistic PDs, and IRI personal distress to avoidant PD. The proportion of variance explained in the total PD trait-score accounted for by DSCT, IRI empathic concern and IRI personal distress was 2.6, 2.3 and 13.3 %, respectively. Symptomatology and severity of PDs are related to low fluid intelligence and reduced emotional empathy as characterized by low empathic concern and high personal distress towards emotional

expressions of others. Further research is needed that examines the association between cognitive empathy and personality pathology as well as potential clinical applications.  
PMID: 24022591 [PubMed - as supplied by publisher]

### Related citations



25. Am J Geriatr Psychiatry. 2013 Sep 7. pii: S1064-7481(13)00308-4. doi: 10.1016/j.jagp.2013.07.005. [Epub ahead of print]  
Psychiatric Correlates of Alcohol and Tobacco Use Disorders in U.S. Adults Aged 65 Years and Older: Results From the 2001-2002 National Epidemiologic Survey of Alcohol and Related Conditions.

**Lin JC, Karno MP, Grella CE, Ray LA, Liao DH, Moore AA.**

Department of Medicine, Cheng Ching Hospital, Taichung, Taiwan.

### Abstract

#### OBJECTIVE:

To examine associations of alcohol and tobacco use disorders and psychiatric conditions among older U.S. adults.

#### METHODS:

Sample was individuals aged at least 65 years (N = 8,205) who participated in the 2001-2002 National Epidemiologic Survey on Alcohol and Related Conditions. Measurements included lifetime and past 12-month Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition alcohol use disorders (AUDs), tobacco use disorders (TUDs), and psychiatric conditions.

#### RESULTS:

Among older adults, prevalence of lifetime and past 12-month AUDs were 16.1% and 1.5% and lifetime and past 12-month TUDs were 8.7% and 4.0%, respectively. Lifetime TUD was associated with increased odds of both lifetime (odds ratio [OR]: 4.17; 95% confidence interval [CI]: 3.30-5.26) and past 12-month (OR: 2.52; 95% CI: 1.50-4.24) AUDs, and lifetime AUD was associated with increased odds of both lifetime (OR: 4.13; 95% CI: 3.28-5.210 and past 12-month (OR: 3.51; 95% CI: 2.47-4.96) TUDs. Any lifetime mood, anxiety, or personality disorder among older adults was associated with increased odds of lifetime AUD and TUD, any lifetime mood disorder was associated with increased odds of past 12-month AUD and TUD, and any personality disorder was associated with past 12-month TUD.

## CONCLUSION:

There is a strong association between AUD and TUD among older U.S. adults as well as associations between AUD and TUD with mood, anxiety, and personality disorders. Understanding the psychiatric conditions associated with AUDs and TUDs, especially past 12-month use disorders involving alcohol or tobacco, will enable healthcare providers to target screening and be more aware of symptoms and signs of potential AUDs and TUDs among those at higher risk.

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PMID: 24021218 [PubMed - as supplied by publisher]

## Related citations



26. Psychol Assess. 2013 Sep 9. [Epub ahead of print]

[Personality Heterogeneity in PTSD: Distinct Temperament and Interpersonal Typologies.](#)

**Thomas KM, Hopwood CJ, Donnellan MB, Wright AG, Sanislow CA, McDevitt-Murphy ME, Ansell EB, Grilo CM, McGlashan TH, Shea MT, Markowitz JC, Skodol AE, Zannarini MC, Morey LC.**

## Abstract

Researchers examining personality typologies of posttraumatic stress disorder (PTSD) have consistently identified 3 groups: low pathology, internalizing, and externalizing. These groups have been found to predict functional severity and psychiatric comorbidity. In this study, we employed Latent Profile Analysis to compare this previously established typology, grounded in temperament traits (negative emotionality; positive emotionality; constraint), to a novel typology rooted in interpersonal traits (dominance; warmth) in a sample of individuals with PTSD ( $n = 155$ ). Using Schedule for Nonadaptive and Adaptive Personality (SNAP) traits to create latent profiles, the 3-group temperament model was replicated. Using Interpersonal Circumplex (IPC) traits to create latent profiles, we identified a 4-group solution with groups varying in interpersonal style. These models were nonredundant, indicating that the depiction of personality variability in PTSD depends on how personality is assessed. Whereas the temperament model was more effective for distinguishing individuals based on distress and comorbid disorders, the interpersonal model was more effective for predicting the chronicity of PTSD over the 10 year course of the study. We discuss the potential for integrating these complementary temperament and interpersonal typologies in the clinical assessment of PTSD. (PsycINFO Database Record (c) 2013 APA, all rights reserved).

PMID: 24015858 [PubMed - as supplied by publisher]

## Related citations

27. Arch Clin Neuropsychol. 2013 Sep 6. [Epub ahead of print]

The Value of Impulsivity to Define Subgroups of Addicted Individuals Differing in Personality Dysfunction, Craving, Psychosocial Adjustment, and Wellbeing: A Latent Class Analysis.

**Albein-Urios N, Pilatti A, Lozano O, Martínez-González JM, Verdejo-García A.**

Department of Clinical Psychology, University of Granada, Spain.

### Abstract

High impulsivity is common to substance and gambling addictions. Despite these commonalities, there is still substantial heterogeneity on impulsivity levels within these diagnostic groups, and variations in impulsive levels predict higher severity of symptoms and poorer outcomes. We addressed the question of whether impulsivity scores can yield empirically driven subgroups of addicted individuals that will exhibit different clinical presentations and outcomes. We applied latent class analysis (LCA) to trait (UPPS-P impulsive behavior scale) and cognitive impulsivity (Stroop and d2 tests) scores in three predominantly male addiction diagnostic groups: Cocaine with Personality Disorders, Cocaine Non-comorbid, and Gambling and analyzed the usefulness of the resulting subgroups to differentiate personality beliefs and relevant outcomes: Craving, psychosocial adjustment, and quality of life. In accordance with impulsivity scores, the three addiction diagnostic groups are best represented as two separate classes: Class 1 characterized by greater trait impulsivity and poorer cognitive impulsivity performance and Class 2 characterized by lower trait impulsivity and better cognitive impulsivity performance. The two empirically derived classes showed significant differences on personality features and outcome variables (Class 1 exhibited greater personality dysfunction and worse clinical outcomes), whereas conventional diagnostic groups showed non-significant differences on most of these measures. Trait and cognitive impulsivity scores differentiate subgroups of addicted individuals with more versus less severe personality features and clinical outcomes. PMID: 24014137 [PubMed - as supplied by publisher]

### Related citations

28. Am J Geriatr Psychiatry. 2013 Sep 5. pii: S1064-7481(13)00217-0. doi: 10.1016/j.jagp.2013.04.009. [Epub ahead of print]  
[Time Does Not Heal All Wounds: Older Adults Who Experienced Childhood Adversities Have Higher Odds of Mood, Anxiety, and Personality Disorders.](#)

**Raposo SM, Mackenzie CS, Henriksen CA, Afifi TO.**

Department of Psychology, University of Manitoba, Winnipeg, Manitoba, Canada.

## Abstract

### OBJECTIVE:

We aimed to examine the prevalence of several types of childhood adversity across adult cohorts, whether age moderates the effect of childhood adversity on mental health, the relationship between childhood adversity and psychopathology among older adults, the dose-response relationship between number of types of childhood adversities and mental disorders in later life, and whether lifetime mental health treatment reduces the odds of psychopathology among older survivors of childhood adversity.

### METHODS:

In a population-based, cross-sectional study on a nationally representative U.S. sample, we studied 34,653 community-dwelling Americans 20 years and older, including 7,080 adults 65 years and older from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Trained lay interviewers assessed past-year mood and anxiety disorders and lifetime personality disorders. Participants self-reported childhood adversity based on questions from the Adverse Childhood Experiences Study.

### RESULTS:

Childhood adversity was prevalent across five age cohorts. In our adjusted models, age did not moderate the effect of childhood adversity on mental disorders. Older adults who experienced childhood adversity had higher odds of having mood (odds ratio: 1.73; 95% confidence interval: 1.32-2.28), anxiety (odds ratio: 1.48; 95% confidence interval: 1.20-1.83), and personality disorders (odds ratio: 2.11; 95% confidence interval: 1.75-2.54) after adjusting for covariates. An increasing number of types of childhood adversities was associated with higher odds of personality disorders and somewhat higher odds of anxiety disorders. Treatment-seeking was associated with a reduced likelihood of anxiety and, especially, mood disorders in older adult childhood adversity survivors.

### CONCLUSION:

These results emphasize the importance of preventing childhood adversity and intervening once it occurs to avoid the negative mental health effects that can last into old age.

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### Related citations



29. Asian J Psychiatr. 2013 Oct;6(5):410-6. doi: 10.1016/j.ajp.2013.05.004. Epub 2013 Jun 18. Comorbidity of psychiatric and personality disorders in first suicide attempters: A case-control study.

**Kulkarni RR, Rao KN, Begum S.**

Department of Psychiatry, SDM College of Medical Sciences and Hospital, Dharwad, Karnataka, India. Electronic address: dranant007@rediffmail.com.

## Abstract

### *OBJECTIVES:*

Comorbid psychiatric and personality disorders in suicide attempters pose greater estimated risk of suicide than psychiatric disorders alone. The current study aimed to evaluate prevalence and pattern of psychiatric and/or personality morbidity and comorbidity in first-time suicide attempters in comparison to the age and sex matched community sample.

### *METHODS:*

Socio-demographic variables, family background, psychiatric morbidity and comorbidity in survivors of first suicide attempt were compared to age and sex matched community controls. Structured (Mini International Neuropsychiatric Interview plus) and semi-structured (International Personality Disorder Examination) clinical interviews were utilized to evaluate for axis-I and axis-II (personality) diagnosis. Risk-rescue rating was administered to assess medical seriousness of suicide attempt.

### *RESULTS:*

Individuals who made a first suicide attempt showed significantly lower educational achievement ( $P < 0.0001$ ; OR 1.56; 95% CI 0.89-2.74), but no significant difference in other socio-demographic variables compared to the controls. Cases had high family history of psychiatric illnesses (31% vs. 7%;  $P < 0.0001$ ; OR 5.97; 95% CI 2.48-14.35); high prevalence of psychiatric disorders (89% vs. 25%;  $P < 0.0001$ ; OR 24.27 95% CI 11.21-52.57), personality disorders (52% vs. 24%;  $P < 0.0001$ ; OR 3.43; 95% CI 1.88-6.28), comorbidity of psychiatric and personality disorders (51.6% vs. 19.5%;  $P = 0.022$ ; OR 3.01; 95% CI 1.14-7.92), and high overall prevalence of any axis-I and/or axis-II (personality) morbidity (93% vs. 41%;  $P < 0.0001$ ; OR 19.12; 95% CI 8.05-45.43), compared to controls.

### *CONCLUSION:*

Survivors of first suicide attempt are at nineteen times increased odds of having psychiatric morbidity and/or comorbidity, especially with personality disorders. Personality evaluation and management in such individuals may result in better comprehensive approach to health care.

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PMID: 24011689 [PubMed - in process]

**Related citations**

30. Psychiatry Res. 2013 Sep 3. pii: S0925-4927(13)00150-9. doi:  
10.1016/j.psychres.2013.05.007. [Epub ahead of print]

An exploratory study of the relationship of symptom domains and diagnostic severity to PET scan imaging in borderline personality disorder.

**Charles Schulz S, Camchong J, Romine A, Schlesinger A, Kuskowski M, Pardo JV, Cullen KR, Lim KO.**

University of Minnesota, Department of Psychiatry, F282/2A West, 2450 Riverside Avenue, Minneapolis, MN 55454, USA. Electronic address: scs@umn.edu.

### Abstract

The purpose of this report is to describe the relationship between clinical rating assessments of borderline personality disorder (BPD) and regional brain metabolism as measured by positron emission tomography with fluorodeoxyglucose-F18 (PET-FDG). Fourteen women with BPD underwent PET-FDG scanning in a medication-free state. Correlations were performed on a voxel-by-voxel basis with Buss-Durkee Hostility Index (BDHI) and the Zanarini Rating Scale for Borderline Personality Disorder (ZAN-BPD) which provides a score for BPD severity. There was a significant negative correlation between glucose metabolism in frontal brain areas and the BDHI. Correlations of brain metabolic changes and diagnostic behavioral rating scale scores (ZAN-BPD) were small and seen mostly in posterior areas. The assessment of the statistical relationship of the BDHI to brain regions was substantially more robust than the correlations of the total ZAN-BPD. This exploratory study illustrates regional metabolic values that are highly related to hostile behavior. Our findings replicate some prior studies that have identified a negative relationship between frontal metabolism and aggression in personality disorders. We have also identified a range of other areas that relate to both positive (representing increased drive) and negative (representing impaired control) hostility scores. The substantially greater correlations of the BDHI compared with the ZAN-BPD provide information about the neural underpinnings of BPD.

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PMID: 24011393 [PubMed - as supplied by publisher]

### Related citations

31. J Pers Assess. 2013 Sep 5. [Epub ahead of print]

Self-Report and Observer Ratings of Personality Functioning: A Study of the OPD System.

**Dinger U, Schauenburg H, Hörz S, Rentrop M, Komo-Lang M, Klinkerfuß M, Köhling J, Grande T, Ehrental JC.**

a Clinic for General Internal Medicine and Psychosomatics , University of Heidelberg , Germany.

### Abstract

Recent considerations around DSM-5 criteria of personality disorders (PDs) demand new concepts of assessing levels of personality functioning. Of special interest are multiperspective approaches accounting for clinicians' as well as patients' points of view. The study investigates observer-rated and self-assessed levels of personality functioning measured by the level of structural integration as defined by the Operationalized Psychodynamic Diagnosis System (OPD). Both perspectives were positively related. The combination of both measures was most efficient in discriminating among 3 diagnostic groups of varying degrees of personality dysfunction. Future studies should take into account expert ratings as well as self-report data.

PMID: 24003849 [PubMed - as supplied by publisher]

### Related citations



32. J Pers Assess. 2013 Sep 5. [Epub ahead of print]

[Mapping the Personality Psychopathology Five Domains Onto DSM-IV Personality Disorders in Dutch Clinical and Forensic Samples: Implications for DSM-5.](#)

**Sellbom M, Smid W, de Saeger H, Smit N, Kamphuis JH.**

a Department of Psychology , The University of Alabama.

### Abstract

The Personality Psychopathology Five (PSY-5) model represents 5 broadband dimensional personality domains that align with the originally proposed DSM-5 personality trait system, which was eventually placed in Section III for further study. The main objective of this study was to examine the associations between the PSY-5 model and personality disorder criteria. More specifically, we aimed to determine if the PSY-5 domain scales converged with the alternative DSM-5 Section III model for personality disorders, with a particular emphasis on the personality trait profiles proposed for each of the specific personality disorder types. Two samples from The Netherlands consisting of clinical patients from a personality disorder treatment program (n = 190) and forensic psychiatric hospital (n = 162) were used. All patients had been administered the MMPI-2 (from which MMPI-2-RF PSY-5 scales were scored) and structured clinical interviews to assess personality disorder criteria. Results based on Poisson or negative binomial regression models showed statistically significant and meaningful associations for the hypothesized PSY-5 domains for each of the 6 personality disorders, with a few minor exceptions that are discussed in detail. Implications for these findings are also discussed.

PMID: 24003826 [PubMed - as supplied by publisher]

### Related citations





33. J Clin Psychol. 2013 Sep 3. doi: 10.1002/jclp.22039. [Epub ahead of print]  
The Moderating Effects of Impulsivity on Chinese Rural Young Suicide.

**Zhang J, Lin L.**

Shandong University School of Public Health; State University of New York College at Buffalo.

#### Abstract

##### *OBJECTIVES:*

As only about 50% of Chinese suicides have mental disorders, nonpsychiatric factors such as social environment and personality may account for the variance that is not explained by mental problems. We try to explore the effects of impulsivity on Chinese suicides and the role impulsivity plays in the relationship between negative life events (NLEs) and suicidal behavior.

##### *METHOD:*

A total of 392 suicide cases (178 female and 214 male, aged 15-34 years) and 416 community controls (202 males and 214 females) of the same age range were sampled in China. The case-control data were obtained using psychological autopsy method with structured and semistructured instruments.

##### *RESULTS:*

Impulsivity was an important predictor of Chinese rural young suicides and it was a moderator between NLEs and suicide.

##### *CONCLUSIONS:*

Findings of the study may be translated into practical measures in suicide prevention in China as well as elsewhere in the world.

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PMID: 24002993 [PubMed - as supplied by publisher]

#### Related citations



34. Transl Psychiatry. 2013 Sep 3;3:e302. doi: 10.1038/tp.2013.76.  
Psychiatric manifestations in cerebrotendinous xanthomatosis.

**Fraidakis MJ.**

1] Federation of Neurology, La Salpêtrière Hospital, Groupe Hospitalier Pitié-Salpêtrière (GHPS), Paris, France [2] Department of Neurogenetics, La Salpêtrière Hospital, Groupe Hospitalier Pitié-Salpêtrière (GHPS), Paris, France.

## Abstract

Cerebrotendinous xanthomatosis (CTX) is a rare and severe, but treatable, inborn disorder of bile acid biosynthesis and sterol storage with autosomal recessive inheritance and variable clinical presentation. CTX treatment consists of chenodeoxycholic acid and must be started as early as possible to prevent permanent disability. Psychiatric manifestations are rare and non-specific, and often lead to significant diagnostic and treatment delay. Therefore, better recognition of the gamut of psychiatric manifestations in CTX can diminish the risk of misdiagnosis and irreversible neurological deterioration. We hereby describe the psychiatric features in CTX. A complete review of all published cases of CTX in the medical literature was undertaken and the case reports with psychiatric presentation were collected and analyzed. We also describe the psychiatric features in relation to the neurological semeiology in six patients with CTX diagnosed at the La Salpêtrière Hospital. We conclude that psychiatric manifestations in CTX follow a bimodal/bitemporal pattern, appearing early in the disease course in the form of a behavioral/personality disorder associated with learning difficulties or mental retardation, or manifesting in advanced disease in the setting of dementia as rich neuropsychiatric syndromes, such as frontal, orbitofrontal or frontotemporal syndromes of cortico-subcortical dementia encompassing behavioral/personality disturbance, affective/mood disorders or psychotic disorders. Behavioral/personality disturbance in childhood or adolescence, especially when accompanied by learning difficulties, should therefore lead to further investigation to exclude CTX, as early diagnosis and treatment is critical for prognosis.

PMID: 24002088 [PubMed - in process]

## Related citations



35. Psychol Med. 2013 Sep 4:1-14. [Epub ahead of print]

The association between common mental disorders and violence: to what extent is it influenced by prior victimization, negative life events and low levels of social support?

**Ten Have M, de Graaf R, van Weeghel J, van Dorsselaer S.**

Netherlands Institute of Mental Health and Addiction, Utrecht, The Netherlands.

## Abstract

### BACKGROUND:

Few studies have been published on the association between mental disorders and violence based on general population studies. Here we focus on different types of violence, adjusting for violent victimization and taking account of the limitations of previous population studies.

## METHOD:

Data were used from the first two waves of the Netherlands Mental Health Survey and Incidence Study-2 (NEMESIS-2), a nationally representative face-to-face survey of the general population aged 18-64 years (n = 6646). Violence was differentiated into physical and psychological violence against intimate partner(s), children or any person(s) in general. DSM-IV diagnoses were assessed with the Composite International Diagnostic Interview Version 3.0 (CIDI 3.0).

## RESULTS:

Psychological violence occurs considerably more frequently than physical violence, but both showed almost identical associations with mental disorders. After adjustment for sociodemographic characteristics, most of the main categories of common mental disorders were associated with violence. The strongest associations were found for externalizing disorders (substance use, impulse-control, antisocial personality disorder). After additional adjustment for violent victimization, negative life events and social support, most diagnostic correlates lost their significance whereas substance use (in particular alcohol) disorders were still associated with most types of violence.

## CONCLUSIONS:

The increased risk of violent offending among people with common mental disorders, other than substance use disorders, can be attributed to factors other than their mental illness.  
PMID: 24001369 [PubMed - as supplied by publisher]

## Related citations



36. Psychodyn Psychiatry. 2013 Fall;41(3):437-66. doi: 10.1521/pdps.2013.41.3.437.

[A new look at borderline personality disorder and related disorders: hyper-reactivity in the limbic system and lower centers.](#)

## Stone MH.

Professor of Clinical Psychiatry, Columbia College of Physicians & Surgeons.

## Abstract

Abstract Borderline Personality Disorder (BPD) has been often described recently as a condition characterized by emotional dysregulation. Several other conditions share this attribute; namely, Bipolar Disorder (BD), Attention-Deficit/Hyperactivity Disorder (ADHD), Intermittent Explosive Disorder (IED), and Major Depressive Disorder (MDD). The dysregulation is not always in the same direction: BPD, BD, ADHD, and IED, for example, show over-reactivity or "hyperactivity" of emotional responses, whereas patients with MDD show emotional sluggishness and underactivity. At the clinical/descriptive level the "over-reactive" conditions appear separate and distinct. BPD constitutes a large domain within the

psychopathological arena, appearing to contain within it a variety of etiologically diverse subtypes. Among the latter is a type of BPD linked closely with Bipolar Disorder; family studies of either condition show an overrepresentation of both: BPD patients with bipolar relatives; Bipolar patients with BPD relatives. A significant percentage of children with ADHD go on to develop either BPD or BD as they approach adulthood. If one shifts the spotlight to neurophysiology, as captured by MRI studies, however, it emerges that an important subtype of BPD, and also BD, ADHD, and IED-share common features of abnormalities and peculiarities in the limbic system and in the cortex, especially the prefrontal cortex. Deeper subcortical regions such as the periaqueductal gray may also be implicated in strong emotional reactions. The diversity of clinical "over-reactive" conditions appear to harken back to a kind of unity at the brain-change level. There are therapeutic implications here, such as the advisability of mood stabilizers in many cases of BPD, not just for Bipolar Disorder.

PMID: 24001165 [PubMed - in process]

### Related citations



37. Psychodyn Psychiatry. 2013 Fall;41(3):361-84. doi: 10.1521/pdps.2013.41.3.361.  
[The emerging evidence for long-term psychodynamic therapy.](#)

**Leichsenring F, Abbass A, Luyten P, Hilsenroth M, Rabung S.**

### Abstract

Abstract There is growing evidence from RCTs supporting the efficacy of both short-term (STPP) and long-term psychodynamic psychotherapy (LTPP) for specific mental disorders. In a first series of meta-analyses, LTPP was shown to be superior to shorter forms of psychotherapy, especially in complex mental disorders. However, the evidence for LTPP has not gone unchallenged. After several responses have addressed the raised concerns, a recent meta-analysis by Smit and colleagues (2012) again challenges the efficacy of LTPP. Method: From a methodological perspective, a critical analysis of the Smit et al. meta-analysis was performed. Furthermore, we conducted two new metaanalyses adding studies not included in previous meta-analyses. The purpose was to examine whether the results of the previous meta-analyses are stable. Results: Due to differing inclusion criteria, the meta-analysis by Smit et al. actually compared LTPP to other forms of long-term psychotherapy. Thus, they essentially showed that LTPP was as efficacious as other forms of long-term therapy. For this reason the meta-analysis by Smit et al. does not question the results of previous meta-analyses showing that LTPP is superior to shorter forms of psychotherapy. In addition, the Smit et al. meta-analysis was shown to suffer from several methodological shortcomings. The new meta-analyses we performed did not find significant deviations from previous results. In complex mental disorders LTPP proved to be significantly superior to shorter forms of therapy corroborating results of previous meta-analyses. Conclusions: Data on dose-effect relations suggest that for many patients with complex mental disorders, including chronic mental disorders and personality disorders, short-term psychotherapy is not sufficient. For these patients, long-term treatments may be indicated. The meta-analyses presented here provide further support for LTPP in these populations. Nevertheless, there is a need for more research in LTPP and other long-term psychotherapies.

PMID: 24001160 [PubMed - in process]

**Related citations**



38. J Pers. 2013 Sep 3. doi: 10.1111/jopy.12068. [Epub ahead of print]

The Enduring Impact of Maladaptive Personality Traits on Relationship Quality and Health in Later Life.

**Gleason ME, Weinstein Y, Balsis S, Oltmanns TF.**

University of Texas at Austin.

**Abstract**

Over the past five years, the St. Louis Personality and Aging Network (SPAN) has been collecting data on personality in later life with an emphasis on maladaptive personality, social integration, and health outcomes in a representative sample of 1630 adults aged 55-64 living in the St. Louis area. This program has confirmed the importance of considering both the normal range of personality and in particular the role of maladaptive traits in order to understand individuals' relationships, life events, and health outcomes. In the current paper we discuss the explanatory benefits of considering maladaptive traits or traits associated with personality disorders when discussing the role of personality on social and health outcomes with an emphasis on adults in middle to later life, and integrate these findings into the greater literature.

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PMID: 23998798 [PubMed - as supplied by publisher]

**Related citations**