

1. *Epilepsy Behav.* 2017 Jan 27;68:108-114. doi: 10.1016/j.yebeh.2016.11.004. [Epub ahead of print]

Effects of surgical side and site on psychological symptoms following epilepsy surgery in adults.

[Prayson BE](#)¹, [Floden DP](#)², [Ferguson L](#)³, [Kim KH](#)⁴, [Jehi L](#)⁵, [Busch RM](#)⁶.

Author information:

- ¹Wellesley College, 106 Central Street, Wellesley, MA 02481, United States.
- ²Department of Psychology and Psychiatry, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States; Center for Neurological Restoration, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States.
- ³Department of Psychology and Psychiatry, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States; Epilepsy Center, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States.
- ⁴Department of Psychology in Education, University of Pittsburgh, 5918 Wesley W. Posvar Hall, Pittsburgh, PA 15260, United States.
- ⁵Epilepsy Center, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States.
- ⁶Department of Psychology and Psychiatry, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States; Epilepsy Center, Cleveland Clinic, 9500 Euclid Avenue, Cleveland, OH 44195, United States. Electronic address: buschr@ccf.org.

Abstract

This retrospective study examined the potential role of side and site of surgery in psychological symptom change after epilepsy surgery and determined the base rate of psychological change at the individual level. Two-hundred twenty-eight adults completed the Personality Assessment Inventory (PAI) before and after temporal (TLR; n=190) or frontal lobe resection (FLR; n=38). Repeated measures ANOVAs with bootstrapping examined differences in psychological outcome as a function of surgical site separately in patients who underwent left- versus right-sided resections. Individual's PAI score changes were then used to determine the prevalence of clinically meaningful postoperative symptom change. Following left-sided resections, there were significant group-by-time interactions on Somatic Complaints, Anxiety, and Anxiety Related Disorders. There was also a trend in this direction on the Depression scale. TLR patients endorsed greater preoperative symptoms than FLR patients on all of these scales, except the Somatic Complaints scale. After surgery, TLR patients reported symptom improvement on all four scales, while scores of FLR patients remained relatively stable over time. Endorsement of Mania-related symptoms increased in both TLR and FLR groups from pre- to post-surgical testing. Following right-sided resections,

both groups endorsed symptom improvements on Somatic Complaints, Anxiety, and Depression scales following surgery. In addition, the TLR group endorsed more Mania-related symptoms than the FLR group regardless of time. Patterns of meaningful change in individual patients were generally consistent with group findings, with the most frequent improvements observed following TLR. However, there were a small subset of patients who reported symptom exacerbation after surgery. Our results suggest that surgical lateralization and localization are important factors in postoperative psychological outcome and highlight the importance of considering psychological change at the individual patient level. Further research is needed to identify potential risk factors for symptom exacerbation to aid in preoperative counseling and identify those patients most in need of postoperative psychological surveillance.

Copyright © 2016 Elsevier Inc. All rights reserved.

PMID: 28142129 [PubMed - as supplied by publisher]

2. Pediatrics. 2017 Jan 30. pii: e20162027. doi: 10.1542/peds.2016-2027. [Epub ahead of print]

The Mediterranean Diet and ADHD in Children and Adolescents.

[Ríos-Hernández A](#)¹, [Alda JA](#)², [Farran-Codina A](#)¹, [Ferreira-García E](#)^{2, 3}, [Izquierdo-Pulido M](#)^{4,5}.

Author information:

- ¹Departments of Nutrition, Food Science, and Gastronomy, and.
- ²ADHD Unit, Child and Adolescent Psychiatry Department, Hospital Sant Joan de Deu, Barcelona, Spain; and.
- ³Personality, Evaluation, and Psychological Treatment, University of Barcelona, Barcelona, Spain.
- ⁴Departments of Nutrition, Food Science, and Gastronomy, and maria_izquierdo@ub.edu.
- ⁵CIBER Physiopathology of Obesity and Nutrition (CIBEROBN), Instituto de Salud Carlos III, Madrid, Spain.

Abstract

OBJECTIVES:

Although attention-deficit/hyperactivity disorder (ADHD) has been related to nutrient deficiencies and "unhealthy" diets, to date there are no studies that examined the relationship between the Mediterranean diet and ADHD. We hypothesized that a low adherence to a Mediterranean diet would be positively associated with an increase in ADHD diagnosis.

METHODS:

A total of 120 children and adolescents (60 with newly diagnosed ADHD and 60 controls) were studied in a sex- and age-matched case-control study. ADHD diagnosis was made according to the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision. Energy, dietary intake, adherence to a Mediterranean diet, and familial background were measured. Logistic regression was used to determine associations between the adherence to a Mediterranean diet and ADHD.

RESULTS:

Lower adherence to a Mediterranean diet was associated with ADHD diagnosis (odds ratio: 7.07; 95% confidence interval: 2.65-18.84; relative risk: 2.80; 95% confidence interval: 1.54-5.25). Both remained significant after adjusting for potential confounders. Lower frequency of consuming fruit, vegetables, pasta, and rice and higher frequency of skipping breakfast and eating at fast-food restaurants were associated with ADHD diagnosis ($P < .05$). High consumption of sugar, candy, cola beverages, and noncola soft drinks ($P < .01$) and low consumption of fatty fish ($P < .05$) were also associated with a higher prevalence of ADHD diagnosis.

CONCLUSIONS:

Although these cross-sectional associations do not establish causality, they raise the question of whether low adherence to a Mediterranean diet might play a role in ADHD development. Our data support the notion that not only "specific nutrients" but also the "whole diet" should be considered in ADHD.

Copyright © 2017 by the American Academy of Pediatrics.

PMID: 28138007 [PubMed - as supplied by publisher]

3. Psychoneuroendocrinology. 2017 Jan 10;77:261-274. doi: 10.1016/j.psyneuen.2016.12.017. [Epub ahead of print]

[Stress-related and basic determinants of hair cortisol in humans: A meta-analysis.](#)

[Stalder T](#)¹, [Stedte-Schmiedgen S](#)², [Alexander N](#)³, [Klucken T](#)⁴, [Vater A](#)², [Wichmann S](#)², [Kirschbaum C](#)², [Miller R](#)⁵.

Author information:

- ¹Biological Psychology, TU Dresden, Dresden, Germany; Clinical Psychology, University of Siegen, Siegen, Germany. Electronic address: tobias.stalder@psychologie.uni-siegen.de.
- ²Biological Psychology, TU Dresden, Dresden, Germany.
- ³ Biological Psychology, TU Dresden, Dresden, Germany; Differential and Personality Psychology, Medical School Hamburg, Hamburg, Germany.

- ⁴Clinical Psychology, University of Siegen, Siegen, Germany.
- ⁵Biological Psychology, TU Dresden, Dresden, Germany; Faculty of Natural Sciences, Medical School Berlin, Berlin, Germany.

Abstract

The analysis of hair cortisol concentrations (HCC) is a relatively new strategy to measure long-term cumulative cortisol levels, which is increasingly used in psychoneuroendocrinological research. Here, we conduct a first comprehensive meta-analysis of HCC research based on aggregated data from a total of 124 (sub)samples (66 independent studies; total N=10,289). We seek to answer two central questions: (i) Which covariates and basic features of HCC need to be considered in future research? (ii) What are the main determinants of HCC in terms of chronic stress exposure and mental health? Concerning basic characteristics, our findings identify several covariates to be considered (age, sex, hair washing frequency, hair treatment, oral contraceptive use), confirm a decline of HCC from the first to the second proximal 3cm hair segment, and show positive associations between HCC and short-term salivary cortisol measures. Regarding chronic stress, we show that stress-exposed groups on a whole exhibit 22% increased HCC. This long-term cortisol hypersecretion emerges particularly when stress is still ongoing at the time of study (+43% HCC) but is not present in conditions of past/absent stress (-9% HCC, n.s.). We also report evidence for 17%-reduced HCC in anxiety disorders, such as PTSD. Interestingly, no consistent associations with mood disorders and self-reports of perceived stress, depressiveness or social support are found. However, our findings reveal positive associations of HCC with stress-related anthropometric (body mass index, waist-to-hip ratio) and hemodynamic measures (systolic blood pressure). These meta-analytic results are discussed in the light of their practical implications and important areas for future inquiry are outlined.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28135674 [PubMed - as supplied by publisher]



4. Psychiatry Res. 2017 Jan 21;250:25-29. doi: 10.1016/j.psychres.2017.01.056. [Epub ahead of print]

[Negative metacognitive beliefs moderate the influence of perceived stress and anxiety in long-term anxiety.](#)

[Ramos-Cejudo J](#)¹, [Salguero JM](#)².

Author information:

- ¹Dept. Personality, Evaluation, and Psychological Treatment II (Differential Psychology). School of Psychology, Complutense University of Madrid, Madrid, Spain. Electronic address: juanramoscejudo@psi.ucm.es.
- ² Personality, Evaluation, and Psychological Treatment. School of Psychology, University of Malaga, Malaga, Spain.

Abstract

Metacognitive theory of emotional disorders (Matthews and Wells, 1994; Wells, 2009) suggests that metacognitive beliefs can play a causal role in the development and maintenance of anxiety symptoms. In this prospective study, we examine the relationships between metacognitive beliefs, perceived stress and anxiety in a non-clinical sample. Participants were 135 undergraduate students who completed a battery of questionnaire at two time points (3-months apart). Results revealed metacognitive beliefs do not predict long-term anxiety independently. However, moderation analyses demonstrated negative beliefs about uncontrollability and danger prospectively moderated the relationship between perceived stress and Time 2 anxiety. Negative metacognitive beliefs also interacted with baseline anxiety to predict the change in anxiety symptoms. The results confirm metacognitions play a causal role in anxiety and have implications for cognitive models and the treatment of anxiety.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28135644 [PubMed - as supplied by publisher]



5. Female Pelvic Med Reconstr Surg. 2017 Jan 27. doi: 10.1097/SPV.0000000000000391. [Epub ahead of print]

Direct and Indirect Effects of Personality Traits on Psychological Distress in Women With Pelvic Floor Disorders.

[Yaakobi T](#)¹, [Handelzalts JE](#), [Peled Y](#), [Levy S](#), [Wiznitzer A](#), [Krissi H](#).

Author information:

- ¹From the *School of Behavioral Sciences, The Academic College of Tel Aviv-Yaffo; †The Helen Schneider Hospital for Women, Rabin Medical Center, Petach Tikva; and ‡Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel.

Abstract

OBJECTIVES:

The diagnosis and treatment of pelvic floor disorders may involve subjective self-report symptom measures that may be related to personality traits. We aimed to construct a model that integrates pelvic floor disorders, personality variables (optimism and neuroticism), psychological distress, and related demographic variables.

METHODS:

In a cross-sectional study, conducted between August 2014 and June 2015, 155 women following an intake to an urogynecology outpatient clinic of a tertiary health center completed personality questionnaires of optimism and neuroticism (Life Orientation Test-Revised, 10-item Big Five Inventory), pelvic floor symptoms (Pelvic Floor Distress Inventory Short Form), psychological distress (18-item Brief Symptom Inventory), and a demographic questionnaire.

RESULTS:

A path analysis mediation model showed that patients who had more pelvic floor symptoms felt more psychological distress and that psychological distress increased as the level of neuroticism increased. As for optimism, the correlation to pelvic floor symptoms was nearly significant. Optimism and neuroticism had indirect effects on psychological distress through pelvic floor symptoms in women with urinary incontinence and pelvic organ prolapse. Neuroticism had a direct effect on psychological distress in these women as well.

CONCLUSIONS:

Our suggested statistical path analysis model supports the important role of personality traits in pelvic floor disorder self-reports and the effect of these traits on psychological distress. Therefore, the optimal treatment for pelvic floor symptoms should include psychological interventions in addition to traditional medical or surgical therapy in hope of reducing psychology distress associated with urinary incontinence and pelvic organ prolapse.

PMID: 28134700 [PubMed - as supplied by publisher]



6. Psychol Health Med. 2017 Jan 30:1-9. doi: 10.1080/13548506.2017.1286360. [Epub ahead of print]

Phenotypes of sleeplessness: stressing the need for psychodiagnostics in the assessment of insomnia.

[van de Laar M](#)¹, [Leufkens T](#)², [Bakker B](#)², [Pevernagie D](#)^{1, 3}, [Overeem S](#)^{1,4}.

Author information:

- ^{1a} Sleep Medicine Centre 'Kempenhaeghe' , Heeze , The Netherlands.
- ^{2b} Philips Group Innovation - Research , Eindhoven , The Netherlands.
- ^{3c} Faculty of Medicine and Health Sciences, Department of Internal Medicine , University of Ghent , Ghent , Belgium.
- ^{4d} Department of industrial design , Eindhoven University of Technology , Eindhoven , The Netherlands.

Abstract

Insomnia is a too general term for various subtypes that might have different etiologies and therefore require different types of treatment. In this explorative study we used cluster analysis to distinguish different phenotypes in 218 patients with insomnia, taking into account several factors including sleep variables and characteristics related to personality and psychiatric comorbidity. Three clusters emerged from the analysis. The 'moderate insomnia with low psychopathology'-cluster was characterized by relatively normal personality traits, as well as normal levels of anxiety and depressive symptoms in the presence of moderate insomnia severity. The 'severe insomnia with moderate psychopathology'-cluster showed relatively high scores on the Insomnia Severity Index and scores on the sleep log that were indicative for severe insomnia. Anxiety and depressive symptoms were slightly above the cut-off and they were characterized by below average self-sufficiency and less goal-directed behavior. The 'early onset insomnia with high psychopathology'-cluster showed a much younger age and earlier insomnia onset than the other two groups. Anxiety and depressive symptoms were well above the cut-off score and the group consisted of a higher percentage of subjects with comorbid psychiatric disorders. This cluster showed a 'typical psychiatric' personality profile. Our findings stress the need for psychodiagnostic procedures next to a sleep-related diagnostic approach, especially in the younger insomnia patients. Specific treatment suggestions are given based on the three phenotypes.

PMID: 28133972 [PubMed - as supplied by publisher]

7. J Affect Disord. 2017 Jan 21;212:10-16. doi: 10.1016/j.jad.2017.01.022. [Epub ahead of print]

[An exploratory study of the heterogeneity of the jealousy phenomenon and its associations with affective temperaments and psychopathological dimensions in a large Brazilian sample.](#)

[Lima AB](#)¹, [Köhler CA](#)¹, [Stubbs B](#)², [Quevedo J](#)³, [Hyphantis TN](#)⁴, [Koyanagi A](#)⁵, [Marazziti D](#)⁶, [Soares JC](#)⁷, [Vieta E](#)⁸, [Carvalho AF](#)⁹.

Author information:

- ¹Department of Clinical Medicine and Translational Psychiatry Research Group, Faculty of Medicine, Federal University of Ceará, Fortaleza, CE, Brazil.
- ²Physiotherapy Department, South London and Maudsley NHS Foundation Trust, Denmark Hill, London SE5 8AZ, United Kingdom; Health Service and Population Research Department, Institute of Psychiatry, Psychology and Neuroscience, King's College London, De Crespigny Park, London Box SE5 8AF, United Kingdom; Faculty of Health, Social care and Education, Anglia Ruskin University, Bishop Hall Lane, Chelmsford CM1 1SQ, United Kingdom.
- ³Translational Psychiatry Program, Department of Psychiatry and Behavioral Sciences, McGovern Medical School, The University of Texas Health Science Center at Houston (UTHealth), Houston TX, USA; UT Center of Excellence on Mood Disorders, Department of Psychiatry and Behavioral Sciences, McGovern Medical School, The University of Texas Health Science Center at Houston (UTHealth), Houston, TX, USA; Neuroscience Graduate Program, The University of Texas Graduate School of Biomedical Sciences at Houston, Houston, TX, USA; Laboratory of Neurosciences, Graduate Program in Health Sciences, Health Sciences Unit, University of Southern Santa Catarina (UNESC), Criciúma, Santa Catarina, Brazil.
- ⁴Department of Psychiatry, Faculty of Medicine, School of Health Sciences, University of Ioannina, Greece.
- ⁵Research and Development Unit, Parc Sanitari Sant Joan de Déu, Universitat de Barcelona, Fundació Sant Joan de Déu, CIBERSAM, Barcelona, Spain.
- ⁶Dipartimento di Psichiatria, Neurobiologia, Farmacologia e Biotecnologie, University of Pisa, Italy.
- ⁷UT Center of Excellence on Mood Disorders, Department of Psychiatry and Behavioral Sciences, McGovern Medical School, The University of Texas Health Science Center at Houston (UTHealth), Houston, TX, USA.
- ⁸Bipolar Disorder Program, Department of Psychiatry and Psychology, Institute of Neuroscience, Hospital Clinic, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Catalonia, Spain.
- ⁹Department of Clinical Medicine and Translational Psychiatry Research Group, Faculty of Medicine, Federal University of Ceará, Fortaleza, CE, Brazil. Electronic address: andrefc7@terra.com.br.

Abstract

BACKGROUND:

Jealousy is a heterogenous emotion on a spectrum from normality to psychopathology. The relationship between different jealousy subtypes/dimensions and affective temperaments

remain unknown. In addition, few large surveys have investigated the associations between jealousy subtypes and psychopathological dimensions.

METHODS:

A Brazilian Portuguese version of the "Questionario della Gelosia" (QUEGE) was developed. We obtained data from an anonymous web-based research platform. Socio-demographic data was obtained and participants answered the QUEGE, the TEMPS-Rio de Janeiro, and the Symptom Checklist-90-Revised (SCL-90-R).

RESULTS:

2042 participants (29% men, 71% female, mean age+SD: 28.9±8.8 years), took part in this survey. Confirmatory factor analysis provided a five-factor model for the QUEGE with self-esteem, paranoia, interpersonal sensitivity, fear of being abandoned, and obsessive dimensions. The anxious, irritable, cyclothymic, and depressive temperaments were independently associated with jealousy dimensions, whereas the hyperthymic temperament was associated with lower scores on the self-esteem jealousy dimension (N=2042, P<0.001). Jealousy subtypes were dissimilarly associated with SCL-90R psychopathological dimensions, whereas the 'obsessive' jealousy dimension was not significantly associated with SCL-90R dimension scores. We found no independent influence of gender across any jealousy dimension.

LIMITATIONS:

A convenience web-based sample was employed. Cross-sectional design precludes the establishment of causal inferences.

CONCLUSIONS:

Our data indicate that a five-factor solution may provide the best-fit model for the QUEGE. Different jealousy subtypes were independently associated with affective temperaments and psychopathological dimensions. These associations reported herein should be confirmed in prospective studies.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28131002 [PubMed - as supplied by publisher]

[Similar articles](#)



8. Eur Neuropsychopharmacol. 2017 Jan 24. pii: S0924-977X(17)30021-4. doi: 10.1016/j.euroneuro.2017.01.007. [Epub ahead of print]

Replicated association of Synaptotagmin (SYT1) with ADHD and its broader influence in externalizing behaviors.

[Cupertino RB](#)¹, [Schuch JB](#)¹, [Bandeira CE](#)¹, [da Silva BS](#)¹, [Rovaris DL](#)¹, [Kappel DB](#)¹, [Contini V](#)², [Salatino-Oliveira A](#)¹, [Vitola ES](#)³, [Karam RG](#)⁴, [Hutz MH](#)⁵, [Rohde LA](#)⁶, [Grevet EH](#)⁷, [Bau CH](#)⁸, [Mota NR](#)¹.

Author information:

- ¹Department of Genetics, Instituto de Biociências, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil.
- ²PPGBIOTEC - Postgraduate Program in Biotechnology, Centro Universitário Univates, Lajeado, Brazil.
- ³Department of Psychiatry, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil.
- ⁴ADHD Outpatient Program, Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brazil.
- ⁵Department of Genetics, Instituto de Biociências, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil; ADHD Outpatient Program, Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brazil.
- ⁶Department of Psychiatry, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil; ADHD Outpatient Program, Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brazil; National Institute of Developmental Psychiatry for Children and Adolescents, Brazil.
- ⁷Department of Psychiatry, Faculdade de Medicina, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil; ADHD Outpatient Program, Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brazil.
- ⁸Department of Genetics, Instituto de Biociências, Universidade Federal do Rio Grande do Sul, Porto Alegre, Brazil; ADHD Outpatient Program, Hospital de Clínicas de Porto Alegre, Porto Alegre, RS, Brazil. Electronic address: claiton.bau@ufrgs.br.

Abstract

Attention-Deficit/Hyperactivity Disorder (ADHD) is a common psychiatric disorder, affecting both children and adults. The Soluble N-ethylmaleimide sensitive factor Attachment REceptors (SNARE) complex has been implicated in ADHD pathophysiology since it is a key component of neurotransmitter release events and neurodevelopment processes, and SNPs in this complex have been associated with ADHD. Here we aim to analyze the effects of SNARE complex variants on ADHD susceptibility and its clinical heterogeneity in affected adults. We tested the association between ADHD and polymorphisms on the SNARE genes STX1A (rs2228607), SYT1 (rs1880867 and rs2251214), VAMP2 (26bp Ins/Del) and

SNAP25 (rs6108461 and rs8636) on a sample comprised of 548 adults with ADHD and 644 non-affected controls. Regarding clinical heterogeneity, we further investigated the effects of associated SNPs on age at onset of impairment due to ADHD and on relevant externalizing behaviors (i.e. school suspensions/expulsions and problems with law/authority) and comorbidities (i.e. Substance Use Disorder, Oppositional Defiant Disorder, Conduct Disorder and Antisocial Personality Disorder). We replicated a previously reported association between SYT1-rs2251214 and ADHD in adulthood. This SNP was also associated with age at onset of impairment due to ADHD symptoms and with a range of externalizing phenotypes. These findings involving SYT1 suggest that variation in neurotransmitter exocytosis mechanisms may represent an underlying genetic factor shared by a spectrum of externalizing behaviors and disorders, including - but not restricted to - ADHD.

Copyright © 2017 Elsevier B.V. and ECNP. All rights reserved.

PMID: 28130000 [PubMed - as supplied by publisher]

[Similar articles](#)



9. World Psychiatry. 2017 Feb;16(1):62-76. doi: 10.1002/wps.20386.

[Persistence of psychosis spectrum symptoms in the Philadelphia Neurodevelopmental Cohort: a prospective two-year follow-up.](#)

[Calkins ME](#)¹, [Moore TM](#)¹, [Satterthwaite TD](#)¹, [Wolf DH](#)¹, [Turetsky BI](#)¹, [Roalf DR](#)¹, [Merikangas KR](#)², [Ruparel K](#)¹, [Kohler CG](#)¹, [Gur RC](#)¹, [Gur RE](#)¹.

Author information:

- ¹Department of Psychiatry, Neuropsychiatry Section, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA, USA.
- ²Genetic Epidemiology Research Branch, Intramural Research Program, National Institute of Mental Health, Bethesda, MD, USA.

Abstract

Prospective evaluation of youths with early psychotic-like experiences can enrich our knowledge of clinical, biobehavioral and environmental risk and protective factors associated with the development of psychotic disorders. We aimed to investigate the predictors of persistence or worsening of psychosis spectrum features among US youth through the first large systematic study to evaluate subclinical symptoms in the community. Based on Time 1

screen of 9,498 youth (age 8-21) from the Philadelphia Neurodevelopmental Cohort, a subsample of participants was enrolled based on the presence (N=249) or absence (N=254) of baseline psychosis spectrum symptoms, prior participation in neuroimaging, and current neuroimaging eligibility. They were invited to participate in a Time 2 assessment two years on average following Time 1. Participants were administered the Structured Interview for Prodromal Syndromes, conducted blind to initial screen status, along with the Schizotypal Personality Questionnaire and other clinical measures, computerized neurocognitive testing, and neuroimaging. Clinical and demographic predictors of symptom persistence were examined using logistic regression. At Time 2, psychosis spectrum features persisted or worsened in 51.4% of youths. Symptom persistence was predicted by higher severity of subclinical psychosis, lower global functioning, and prior psychiatric medication at baseline. Youths classified as having psychosis spectrum symptoms at baseline but not at follow-up nonetheless exhibited comparatively higher symptom levels and lower functioning at both baseline and follow-up than typically developing youths. In addition, psychosis spectrum features emerged in a small number of young people who previously had not reported significant symptoms but who had exhibited early clinical warning signs. Together, our findings indicate that varying courses of psychosis spectrum symptoms are evident early in US youth, supporting the importance of investigating psychosis risk as a dynamic developmental process. Neurocognition, brain structure and function, and genomics may be integrated with clinical data to provide early indices of symptom persistence and worsening in youths at risk for psychosis.

© 2017 World Psychiatric Association.

PMCID: PMC5269480 [Available on 2017-02-01] **Free Article**

PMID: 28127907 [PubMed - in process]

[Similar articles](#)



10. Int J Rehabil Res. 2017 Jan 25. doi: 10.1097/MRR.0000000000000216. [Epub ahead of print]

Psychosocial difficulties in patients with Parkinson's disease.

[Schiavolin S¹](#), [Raggi A](#), [Quintas R](#), [Cerniauskaite M](#), [Giovannetti AM](#), [Covelli V](#), [Romito L](#), [Elia AE](#), [Carella F](#), [Soliveri P](#), [Leonardi M](#).

Author information:

- ¹aScientific Directorate, Neurology, Public Health, Disability Unit bDepartment of Neurology VII - Clinical and Experimental Epileptology Unit cDepartment of Neurosurgery, Radiotherapy Unit dDepartment of Neuroimmunology and Neuromuscular Diseases

eDepartment of Neurology, Movement Disorders Unit, Neurological Institute C. Besta IRCCS Foundation fDepartment of Psychology, e-Campus University, Milan, Italy.

Abstract

The aim of this study was to report the most frequent psychosocial difficulties (PSDs) in patients with Parkinson disease (PD), to explore the relationship between PSDs, disability and quality of life (QoL), and to address the predictors of PSDs. Patients with PD were interviewed using a protocol composed of a questionnaire investigating PSDs (PARADISE 24), QoL, disability, comorbidity, and social support questionnaires, scales on resilience, personality traits, and empathy in physician. Most frequent PSDs were reported. Spearman's correlation was used to address the relationship between PARADISE 24 and QoL and disability measures. Multiple linear regression was performed to investigate predictors of PARADISE 24. Eighty patients were enrolled: 40% women, mean age 61.2 years. The most frequent PSDs were related to cognitive and motor slowness, tiredness, sleeping, facing all things to do, depressive mood, and anxiety. PARADISE 24 were correlated with disability ($\rho=0.831$) and QoL ($\rho=-0.685$). Lower QoL, higher disability, early age at onset, and shorter disease duration were significant predictors of PSDs (adjusted $R=0.762$). PARADISE 24 is an easy to use questionnaire that could contribute toward describing the impact of PD on patients' life more extensively, thus helping to define more tailored interventions.

PMID: 28125436 [PubMed - as supplied by publisher]

[Similar articles](#)



11. Personal Disord. 2017 Jan 26. doi: 10.1037/per0000238. [Epub ahead of print]

[Change in Self-Reported Personality During Major Depressive Disorder Treatment: A Reanalysis of Treatment Studies From a Demoralization Perspective.](#)

[Noordhof A](#), [Kamphuis JH](#), [Sellbom M](#), [Eigenhuis A](#), [Bagby RM](#).

Abstract

Change in self-reported personality trait scores (especially Neuroticism and Extraversion) over the course of treatment for major depressive disorder (MDD) has been robustly demonstrated. We believe that these observed changes on personality trait scales may reflect reduction in demoralization rather than changes in personality per se. Data were combined

from 3 archival samples: a randomized clinical trial and 2 naturalistic follow-up studies. All participants (N = 300) received either psychotherapy or psychopharmacological treatment. Pre- and posttreatment participants were assessed with the revised NEO Personality Inventory (NEO-PI-R), the 17-item Hamilton Rating Scale for Depression (HRSD-I7), and Beck Depression Inventory-II (BDI-II). Comparisons were made between "unadjusted" and "adjusted" NEO-PI-R substantive personality trait scales-in which demoralization-related items were removed from their original trait scale (i.e., adjusted NEO-PI-R scales) and also used to form a separate NEO demoralization scale (NEOdem). The NEOdem scale changed more over the course of treatment ($d = .41$) compared with the adjusted NEO-PI-R scales, which manifested only small changes ($d < |.19|$). Moreover, the adjusted NEO-PI-R trait scales revealed much smaller changes compared with their unadjusted counterparts. The study provides further support for the utility of distinguishing between demoralization and NEO-PI-R traits in clinical assessment and research. A substantial part of change in self-reported personality during treatment for depression resulted from a reduction in demoralization. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28125252 [PubMed - as supplied by publisher]

[Similar articles](#)

12. Personal Disord. 2017 Jan 26. doi: 10.1037/per0000240. [Epub ahead of print]

Examining the Relations Among the DSM-5 Alternative Model of Personality, the Five-Factor Model, and Externalizing and Internalizing Behavior.

[Sleep CE](#), [Hyatt CS](#), [Lamkin J](#), [Maples-Keller JL](#), [Miller JD](#).

Abstract

Given long-standing criticisms of the DSM's reliance on categorical models of psychopathology, including the poor reliability and validity of personality-disorder diagnoses, the American Psychiatric Association (APA) published an alternative model (AM) of personality disorders in Section III of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; APA, 2013), which, in part, comprises 5 pathological trait domains based on the 5-factor model (FFM). However, the empirical profiles and discriminant validity of the AM traits remain in question. We recruited a sample of undergraduates (N = 340) for the current study to compare the relations found between a measure of the DSM-5 AM traits (i.e., the Personality Inventory for DSM-5; PID-5; Krueger, Derringer, Markon, Watson, & Skodol, 2012) and a measure of the FFM (i.e., the International Personality Item Pool; IPIP; Goldberg, 1999) in relation to externalizing and internalizing symptoms. In general, the domains from the 2 measures were significantly

related and demonstrated similar patterns of relations with these criteria, such that Antagonism/low Agreeableness and Disinhibition/low Conscientiousness were related to externalizing behaviors, whereas Negative Affectivity/Neuroticism was most significantly related to internalizing symptoms. However, the PID-5 demonstrated large interrelations among its domains and poorer discriminant validity than the IPIP. These results provide additional support that the conception of the trait model included in the DSM-5 AM is an extension of the FFM, but highlight some of the issues that arise due to the PID-5's more limited discriminant validity. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28125251 [PubMed - as supplied by publisher]

[Similar articles](#)

13. Personal Disord. 2017 Jan 26. doi: 10.1037/per0000239. [Epub ahead of print]

[Pathological Narcissism and the Severity, Variability, and Instability of Depressive Symptoms.](#)

[Dawood S](#), [Pincus AL](#).

Abstract

This study extended previous theory and cross-sectional research on narcissism-depression associations by taking a prospective longitudinal approach to examining how pathological narcissism relates to the severity, within-person variability, within-person instability, and change in depressive symptoms among a sample of 235 undergraduate students assessed weekly for 8 weeks. Findings revealed that, at baseline, pathological narcissism was concurrently positively associated with multiple measures of depressive symptoms (e.g., general depression, anhedonic loss of interest, anhedonic lack of positive affect) and distinctively predicted the severity of anhedonic loss of interest over time. Pathological narcissism assessed at baseline also predicted higher variability and instability in both general depression and loss of interest (but not lack of positive affect), and related to less change in loss of interest over 8 weeks. The results of the present study are discussed in the context of existing research on narcissism-depression relations and suggestions for future research are provided. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28125250 [PubMed - as supplied by publisher]

[Similar articles](#)

14. J Intellect Disabil Res. 2017 Jan 26. doi: 10.1111/jir.12360. [Epub ahead of print]

Nidotherapy compared with enhanced care programme approach training for adults with aggressive challenging behaviour and intellectual disability (NIDABID): cluster-randomised controlled trial.

[Tyrer P¹](#), [Tarabi SA¹](#), [Bassett P²](#), [Liedtka N¹](#), [Hall R³](#), [Nagar J¹](#), [Imrie A¹](#), [Tyrer H¹](#).

Author information:

- ¹Centre for Psychiatry, Department of Medicine, Imperial College, London, UK.
- ²Independent Statistical Consultant, Amersham, UK.
- ³Warneford Hospital, Oxford, UK.

Abstract

BACKGROUND:

Aggressive challenging behaviour is very common in care homes for people with intellectual disability, and better psychological treatments are needed. Nidotherapy aims to change the environment of people with mental illness and is an appropriate treatment for this group of disorders.

METHOD:

The design was a cluster randomised trial of 20 care homes in which the staff either received training in nidotherapy or the enhanced care programme approach (ECPA), with equivalent duration of treatment in each arm. Cluster randomisation of care homes was carried out at the beginning of the study by an independent statistician. Primary and secondary outcomes were not specified exactly in view of absence of previous study data, but changes over time in scores on two scales, the Modified Overt Aggression Scale and the Problem Behaviour Check List were the main outcome measures. Serious violent incidents were recorded using the Quantification of Violence Scale. All these measures were recorded monthly by research assistants who were carefully kept blind to the allocation of treatment.

RESULTS:

A total of 200 residents entered the trial, 115 allocated to the ECPA arm and 85 to the nidotherapy one. Seven residents left the care homes in the course of the study, and six were replaced; these were included 79 in the analysis as the trial was a pragmatic one. There were

no material reductions in challenging behaviour in the first 8 months of the trial in either group, but in the last 7 months, those allocated to nidotherapy had a 33% reduction in Modified Overt Aggression Scale (MOAS) scores and a 43% reduction in Problem Behaviour Check List scores compared with 5% and 13%, respectively, for the ECPA group, differences which for the MOAS were close to statistical significance.

DISCUSSION:

Nidotherapy shows promise in the management of aggressive challenging behaviour in care homes, but a delay in its benefit might be expected if given to staff only. The treatment is worthy of further evaluation and development.

© 2017 MENCAP and International Association of the Scientific Study of Intellectual and Developmental Disabilities and John Wiley & Sons Ltd.

PMID: 28124397 [PubMed - as supplied by publisher]

[Similar articles](#)



15. Soc Cogn Affect Neurosci. 2017 Jan 24. pii: nsw175. doi: 10.1093/scan/nsw175. [Epub ahead of print]

[Surface-based morphometry reveals the neuroanatomical basis of the five-factor model of personality.](#)

[Riccelli R](#)¹, [Toschi N](#)^{2,3}, [Nigro S](#)⁴, [Terracciano A](#)⁵, [Passamonti L](#)^{6,7}.

Author information:

- ¹Department of Medical & Surgical Sciences, University "Magna Graecia", Catanzaro, Italy.
- ²Department of Biomedicine & Prevention, University "Tor Vergata", Rome, Italy.
- ³Department of Radiology, Martinos Center for Biomedical Imaging, Boston & Harvard Medical School, Boston, MA, USA.
- ⁴Institute of Bioimaging & Molecular Physiology, National Research Council, Catanzaro, Italy.
- ⁵Department of Geriatrics, Florida State University College of Medicine, Tallahassee, FL, USA.
- ⁶Institute of Bioimaging & Molecular Physiology, National Research Council, Catanzaro, Italy lp337@medschl.cam.ac.uk.
- ⁷Department of Clinical Neurosciences, University of Cambridge, Cambridge, UK.

Abstract

The five-factor model (FFM) is a widely used taxonomy of human personality; yet its neuro-anatomical basis remains unclear. This is partly because past associations between gray-matter volume and FFM were driven by different surface-based morphometry (SBM) indices (i.e. cortical thickness, surface area, cortical folding or any combination of them). To overcome this limitation, we used Free-Surfer to study how variability in SBM measures was related to the FFM in $n = 507$ participants from the Human Connectome Project. Neuroticism was associated with thicker cortex and smaller area and folding in prefrontal-temporal regions. Extraversion was linked to thicker pre-cuneus and smaller superior temporal cortex area. Openness was linked to thinner cortex and greater area and folding in prefrontal-parietal regions. Agreeableness was correlated to thinner prefrontal cortex and smaller fusiform gyrus area. Conscientiousness was associated with thicker cortex and smaller area and folding in prefrontal regions. These findings demonstrate that anatomical variability in prefrontal cortices is linked to individual differences in the socio-cognitive dispositions described by the FFM. Cortical thickness and surface area/folding were inversely related each others as a function of different FFM traits (neuroticism, extraversion and conscientiousness vs openness), which may reflect brain maturational effects that predispose or protect against psychiatric disorders.

© The Author (2017). Published by Oxford University Press.

PMID: 28122961 [PubMed - as supplied by publisher]

[Similar articles](#)



16. Neth Heart J. 2017 Jan 24. doi: 10.1007/s12471-017-0949-4. [Epub ahead of print]

[Type D personality as a predictor of poor health outcomes in patients with cardiovascular disease.](#)

[Pluijmers EM](#)¹, [Denollet J](#)².

Author information:

- ¹Center of Research on Psychological and Somatic Disorders (CoRPS), Tilburg University, Tilburg, The Netherlands. e.m.pluijmers@tilburguniversity.edu.
- ²Center of Research on Psychological and Somatic Disorders (CoRPS), Tilburg University, Tilburg, The Netherlands.

PMID: 28120252 [PubMed - as supplied by publisher]

[Similar articles](#)

17. Eur Child Adolesc Psychiatry. 2017 Jan 24. doi: 10.1007/s00787-017-0946-6. [Epub ahead of print]

Bullying involvement in relation to personality disorders: a prospective follow-up of 508 inpatient adolescents.

[Antila H¹](#), [Arola R¹](#), [Hakko H²](#), [Riala K³](#), [Riipinen P¹](#), [Kantojärvi L⁴](#).

Author information:

- ¹Research Unit of Clinical Neurosciences, Department of Psychiatry, University of Oulu, Oulu, Finland.
- ²Department of Psychiatry, Oulu University Hospital, P.O. Box 26, 90029, Oulu, Finland.
- ³Department of Adolescent Psychiatry, Helsinki University Hospital, Helsinki, Finland.
- ⁴Department of Psychiatry, Oulu University Hospital, P.O. Box 26, 90029, Oulu, Finland. liisa.kantojarvi@oulu.fi.

Abstract

We examined the association of bullying behavior in adolescence to personality disorder (PD) diagnosed in early adulthood. The study sample consisted of 508 adolescents (300 girls, 208 boys) who were admitted to psychiatric inpatient treatment between April 2001 and March 2006. Data were based on semi-structured K-SADSPL-interviews and hospital treatments extracted from the Care Register for Health Care (CRHC). At the end of 2013, details of psychiatric diagnoses recorded on hospital discharges and outpatient visits were extracted from the CRHC. This study showed that female victims of bullying have an almost fourfold likelihood of developing a PD later in life compared to adolescents with no involvement in bullying behavior. Most of the females had Borderline PD. Female adolescents diagnosed with anxiety disorder during adolescence had an over threefold risk of developing a PD during late adolescence or early adulthood. Conversely, we found no associations between bullying involvement among men in adolescence and subsequent PDs. Bullying victimization may influence the development of PDs among females. Adolescent services should pay particular attention to female victims of bullying and those displaying symptoms of anxiety disorders.

PMID: 28120108 [PubMed - as supplied by publisher]

[Similar articles](#)

18. J Nerv Ment Dis. 2017 Jan 23. doi: 10.1097/NMD.0000000000000639. [Epub ahead of print]

Determinants of Suicidality and of Treatment Modalities in a Community Psychiatry Sample of Asylum Seekers.

[Premand N¹](#), [Baeriswyl-Cottin R](#), [Gex-Fabry M](#), [Hiller N](#), [Framorando D](#), [Eytan A](#), [Giannakopoulos P](#), [Bartolomei J](#).

Author information:

- ¹Department of Mental Health and Psychiatry, Geneva University Hospitals, Geneva, Switzerland.

Abstract

A high prevalence of mental illness has been reported in asylum seekers. The present cross-sectional study examined suicidal thoughts, treatment modalities (outpatient crisis intervention, inpatient care), and their determinants in asylum seekers (n = 119) and permanent residents (n = 120) attending the same outpatient clinic in Geneva, Switzerland. The most frequent diagnoses were depressive disorders (64.7%) and posttraumatic stress disorder (34.5%) in asylum seekers and psychotic (55.0%) and depressive disorders (33.3%) in permanent residents. The frequency of suicidal thoughts was similar in both groups (>30%). Asylum seekers benefited from outpatient crisis intervention more frequently than residents did (26.9% vs. 5.8%), whereas inpatient care was less frequent (25.2% vs. 44.2%). In asylum seekers, acute suicidal thoughts were associated with increased frequency of outpatient crisis interventions, and, suicidal thoughts, psychosis, or personality disorders were associated with higher rates of hospitalization. Documenting clinical characteristics and service utilization of asylum seekers is a prerequisite to organizing targeted interventions. PMID: 28118267 [PubMed - as supplied by publisher]

[Similar articles](#)



19. BMC Psychiatry. 2017 Jan 23;17(1):37. doi: 10.1186/s12888-016-1175-0.

Transdiagnostic group CBT vs. standard group CBT for depression, social anxiety disorder and agoraphobia/panic disorder:

Study protocol for a pragmatic, multicenter non-inferiority randomized controlled trial.

[Arnfred SM](#)^{1,2}, [Aharoni R](#)³, [Hvenegaard M](#)⁴, [Poulsen S](#)⁵, [Bach B](#)⁴, [Arendt M](#)⁶, [Rosenberg NK](#)³, [Reinholt N](#)^{3,7}.

Author information:

- ¹Psychiatric Hospital Slagelse & Psychiatric Research Unit, Region Zealand Psychiatry, Faelledvej 6, Building 3, Level 4., DK-4200, Slagelse, Denmark. sidar@regionsjaelland.dk.
- ²Institute of Clinical Medicine, Faculty of Health Sciences, University of Copenhagen, Copenhagen, Denmark. sidar@regionsjaelland.dk.
- ³Psychotherapeutic Clinic Nannasgade, Mental Health Centre Copenhagen, Capital Region Mental Health Services, Copenhagen University Hospital, Copenhagen, Denmark.
- ⁴Psychiatric Hospital Slagelse & Psychiatric Research Unit, Region Zealand Psychiatry, Faelledvej 6, Building 3, Level 4., DK-4200, Slagelse, Denmark.
- ⁵Department of Psychology, Faculty of Social Sciences, University of Copenhagen, Copenhagen, Denmark.
- ⁶Unit for Anxiety and Compulsive Disorders, Psychiatric Hospital Risskov, Aarhus University Hospital, Aarhus, Denmark.
- ⁷Institute of Clinical Medicine, Faculty of Health Sciences, University of Copenhagen, Copenhagen, Denmark.

Abstract

BACKGROUND:

Transdiagnostic Cognitive Behavior Therapy (TCBT) manuals delivered in individual format have been reported to be just as effective as traditional diagnosis specific CBT manuals. We have translated and modified the "The Unified Protocol for Transdiagnostic Treatment of Emotional Disorders" (UP-CBT) for group delivery in Mental Health Service (MHS), and shown effects comparable to traditional CBT in a naturalistic study. As the use of one manual instead of several diagnosis-specific manuals could simplify logistics, reduce waiting time, and increase therapist expertise compared to diagnosis specific CBT, we aim to test the relative efficacy of group UP-CBT and diagnosis specific group CBT.

METHODS/DESIGN:

The study is a partially blinded, pragmatic, non-inferiority, parallel, multi-center randomized controlled trial (RCT) of UP-CBT vs diagnosis specific CBT for Unipolar Depression, Social Anxiety Disorder and Agoraphobia/Panic Disorder. In total, 248 patients are recruited from three regional MHS centers across Denmark and included in two intervention arms. The primary outcome is patient-ratings of well-being (WHO Well-being Index, WHO-5), secondary outcomes include level of depressive and anxious symptoms, personality

variables, emotion regulation, reflective functioning, and social adjustment. Assessments are conducted before and after therapy and at 6 months follow-up. Weekly patient-rated outcomes and group evaluations are collected for every session. Outcome assessors, blind to treatment allocation, will perform the observer-based symptom ratings, and fidelity assessors will monitor manual adherence.

DISCUSSION:

The current study will be the first RCT investigating the dissemination of the UP in a MHS setting, the UP delivered in groups, and with depressive patients included. Hence the results are expected to add substantially to the evidence base for rational group psychotherapy in MHS. The planned moderator and mediator analyses could spur new hypotheses about mechanisms of change in psychotherapy and the association between patient characteristics and treatment effect.

TRIAL REGISTRATION:

Clinicaltrials.gov [NCT02954731](https://clinicaltrials.gov/ct2/show/study/NCT02954731) . Registered 25 October 2016.

PMCID: PMC5260024 **Free PMC Article**

PMID: 28114915 [PubMed - in process]

[Similar articles](#)



20. Am J Prev Med. 2017 Jan 18. pii: S0749-3797(16)30616-X. doi: 10.1016/j.amepre.2016.11.015. [Epub ahead of print]

Non-routine Discharge From Military Service: Mental Illness, Substance Use Disorders, and Suicidality.

[Brignone E](#)¹, [Fargo JD](#)², [Blais RK](#)¹, [Carter ME](#)³, [Samore MH](#)³, [Gundlapalli AV](#)⁴.

Author information:

- ¹Informatics, Decision Enhancement, and Analytic Sciences Center, VA Salt Lake City Health Care System, Salt Lake City, Utah; Department of Psychology, Utah State University, Logan, Utah.
- ²Informatics, Decision Enhancement, and Analytic Sciences Center, VA Salt Lake City Health Care System, Salt Lake City, Utah; Department of Psychology, Utah State University, Logan, Utah; National Center for Homelessness Among Veterans, VA Medical Center, Philadelphia, Pennsylvania.

- ³Informatics, Decision Enhancement, and Analytic Sciences Center, VA Salt Lake City Health Care System, Salt Lake City, Utah; Departments of Internal Medicine and Biomedical Informatics, University of Utah School of Medicine, Salt Lake City, Utah.
- ⁴Informatics, Decision Enhancement, and Analytic Sciences Center, VA Salt Lake City Health Care System, Salt Lake City, Utah; National Center for Homelessness Among Veterans, VA Medical Center, Philadelphia, Pennsylvania;; Departments of Internal Medicine and Biomedical Informatics, University of Utah School of Medicine, Salt Lake City, Utah. Electronic address: adi.gundlapalli@hsc.utah.edu.

Abstract

INTRODUCTION:

Mental illness and substance use disorders among newly returned military service members pose challenges to successful reintegration into civilian life and, in extreme cases, may lead to outcomes such as incarceration, homelessness, and suicide. One potential early indicator for these difficulties is non-routine discharge from military service.

METHODS:

Using data from the Veterans Health Administration (VHA) for 443,360 active duty service Veterans who deployed to Afghanistan and Iraq and subsequently utilized VHA services between Fiscal Years 2004 and 2013, this study examined risk for receiving a VHA-documented diagnosis of mental illness, substance use disorders, and suicidality as a function of discharge type, controlling for demographic and military service covariates. Analyses were conducted in 2016.

RESULTS:

In total, 126,314 Veterans (28.5%) had a non-routine military service discharge. Compared with routinely discharged Veterans, odds for nearly all diagnostic outcomes were significantly greater among Veterans discharged for disqualification or misconduct, including personality disorders (AOR=9.21 and 3.29, respectively); bipolar/psychotic disorders (AOR=3.98 and 3.40); alcohol/substance use disorders (AOR=1.55 and 4.42); and suicidal ideation and behaviors (AOR=2.81 and 2.77). Disability-discharged Veterans had significantly higher odds for diagnoses of anxiety disorders (AOR=1.97) and bipolar/psychotic disorders (AOR=3.93).

CONCLUSIONS:

Non-routine service discharge strongly predicts VHA-diagnosed mental illness, substance use disorders, and suicidality, with particularly elevated risk among Veterans discharged for disqualification or misconduct. Results emphasize the importance of discharge type as an early marker of adverse post-discharge outcomes, and suggest a need for targeted prevention

and intervention efforts to improve reintegration outcomes among this vulnerable subpopulation.

Published by Elsevier Inc.

PMID: 28109642 [PubMed - as supplied by publisher]

[Similar articles](#)



21. Drug Alcohol Rev. 2017 Jan;36(1):24-33. doi: 10.1111/dar.12496. Epub 2017 Jan 21.

[Integrated treatment options for male perpetrators of intimate partner violence.](#)

[Crane CA](#)^{1,2}, [Easton CJ](#)¹.

Author information:

- ¹Department of Biomedical Sciences, Rochester Institute of Technology, Rochester, USA.
- ²Behavioral Health, Veterans Affairs Medical Center, Canandaigua, USA.

Abstract

ISSUES:

Male-to-female intimate partner violence remains a worldwide public health issue with adverse physical and psychological consequences for victims, perpetrators and children. Personality disorders, addiction, trauma and mood symptoms are established risk factors for intimate partner violence perpetration and factor prominently into a recovery-oriented treatment approach.

APPROACH:

We reviewed the partner violence literature for detailed reports of traditional as well as innovative, integrated treatment approaches. Empirically based recommendations for intervention programs and the policies that guide intervention efforts are offered.

KEY FINDINGS:

Nascent research suggests that integrated treatment models utilising a holistic approach to account for psychological comorbidity and interventions that involve a motivational interviewing component appear promising in terms of significantly improving intimate partner violence treatment compliance and reducing subsequent acts of physical partner

violence. Further, methodologically rigorous research is required to fully assess the benefits of traditional and integrated treatment options.

IMPLICATIONS:

We have advanced several recommendations, including the development of and exclusive reliance upon empirically supported treatments, conducting a thorough risk and needs assessment of the offender and the immediate family to facilitate appropriate treatment referrals, integrating content to foster the offender's internal motivation to change maladaptive behaviours, and attempting to minimise offender treatment burdens through the strategic use of integrated treatment models.

CONCLUSIONS:

Intimate partner violence is a complicated and nuanced problem that is perpetrated by a heterogeneous population and requires greater variability in integrated treatment options. [Crane CA, Easton CJ. Integrated treatment options for male perpetrators of intimate partner violence. *Drug Alcohol Rev* 2017;36:24-33].

© 2017 Australasian Professional Society on Alcohol and other Drugs.

PMID: 28109172 [PubMed - in process]

[Similar articles](#)



22. *Psychiatr Q.* 2017 Jan 21. doi: 10.1007/s11126-017-9490-2. [Epub ahead of print]

Factors associated with emergency department use among veteran psychiatric patients.

[Blonigen DM](#)^{1,2}, [Macia KS](#)³, [Bi X](#)⁴, [Suarez P](#)^{4,5}, [Manfredi L](#)⁴, [Wagner TH](#)^{4,6}.

Author information:

- ¹HSR&D Center for Innovation to Implementation, Veterans Affairs Palo Alto Health Care System, 795 Willow Road (152-MPD), Menlo Park, CA, 94025, USA. Daniel.Blonigen@va.gov.
- ²Palo Alto University, 1791 Arastradero Road, Palo Alto, CA, 94304, USA. Daniel.Blonigen@va.gov.
- ³Palo Alto University, 1791 Arastradero Road, Palo Alto, CA, 94304, USA.
- ⁴HSR&D Center for Innovation to Implementation, Veterans Affairs Palo Alto Health Care System, 795 Willow Road (152-MPD), Menlo Park, CA, 94025, USA.

- ⁵Stanford University School of Medicine, 291 Campus Drive, Stanford, CA, 94305, USA.
- ⁶Health Economics Resource Center, Palo Alto Health Care System, 795 Willow Road (152-MPD), Menlo Park, CA, 94025, USA.

Abstract

Frequent utilization of emergency department (ED) services contributes substantially to the cost of healthcare nationally and is often driven by psychiatric factors. Using national-level data from the Veterans Health Administration (VHA), the present study examined patient-level factors associated with ED use among veteran psychiatric patients. Veterans who had at least one ED visit with a psychiatric diagnosis in fiscal years 2011-2012 (n = 226,122) were identified in VHA administrative records. Andersen's behavioral model of healthcare utilization was used to identify need, enabling, and predisposing factors associated with frequency of ED use (primary outcome) in multivariate regression models. Greater ED use was primarily linked with need (psychotic, anxiety, personality, substance use, and bipolar disorders) and enabling (detoxification-related service utilization and homelessness) factors. Chronic medical conditions, receipt of an opioid prescription, and predisposing factors (e.g., younger age) were also linked to greater ED use; however, the effect sizes for these factors were markedly lower than those of most psychiatric and psychosocial factors. The findings suggest that intensive case management programs aimed reducing frequent ED use among psychiatric patients may require greater emphasis on homelessness and other psychosocial deficits that are common among these patients, and future research should explore cost-effective approaches to implementing these programs.

PMID: 28108941 [PubMed - as supplied by publisher]

[Similar articles](#)



23. Behav Genet. 2017 Jan 21. doi: 10.1007/s10519-016-9833-z. [Epub ahead of print]

[Genetic and Environmental Structure of DSM-IV Criteria for Antisocial Personality Disorder: A Twin Study.](#)

[Rosenström T](#)¹, [Ystrom E](#)^{2,3,4}, [Torvik FA](#)², [Czajkowski NO](#)^{2,3}, [Gillespie NA](#)⁵, [Aggen SH](#)⁵, [Krueger RF](#)⁶, [Kendler KS](#)^{5,7,8}, [Reichborn-Kjennerud T](#)^{2,9}.

Author information:

- ¹Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway. tom.rosenstrom@helsinki.fi.
- ²Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway.
- ³Department of Psychology, University of Oslo, Oslo, Norway.

- ⁴PharmacoEpidemiology and Drug Safety Research Group, School of Pharmacy, University of Oslo, Oslo, Norway.
- ⁵Department of Psychiatry, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.
- ⁶Department of Psychology, University of Minnesota, Minneapolis, USA.
- ⁷Department of Human and Molecular Genetics, Virginia Commonwealth University, Richmond, VA, USA.
- ⁸Department of Psychiatry, Virginia Commonwealth University, Richmond, VA, USA.
- ⁹Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

Abstract

Results from previous studies on DSM-IV and DSM-5 Antisocial Personality Disorder (ASPD) have suggested that the construct is etiologically multidimensional. To our knowledge, however, the structure of genetic and environmental influences in ASPD has not been examined using an appropriate range of biometric models and diagnostic interviews. The 7 ASPD criteria (section A) were assessed in a population-based sample of 2794 Norwegian twins by a structured interview for DSM-IV personality disorders. Exploratory analyses were conducted at the phenotypic level. Multivariate biometric models, including both independent and common pathways, were compared. A single phenotypic factor was found, and the best-fitting biometric model was a single-factor common pathway model, with common-factor heritability of 51% (95% CI 40-67%). In other words, both genetic and environmental correlations between the ASPD criteria could be accounted for by a single common latent variable. The findings support the validity of ASPD as a unidimensional diagnostic construct.

PMID: 28108863 [PubMed - as supplied by publisher]

[Similar articles](#)



24. Arch Psychiatr Nurs. 2017 Feb;31(1):83-87. doi: 10.1016/j.apnu.2016.08.009. Epub 2016 Aug 24.

Borderline Personality Disorder Psychological Treatment: An Integrative Review.

[Reeves-Dudley B¹](#).

Author information:

- ¹Wichita State University, Wichita, KS. Electronic address: BDudley@kc.rr.com.

Abstract

Borderline personality disorder (BPD) is a complex and at times debilitating mental disorder, treatment of which has eluded effective pharmacotherapy (Gunderson, 2007). Although once considered untreatable, psychodynamic therapy and cognitive therapy (two types of psychological therapies) have provided hope for better lives for patients with this diagnosis (Gunderson). The author performed an integrative review of the literature pertaining to the present role of evidence-based practice (EBP) using the Diagnostic and Statistical Manual of Mental Disorders, 4th edition, Text Revision (DSM-IV-TR) definition of BPD to identify symptoms of the disorder. Thirty-eight peer reviewed articles, mostly quasi-experimental, three meta-analyses, two books, and two national psychiatric guideline websites were reviewed. BPD treatment may be successful with a variety of psychological therapies. Application of empirical studies is only part of BPD treatment considerations. Heterogeneous symptom presentation requires much professional interpersonal interaction and the literature is scant on inductive research for BPD. This review is limited to psychological aspects of BPD treatment.

Copyright © 2016 Elsevier Inc. All rights reserved.

PMID: 28104065 [PubMed - in process]

[Similar articles](#)



25. Psychopathology. 2017 Jan 20. doi: 10.1159/000453585. [Epub ahead of print]

[Modification of First Impression Formation and "Personality" by Manipulating Outer Appearance.](#)

[Hüttner SM](#)¹, [Linden M](#).

Author information:

- ¹Research Group Psychosomatic Rehabilitation, Charité - University Medicine Berlin, Berlin, Germany.

Abstract

BACKGROUND/AIMS:

Global impression is the first item in any psychopathological evaluation, as patients often elicit negative responses in other persons by a dysfunctional first impression formation. This

can lead to interactional problems and stigmatization. This study tested to what degree the perception of "personality" can be changed by simple manipulations of the outer appearance of a person.

METHOD:

A total of 92 persons were given two different photos of the same female, one with hair combed back and the other with "open" curly hair. For each picture they made ratings on the Bipolar MED Rating Scale, which asks for judgements on 23 emotional impressions.

RESULTS:

The rating on the "two" persons differed significantly for 16 of the 23 items. Curled open hair led to a more open-hearted and trusting impression, while the combed-back hair was perceived as more reserved, earnest, and defiant. Results were independent of age and gender.

CONCLUSION:

People come to far-reaching conclusions about the "personality" of other persons (first impression formation) based on the outer appearance. This opens treatment options for improving social interaction and fighting stigma in patients with mental disorders.

© 2017 S. Karger AG, Basel.

PMID: 28103604 [PubMed - as supplied by publisher]

[Similar articles](#)



26. Rev Neurosci. 2017 Jan 18. pii: /j/revneuro.ahead-of-print/revneuro-2016-0049/revneuro-2016-0049.xml. doi: 10.1515/revneuro-2016-0049. [Epub ahead of print]

[Alexithymia and automatic processing of emotional stimuli: a systematic review.](#)

[Donges US](#), [Suslow T](#).

Abstract

Alexithymia is a personality trait characterized by difficulties in recognizing and verbalizing emotions and the utilization of a cognitive style that is oriented toward external events, rather than intrapsychic experiences. Alexithymia is considered a vulnerability factor influencing onset and course of many psychiatric disorders. Even though emotions are, in general, elicited involuntarily and emerge without conscious effort, it is surprising that little attention

in etiological considerations concerning alexithymia has been given to deficits in automatic emotion processing and their neurobiological bases. In this article, results from studies using behavioral or neurobiological research methods were systematically reviewed in which automatic processing of external emotional information was investigated as a function of alexithymia in healthy individuals. Twenty-two studies were identified through a literature search of Psycinfo, PubMed, and Web of Science databases from 1990 to 2016. The review reveals deficits in the automatic processing of emotional stimuli in alexithymia at a behavioral and neurobiological level. The vast majority of the reviewed studies examined visual processing. The alexithymia facets externally oriented thinking and difficulties identifying feelings were found to be related to impairments in the automatic processing of threat-related facial expressions. Alexithymic individuals manifest low reactivity to barely visible negative emotional stimuli in brain regions responsible for appraisal, encoding, and affective response, e.g. amygdala, occipitotemporal areas, and insula. Against this background, it appears plausible to assume that deficits in automatic emotion processing could be factors contributing to alexithymic personality characteristics. Directions for future research on alexithymia and automatic emotion perception are suggested.

PMID: 28099136 [PubMed - as supplied by publisher]

[Similar articles](#)



27. Am J Addict. 2017 Jan 18. doi: 10.1111/ajad.12477. [Epub ahead of print]

[Use of Asian samples in genetic research of alcohol use disorders: Genetic variation of alcohol metabolizing enzymes and the effects of acetaldehyde.](#)

[Matsushita S¹](#), [Higuchi S¹](#).

Author information:

- ¹National Hospital Organization, Kurihama Medical and Addiction Center, Yokosuka, Kanagawa, Japan.

Abstract

BACKGROUND AND OBJECTIVES:

Epidemiological studies consistently find that Asian populations report lower rates of alcohol use disorders (AUD) compared with other racial groups. These differences result from a variety of biological, genetic, and environmental influences, some of which are related to the

metabolism of alcohol. We will review several studies of these metabolic factors, including several alcohol clamping studies conducted in our laboratory, that provide further insight into the role of the alcohol metabolizing genes and drinking behavior among Japanese drinkers.

METHODS:

This manuscript reviewed studies investigating genetic variations of alcohol metabolizing enzymes among Asians and several mechanisms by which these genes are thought to give rise to differences in rates of alcohol dependence.

RESULTS:

The inactive aldehyde dehydrogenase 2 (ALDH2) and highly active alcohol dehydrogenase-1B (ADH1B) genes are protective factors for the development of AUD. The inactive ALDH2 provides its protective effect through the accumulation of acetaldehyde after consuming alcohol, resulting in unpleasant effects, and heightened sensitivity to alcohol. However, the suppressive effects of inactive ALDH2 and highly active ADH1B for AUDs are only partial and interact with other factors, such as personality traits, psychiatric comorbidities, and environmental factors.

DISCUSSION AND CONCLUSIONS:

While Asians are excellent models for the study of certain genetic effects on the development and consequences of AUD, few clinical studies of this population have been conducted. Further exploration of the interactions between various genetic, individual, and environmental factors influencing drinking behavior and, thus affecting the risk of AUD, would enhance our understanding of how alcohol-related problems develop.

SCIENTIFIC SIGNIFICANCE:

The heterozygous ALDH2*1/*2 genotype has only partial effects on limiting drinking behavior, suggesting the potential interaction with other factors. Therefore AUD patients with inactive ALDH2 may be a useful model to identify and to test a variety of other risk factors of AUD. (Am J Addict 2017;XX:1-8).

© 2017 American Academy of Addiction Psychiatry.

PMID: 28098394 [PubMed - as supplied by publisher]

[Similar articles](#)



Lifetime and 12-month prevalence of eating disorders amongst women in mid-life: a population-based study of diagnoses and risk factors.

[Micali N](#)^{1,2,3}, [Martini MG](#)⁴, [Thomas JJ](#)^{5,6}, [Eddy KT](#)^{5,6}, [Kothari R](#)⁴, [Russell E](#)⁷, [Bulik CM](#)^{8,9,10}, [Treasure J](#)¹¹.

Author information:

- ¹Eating and Weight Disorders Program, Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY, USA. n.micali@mssm.edu.
- ²Mindich Child Health and Development Institute, Icahn School of Medicine at Mount Sinai, New York, NY, USA. n.micali@mssm.edu.
- ³Institute of Child Health, University College London, London, UK. n.micali@mssm.edu.
- ⁴Institute of Child Health, University College London, London, UK.
- ⁵Department of Psychiatry, Harvard Medical School, Boston, MA, USA.
- ⁶Eating Disorders Clinical and Research Program, Massachusetts General Hospital, Boston, MA, USA.
- ⁷Department of Psychological Medicine, Cardiff University, Cardiff, UK.
- ⁸Department of Psychiatry, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.
- ⁹Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.
- ¹⁰Department of Nutrition, University of North Carolina at Chapel Hill, Chapel Hill, NC, USA.
- ¹¹Eating Disorders Research Unit, Psychological Medicine, Institute of Psychiatry, King's College London, London, UK.

Abstract

BACKGROUND:

Eating disorders (EDs) are common amongst women; however, no research has specifically investigated the lifetime/12-month prevalence of eating disorders amongst women in mid-life (i.e., fourth and fifth decade of life) and the relevant longitudinal risk factors. We aimed to investigate the lifetime and 12-month prevalence of EDs and lifetime health service use and to identify childhood, parenting, and personality risk factors.

METHODS:

This is a two-phase prevalence study, nested within an existing longitudinal community-based sample of women in mid-life. A total of 5658 women from the UK Avon Longitudinal Study of Parents and Children (ALSPAC; enrolled 20 years earlier) participated. ED diagnoses were obtained using validated structured interviews. Weighted analyses were carried out accounting for the two-phase methodology to obtain prevalence figures and to carry out risk factor regression analyses.

RESULTS:

By mid-life, 15.3% (95% confidence intervals, 13.5-17.4%) of women had met criteria for a lifetime ED. The 12-month prevalence of EDs was 3.6%. Childhood sexual abuse was prospectively associated with all binge/purge type disorders and an external locus of control was associated with binge-eating disorder. Better maternal care was protective for bulimia nervosa. Childhood life events and interpersonal sensitivity were associated with all EDs.

CONCLUSIONS:

By mid-life a significant proportion of women will experience an ED, and few women accessed healthcare. Active EDs are common in mid-life, both due to new onset and chronic disorders. Increased awareness of the full spectrum of EDs in this stage of life and adequate service provision is important. This is the first study to investigate childhood and personality risk factors for full threshold and sub-threshold EDs and to identify common predictors for full and sub-threshold EDs. Further research should clarify the role of preventable risk factors on both full and sub-threshold EDs.

PMCID: PMC5240354 **Free PMC Article**

PMID: 28095833 [PubMed - in process]

[Similar articles](#)



29. Addict Behav. 2017 Jan 6;69:1-7. doi: 10.1016/j.addbeh.2017.01.005. [Epub ahead of print]

Preadolescent sensation seeking and early adolescent stress relate to at-risk adolescents' substance use by age 15.

[Charles NE](#)¹, [Mathias CW](#)², [Acheson A](#)³, [Dougherty DM](#)⁴.

Author information:

- ¹Department of Psychology, The University of Southern Mississippi, 118 College Drive, Box # 5025, Hattiesburg, MS 39406, USA. Electronic address: nora.charles@usm.edu.
- ²Department of Psychiatry, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive MC 7793, San Antonio, TX 78229, USA. Electronic address: mathias@uthscsa.edu.
- ³Department of Psychiatry, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive MC 7793, San Antonio, TX 78229, USA; Research Imaging Institute, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive MC 6240, San Antonio, TX 78229, USA. Electronic address: acheson@uthscsa.edu.
- ⁴Department of Psychiatry, The University of Texas Health Science Center at San Antonio, 7703 Floyd Curl Drive MC 7793, San Antonio, TX 78229, USA. Electronic address: doughertyd@uthscsa.edu.

Abstract

BACKGROUND AND AIMS:

Substance use during adolescence can lead to the development of substance use disorders and other psychosocial problems. These negative outcomes are especially likely for individuals who use substances at earlier ages and those who engage in heavier use during adolescence, behaviors which are both more common among youth at higher risk for developing a substance use disorder, such as those with a family history of substance use disorders (FH+). Factors such as increased sensation seeking and greater exposure to stressors among FH+ youth may influence these associations. Therefore, the aim of this study was to examine the relative and unique contributions of sensation seeking during preadolescence and exposure to stressors during early to mid-adolescence to cumulative substance use by mid-adolescence among FH+ youth.

METHODS:

A total of 167 mostly Hispanic FH+ youth (ages 12-15) who were participating in an ongoing longitudinal study were included in these analyses. Participants' data from biennial waves covering approximately 2.5 years were used. Self-reported sensation seeking, exposure to stressors, and substance use were compared.

RESULTS:

Higher sensation seeking during preadolescence and greater exposure to stressors during early to mid-adolescence were both associated with substance use by age 15. These factors differentiated Substance Users from Non-Users, and also related to level of substance use.

CONCLUSIONS:

Elevated sensation seeking and exposure to stressors are both associated with substance use by age 15 among high-risk youth. Additionally, these factors can distinguish youth who develop heavier substance use during this important developmental period.

Copyright © 2017. Published by Elsevier Ltd.

PMID: 28095339 [PubMed - as supplied by publisher]

[Similar articles](#)



30. Personal Disord. 2017 Jan 16. doi: 10.1037/per0000231. [Epub ahead of print]

[The Personality Context of Relational Aggression: A Five-Factor Model Profile Analysis.](#)

[Reardon KW](#), [Tackett JL](#), [Lynam D](#).

Abstract

Relational aggression (RAgg) is a form of behavior intended to damage the victim's social status or interpersonal relationships through the use of purposeful interpersonal manipulation or social exclusion (Archer & Coyne, 2005). RAgg is impairing, stable, and largely defined by dysfunctional patterns of interpersonal interactions—all of which invokes comparisons to personality and, more specifically, personality pathology. Leveraging research using the Five Factor Model (FFM) in personality disorder (PD) work, the present study aims to understand the personality context of RAgg by applying this FFM profile approach in 2 ways: (a) by compiling a personality profile of RAgg based on a thorough review of the relevant literature and (b) by compiling a personality profile of RAgg based on expert ratings (N = 19). We then compared these profiles to each other and to existing personality profiles of Cluster B PDs to examine how RAgg fits into the personality space represented by Cluster B PDs. These analyses indicate that both FFM profiles of RAgg show substantial overlap with the FFM profile of narcissistic PD. The present study has important implications for bridging disjointed domains of research on personality pathology and RAgg and underscores the relevance of RAgg for early emergence of PD characteristics. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28095002 [PubMed - as supplied by publisher]

[Similar articles](#)

31. Personal Disord. 2017 Jan 16. doi: 10.1037/per0000235. [Epub ahead of print]

[Callousness and Affective Face Processing in Adults: Behavioral and Brain-Potential Indicators.](#)

[Brislin SJ](#), [Yancey JR](#), [Perkins ER](#), [Palumbo IM](#), [Drislane LE](#), [Salekin RT](#), [Fanti KA](#), [Kimonis ER](#), [Frick PJ](#), [Blair RJ](#), [Patrick CJ](#).

Abstract

The investigation of callous-unemotional (CU) traits has been central to contemporary research on child behavior problems, and served as the impetus for inclusion of a specifier for conduct disorder in the latest edition of the official psychiatric diagnostic system. Here, we report results from 2 studies that evaluated the construct validity of callousness as assessed in adults, by testing for affiliated deficits in behavioral and neural processing of fearful faces, as have been shown in youthful samples. We hypothesized that scores on an established measure of callousness would predict reduced recognition accuracy and diminished electrocortical reactivity for fearful faces in adult participants. In Study 1, 66 undergraduate participants performed an emotion recognition task in which they viewed affective faces of different types and indicated the emotion expressed by each. In Study 2, electrocortical data were collected from 254 adult twins during viewing of fearful and neutral face stimuli, and scored for event-related response components. Analyses of Study 1 data revealed that higher callousness was associated with decreased recognition accuracy for fearful faces specifically. In Study 2, callousness was associated with reduced amplitude of both N170 and P200 responses to fearful faces. Current findings demonstrate for the first time that callousness in adults is associated with both behavioral and physiological deficits in the processing of fearful faces. These findings support the validity of the CU construct with adults and highlight the possibility of a multidomain measurement framework for continued study of this important clinical construct. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28095001 [PubMed - as supplied by publisher]

[Similar articles](#)

32. Mol Psychiatry. 2017 Jan 17. doi: 10.1038/mp.2016.244. [Epub ahead of print]

[GWAS meta-analysis reveals novel loci and genetic correlates for general cognitive](#)

function: a report from the COGENT consortium.

[Trampush JW](#)¹, [Yang ML](#)², [Yu J](#)^{1,3}, [Knowles E](#)⁴, [Davies G](#)^{5,6}, [Liewald DC](#)⁶, [Starr JM](#)^{5,7}, [Djurovic S](#)^{8,9}, [Melle I](#)^{9,10}, [Sundet K](#)^{10,11}, [Christoforou A](#)^{9,12}, [Reinvang I](#)¹¹, [DeRosse P](#)^{1,3}, [Lundervold AJ](#)¹³, [Steen VM](#)^{9,12}, [Espeseth T](#)^{10,11}, [Räikkönen K](#)¹⁴, [Widen E](#)¹⁵, [Palotie A](#)^{15,16,17}, [Eriksson JG](#)^{18,19,20,21}, [Giegling I](#)²², [Konte B](#)²², [Roussos P](#)^{23,24,25}, [Giakoumaki S](#)²⁶, [Burdick KE](#)^{23,25}, [Payton A](#)^{27,28}, [Ollier W](#)²⁹, [Horan M](#)³⁰, [Chiba-Falek O](#)³¹, [Attix DK](#)^{31,32}, [Need AC](#)³³, [Cirulli ET](#)³⁴, [Voineskos AN](#)³⁵, [Stefanis NC](#)^{36,37,38}, [Avramopoulos D](#)^{39,40}, [Hatzimanolis A](#)^{36,37,38}, [Arking DE](#)⁴⁰, [Smyrnis N](#)^{36,37}, [Bilder RM](#)⁴¹, [Freimer NA](#)⁴¹, [Cannon TD](#)⁴², [London E](#)⁴¹, [Poldrack RA](#)⁴³, [Sabb FW](#)⁴⁴, [Congdon E](#)⁴¹, [Conley ED](#)⁴⁵, [Sculpt MA](#)⁴⁶, [Dickinson D](#)⁴⁷, [Straub RE](#)⁴⁸, [Donohoe G](#)⁴⁹, [Morris D](#)⁵⁰, [Corvin A](#)⁵⁰, [Gill M](#)⁵⁰, [Hariri AR](#)⁴⁶, [Weinberger DR](#)⁴⁸, [Pendleton N](#)^{29,30}, [Bitsios P](#)⁵¹, [Rujescu D](#)²², [Lahti J](#)^{14,52}, [Le Hellard S](#)^{9,12}, [Keller MC](#)⁵³, [Andreassen OA](#)^{9,10,54}, [Deary IJ](#)^{5,6}, [Glahn DC](#)⁴, [Malhotra AK](#)^{1,3,55}, [Lencz T](#)^{1,3,55}.

Author information:

- ¹Division of Psychiatry Research, Zucker Hillside Hospital, Glen Oaks, NY, USA.
- ²Institute of Mental Health, Singapore, Singapore.
- ³Center for Psychiatric Neuroscience, Feinstein Institute for Medical Research, Manhasset, NY, USA.
- ⁴Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA.
- ⁵Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh, Edinburgh, UK.
- ⁶Department of Psychology, University of Edinburgh, Edinburgh, UK.
- ⁷Alzheimer Scotland Dementia Research Centre, University of Edinburgh, Edinburgh, UK.
- ⁸Department of Medical Genetics, Oslo University Hospital, University of Bergen, Oslo, Norway.
- ⁹NORMENT, K.G. Jebsen Centre for Psychosis Research, University of Bergen, Bergen, Norway.
- ¹⁰Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway.
- ¹¹Department of Psychology, University of Oslo, Oslo, Norway.
- ¹²Dr Einar Martens Research Group for Biological Psychiatry, Center for Medical Genetics and Molecular Medicine, Haukeland University Hospital, Bergen, Norway.
- ¹³Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway.
- ¹⁴Institute of Behavioural Sciences, University of Helsinki, Helsinki, Finland.
- ¹⁵Institute for Molecular Medicine Finland (FIMM), University of Helsinki, Helsinki, Finland.
- ¹⁶Wellcome Trust Sanger Institute, Wellcome Trust Genome Campus, Cambridge, UK.
- ¹⁷Department of Medical Genetics, University of Helsinki and University Central Hospital, Helsinki, Finland.

- ¹⁸National Institute for Health and Welfare, Helsinki, Finland.
- ¹⁹Department of General Practice and Primary Health Care, University of Helsinki, Helsinki, Finland.
- ²⁰Helsinki University Central Hospital, Unit of General Practice, Helsinki, Finland.
- ²¹Folkhälsan Research Centre, Helsinki, Finland.
- ²²Department of Psychiatry, Martin Luther University of Halle-Wittenberg, Halle, Germany.
- ²³Department of Psychiatry, Icahn School of Medicine at Mount Sinai, New York, NY, USA.
- ²⁴Department of Genetics and Genomic Science and Institute for Multiscale Biology, Icahn School of Medicine at Mount Sinai, New York, NY, USA.
- ²⁵Mental Illness Research, Education, and Clinical Center (VISN 3), James J. Peters VA Medical Center, Bronx, NY, USA.
- ²⁶Department of Psychology, University of Crete, Rethymno, Greece.
- ²⁷Manchester Centre for Audiology and Deafness, Manchester Academic Health Science Centre, The University of Manchester, Manchester, UK.
- ²⁸Division of Evolution and Genomic Sciences, School of Biological Sciences, The University of Manchester, Manchester, UK.
- ²⁹Centre for Integrated Genomic Medical Research, Institute of Population Health, University of Manchester, Manchester, UK.
- ³⁰Manchester Medical School, Institute of Brain, Behaviour, and Mental Health, University of Manchester, Manchester, UK.
- ³¹Department of Neurology, Bryan Alzheimer's Disease Research Center, and Center for Genomic and Computational Biology, Duke University Medical Center, Durham, NC, USA.
- ³²Division of Medical Psychology, Department of Neurology, Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA.
- ³³Division of Brain Sciences, Department of Medicine, Imperial College, London, UK.
- ³⁴Center for Applied Genomics and Precision Medicine, Duke University School of Medicine, Durham, NC, USA.
- ³⁵Campbell Family Mental Health Institute, Centre for Addiction and Mental Health, University of Toronto, Toronto, ON, Canada.
- ³⁶Department of Psychiatry, University of Athens School of Medicine, Eginition Hospital, Athens, Greece.
- ³⁷University Mental Health Research Institute, Athens, Greece.
- ³⁸Neurobiology Research Institute, Theodor Theohari Cozzika Foundation, Athens, Greece.
- ³⁹Department of Psychiatry, Johns Hopkins University School of Medicine, Baltimore, MD, USA.
- ⁴⁰Department of Psychiatry and McKusick-Nathans Institute of Genetic Medicine, Johns Hopkins University School of Medicine, Baltimore, MD, USA.
- ⁴¹UCLA Semel Institute for Neuroscience and Human Behavior, Los Angeles, CA, USA.
- ⁴²Department of Psychology, Yale University, New Haven, CT, USA.
- ⁴³Department of Psychology, Stanford University, Palo Alto, CA, USA.
- ⁴⁴Robert and Beverly Lewis Center for Neuroimaging, University of Oregon, Eugene, OR, USA.

- ⁴⁵23andMe, Inc., Mountain View, CA, USA.
- ⁴⁶Department of Psychology & Neuroscience, Laboratory of NeuroGenetics, Duke University, Durham, NC, USA.
- ⁴⁷Clinical and Translational Neuroscience Branch, Intramural Research Program, National Institute of Mental Health, National Institute of Health, Bethesda, MD, USA.
- ⁴⁸Lieber Institute for Brain Development, Johns Hopkins University Medical Campus, Baltimore, MD, USA.
- ⁴⁹Department of Psychology, National University of Ireland, Galway, Ireland.
- ⁵⁰Department of Psychiatry, Neuropsychiatric Genetics Research Group, Trinity College Institute of Neuroscience, Trinity College Dublin, Dublin, Ireland.
- ⁵¹Department of Psychiatry and Behavioral Sciences, Faculty of Medicine, University of Crete, Heraklion, Greece.
- ⁵²Helsinki Collegium for Advanced Studies, University of Helsinki, Helsinki, Finland.
- ⁵³Institute for Behavioral Genetics, University of Colorado, Boulder, CO, USA.
- ⁵⁴Institute of Clinical Medicine, University of Oslo, Oslo, Norway.
- ⁵⁵ Department of Psychiatry, Hofstra Northwell School of Medicine, Hempstead, NY, USA.

Abstract

The complex nature of human cognition has resulted in cognitive genomics lagging behind many other fields in terms of gene discovery using genome-wide association study (GWAS) methods. In an attempt to overcome these barriers, the current study utilized GWAS meta-analysis to examine the association of common genetic variation (~8M single-nucleotide polymorphisms (SNP) with minor allele frequency $\geq 1\%$) to general cognitive function in a sample of 35 298 healthy individuals of European ancestry across 24 cohorts in the Cognitive Genomics Consortium (COGENT). In addition, we utilized individual SNP lookups and polygenic score analyses to identify genetic overlap with other relevant neurobehavioral phenotypes. Our primary GWAS meta-analysis identified two novel SNP loci (top SNPs: rs76114856 in the CENPO gene on chromosome 2 and rs6669072 near LOC105378853 on chromosome 1) associated with cognitive performance at the genome-wide significance level ($P < 5 \times 10^{-8}$). Gene-based analysis identified an additional three Bonferroni-corrected significant loci at chromosomes 17q21.31, 17p13.1 and 1p13.3. Altogether, common variation across the genome resulted in a conservatively estimated SNP heritability of 21.5% (s.e.=0.01%) for general cognitive function. Integration with prior GWAS of cognitive performance and educational attainment yielded several additional significant loci. Finally, we found robust polygenic correlations between cognitive performance and educational attainment, several psychiatric disorders, birth length/weight and smoking behavior, as well as a novel genetic association to the personality trait of openness. These data provide new insight into the genetics of neurocognitive function with relevance to understanding the pathophysiology of neuropsychiatric illness. *Molecular Psychiatry* advance online publication, 17 January 2017; doi:10.1038/mp.2016.244. PMID: 28093568 [PubMed - as supplied by publisher]

[Similar articles](#)

An examination of the etiologic overlap between the genetic and environmental influences on insomnia and common psychopathology.

[Lind MJ](#)¹, [Hawn SE](#)^{1,2}, [Sheerin CM](#)¹, [Aggen SH](#)¹, [Kirkpatrick RM](#)¹, [Kendler KS](#)^{1,3}, [Amstadter AB](#)^{1,3}.

Author information:

- ¹Department of Psychiatry, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.
- ²Department of Psychology, Virginia Commonwealth University, Richmond, VA, USA.
- ³Department of Human and Molecular Genetics, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.

Abstract

BACKGROUND:

Insomnia is comorbid with internalizing and externalizing psychiatric disorders. However, the extent to which the etiologic influences on insomnia and common psychopathology overlap is unclear. There are limited genetically informed studies of insomnia and internalizing disorders and few studies of overlap exist with externalizing disorders.

METHODS:

We utilized twin data from the Virginia Adult Twin Studies of Psychiatric and Substance Use Disorders (total n = 7,500). Insomnia, internalizing disorders (major depressive disorder [MDD], generalized anxiety disorder [GAD]), and alcohol abuse or dependence (AAD) were assessed at two time points, while antisocial personality disorder (ASPD) was assessed once. Cholesky decompositions were performed in OpenMx and longitudinal measurement models were run on available phenotypes to reduce measurement error.

RESULTS:

The latent additive genetic influences on insomnia overlapped significantly (56% for females, 74% for males) with MDD and were shared completely (100%) with GAD. There was significant overlap of latent unique environmental influences, with overlap ranging from 38 to 100% across disorders. In contrast, there was less genetic overlap between insomnia and externalizing disorders, with 18% of insomnia's heritability shared with AAD and 23% with ASPD. Latent unique environmental overlap between insomnia and both externalizing disorders was negligible.

CONCLUSIONS:

The evidence for substantial genetic overlap between insomnia and stable aspects of both internalizing disorders suggests that there may be few insomnia-specific genes and investigation into unique environmental factors is important for understanding insomnia development. The modest overlap between insomnia and externalizing disorders indicates that these disorders are genetically related, but largely etiologically distinct.

© 2016 Wiley Periodicals, Inc.

PMID: 28092418 [PubMed - as supplied by publisher]

[Similar articles](#)



34. BMC Psychiatry. 2017 Jan 14;17(1):16. doi: 10.1186/s12888-017-1200-y.

[Clinical importance of personality difficulties: diagnostically sub-threshold personality disorders.](#)

[Karukivi M](#)^{1,2}, [Vahlberg T](#)³, [Horjamo K](#)⁴, [Nevalainen M](#)^{5,6}, [Korkeila J](#)^{7,8}.

Author information:

- ¹Department of Psychiatry, University of Turku and Turku University Hospital, Kiinamylynkatu 4-8, FI-20520, Turku, Finland. max.karukivi@utu.fi.
- ²Unit of Adolescent Psychiatry, Satakunta Hospital District, Itäpuisto 11, FI-28100, Pori, Finland. max.karukivi@utu.fi.
- ³Department of Biostatistics, University of Turku, Lemminkäisenkatu 1, FI-20520, Turku, Finland.
- ⁴Department of Public Health, University of Helsinki, PO Box 20, FI-00014, Helsinki, Finland.
- ⁵Unit of Research and Development, Satakunta Hospital District, Sairaalanatie 3, FI-28500, Pori, Finland.

- ⁶Department of General Practice, University of Turku, Lemminkäisenkatu 1, FI-20520, Turku, Finland.
- ⁷Department of Psychiatry, University of Turku and Turku University Hospital, Kiinamylynkatu 4-8, FI-20520, Turku, Finland.
- ⁸Psychiatric Care Division, Satakunta Hospital District, Sairaalanatie 14, FI-29200, Harjavalta, Finland.

Abstract

BACKGROUND:

Current categorical classification of personality disorders has been criticized for overlooking the dimensional nature of personality and that it may miss some sub-threshold personality disturbances of clinical significance. We aimed to evaluate the clinical importance of these conditions. For this, we used a simple four-level dimensional categorization based on the severity of personality disturbance.

METHODS:

The sample consisted of 352 patients admitted to mental health services. All underwent diagnostic assessments (SCID-I and SCID-II) and filled in questionnaires concerning their social situation and childhood adversities, and other validated tools, including the Beck Depression Inventory (BDI), Alcohol Use Disorders Identification Test (AUDIT), health-related quality of life (15D), and the five-item Mental Health Index (MHI-5). The patients were categorized into four groups according to the level of personality disturbance: 0 = No personality disturbance, 1 = Personality difficulty (one criterion less than threshold for one or more personality disorders), 2 = Simple personality disorder (one personality disorder), and 3 = Complex/Severe personality disorder (two or more personality disorders or any borderline and antisocial personality disorder).

RESULTS:

The proportions of the groups were as follows: no personality disturbance 38.4% (n = 135), personality difficulty 14.5% (n = 51), simple personality disorder 19.9% (n = 70), and complex/severe personality disorder 24.4% (n = 86). Patients with no personality disturbance were significantly differentiated ($p < 0.05$) from the other groups regarding the BDI, 15D, and MHI-5 scores as well as the number of Axis I diagnoses. Patients with complex/severe personality disorders stood out as being worst off. Social dysfunction was related to the severity of the personality disturbance. Patients with a personality difficulty or a simple personality disorder had prominent symptoms and difficulties, but the differences between these groups were mostly non-significant.

CONCLUSIONS:

An elevated severity level of personality disturbance is associated with an increase in psychiatric morbidity and social dysfunction. Diagnostically sub-threshold personality

difficulties are of clinical significance and the degree of impairment corresponds to actual personality disorders. Since these two groups did not significantly differ from each other, our findings also highlight the complexity related to the use of diagnostic thresholds for separate personality disorders.

PMCID: PMC5237511 **Free PMC Article**

PMID: 28088222 [PubMed - in process]

[Similar articles](#)



35. *Appetite*. 2017 Jan 10;112:59-68. doi: 10.1016/j.appet.2017.01.009. [Epub ahead of print]

Multidimensional assessment of impulsivity in relation to obesity and food addiction.

[VanderBroek-Stice L](#)¹, [Stojek MK](#)², [Beach SR](#)¹, [vanDellen MR](#)¹, [MacKillop J](#)³.

Author information:

- ¹Department of Psychology, University of Georgia, United States.
- ²Department of Medical and Clinical Psychology, Uniformed Services University of the Health Sciences, United States; Section on Growth and Obesity, Program in Developmental Endocrinology and Genetics, Eunice Kennedy Shriver National Institute of Child Health and Human Development, United States.
- ³Department of Psychology, University of Georgia, United States; Peter Boris Centre for Addictions Research, Department of Psychiatry and Behavioural Neurosciences, McMaster University/St. Joseph's Healthcare Hamilton, Canada; Homewood Research Institute, Homewood Health Centre, Canada. Electronic address: jmackill@mcmaster.ca.

Abstract

Based on similarities between overconsumption of food and addictive drugs, there is increasing interest in "food addiction," a compulsive eating pattern defined using symptoms parallel to substance use disorders. Impulsivity, a multidimensional construct robustly linked to drug addiction, has been increasingly examined as an obesity determinant, but with mixed findings. This study sought to clarify relations between three major domains of impulsivity (i.e., impulsive personality traits, discounting of delayed rewards, and behavioral inhibition) in both obesity and food addiction. Based on the association between impulsivity and compulsive drug use, the general hypothesis was that the impulsivity-food addiction relation would be stronger than and responsible for the impulsivity-obesity relation. Using a cross-sectional dimensional design, participants (N = 181; 32% obese) completed a biometric assessment, the Yale Food Addiction Scale (YFAS), the UPPS-P Impulsive Behavior Scales, a Go/NoGo task, and measures of monetary delay discounting. Results revealed significantly

higher prevalence of food addiction among obese participants and stronger zero-order associations between impulsivity indices and YFAS compared to obesity. Two aspects of impulsivity were independently significantly associated with food addiction: (a) a composite of Positive and Negative Urgency, reflecting proneness to act impulsively during intense mood states, and (b) steep discounting of delayed rewards. Furthermore, the results supported food addiction as a mediator connecting both urgency and delay discounting with obesity. These findings provide further evidence linking impulsivity to food addiction and obesity, and suggest that food addiction may be a candidate etiological pathway to obesity for individuals exhibiting elevations in these domains.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28087369 [PubMed - as supplied by publisher]

[Similar articles](#)



36. J Neurol Sci. 2017 Jan 5. pii: S0022-510X(17)30015-1. doi: 10.1016/j.jns.2017.01.013.
[Epub ahead of print]

[Personality in Parkinson's disease: Clinical, behavioural and cognitive correlates.](#)

[Santangelo G](#)¹, [Piscopo F](#)¹, [Barone P](#)², [Vitale C](#)³.

Author information:

- ¹Department of Psychology, University of Campania Luigi Vanvitelli, Caserta, Italy; Institute of Diagnosis and Health, Hermitage-Capodimonte, Naples, Italy.
- ²Institute of Diagnosis and Health, Hermitage-Capodimonte, Naples, Italy; Neurodegenerative Diseases Centre, Department of Medicine and Surgery, University of Salerno, Italy.
- ³Institute of Diagnosis and Health, Hermitage-Capodimonte, Naples, Italy; Department of Motor Sciences and Health, University "Parthenope", Naples, Italy. Electronic address: cavit69@hotmail.com.

Abstract

Affective disorders and personality changes have long been considered pre-motor aspects of Parkinson's disease (PD). Many authors have used the term "premorbid personality" to define distinctive features of PD patients' personality characterized by reduced exploration of new environmental stimuli or potential reward sources ("novelty seeking") and avoidance behaviour ("harm avoidance") present before motor features. The functional correlates underlying the personality changes described in PD, implicate dysfunction of meso-cortico- limbic and striatal circuits. As disease progresses, the imbalance of neurotransmitter systems

secondary to degenerative processes, along with dopamine replacement therapy, can produce a reversal of behaviours and an increase in reward seeking, laying the foundations for the emergence of the impulse control disorders. Personality disorders can be interpreted, therefore, as the result of individual susceptibility arising from intrinsic degenerative processes and individual personality features, in combination with extrinsic factors such as lifestyle, PD motor dysfunction and drug treatment. For a better understanding of personality disorders observed in PD and their relationship with the prodromal stage of the disease, prospective clinical studies are needed that correlate different personality profiles with other disease progression markers. Here, we review previous studies investigating the clinical, cognitive and behavioural correlates of personality traits in PD patients.

Copyright © 2016. Published by Elsevier B.V.

PMID: 28087060 [PubMed - as supplied by publisher]

[Similar articles](#)



37. Nord J Psychiatry. 2017 Jan 13:1-10. doi: 10.1080/08039488.2016.1269834. [Epub ahead of print]

[Study of behavioural disorders in children with primary enuresis.](#)

[Mohsenzadeh A](#)¹, [Ahmadipour S](#)¹, [Farhadi A](#)², [Shahkarami K](#)³.

Author information:

- ^{1a} Department of Pediatrics, Faculty of Medicine , Lorestan University of Medical Sciences , Khorramabad , Iran.
- ^{2b} Department of Psychology, Faculty of Medicine , Lorestan University of Medical Sciences , Khorramabad , Iran.
- ^{3c} Department of Psychology, Faculty of Medicine , Lorestan University of Medical Sciences , Khorramabad , Iran.

Abstract

BACKGROUND:

Enuresis results in behavioural disorder in children. This study investigated the behavioural disorders in children possessing primary enuresis.

MATERIALS AND METHODS:

In this cross-sectional study, 100 children with primary enuresis were referred to children's hospital Khorramabad; the census method was used in this study. Data were collected using a short screening instrument for enuresis psychological problems, the reliability and validity of which have been confirmed in previous studies. First, a questionnaire was used to assess academic failure, anxiety, behavioural disorders, sleep, and psychological disorders. Results obtained were compared in terms of gender and age. Statistical analyses using inferential and descriptive statistics including Chi-square and Fisher test were employed.

RESULTS:

The average age of children was 8.46 years. Sixty-six per cent of participants were male and the rest of them were female. Ninety per cent of subjects were between the age range of 1-9 years, and 10% were over 10 years old. Forty-three per cent of children suffered from anxiety disorders and 34% had sleep disorders, 4% also suffered from academic failure. Among behavioural disorders, hyperactivity and restlessness were the most common disorders, and they were significantly higher in nine boys. Headache, obsessive, and sleep disorders were more common in children above 10. There was a significant correlation between eating disorders, headache, sleep disorders, and strange movements in males, while feelings of sadness were more common in females.

CONCLUSION:

Social personality development in children with enuresis can be improved by informing parents of enuresis.

PMID: 28084151 [PubMed - as supplied by publisher]

[Similar articles](#)



38. Pain Med. 2017 Jan 12. pii: pnw206. doi: 10.1093/pm/pnw206. [Epub ahead of print]

Rates and Correlates of Pain Specialty Clinic Use Nationally in the Veterans Health Administration.

[Arout CA](#)¹, [Sofuoglu M](#)^{2,3}, [Rosenheck RA](#)^{2,3}.

Author information:

- ¹Department of Psychiatry, Yale University School of Medicine, VA Connecticut Healthcare System, West Haven, Connecticut caroline.Aroutarout@yale.edu.
- ²Department of Psychiatry, Yale University School of Medicine, VA Connecticut Healthcare System, West Haven, Connecticut.

- ³Veterans Health Administration Mental Illness Research, Education, and Clinical Center (MIRECC), West Haven, Connecticut, USA.

Abstract

OBJECTIVE : Chronic pain management is a growing focus of attention, in part because of concern over excessive use of opioids for treatment of chronic noncancer pain. In the Veterans Health Administration (VHA), pain specialty clinics have been established to address the needs of patients with challenging pain issues. The current study identified characteristics of such patients in a national sample of VHA service users in fiscal year 2012.

DESIGN:

Bivariate analyses compared patients diagnosed with pain who visited a pain specialty clinic with those who did not on sociodemographic characteristics, medical, pain, and psychiatric diagnoses, health service use, and opioid and psychotropic drug use. Logistic regression identified variables that independently differentiated pain clinic users from nonusers.

RESULTS:

Altogether, 122,240 of 2,025,765 patients with pain diagnoses (5.79%) attended pain specialty clinics. Pain clinic users had higher rates of muscle spasms, neuralgia, neuritis, radiculitis, and fibromyalgia, as well as major depression and personality disorders. Further, a fibromyalgia diagnosis was the strongest independent correlate of pain clinic attendance, along with the number of medical-surgical clinic visits. Veterans attending a pain clinic also received more opioids than those not attending (10.4 vs 6.7 prescriptions, respectively), but there were no substantial differences in other factors. **CONCLUSIONS** : Patients attending pain specialty clinics have more difficult-to-treat pain conditions and comorbid psychiatric disorders that are independent of major medical diagnoses, use more outpatient services, and receive a greater number of opioid prescriptions. These data support the inclusion of mental health care in the specialized treatment of chronic pain.

© 2017 American Academy of Pain Medicine. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

PMID: 28082524 [PubMed - as supplied by publisher]

[Similar articles](#)



The specificity of emotion dysregulation in adolescents with borderline personality disorder: comparison with psychiatric and healthy controls.

[Ibraheim M](#)¹, [Kalpakci A](#)¹, [Sharp C](#)¹.

Author information:

- ¹Department of Psychology, University of Houston, 126 Heyne Building, Houston, TX 77204 USA.

Abstract

BACKGROUND:

Research has supported the notion that emotion dysregulation is a core feature of BPD. However, given that this feature is typical of healthy adolescents as well as adolescents with other psychiatric disorders, the specificity of emotion dysregulation to BPD in this age group has not yet been determined. The overall aim of this study was to examine emotion dysregulation in adolescent inpatients with BPD compared with non-BPD inpatient adolescents and healthy non-clinical adolescents, taking into account both global emotion dysregulation deficits and more specific impairments.

METHOD:

The sample included 185 adolescent inpatients with BPD ($M = 15.23$, $SD = 1.52$), 367 non-BPD psychiatric inpatient adolescents ($M = 15.37$, $SD = 1.40$), and 146 healthy adolescents ($M = 15.23$, $SD = 1.22$), all of whom were between the ages of 12 and 17. Borderline personality features were assessed, along with emotion dysregulation and psychiatric severity.

RESULTS:

After controlling for age, gender, and psychiatric severity, results revealed that adolescents with BPD had higher overall emotional dysregulation compared with non-BPD psychiatric controls and healthy controls. These differences were apparent in only two domains of emotion dysregulation including limited access to emotion regulation strategies perceived as effective and impulse control difficulties when experiencing negative emotions.

CONCLUSIONS:

Findings suggest BPD-specific elevations on emotion dysregulation generally, and subscales related to behavioral regulation specifically.

PMCID: PMC5223469 **Free PMC Article**

PMID: 28078089 [PubMed]

[Similar articles](#)



40. BMC Med Inform Decis Mak. 2017 Jan 11;17(1):8. doi: 10.1186/s12911-016-0405-1.

[Comorbidity study of borderline personality disorder: applying association rule mining to the Taiwan national health insurance research database.](#)

[Shen CC](#)^{1,2,3}, [Hu LY](#)^{4,3}, [Hu YH](#)^{5,6}.

Author information:

- ¹Department of Psychiatry, Chiayi Branch, Taichung Veterans General Hospital, Chiayi, Taiwan.
- ²Department of Information Management and Institute of Healthcare Information Management, National Chung Cheng University, Chiayi, Taiwan.
- ³School of Medicine, National Yang-Ming University, Taipei, Taiwan.
- ⁴Department of Psychiatry, Kaohsiung Veterans General Hospital, Kaohsiung, Taiwan.
- ⁵Department of Psychiatry, Chiayi Branch, Taichung Veterans General Hospital, Chiayi, Taiwan. yahan.hu@mis.ccu.edu.tw.
- ⁶Department of Information Management and Institute of Healthcare Information Management, National Chung Cheng University, Chiayi, Taiwan. yahan.hu@mis.ccu.edu.tw.

Abstract

BACKGROUND:

Borderline personality disorder (BPD) is a complex clinical state with highly polymorphic symptoms and signs. Studies have demonstrated that people with a BPD diagnosis are likely to have numerous co-occurring psychiatric disorders and physical comorbidities. The aim of

our study was to obtain further insight about the associations among comorbidities of BPD and to demonstrate the practicality of using association rule mining (ARM) technique in clinical databases.

METHODS:

A retrospective case-control study was conducted on information of 1460 patients (292 BPD patients and 1168 control patients) selected from the Taiwan National Health Insurance Research Database. Information on physical and psychiatric comorbidities, which were diagnosed within 3 years before and after enrollment, was collected. A logistic regression model was used to calculate the odds ratios of comorbidities between patients with and without BPD. ARM technique was used to study the associations of BPD and two or more psychiatric comorbidities.

RESULTS:

We classified physical comorbidities into 13 categories according to the International Classification of Diseases, Ninth Revision, Clinical Modification system, and the results indicated that the 12 categories were more common in the BPD patients than in the control patients (except congenital anomalies). However, psychiatric comorbidities, including depressive disorder, bipolar disorder, anxiety disorder, sleep disorder, substance use disorder, and mental retardation were more common in the BPD patients than in the control patients. Furthermore, the associations of BPD and two or more comorbidities were evaluated.

CONCLUSION:

Most physical and psychiatric disorders were more common in the BPD patients than in the control patients. Because the failure to remit from BPD is associated with suffering from chronic physical conditions and because psychiatric comorbidities may lead to delays in diagnosis of BPD, clinicians caring for people with BPD should be aware of possible comorbidities.

PMCID: PMC5225571 **Free PMC Article**

PMID: 28077135 [PubMed - in process]

[Similar articles](#)



41. Rev Bras Psiquiatr. 2017 Jan 9:0. doi: 10.1590/1516-4446-2016-1982. [Epub ahead of print]

**[Suicide attempts in bipolar I patients:
impact of comorbid personality disorders.](#)**

[Bezerra S Filho](#)^{1,2}, [Galvão-de-Almeida A](#)^{2,3}, [Studart P](#)^{1,2}, [Martins DF Jr](#)^{1,2}, [Caribé AC](#)^{2,4}, [Schwingel PA](#)^{4,5}, [Miranda-Scippa Â](#)^{1,2,3}.

Author information:

- ¹Programa de Pós-Graduação em Medicina e Saúde, Universidade Federal da Bahia (UFBA), Salvador, BA, Brazil.
- ²Programa de Avaliação Continuada do Centro de Estudos de Transtornos de Humor e Ansiedade (CETHA), Hospital Universitário Professor Edgard Santos, UFBA, Salvador, BA, Brazil.
- ³Departamento de Neurociências e Saúde Mental, Faculdade de Medicina, UFBA, Salvador, BA, Brazil.
- ⁴Escola Bahiana de Medicina e Saúde Pública, Salvador, BA, Brazil.
- ⁵Departamento de Nutrição, Universidade de Pernambuco (UPE), Petrolina, PE, Brazil.

Abstract

Objective::

To evaluate the association between personality disorders (PDs) and suicide attempts (SAs) in euthymic patients with type I bipolar disorder (BD).

Methods::

One-hundred twenty patients with type I BD, with and without history of SA, were evaluated during euthymia. The assessment included a clinical and sociodemographic questionnaire, the Hamilton Depression Rating Scale, the Young Mania Rating Scale, the Barratt Impulsiveness Scale, and Structured Clinical Interviews for DSM-IV Axis I and II Disorders. Logistic regression was employed to determine associations between history of SA and patient characteristics.

Results::

History of SA was significantly associated with comorbid axis I disorder, rapid cycling, high impulsivity (attentional, motor, non-planning, and total), having any PD, and cluster B and C PDs. Only cluster B PDs, high attentional impulsivity, and lack of paid occupation remained significant after multivariate analysis.

Conclusions::

Cluster B PDs were significantly associated with SA in patients with type I BD. High attentional impulsivity and lack of gainful employment were also associated with SA, which suggests that some cluster B clinical and social characteristics may exacerbate suicidal behavior in this population. This finding offers alternatives for new therapeutic interventions.

Free Article

PMID: 28076649 [PubMed - as supplied by publisher]

[Similar articles](#)

free full text
available at Sciendo.org

42. J Pers Disord. 2017 Jan 10:1-18. doi: 10.1521/pedi_2017_31_274. [Epub ahead of print]

Construct Validity of the DSM-5 Section III Maladaptive Trait Domains in Older Adults.

[Debast I](#), [Rossi G](#), [van Alphen SP](#)¹.

Author information:

- ¹Department of Clinical and Lifespan Psychology, Vrije Universiteit Brussel, Brussels, Belgium.

Abstract

The DSM-5 Section III model of personality disorders remains largely unexplored in older adults. More specifically, there is a need for further research on the generalizability of the five trait domains in old age. The development of a short operationalization to screen for maladaptive trait domains, the Personality Inventory for DSM-5 Brief Form (PID-5-BF), can stimulate the use of the alternative DSM-5 model in older adults by addressing the need for short instruments. The primary goal of this study was to examine the construct validity of the PID-5-BF by comparing its structural model and nomological network with the original PID-5 in terms of relations with domains of personality functioning and a gero-specific personality disorder indicator. A five-factor model was supported, but the domain Disinhibition was not replicated in the original PID-5, and some PID-5-BF items showed weak loadings. Nevertheless, the nomological network was similar and showed meaningful relations, supporting the use of the Brief PID-5 in older clinical samples.

PMID: 28072042 [PubMed - as supplied by publisher]

[Similar articles](#)



43. J Pers Disord. 2017 Jan 10:1-17. doi: 10.1521/pedi_2017_31_275. [Epub ahead of print]

A Mother's Borderline Personality Disorder and Her Sensitivity, Autonomy

Support, Hostility, Fearful/Disoriented Behavior, and Role Reversal With Her Young Child.

[Macfie J](#), [Kurdziel G](#), [Mahan RM](#), [Kors S](#)¹.

Author information:

- ¹University of Tennessee at Knoxville.

Abstract

There is some evidence that maternal borderline personality disorder (BPD) adversely affects parenting in infancy, resulting in disorganized attachment, which longitudinally predicts BPD symptoms in adulthood. We examined parenting related to disorganized attachment beyond infancy in offspring of mothers with BPD, when parenting becomes a goal-corrected partnership. We observed puzzle solving in a low socioeconomic status (SES) sample of mothers with BPD and their children ages 4-7, n = 36, and normative comparisons, n = 34. Compared with normative mothers and controlling for maternal mood disorders, mothers with BPD were less likely to be sensitive and provide autonomy support, and were more likely to be hostile and display fearful/disoriented behavior and higher levels of parent-child role reversal. We additionally found correlations between parenting and self-reported maternal borderline features. We discuss implications for child development, including possible transmission of BPD from mothers to children via representational models, and developmentally appropriate preventive interventions.

PMID: 28072039 [PubMed - as supplied by publisher]

[Similar articles](#)



44. Mol Psychiatry. 2017 Jan 10. doi: 10.1038/mp.2016.231. [Epub ahead of print]

The protocadherin 17 gene affects cognition, personality, amygdala structure and function, synapse development and risk of major mood disorders.

[Chang H](#)¹, [Hoshina N](#)^{2,3}, [Zhang C](#)⁴, [Ma Y](#)⁵, [Cao H](#)⁶, [Wang Y](#)⁷, [Wu DD](#)⁷, [Bergen SE](#)^{8,9}, [Landén M](#)^{8,10}, [Hultman CM](#)⁸, [Preisig M](#)¹¹, [Kutalik Z](#)^{12,13}, [Castelao E](#)¹¹, [Grigoriu-Serbanescu](#)

[M](#)¹⁴, [Forstner AJ](#)^{15,16}, [Strohmaier J](#)¹⁷, [Hecker J](#)^{15,18}, [Schulze TG](#)¹⁹, [Müller-Myhsok B](#)^{20,21,22}, [Reif A](#)²³, [Mitchell PB](#)^{24,25}, [Martin NG](#)²⁶, [Schofield PR](#)^{27,28}, [Cichon S](#)^{15,16,29,30}, [Nöthen MM](#)^{15,16}, [Swedish Bipolar Study Group](#), [MooDS Bipolar Consortium](#), [Walter H](#)³¹, [Erk S](#)³¹, [Heinz A](#)³¹, [Amin N](#)³², [van Duijn CM](#)³², [Meyer-Lindenberg A](#)⁶, [Tost H](#)⁶, [Xiao X](#)¹, [Yamamoto T](#)², [Rietschel M](#)¹⁷, [Li M](#)¹.

Collaborators: (33)

[Backlund L](#), [Frisén L](#), [Lavebratt C](#), [Schalling M](#), [Ösby U](#), [Mühleisen TW](#), [Leber M](#), [Degenhardt F](#), [Treutlein J](#), [Mattheisen M](#), [Maaser A](#), [Meier S](#), [Herms S](#), [Hoffmann P](#), [Lacour A](#), [Witt SH](#), [Streit F](#), [Lucae S](#), [Maier W](#), [Schwarz M](#), [Vedder H](#), [Kammerer-Ciernioch J](#), [Pfnigg A](#), [Bauer M](#), [Hautzinger M](#), [Wright A](#), [Fullerton JM](#), [Montgomery GW](#), [Medland SE](#), [Gordon SD](#), [Becker T](#), [Schumacher J](#), [Propping P](#).

Author information:

- ¹Key Laboratory of Animal Models and Human Disease Mechanisms of the Chinese Academy of Sciences and Yunnan Province, Kunming Institute of Zoology, Kunming, Yunnan, China.
- ²Cell Signal Unit, Okinawa Institute of Science and Technology Graduate University, Okinawa, Japan.
- ³Department of Neurology, F.M. Kirby Neurobiology Center, Boston Children's Hospital, Harvard Medical School, Boston, MA, USA.
- ⁴Division of Mood Disorders, Shanghai Mental Health Center, Shanghai Jiao Tong University School of Medicine, Shanghai, China.
- ⁵State Key Laboratory of Cognitive Neuroscience and Learning, IDG/McGovern Institute for Brain Research, Beijing Normal University, Beijing, China.
- ⁶Department of Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany.
- ⁷State Key Laboratory of Genetic Resources and Evolution, Kunming Institute of Zoology, Chinese Academy of Sciences, Kunming, Yunnan, China.
- ⁸Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.
- ⁹Stanley Center for Psychiatric Research, Broad Institute of MIT and Harvard, Cambridge, MA, USA.
- ¹⁰Section of Psychiatry and Neurochemistry, Sahlgrenska Academy at Gothenburg University, Gothenburg, Sweden.
- ¹¹Department of Psychiatry, Centre Hospitalier Universitaire Vaudois, Prilly, Switzerland.
- ¹²Institute of Social and Preventive Medicine, Centre Hospitalier Universitaire Vaudois, Lausanne, Switzerland.
- ¹³Swiss Institute of Bioinformatics, Lausanne, Switzerland.
- ¹⁴Biometric Psychiatric Genetics Research Unit, Alexandru Obregia Clinical Psychiatric Hospital, Bucharest, Romania.
- ¹⁵Institute of Human Genetics, University of Bonn, Bonn, Germany.
- ¹⁶Department of Genomics, Life and Brain Center, University of Bonn, Bonn, Germany.
- ¹⁷Department of Genetic Epidemiology in Psychiatry, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany.

- ¹⁸Institute of Genomic Mathematics, University of Bonn, Bonn, Germany.
- ¹⁹Institute of Psychiatric Phenomics and Genomics, Ludwig-Maximilians-University Munich, Munich, Germany.
- ²⁰Max Planck Institute of Psychiatry, Munich, Germany.
- ²¹Munich Cluster for Systems Neurology (SyNergy), Munich, Germany.
- ²²University of Liverpool, Institute of Translational Medicine, Liverpool, UK.
- ²³Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, University Hospital Frankfurt, Frankfurt, Germany.
- ²⁴School of Psychiatry, University of New South Wales, Sydney, NSW, Australia.
- ²⁵Black Dog Institute, Sydney, NSW, Australia.
- ²⁶QIMR Berghofer Medical Research Institute, Brisbane, QLD, Australia.
- ²⁷Neuroscience Research Australia, Sydney, NSW, Australia.
- ²⁸School of Medical Sciences, University of New South Wales, Sydney, NSW, Australia.
- ²⁹Division of Medical Genetics, University Hospital Basel and Department of Biomedicine, University of Basel, Basel, Switzerland.
- ³⁰Institute of Neuroscience and Medicine (INM-1), Structural and Functional Organization of the Brain, Genomic Imaging, Research Centre Jülich, Jülich, Germany.
- ³¹Department of Psychiatry and Psychotherapy, Universitätsmedizin Charité, Berlin, Germany.
- ³²Department of Epidemiology, Erasmus University Medical Center, Rotterdam, The Netherlands.

Abstract

Major mood disorders, which primarily include bipolar disorder and major depressive disorder, are the leading cause of disability worldwide and pose a major challenge in identifying robust risk genes. Here, we present data from independent large-scale clinical data sets (including 29 557 cases and 32 056 controls) revealing brain expressed protocadherin 17 (PCDH17) as a susceptibility gene for major mood disorders. Single-nucleotide polymorphisms (SNPs) spanning the PCDH17 region are significantly associated with major mood disorders; subjects carrying the risk allele showed impaired cognitive abilities, increased vulnerable personality features, decreased amygdala volume and altered amygdala function as compared with non-carriers. The risk allele predicted higher transcriptional levels of PCDH17 mRNA in postmortem brain samples, which is consistent with increased gene expression in patients with bipolar disorder compared with healthy subjects. Further, overexpression of PCDH17 in primary cortical neurons revealed significantly decreased spine density and abnormal dendritic morphology compared with control groups, which again is consistent with the clinical observations of reduced numbers of dendritic spines in the brains of patients with major mood disorders. Given that synaptic spines are dynamic structures which regulate neuronal plasticity and have crucial roles in myriad brain functions, this study reveals a potential underlying biological mechanism of a novel risk gene for major mood disorders involved in synaptic function and related intermediate phenotypes. *Molecular Psychiatry* advance online publication, 10 January 2017; doi:10.1038/mp.2016.231.

PMID: 28070120 [PubMed - as supplied by publisher]

[Similar articles](#)



45. BMC Psychiatry. 2017 Jan 9;17(1):7. doi: 10.1186/s12888-016-1165-2.

Did you get any help? A post-hoc secondary analysis of a randomized controlled trial of psychoeducation for patients with antisocial personality disorder in outpatient substance abuse treatment programs.

[Thylstrup B](#)¹, [Schrøder S](#)¹, [Fridell M](#)², [Hesse M](#)³.

Author information:

- ¹Aarhus University, Centre for Alcohol and Drug Research, Aarhus, Denmark.
- ²Department of Psychology, Lund University, Lund, Sweden.
- ³Aarhus University, Centre for Alcohol and Drug Research, Aarhus, Denmark. mh.crf@psy.au.dk.

Abstract

BACKGROUND:

People in treatment for substance use disorder commonly have comorbid personality disorders, including antisocial personality disorder. Little is known about treatments that specifically address comorbid antisocial personality disorder.

METHODS:

Self-rated help received for antisocial personality disorder was assessed during follow-ups at 3, 9 and 15 months post-randomization of a randomized trial of psychoeducation for people with comorbid substance use and antisocial personality disorder (n = 175).

RESULTS:

Randomization to psychoeducation was associated with increased perceived help for antisocial personality disorder. Perceived help for antisocial personality disorder was in turn associated with more days abstinent and higher treatment satisfaction at the 3-month follow-

up, and reduced risk of dropping out of treatment after the 3-month follow-up, and perceived help mediated the effects of random assignment on days abstinent at 3-month.

FOLLOW-UP:

CONCLUSIONS:

Brief psychoeducation for antisocial personality disorder increased patients' self-rated help for antisocial personality disorder in substance abuse treatment, and reporting having received help for antisocial personality disorder was in turn associated with better short-term outcomes, e.g., days abstinent, dropout from treatment and treatment satisfaction.

TRIAL REGISTRATION:

ISRCTN registry, ISRCTN67266318 , retrospectively registered 17/7/2012.

PMCID: PMC5223491 **Free PMC Article**

PMID: 28068951 [PubMed - in process]

[Similar articles](#)



46. Appetite. 2017 Jan 5;111:177-186. doi: 10.1016/j.appet.2017.01.002. [Epub ahead of print]

Effortful control as a moderator in the association between punishment and reward sensitivity and eating styles in adolescent boys and girls.

[Matton A](#)¹, [Goossens L](#)², [Vervaeke M](#)³, [Braet C](#)².

Author information:

- ¹Department of Developmental-, Personality- and Social Psychology, University of Ghent, Belgium; Centre for Eating Disorders, University Hospital Ghent, Belgium. Electronic address: annelies.matton@uzgent.be.
- ²Department of Developmental-, Personality- and Social Psychology, University of Ghent, Belgium.
- ³Department of Psychiatry and Medical Psychology, University of Ghent, Belgium.

Abstract

The reactive traits of Sensitivity to Punishment (SP) and Sensitivity to Reward (SR) are assumed to be involved in the development of Eating Disorders (EDs). Most studies examine whether levels of these traits differ between ED diagnoses, without taking other variables into account. However, vulnerability theories of psychopathology posit that the risk for psychopathology depends on the interaction between reactive traits and self-regulatory traits such as Effortful Control (EC). As such, the present objective was to examine the moderating role of EC in the association between SP, SR and the eating styles restrained eating, emotional eating and external eating as possible ED precursors in adolescents. To obtain this objective, a community sample of 252 adolescents (54.0% female) between 14 and 19 years old was recruited. Self-report questionnaires were used to measure the level of SP, SR, EC and eating styles. In a subsample (n = 46, 67.4% female), the Colour-Word Stroop task was conducted as an additional behavioural measure of EC. Hierarchic linear regressions were performed separately for boys and girls to examine the interactions between SP, SR and EC as well as gender differences between these interactions. There was some evidence for interactions between reactive and regulative traits in explaining restrained and emotional eating in girls. Also, several main effects of SP and SR were found in boys for all eating styles and in girls for restrained eating. The implications of these findings for future research and for screening and prevention programs are discussed.

Copyright © 2017 Elsevier Ltd. All rights reserved.
PMID: 28065593 [PubMed - as supplied by publisher]

[Similar articles](#)



47.J Gerontol A Biol Sci Med Sci. 2017 Jan 4. pii: glw254. doi: 10.1093/gerona/glw254. [Epub ahead of print]

Cancer and Cognitive Function: The PATH Through Life Project.

[Kim S](#)¹, [Cherbuin N](#)², [Anstey KJ](#)².

Author information:

- ¹Centre for Research on Ageing, Health and Wellbeing, Research School of Population Health, Australian National University, Canberra, Australian Capital Territory, Australia. sarang.kim@anu.edu.au.
- ²Centre for Research on Ageing, Health and Wellbeing, Research School of Population Health, Australian National University, Canberra, Australian Capital Territory, Australia.

Abstract

BACKGROUND:

A limited number of studies have shown that cancer diagnosis plays a protective role in Alzheimer's disease. However, the effect of the cancer diagnosis on general cognitive function/cognitive decline has not been previously examined. The aim of this study was to investigate the relationship between cancer diagnosis and cognitive function and mild cognitive impairment/disorders (MCI/MCD), adjusting for cancer treatments.

METHODS:

These data were drawn from the Personality and Total Health (PATH) Through Life Study, a population-based Australian cohort study. A total of 2,547 participants (age range 60-66 years; 48.4% women) who answered cancer-related questions were included in analyses. Random effects linear and logistic models were used to analyze 8-year follow-up data.

RESULTS:

Participants who were diagnosed with cancer at or prior to baseline ($n = 166$) had higher levels of physical conditions and depression compared with those who received cancer diagnoses during follow-ups ($n = 346$) and those who reported no cancer history ($n = 2,035$). A main effect suggested an improvement in processing speed ($p < .01$), working memory ($p < .05$), and simple reaction time ($p < .05$) for those who received the cancer diagnosis after baseline when compared with those without a cancer diagnosis. However, these group differences were no longer significant when adjusted for cancer treatments. Those with a cancer diagnosis at or prior to baseline reported poorer processing speed when compared with those without a cancer diagnosis, even after adjusting for the treatments.

CONCLUSIONS:

A cancer diagnosis alone did not play a protective role for cognitive function and cognitive impairment in this population of older community-living individuals.

© The Author 2017. Published by Oxford University Press on behalf of The Gerontological Society of America. All rights reserved. For permissions, please e-mail: journals.permissions@oup.com.

PMID: 28057695 [PubMed - as supplied by publisher]

[Similar articles](#)



48. Chronobiol Int. 2017 Jan 5:1-7. doi: 10.1080/07420528.2016.1268149. [Epub ahead of print]

Higher scores in the extraversion personality trait are associated with a

functional polymorphism in the PER3 gene in healthy subjects.

[Jiménez KM](#)¹, [Pereira-Morales AJ](#)¹, [Forero DA](#)¹.

Author information:

- ¹a Laboratory of NeuroPsychiatric Genetics, Biomedical Sciences Research Group, School of Medicine , Universidad Antonio Nariño , Bogotá , Colombia.

Abstract

A polymorphism in the PER3 (period circadian clock 3) gene has been associated with neuropsychiatric disorders and endophenotypes. We evaluated the possible association of personality domains with the PER3 polymorphism in a sample of healthy subjects: 271 individuals were evaluated with the Big Five Inventory and genotyped for the PER3 Variable Number Tandem Repeat (VNTR) polymorphism. We found a significant association between the PER3 polymorphism and the extraversion personality trait ($p = 0.0093$). The 5/5 genotype carriers showed higher scores for extraversion. This is the first time that a significant association between the PER3 VNTR polymorphism and extraversion is reported.

PMID: 28055273 [PubMed - as supplied by publisher]

[Similar articles](#)



49. Psychol Bull. 2017 Feb;143(2):117-141. doi: 10.1037/bul0000088. Epub 2017 Jan 5.

A systematic review of personality trait change through intervention.

[Roberts BW](#)¹, [Luo J](#)¹, [Briley DA](#)¹, [Chow PI](#)², [Su R](#)³, [Hill PL](#)⁴.

Author information:

- ¹Department of Psychology, University of Illinois, Urbana-Champaign.
- ²Department of Psychology, University of Virginia.
- ³Department of Psychological Sciences, Purdue University.
- ⁴Department of Psychology, Carleton University.

Abstract

The current meta-analysis investigated the extent to which personality traits changed as a result of intervention, with the primary focus on clinical interventions. We identified 207 studies that had tracked changes in measures of personality traits during interventions, including true experiments and prepost change designs. Interventions were associated with marked changes in personality trait measures over an average time of 24 weeks (e.g., $d = .37$). Additional analyses showed that the increases replicated across experimental and nonexperimental designs, for nonclinical interventions, and persisted in longitudinal follow-ups of samples beyond the course of intervention. Emotional stability was the primary trait domain showing changes as a result of therapy, followed by extraversion. The type of therapy employed was not strongly associated with the amount of change in personality traits. Patients presenting with anxiety disorders changed the most, and patients being treated for substance use changed the least. The relevance of the results for theory and social policy are discussed. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28054797 [PubMed - in process]

[Similar articles](#)



50. BMC Psychiatry. 2017 Jan 3;17(1):2. doi: 10.1186/s12888-016-1172-3.

[Psychiatric readmissions and their association with physical comorbidity: a systematic literature review.](#)

[Šprah L](#)¹, [Dernovšek MZ](#)², [Wahlbeck K](#)³, [Haaramo P](#)³.

Author information:

- ¹Research Centre of the Slovenian Academy of Sciences and Arts, Sociomedical Institute, Novi trg 2, 1000, Ljubljana, Slovenia. lilijana.sprah@guest.arnes.si.
- ²Research Centre of the Slovenian Academy of Sciences and Arts, Sociomedical Institute, Novi trg 2, 1000, Ljubljana, Slovenia.
- ³National Institute for Health and Welfare, Mental Health Unit, P.O. Box 30, 00271, Helsinki, Finland.

Abstract

BACKGROUND:

Comorbidity between mental and physical disorder conditions is the rule rather than the exception. It is estimated that 25% of adult population have mental health condition and 68%

of them suffer from comorbid medical condition. Readmission rates in psychiatric patients are high and we still lack understanding potential predictors of recidivism. Physical comorbidity could be one of important risk factors for psychiatric readmission. The aim of the present study was to review the impact of physical comorbidity variables on readmission after discharge from psychiatric or general inpatient care among patients with co-occurring psychiatric and medical conditions.

METHODS:

A comprehensive database search from January 1990 to June 2014 was performed in the following bibliographic databases: Ovid Medline, PsycINFO, ProQuest Health Management, OpenGrey and Google Scholar. An integrative research review was conducted on 23 observational studies.

RESULTS:

Six studies documented physical comorbidity variables only at admission/discharge and 17 also at readmission. The main body of studies supported the hypothesis that patients with mental disorders are at increased risk of readmission if they had co-occurring medical condition. The impact of physical comorbidity variables on psychiatric readmission was most frequently studied in in patients with affective and substance use disorders (SUD). Most common physical comorbidity variables with higher probability for psychiatric readmission were associated with certain category of psychiatric diagnoses. Chronic lung conditions, hepatitis C virus infection, hypertension and number of medical diagnoses were associated with increased risk of readmission in SUD; Charlson Comorbidity Index, somatic complaints, physical health problems with serious mental illnesses (schizophrenia, schizoaffective disorder, personality disorders); not specified medical illness, somatic complaints, number of medical diagnoses, hyperthyroidism with affective disorders (depression, bipolar disorder). Co-occurring physical and mental disorders can worsen patient's course of illness leading to hospital readmission also due to non-psychiatric reasons.

CONCLUSIONS:

The association between physical comorbidity and psychiatric readmission is still poorly understood phenomenon. Nevertheless, that physical comorbid conditions are more common among readmitted patients than single admission patients, their association with readmission can vary according to the nature of mental disorders, characteristics of study population, applied concept of comorbidity, and study protocol.

PMCID: PMC5210297 **Free PMC Article**

PMID: 28049441 [PubMed - in process]

[Similar articles](#)



Long-Term Effects of Acute Stress on the Prefrontal-Limbic System in the Healthy Adult.

[Li Y](#)^{1,2}, [Hou X](#)^{1,2}, [Wei D](#)^{1,2}, [Du X](#)^{1,2}, [Zhang Q](#)^{1,2}, [Liu G](#)³, [Qiu J](#)^{1,2}.

Author information:

- ¹Key Laboratory of Cognition and Personality (SWU), Ministry of Education, Chongqing, China.
- ²School of Psychology, Southwest University, Chongqing, China.
- ³College of Electronic and Information Engineering, Chongqing, China.

Abstract

Most people are exposed to at least one traumatic event during the course of their lives, but large numbers of people do not develop posttraumatic stress disorders. Although previous studies have shown that repeated and chronic stress change the brain's structure and function, few studies have focused on the long-term effects of acute stressful exposure in a nonclinical sample, especially the morphology and functional connectivity changes in brain regions implicated in emotional reactivity and emotion regulation. Forty-one months after the 5/12 Wenchuan earthquake, we investigated the effects of trauma exposure on the structure and functional connectivity of the brains of trauma-exposed healthy individuals compared with healthy controls matched for age, sex, and education. We then used machine-learning algorithms with the brain structural features to distinguish between the two groups at an individual level. In the trauma-exposed healthy individuals, our results showed greater gray matter density in prefrontal-limbic brain systems, including the dorsal anterior cingulate cortex, medial prefrontal cortex, amygdala and hippocampus, than in the controls. Further analysis showed stronger amygdala-hippocampus functional connectivity in the trauma-exposed healthy compared to the controls. Our findings revealed that survival of traumatic experiences, without developing PTSD, was associated with greater gray matter density in the prefrontal-limbic systems related to emotional regulation.

PMCID: PMC5207406 **Free PMC Article**

PMID: 28045980 [PubMed - in process]

[Similar articles](#)



1. Int J Psychiatry Clin Pract. 2017 Mar 31:1-5. doi: 10.1080/13651501.2017.1306628. [Epub ahead of print]

Elucidating the association between the self-harm inventory and several borderline personality measures in an inpatient psychiatric sample.

[Sellbom M](#)¹, [Sansone RA](#)², [Songer DA](#)^{2,3}.

Author information:

1

a Department of Psychology , University of Otago , Dunedin , New Zealand.

2

b Department of Psychiatry and Internal Medicine , Wright State University School of Medicine , Dayton , OH , USA.

3

c Miami Valley Hospital , Dayton , OH , USA.

Abstract

OBJECTIVE:

The current study evaluated the utility of the self-harm inventory (SHI) as a proxy for and screening measure of borderline personality disorder (BPD) using several diagnostic and statistical manual of mental disorders (DSM)-based BPD measures as criteria.

METHODS:

We used a sample of 145 psychiatric inpatients, who completed the SHI and a series of well-validated, DSM-based self-report measures of BPD.

RESULTS:

Using a series of latent trait and latent class analyses, we found that the SHI was substantially associated with a latent construct representing BPD, as well as differentiated latent classes of 'high' vs. 'low' BPD, with good accuracy.

CONCLUSIONS:

The SHI can serve as proxy for and a good screening measure for BPD, but future research needs to replicate these findings using structured interview-based measurement of BPD.

PMID: 28362142

2. Compr Psychiatry. 2017 Mar 12;75:117-124. doi: 10.1016/j.comppsy.2017.03.004. [Epub ahead of print]

An investigation of doubt in obsessive-compulsive disorder.

[Samuels J](#)¹, [Bienvenu OJ](#)², [Krasnow J](#)², [Wang Y](#)², [Grados MA](#)², [Cullen B](#)², [Goes FS](#)², [Maher B](#)³, [Greenberg BD](#)⁴, [McLaughlin NC](#)⁴, [Rasmussen SA](#)⁴, [Fyer AJ](#)⁵, [Knowles JA](#)⁶, [Nestadt P](#)², [McCracken JT](#)⁷, [Piacentini J](#)⁷, [Geller D](#)⁸, [Pauls DL](#)⁹, [Stewart SE](#)¹⁰, [Murphy DL](#)¹¹, [Shugart YY](#)¹², [Kamath V](#)², [Bakker A](#)², [Riddle MA](#)², [Nestadt G](#)².

Author information:

1

Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, USA. Electronic address: jacks@jhmi.edu.

2

Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, USA.

3

Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA.

4

Department of Psychiatry and Human Behavior, Brown Medical School, Butler Hospital, Providence, RI, USA.

5

Department of Psychiatry, College of Physicians and Surgeons at Columbia University and the New York State Psychiatric Institute, New York City, New York, USA.

6

Department of Psychiatry, University of Southern California School of Medicine, Los Angeles, California, USA.

7

Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, School of Medicine, Los Angeles, California, USA.

8

Department of Psychiatry, Harvard Medical School, Boston, MA, USA.

9

Department of Psychiatry and Psychiatric and Neurodevelopmental Genetics Unit, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA.

10

Department of Psychiatry, Faculty of Medicine, University of British Columbia,
Vancouver.

11

Laboratory of Clinical Science, National Institute of Mental Health, National Institute
of Health, Bethesda, MD, USA.

12

Unit of Statistical Genomics, Division of Intramural Research, National Institute of
Mental Health, Bethesda, MD, USA.

Abstract

BACKGROUND:

Clinicians have long considered doubt to be a fundamental characteristic of obsessive-compulsive disorder (OCD). However, the clinical relevance of doubt in OCD has not been addressed.

METHODS:

Participants included 1182 adults with OCD who had participated in family and genetic studies of OCD. We used a clinical measure of the severity of doubt, categorized as none, mild, moderate, severe, or extreme. We evaluated the relationship between doubt and OCD clinical features, Axis I disorders, personality and personality disorder dimensions, impairment, and treatment response.

RESULTS:

The severity of doubt was inversely related to the age at onset of OCD symptoms. Doubt was strongly related to the number of checking symptoms and, to a lesser extent, to the numbers of contamination/cleaning and hoarding symptoms. Doubt also was related to the lifetime prevalence of recurrent major depression and generalized anxiety disorder; to the numbers of avoidant, dependent, and obsessive-compulsive personality disorder traits; and to neuroticism and introversion. Moreover, doubt was strongly associated with global impairment and poor response to cognitive behavioral treatment (CBT), even adjusting for OCD severity and other correlates of doubt.

CONCLUSIONS:

Doubt is associated with important clinical features of OCD, including impairment and cognitive-behavioral treatment response.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28359017

[Similar articles](#)

3. PLoS One. 2017 Mar 30;12(3):e0173397. doi: 10.1371/journal.pone.0173397. eCollection 2017.

Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis.

[van Ravesteyn LM¹](#), [Lambregtse-van den Berg MP^{1,2}](#), [Hoogendijk WJ¹](#), [Kamperman AM¹](#).

Author information:

1

Department of Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands.

2

Department of Child and Adolescent Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands.

Abstract

BACKGROUND:

For women suffering from an antepartum mental disorder (AMD), there is lack of evidence-based treatment algorithms due to the complicated risk-benefit analysis for both mother and unborn child. We aimed to provide a comprehensive overview of pharmacological and non-pharmacological interventions to treat AMD and performed a meta-analysis of the estimated treatment effect on the psychiatric symptoms during pregnancy.

METHODS:

MedLine, PsycINFO and Embase databases were searched by two independent reviewers for clinical trials with a control condition on treatment of women with AMD, i.e. major depressive (MDD), anxiety, psychotic, eating, somatoform and personality disorders. We inventoried the effect of the treatment, i.e. decrease of psychiatric symptoms at the end of the treatment or postpartum. We adhered to the PRISMA-protocol.

FINDINGS:

Twenty-nine trials were found involving 2779 patients. Trials studied patients with depressive disorders ($k = 28$), and anxiety disorders ($k = 1$). No pharmacological trials were detected. A form of psychotherapy, like Cognitive Behavioural Therapy ($g = -0.61$; 95%CI: -0.73 to -0.49,

I² = 0%; k = 7) or Interpersonal Psychotherapy (g = -0.67; 95% CI: -1.27 to -0.07; I² = 79%; k = 4), holds robust benefit for pregnant women with MDD. Body-oriented interventions (g = -0.43; 95% CI: -0.61 to -0.25; I² = 17%; k = 7) and acupuncture (g = -0.43; 95% CI: -0.80 to -0.06; I² = 0%; k = 2) showed medium sized reduction of depressive symptoms. Bright light therapy (g = -0.59; 95% CI: -1.25 to 0.06; I² = 0%; k = 2), and food supplements (g = -0.51; 95% CI: -1.02 to 0.01; I² = 20%; k = 3) did not show significant treatment effects. One study was found on Integrative Collaborative Care.

CONCLUSIONS:

This meta-analysis found a robust moderate treatment effect of CBT for MDD during pregnancy, and to a lesser extent for IPT. As an alternative, positive results were found for body-oriented interventions and acupuncture. No evidence was found for bright light therapy and food supplements. Only non-pharmacological trials on women with MDD were found. Research on a wider range of AMD is needed.

Free Article

PMID: 28358808

[Similar articles](#)



4. Personal Disord. 2017 Apr;8(2):113-129. doi: 10.1037/per0000215.

[Structural equation modeling of personality disorders and pathological personality traits.](#)

[South SC¹](#), [Jarnecke AM¹](#).

Author information:

1

Department of Psychological Sciences, Purdue University.

Abstract

Structural equation modeling (SEM) is a family of related statistical techniques that lend themselves to understanding the complex relationships among variables that differ among individuals in the population. SEM techniques have become increasingly popular in the study of personality disorders (PDs) and maladaptive personality traits. The current article takes a critical look at the ways in which SEM techniques have been used in the study of PDs, PD symptoms, and pathological personality traits. By far the most common use of SEM in the

study of PDs has been to examine the latent structure of these constructs, with an overwhelming bulk of the evidence in favor of a dimensional, as opposed to categorical, conceptualization. Other common uses of SEM in this area are factor models that examine the joint multivariate space of PDs, maladaptive personality traits, and psychopathology. Relatively underused, however, are observed or latent variable path models. We review the strengths and weaknesses of the work done to date, focusing on ways that these SEM studies have been either theoretically and/or statistically sound. Finally, we offer suggestions for future research examining PDs with SEM techniques. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28358577

[Similar articles](#)



5. Personal Disord. 2017 Apr;8(2):104-112. doi: 10.1037/per0000190.

[Assessing the assessors: The feasibility and validity of clinicians as a source for personality disorder research.](#)

[Samuel DB](#)¹, [Bucher MA](#)¹.

Author information:

1

Department of Psychological Sciences, Purdue University.

Abstract

The use of knowledgeable informants is a particularly valuable tool for the diagnosis and assessment of personality disorder (PD). This review details the use of one particular type of informant-practicing clinicians-in PD research. We detail a wide variety of studies that have employed clinicians as an assessment source, including those focused on interrater agreement, comparative validity with other methods, cognitive factors of diagnosis, and opinion surveys. We demonstrate limitations, such as potential biases and limited convergent validity, which caution against the assumption that clinicians' ratings should be considered a gold-standard. Nonetheless, we also highlight the potential value of research that focuses on clinicians due to its external validity to real-world practice settings. Finally, we outline several issues to consider when sampling clinicians, such as participation rate and sample size, and call for future research that collects ratings from clinicians using systematic, well-validated measures. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28358576

[Similar articles](#)



6. Personal Disord. 2017 Apr;8(2):103. doi: 10.1037/per0000244.

PDTRT Special Section: Methodological issues in personality disorder research.

[Widiger TA](#)¹.

Author information:

1

University of Kentucky.

Abstract

Introduces *Personality Disorders: Theory, Research, and Treatment* ongoing Special Section concerned with methodological issues in personality disorder research. This second edition includes two papers, one which discusses the value and advantages of sampling the views, opinions, and perceptions of clinicians in personality disorder research, and the other which takes a critical look at the ways in which structural equation modeling techniques have been used in the study of personality disorders, symptoms, and traits. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28358575

[Similar articles](#)



7. BMC Psychol. 2017 Mar 29;5(1):10. doi: 10.1186/s40359-017-0179-y.

The impact of conscientiousness, mastery, and work circumstances on subsequent absenteeism in employees with and without affective disorders.

[Kok AA](#)^{1,2}, [Plaisier I](#)³, [Smit JH](#)⁴, [Penninx BW](#)⁴ .

Author information:

1

Department of Sociology, VU University Amsterdam, Amsterdam, The Netherlands.
a.kok1@vumc.nl.

2

Department of Epidemiology & Biostatistics, VU University Medical Center,
Amsterdam, The Netherlands. a.kok1@vumc.nl.

3

The Netherlands Institute for Social Research, The Hague, The Netherlands.

4

Department of Psychiatry, Amsterdam Public Health research institute, VU University
Medical Center, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

High numbers of employees are coping with affective disorders. At the same time, ambitiousness, achievement striving and a strong sense of personal control and responsibility are personality characteristics that are nowadays regarded as key to good work functioning, whereas social work circumstances tend to be neglected. However, it is largely unknown how personality characteristics and work circumstances affect work functioning when facing an affective disorder. Given the high burden of affective disorders on occupational health, we investigate these issues in the context of affective disorders and absenteeism from work. The principal aim of this paper is to examine whether particular personality characteristics that reflect self-governance (conscientiousness and mastery) and work circumstances (demands, control, support) influence the impact of affective disorders on long-term absenteeism (>10 working days).

METHODS:

Baseline and 1-year follow-up data from 1249 participants in the Netherlands Study of Depression and Anxiety (NESDA) in 2004-2006 was employed. Multivariate logistic regression analyses were performed, including interaction effects between depressive, anxiety, and comorbid disorders and personality and work circumstances.

RESULTS:

In general, mastery and conscientiousness increased nor diminished odds of subsequent long-term absenteeism, whereas higher job support significantly decreased these odds. Interaction effects showed that the impact of affective disorders on absenteeism was stronger for highly conscientious employees and for employees who experienced high job demands.

CONCLUSIONS:

Affective disorders may particularly severely affect work functioning of employees who are highly conscientious or face high psychological job demands. Adjusting working conditions to their individual needs may prevent excessive work absence.

Free Article

PMID: 28356128

[Similar articles](#)



8. PLoS One. 2017 Mar 29;12(3):e0173806. doi: 10.1371/journal.pone.0173806. eCollection 2017.

Does personality affect health-related quality of life? A systematic review.

[Huang IC](#)¹, [Lee JL](#)², [Ketheeswaran P](#)³, [Jones CM](#)¹, [Revicki DA](#)⁴, [Wu AW](#)⁵.

Author information:

1

Department of Epidemiology and Cancer Control, St. Jude Children's Research Hospital, Memphis, Tennessee, United States of America.

2

Department of Medicine, School of Medicine, Indiana University, Indianapolis, Indiana, United States of America.

3

Herbert Wertheim College of Medicine, Florida International University, Miami, Florida, United States of America.

4

Outcomes Research, Evidera, Bethesda, Maryland, United States of America.

5

Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, United States of America.

Abstract

BACKGROUND:

Health-related quality of life (HRQOL) is increasingly measured as an outcome for clinical and health services research. However, relatively little is known about how non-health factors

affect HRQOL. Personality is a potentially important factor, yet evidence regarding the effects of personality on HRQOL measures is unclear.

METHODS:

This systematic review examined the relationships among aspects of personality and HRQOL. Eligible studies were identified from Medline and PsycINFO. The review included 76 English-language studies with HRQOL as a primary outcome and that assessed personality from the psychological perspective. Individuals with various health states, including ill (e.g., cancer, cardiovascular disorders), aging, and healthy, were included in this review study.

RESULTS:

Some personality characteristics were consistently related to psychosocial aspects more often than physical aspects of HRQOL. Personality characteristics, especially neuroticism, mastery, optimism, and sense of coherence were most likely to be associated with psychosocial HRQOL. Personality explained varying proportions of variance in different domains of HRQOL. The range of variance explained in psychosocial HRQOL was 0 to 45% and the range of explained variance in physical HRQOL was 0 to 39%.

CONCLUSIONS:

Personality characteristics are related to HRQOL. Systematic collection and analysis of personality data alongside HRQOL measures may be helpful in medical research, clinical practice, and health policy evaluation.

Free Article

PMID: 28355244

[Similar articles](#)



9. J Psychopharmacol. 2017 Apr;31(4):397-405. doi: 10.1177/0269881117695879. Epub 2017 Mar 14.

[Antipsychotic treatment of schizotypy and schizotypal personality disorder: a systematic review.](#)

[Jakobsen KD](#)^{1,2}, [Skyum E](#)², [Hashemi N](#)², [Schjerning O](#)², [Fink-Jensen A](#)³, [Nielsen J](#)^{1,2,3}.

Author information:

1

1 Department of Clinical Medicine, Aalborg University, Aalborg, Denmark.

2

2 Department of Psychiatry, Aalborg University Hospital, Aalborg, Denmark.

3

3 Mental Health Centre Glostrup, University of Copenhagen, Copenhagen, Denmark.

Abstract

Schizotypal personality disorder (SPD) is characterised by thought disorders, experiences of illusions, obsessive ruminations, bizarre or eccentric behaviour, cognitive problems and deficits in social functioning - symptoms that SPD shares with schizophrenia. Efforts have been undertaken to investigate the relationship between these conditions regarding genetics, pathophysiology, and phenomenology. However, treatment of SPD with antipsychotics has received less scientific attention. Embase and PubMed databases were searched using all known generic names of antipsychotics as search terms in combination with the following diagnostic terms: latent schizophrenia, schizotypal disorder, latent type schizophrenia, or SPD. Studies were categorised according to evidence level on the basis of their methodology from A, being the best, to E, being the worst. Five hundred and nine studies were retrieved and scrutinised. Sixteen studies, from the period 1972 to 2012, on antipsychotic treatment of SPD were extracted. Four studies were categorised as evidence level A, two as level B, six as level C and three as level D, with one study level E. Only four randomised, double-blind, placebo-controlled trials, on subjects with well-defined diagnoses, exists. Only amisulpride, risperidone and thiothixene have been studied according to evidence level A. This result warrants further high quality studies of the effects of antipsychotic treatment of SPD.

PMID: 28347257

[Similar articles](#)



10. Behav Genet. 2017 Mar 25. doi: 10.1007/s10519-017-9844-4. [Epub ahead of print]

Using Patterns of Genetic Association to Elucidate Shared Genetic Etiologies Across Psychiatric Disorders.

[Cho SB](#)^{1,2}, [Aliev F](#)^{3,4,5}, [Clark SL](#)⁶, [Adkins AE](#)^{3, 4}, [Edenberg HJ](#)⁷, [Bucholz KK](#)⁸, [Porjesz B](#)⁹, [Dick DM](#)^{3,4,10}.

Author information:

1

- 2 Department of Psychology, Virginia Commonwealth University, PO Box 842018,
817W. Franklin Street, Richmond, VA, 23284-2018, USA. sbcho@vcu.edu.
- 3 College Behavioral and Emotional Health Institute, Virginia Commonwealth
University, Richmond, VA, USA. sbcho@vcu.edu.
- 4 Department of Psychology, Virginia Commonwealth University, PO Box 842018,
817W. Franklin Street, Richmond, VA, 23284-2018, USA.
- 5 College Behavioral and Emotional Health Institute, Virginia Commonwealth
University, Richmond, VA, USA.
- 6 Faculty of Business, Karabuk University, Karabuk, Turkey.
- 7 Center for Biomarker Research and Precision Medicine, Virginia Commonwealth
University, Richmond, VA, USA.
- 8 Department of Biochemistry and Molecular Biology, Indiana University School of
Medicine, Indianapolis, IN, USA.
- 9 Department of Psychiatry, Washington University, Saint Louis, MO, USA.
- 10 Department of Psychiatry and Behavioral Sciences, State University of New York
Downstate Medical Center, Brooklyn, NY, USA.
- Department of Human and Molecular Genetics, Virginia Commonwealth University,
Richmond, VA, USA.

Abstract

Twin studies indicate that latent genetic factors overlap across comorbid psychiatric disorders. In this study, we used a novel approach to elucidate shared genetic factors across psychiatric outcomes by clustering single nucleotide polymorphisms based on their genome-wide association patterns. We applied latent profile analysis (LPA) to p-values resulting from genome-wide association studies across three phenotypes: symptom counts of alcohol dependence (AD), antisocial personality disorder (ASP), and major depression (MD), using the European-American case-control genome-wide association study subsample of the collaborative study on the genetics of alcoholism (N = 1399). In the 3-class model, classes were characterized by overall low associations (85.6% of SNPs), relatively stronger association only with MD (6.8%), and stronger associations with AD and ASP but not with MD (7.6%), respectively. These results parallel the genetic factor structure identified in twin studies. The findings suggest that applying LPA to association results across multiple disorders may be a promising approach to identify the specific genetic etiologies underlying shared genetic variance.

PMID: 28343281

[Similar articles](#)

11. Behav Brain Res. 2017 Mar 22. pii: S0166-4328(16)30777-X. doi: 10.1016/j.bbr.2017.03.031. [Epub ahead of print]

Not in one metric: Neuroticism modulates different resting state metrics within distinctive brain regions.

[Gentili C](#)¹, [Cristea IA](#)², [Ricciardi E](#)³, [Vanello N](#)⁴, [Popita C](#)⁵, [David D](#)⁶, [Pietrini P](#)³.

Author information:

1

Department of General Psychology, University of Padua, Padua, Italy. Electronic address: c.gentili@unipd.it.

2

Department of General Psychology, University of Padua, Padua, Italy; Department of Clinical Psychology and Psychotherapy and International Institute for Advanced Studies of Psychotherapy and Applied Mental Health, University Babes-Bolyai, Cluj-Napoca, Romania.

3

IMT School for Advanced Studies Lucca, Italy.

4

Dipartimento di Ingegneria dell'Informazione, University of Pisa, Italy.

5

Department of Radiology, The Oncology Institute "Prof. Dr. Ion Chiricuta" (IOCN), Cluj-Napoca, Romania.

6

Department of Clinical Psychology and Psychotherapy and International Institute for Advanced Studies of Psychotherapy and Applied Mental Health, University Babes-Bolyai, Cluj-Napoca, Romania.

Abstract

INTRODUCTION:

Neuroticism is a complex personality trait encompassing diverse aspects. Notably, high levels of neuroticism are related to the onset of psychiatric conditions, including anxiety and mood disorders. Personality traits are stable individual features; therefore, they can be expected to be associated with stable neurobiological features, including the Brain Resting State (RS) activity as measured by fMRI. Several metrics have been used to describe RS properties, yielding rather inconsistent results. This inconsistency could be due to the fact

that different metrics portray different RS signal properties and that these properties may be differently affected by neuroticism. To explore the distinct effects of neuroticism, we assessed several distinct metrics portraying different RS properties within the same population.

METHOD:

Neuroticism was measured in 31 healthy subjects using the Zuckerman-Kuhlman Personality Questionnaire; RS was acquired by high-resolution fMRI. Using linear regression, we examined the modulatory effects of neuroticism on RS activity, as quantified by the Amplitude of low frequency fluctuations (ALFF, fALFF), regional homogeneity (REHO), Hurst Exponent (H), global connectivity (GC) and amygdalae functional connectivity.

RESULTS:

Neuroticism modulated the different metrics across a wide network of brain regions, including emotional regulatory, default mode and visual networks. Except for some similarities in key brain regions for emotional expression and regulation, neuroticism affected different metrics in different ways.

DISCUSSION:

Metrics more related to the measurement of regional intrinsic brain activity (fALFF, ALFF and REHO), or that provide a parsimonious index of integrated and segregated brain activity (HE), were more broadly modulated in regions related to emotions and their regulation. Metrics related to connectivity were modulated across a wider network of areas. Overall, these results show that neuroticism affects distinct aspects of brain resting state activity. More in general, these findings indicate that a multiparametric approach may be required to obtain a more detailed characterization of the neural underpinnings of a given psychological trait.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28342970

[Similar articles](#)



12. J Affect Disord. 2017 Mar 19;215:230-236. doi: 10.1016/j.jad.2017.03.045. [Epub ahead of print]

Nice guys: Homozygosity for the TPH2 - 703G/T (rs4570625) minor allele promotes low aggressiveness and low anxiety.

[Laas K](#)¹, [Kiive E](#)², [Mäestu J](#)³, [Vaht M](#)¹, [Veidebaum T](#)⁴, [Harro J](#)⁵.

Author information:

1

Division of Neuropsychopharmacology, Department of Psychology, University of Tartu, Tartu, Estonia.

2

Division of Special Education, Department of Education, University of Tartu, Tartu, Estonia.

3

Department of Exercise and Sports Sciences, University of Tartu, Tartu, Estonia.

4

National Institute for Health Development, Tallinn, Estonia.

5

Division of Neuropsychopharmacology, Department of Psychology, University of Tartu, Tartu, Estonia. Electronic address: Jaanus.Harro@ut.ee.

Abstract

BACKGROUND:

Tryptophan hydroxylase (TPH) is the rate-limiting enzyme in the synthesis of serotonin. We examined whether the TPH2 polymorphism -703G/T (rs4570625) is associated with aggressiveness and impulsivity, and the prevalence of psychiatric disorders, in a population-representative sample.

METHODS:

We used self and proxy reports on aggressive behaviour in the younger birth cohort of the longitudinal Estonian Children Personality, Behaviour and Health Study collected at age 25, and earlier collected impulsivity and related data of both ECPBHS cohorts.

RESULTS:

The TT homozygous males reported less aggressive behaviour in the Life History of Aggression interview at age 25. They also had significantly lower scores in Illinois Bully Scale peer reports, and less ADHD symptoms rated by teachers both at ages 9 and 15. The

TT homozygotes of both sexes had the lowest Maladaptive Impulsivity at ages 18 and 25, and the highest Adaptive Impulsivity at age 25. The TT homozygotes also had low depressiveness and trait anxiety by age 25, and the odds ratio for the prevalence of anxiety disorders was 9.38 for the G-allele carriers.

LIMITATIONS:

The main limitation of the study is the naturally occurring low number of subjects with the TT genotype.

CONCLUSIONS:

Subjects with the TPH2 rs4570625 TT genotype, especially males, exhibit less aggression and a favourable impulsivity profile, and develop anxiety disorders by young adulthood less often.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28342337

[Similar articles](#)



13. Am J Addict. 2017 Mar 24. doi: 10.1111/ajad.12536. [Epub ahead of print]

[Psychopathology and personality traits associated with driving while intoxicated in Beijing, China: Implications for interventions.](#)

[Zhao RJ](#)¹, [Sun W](#)^{2,3}, [Zhang LL](#)⁴, [Bao YP](#)⁵, [Huang L](#)⁴, [Dong P](#)^{2,3}, [Zhou SJ](#)¹, [Wang ZQ](#)⁶, [Kosten TR](#)^{7,8}, [Sun HQ](#)^{2,3}.

Author information:

1

Beijing Hui-Long-Guan Hospital, Peking University, Beijing, China.

2

Institute of Mental Health/Peking University Sixth Hospital, Beijing, China.

3

National Clinical Research Center for Mental Disorders & Key Laboratory of Mental Health, Ministry of Health (Peking University), Beijing, China.

4

- 5 Beijing Mulin Institute of Education and Rehabilitation, Beijing, China.
- 6 National Institute on Drug Dependence, Peking University, Beijing, China.
- 7 China Academy of Chinese Medical Sciences, Guang'anmen Hospital, Beijing, China.
- 8 Baylor College of Medicine, Houston, Texas.
- Michael E. DeBakey VA Medical Center, Houston, Texas.

Abstract

BACKGROUND AND OBJECTIVES:

Driving while intoxicated (DWI) represents an area of grave concern in China, yet little research has focused on it or on the personality traits and psychiatric disorders among these drivers.

METHODS:

We enrolled 325 of 382 residents charged with DWI in a compulsory detention center in Beijing, China. And 351 male drivers who had never had any alcohol arrests as control participants. All were screened for Axis I disorders using the Chinese version of the Structured Clinical Interview for the Diagnostic Statistical Manual of Mental Disorders IV-TR (SCID), the Minnesota Multiphasic Personality Inventory (MMPI-2), and the Sixteen Personality Factor Questionnaire (16PF).

RESULTS:

The subjects were all males with a mean (\pm SD) age of 34.41 ± 8.48 years, and almost 30% met DSM-IV criteria for alcohol abuse or dependence ($n = 92$). Compared to normal controls they showed greater Social Boldness, Abstractedness, Apprehension, Liveliness and Tension, and poorer Reasoning, Vigilance, Openness to Change, and Self-reliance. On the MMPI-2, DWI subjects showed greater Hypochondriasis, Psychopathic Deviate, Paranoia, Psychasthenia, Schizophrenia and Hypomania; and lower Social introversion.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

Severe alcohol problems are more common in Beijing's drunk drivers than in the Chinese general population. These DWI drivers also have a broad variety of traits that increase their tendency to be venturesome and socially bold while enjoying excitement and risk-taking. (Am J Addict 2017;XX:1-5).



14. J Am Acad Child Adolesc Psychiatry. 2017 Apr;56(4):297-303.e4. doi: 10.1016/j.jaac.2017.01.009. Epub 2017 Feb 2.

Parental Psychopathology and Tourette Syndrome/Chronic Tic Disorder in Offspring: A Nationwide Case-Control Study.

[Leivonen S](#)¹, [Scharf JM](#)², [Mathews CA](#)³, [Chudal R](#)⁴, [Gyllenberg D](#)⁴, [Sucksdorff D](#)⁴, [Suominen A](#)⁴, [Voutilainen A](#)⁵, [Brown AS](#)⁶, [Sourander A](#)⁷.

Author information:

1

University of Turku and Turku University Hospital, Turku, Finland; Child Neurology, Helsinki University Hospital and University of Helsinki, Finland.

2

Center for Human Genetics Research, Massachusetts General Hospital, and Harvard Medical School, Boston.

3

Genetics Institute, University of Florida, Gainesville.

4

University of Turku and Turku University Hospital, Turku, Finland.

5

Child Neurology, Helsinki University Hospital and University of Helsinki, Finland.

6

Columbia University Medical Center and New York State Psychiatric Institute, New York City.

7

University of Turku and Turku University Hospital, Turku, Finland. Electronic address: andre.sourander@utu.fi.

Abstract

OBJECTIVE:

To determine the associations between maternal and paternal psychiatric diagnoses and Tourette syndrome (TS)/chronic tic disorder (CT) in a nationwide study.

METHOD:

This nested case-control study linked data derived from three national registers. All singletons born and diagnosed with TS/CT in Finland between January 1991 and December 2010 were identified (n = 1,120) and matched to four controls (n = 4,299). Conditional logistic regression was used to examine the associations between parental psychopathology and TS/CT.

RESULTS:

Altogether, 24.9% of patients with TS/CT and 12.0% of controls had a mother with a psychiatric diagnosis. Similarly, 17.9% and 12.9% had a father with a psychiatric diagnosis. Any maternal and any paternal psychiatric diagnosis was associated with offspring TS/CT (odds ratio [OR] 2.3; 95% CI 1.9-2.7 and OR 1.2; 95% CI 1.01-1.5, respectively). The association between maternal psychiatric diagnosis and TS/CT was stronger than that between paternal psychiatric diagnosis and TS/CT ($p < .001$). Maternal personality disorders (OR 3.1, 95% CI 1.9-5.1), anxiety disorders (OR 2.6, 95% CI 1.9-3.5), affective disorders (OR 2.3, 95% CI 1.8-2.9), psychotic disorders (OR 2.0, 95% CI 1.2-3.3), and addiction disorders (OR 1.8, 95% CI 1.1-2.8) were associated with TS/CT. Paternal OCD (OR 6.5, 95% CI 1.1-39.5) and anxiety disorders (OR 1.5, 95% CI 1.1-2.3) were associated with TS/CT.

CONCLUSION:

Parental psychiatric diagnoses (especially in the mother) are associated with diagnosed offspring TS/CT. Further studies are required before the results can be generalized to all children with TS/CT. The associations between maternal psychiatric disorders and TS may reflect both maternal specific environmental and/or genetic influences.

Copyright © 2017 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.

PMID: 28335873

[Similar articles](#)



15. Int J Environ Res Public Health. 2017 Mar 20;14(3). pii: E316. doi: 10.3390/ijerph14030316.

Risk of Suicide and Dysfunctional Patterns of Personality among Bereaved Substance Users.

[Masferrer L](#)^{1,2}, [Caparrós B](#)³.

Author information:

1

Public Drug Centre, Cas Teresa Ferrer-CAS Ripoll, Institut d'Assistència Sanitària (IAS), 17003 Girona, Spain. laura.masferrer@ias.cat.

2

Department of Psychology, University of Girona, 17071 Girona, Spain. laura.masferrer@ias.cat.

3

Department of Psychology, University of Girona, 17071 Girona, Spain. beatriz.caparros@udg.edu.

Abstract

Background: Research has shown that suicide is a phenomenon highly present among the drug dependent population. Different studies have demonstrated an upraised level of comorbidity between personality disorders (PD) and substance use disorders (SUD). This study aimed to describe which PDs are more frequent among those patients with a risk of suicide. *Methods:* The study was based on a consecutive non-probabilistic convenience sample of 196 bereaved patients attended to in a Public Addiction Center in Girona (Spain). Sociodemographic data, as well as suicide and drug related characteristics were recorded. The risk of suicide was assessed with the Spanish version of "Risk of suicide". Personality disorders were measured with the Spanish version of Millon Multiaxial Clinical Inventory. *Results:* The PDs more associated with the presence of risk of suicide were depressive, avoidant, schizotypal and borderline disorders. However, the histrionic, narcissistic and compulsive PDs are inversely associated with risk of suicide even though the narcissistic scale had no statistical correlation. *Conclusions:* The risk of suicide is a significant factor to take into account related to patients with SUD and especially with the presence of specific PDs. These findings underline the importance of diagnosing and treating rigorously patients with SUD.

Free Article

PMID: 28335530

[Similar articles](#)

Manual motor speed dysfunction as a neurocognitive endophenotype in euthymic bipolar disorder patients and their healthy relatives. Evidence from a 5-year follow-up study.

[Correa-Ghisays P](#)¹, [Balanzá-Martínez V](#)², [Selva-Vera G](#)³, [Vila-Francés J](#)⁴, [Soria-Olivas E](#)⁴, [Vivas-Lalinde J](#)⁵, [San Martín C](#)⁶, [Borrás AM](#)⁷, [Ayesa-Arriola R](#)⁸, [Sanchez-Moreno J](#)⁹, [Sánchez-Ort J](#)¹⁰, [Crespo-Facorro B](#)¹¹, [Vieta E](#)⁹, [Tabarés-Seisdedos R](#)¹².

Author information:

- 1
Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Faculty of Psychology, University of Valencia, Valencia, Spain.
- 2
Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain; Service of Psychiatry, La Fe University and Polytechnic Hospital, Valencia, Spain.
- 3
Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain; INCLIVA Health Research Institute, Valencia, Spain.
- 4
IDAL - Intelligent Data Analysis Laboratory, University of Valencia, Valencia, Spain.
- 5
Department of Psychiatry, University Hospital Doctor Peset, Valencia, Spain.
- 6
Methodology Department, Behavioral Sciences, University of Valencia, Spain.
- 7
Personality, Evaluation and Psychological Treatment Department, Faculty of Psychology, University of Valencia, Spain.
- 8

- 9 Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Department of Psychiatry, School of Medicine, University Hospital Marques de Valdecilla, IDIVAL, University of Cantabria, Santander, Spain.
- 10 Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Bipolar Disorders Unit, Neurosciences Institute, Hospital Clínic de Barcelona, IDIBAPS, Universitat de Barcelona, Catalonia, Spain.
- 11 Faculty of Psychology, University of Valencia, Valencia, Spain.
- 12 Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Department of Psychiatry, IDIVAL, School of Medicine, Marqués de Valdecilla University Hospital, University of Cantabria, Santander, Spain.
- 13 Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain; INCLIVA Health Research Institute, Valencia, Spain. Electronic address: Rafael.Tabares@uv.es.

Abstract

BACKGROUND:

Few studies have examined Manual Motor Speed (MMS) in bipolar disorder (BD). The aim of this longitudinal, family study was to explore whether dysfunctional MMS represents a neurocognitive endophenotype of BD.

METHODS:

A sample of 291 subjects, including 131 BD patients, 77 healthy first-degree relatives (BD-Rel), and 83 genetically-unrelated healthy controls (HC), was assessed with the Finger-Tapping Test (FTT) on three occasions over a 5-year period. Dependence of FTT on participants' age was removed by means of a lineal model of HC samples, while correcting simultaneously the time and learning effect. Differences between groups were evaluated with an ANOVA test.

RESULTS:

The patients' performance was significantly worse than that of HC over time ($p \leq 0.006$), and these deficits remained when non-euthymic BD patients ($n=9$) were excluded from analysis. Some significant differences between BD patients and BD-Rel ($p \leq 0.037$) and between BD-Rel and HC ($p \leq 0.033$) were found, but they tended to disappear as time progressed ($p \geq 0.057$). Performance of the BD-Rel group was intermediate to that of BD and HC. Most sociodemographic and clinical variables did not affect these results in patients. ($p \geq 0.1$).

However, treatment with carbamazepine and benzodiazepines may exert a iatrogenic effect on MMS performance ($p \leq 0.006$).

LIMITATIONS:

Only right-handed subjects were included in this study. Substantial attrition over time was detected.

CONCLUSIONS:

There were significant differences between the patients' MMS performance and that of healthy relatives and controls, regardless of most clinical and sociodemographic variables. Dysfunctional MMS could be considered an endophenotype of BD. Further studies are needed to rule out possible iatrogenic effects of some psychopharmacological treatments.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28334676

[Similar articles](#)



17. Drug Alcohol Depend. 2017 Mar 7;174:171-180. doi: 10.1016/j.drugalcdep.2017.01.022. [Epub ahead of print]

[The association between personality disorders with alcohol use and misuse: A population-based twin study.](#)

[Long EC](#)¹, [Aggen SH](#)², [Neale MC](#)³, [Knudsen GP](#)⁴, [Krueger RF](#)⁵, [South SC](#)⁶, [Czajkowski N](#)⁷, [Nesvåg R](#)⁸, [Ystrom E](#)⁹, [Torvik FA](#)⁷, [Kendler KS](#)³, [Gillespie NA](#)², [Reichborn-Kjennerud T](#)¹⁰.

Author information:

1

Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, VA, USA.
Electronic address: longe@vcu.edu.

2

Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, VA, USA;
Department of Psychiatry, Virginia Commonwealth University, Richmond, VA,
USA.

3

Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, VA, USA;
Department of Psychiatry, Virginia Commonwealth University, Richmond, VA,

- USA; Department of Human and Molecular Genetics, Virginia Commonwealth University, Richmond, VA, USA.
- 4 Department of Mental Disorders, Norwegian Institute of Public Health, Norway.
- 5 Department of Psychology, University of Minnesota, Minneapolis, MN, USA.
- 6 Department of Psychological Sciences, Purdue University, IN, USA.
- 7 Department of Mental Disorders, Norwegian Institute of Public Health, Norway; Department of Psychology, University of Oslo, Oslo, Norway.
- 8 Department of Mental Disorders, Norwegian Institute of Public Health, Norway; Department of Psychiatric Research, Diakonhjemmet Hospital, Oslo, Norway.
- 9 Department of Mental Disorders, Norwegian Institute of Public Health, Norway; Department of Psychology, University of Oslo, Oslo, Norway; School of Pharmacy, University of Oslo, Oslo, Norway.
- 10 Department of Mental Disorders, Norwegian Institute of Public Health, Norway; Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

Abstract

BACKGROUND:

A clearer understanding of the etiological overlap between DSM-IV personality disorders (PDs) and alcohol use (AU) and alcohol use disorder (AUD) is needed. To our knowledge, no study has modeled the association between all 10 DSM-IV PDs and lifetime AU and AUD. The aim of the present study is to identify which PDs are most strongly associated with the phenotypic, genetic, and environmental risks of lifetime AU and AUD, and to determine if these associations are stable across time.

METHODS:

Participants were Norwegian twins assessed at two waves. At Wave 1, 2801 twins were assessed for all 10 DSM-IV PD criteria, lifetime AU, and DSM-IV AUD criteria. At Wave 2, six of the 10 PDs were again assessed along with AU and AUD among 2393 twins. Univariate and multiple logistic regressions were run. Significant predictors were further analyzed using bivariate twin Cholesky decompositions.

RESULTS:

Borderline and antisocial PD criteria were the strongest predictors of AU and AUD across the two waves. Despite moderate phenotypic and genetic correlations, genetic variation in these PD criteria explained only 4% and 3% of the risks in AU, and 5% to 10% of the risks

in AUD criteria, respectively. At Wave 2, these estimates increased to 8% and 23% for AU, and 17% and 33% for AUD.

CONCLUSIONS:

Among a large Norwegian twin sample, borderline and antisocial PD criteria were the strongest predictors of the phenotypic and genotypic liability to AU and AUD. This effect remained consistent across time.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28334662

[Similar articles](#)



18. Otol Neurotol. 2017 Mar 22. doi: 10.1097/MAO.0000000000001399. [Epub ahead of print]

Cochlear Implant in Severe Impaired Psychiatric Patients: A Case Series.

[Herisanu IT](#)¹, [Praetorius M](#), [Mattern M](#).

Author information:

1

*Department of Otolaryngology, Head and Neck Surgery of the University Clinic, RWTH Aachen University, Aachen †Division of Otology and Neurotology, Department of Otolaryngology, University Hospital of Heidelberg ‡Department of General Psychiatry, University Hospital of Heidelberg, Heidelberg, Germany.

Abstract

OBJECTIVE:

Psychotic disorders and intelligence deficiencies are no longer contraindications for cochlear implantation regarding the revised German guidelines from May 2012. This article aims to evaluate the outcome of patients with severe psychiatric comorbidities. Therefore the database of the Cochlear Implant Center of the University Hospital of Heidelberg was investigated.

STUDY DESIGN:

Retrospective case review.

METHODS:

We present three patients who received a cochlear implant (CI) despite a serious psychiatric disorder. Two were sent from psychiatrists asking if a CI was possible for their profound hearing loss. One patient had acoustic hallucinations and a recurrent depressive disorder, the other had a schizophrenic psychosis and a minor impairment of intelligence. The third patient had a recurrent depressive disorder, a posttraumatic stress disorder, a chronic pain disorder, and paranoid personality traits. We discuss the preoperative diagnosis, course of diseases, and psychosocial situation.

RESULTS:

All three patients received a CI and rehabilitation in the Cochlear Implant Center of the University Hospital of Heidelberg. All three of them opted for a second implant and developed a good hearing outcome. Free field understanding of words in quiet is for all three of them over 60% in the Freiburger monosyllable test with two implants, similar to nonpsychiatric patients' results. No patient has acceptance problems. In the long run, no aggravation of the psychiatric diseases occurred.

CONCLUSION:

With interdisciplinary evaluation, a cochlear implantation is possible in severely impaired psychiatric patients. For a good result the indication is to be discussed interdisciplinary.

PMID: 28333778

[Similar articles](#)



19. Behav Sleep Med. 2017 Mar 23:1-14. doi: 10.1080/15402002.2017.1299738. [Epub ahead of print]

Treatment of Nightmares in Psychiatric Inpatients With Imagery Rehearsal Therapy: An Open Trial and Case Series.

[Ellis TE](#)^{1,2}, [Rufino KA](#)³, [Nadorff MR](#)⁴.

Author information:

1

a The Menninger Clinic , Houston , Texas.

2

- b Department of Psychiatry and Behavioral Sciences , Baylor College of Medicine , Houston , Texas.
- 3
- c Department of Social Sciences , University of Houston-Downtown , Houston , Texas.
- 4
- d Department of Psychology , Mississippi State University , Mississippi State, Mississippi.

Abstract

OBJECTIVES:

This study sought to assess the utility of Imagery Rehearsal Therapy (IRT) for nightmares in an inpatient psychiatric setting. Although IRT enjoys a substantial evidence base for efficacy in various populations, data with psychiatric inpatients are lacking.

PARTICIPANTS:

Participants were 20 adult psychiatric inpatients (11 male, 9 female; mean age=43.4), in an extended stay psychiatric inpatient facility. All participants were diagnosed with multiple, treatment resistant, comorbid conditions, including mood disorders, anxiety disorders, personality disorders, and substance-related disorders. Patients with active psychosis or significant cognitive impairment were excluded.

METHODS:

This was an open trial utilizing a case series design. In addition to routine hospital treatment that included psychotherapeutic and pharmacological interventions, participants received IRT over a span of 3 weeks in 4 small group sessions. Included were education about sleep and nightmares, instruction in writing new dream narratives and practicing guided imagery, and support via further consultation and trouble-shooting. Patients were referred by their psychiatrist or were self-referred, with approval from their treatment teams.

RESULTS:

Results showed significant aggregate reductions in nightmare frequency and intensity, as well as improvement in sleep overall. Patients also improved on a variety of other symptom measures, including suicidal ideation. No adverse reactions were observed. The present report includes a sampling of individual case vignettes to illustrate variability in treatment response.

CONCLUSIONS:

This study provides preliminary evidence that IRT can be used safely and effectively in a hospital environment to benefit patients suffering from serious mental illnesses, often in the

midst of significant life crises. It is not possible in this preliminary study to conclude that IRT specifically (as opposed to other aspects of hospital treatment) produced these outcomes. Larger, controlled trials are needed to establish a causal connection between IRT and nightmare reduction.

PMID: 28332861

[Similar articles](#)



20. Borderline Personal Disord Emot Dysregul. 2017 Mar 17;4:6. doi: 10.1186/s40479-017-0057-5. eCollection 2017.

[Anger and aggression in borderline personality disorder and attention deficit hyperactivity disorder - does stress matter?](#)

[Cackowski S](#)¹, [Krause-Utz A](#)², [Van Eijk J](#)³, [Klohr K](#)¹, [Daffner S](#)¹, [Sobanski E](#)⁴, [Ende G](#)³.

Author information:

1

0000 0001 2190 4373grid.7700.0Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health Mannheim, Medical Faculty Mannheim/Heidelberg University, J5, D-68159 Mannheim, Germany.

2

0000 0001 2312 1970grid.5132.5Department of Clinical Psychology, Faculty of Social and Behavioural Science, Leiden University, Leiden, The Netherlands.

3

0000 0001 2190 4373grid.7700.0Department of Neuroimaging, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany.

4

0000 0001 2190 4373grid.7700.0Department of Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany.

Abstract

BACKGROUND:

The impact of stress on anger and aggression in Borderline Personality Disorder (BPD) and Attention Deficit Hyperactivity Disorder (ADHD) has not been thoroughly investigated. The

goal of this study was to investigate different aspects of anger and aggression in patients with these disorders.

METHODS:

Twenty-nine unmedicated female BPD patients, 28 ADHD patients and 30 healthy controls (HC) completed self-reports measuring trait anger, aggression and emotion regulation capacities. A modified version of the Point Subtraction Aggression Paradigm and a state anger measurement were applied under resting and stress conditions. Stress was induced by the Mannheim Multicomponent Stress Test (MMST).

RESULTS:

Both patient groups scored significantly higher on all self-report measures compared to HCs. Compared to ADHD patients, BPD patients reported higher trait aggression and hostility, a stronger tendency to express anger when provoked and to direct anger inwardly. Furthermore, BPD patients exhibited higher state anger than HCs and ADHD patients under both conditions and showed a stress-dependent anger increase. At the behavioral level, no significant effects were found. In BPD patients, aggression and anger were positively correlated with emotion regulation deficits.

CONCLUSIONS:

Our findings suggest a significant impact of stress on self-perceived state anger in BPD patients but not on aggressive behavior towards others in females with BPD or ADHD. However, it appears to be pronounced inwardly directed anger which is of clinical importance in BPD patients.

PMCID: PMC5356413 **Free PMC Article**

PMID: 28331620

[Similar articles](#)



21. J Psychiatr Res. 2017 Mar 7;91:90-97. doi: 10.1016/j.jpsychires.2017.03.006. [Epub ahead of print]

Unblending Borderline Personality and Bipolar Disorders.

[di Giacomo E](#)¹, [Aspesi F](#)², [Fotiadou M](#)³, [Arntz A](#)⁴, [Aguglia E](#)⁵, [Barone L](#)⁶, [Bellino S](#)⁷, [Carpiniello B](#)⁸, [Colmegna F](#)², [Lazzari M](#)², [Loretto L](#)⁹, [Pinna F](#)⁸, [Sicaro A](#)², [Signorelli MS](#)⁵; [BRT Group](#), [Clerici M](#)¹⁰.

Collaborators: (32)

[di Giacomo E](#), [Clerici M](#), [Aspesi F](#), [Aguglia E](#), [Barone L](#), [Bellino S](#), [Bozzatello P](#), [Brignolo E](#), [Carpiniello B](#), [Colmegna F](#), [Ghiani A](#), [Lazzari M](#), [Loretto L](#), [Sicaro A](#), [Battiato MC](#), [Bon R](#), [Contiero L](#), [Denti A](#), [Fotiadou M](#), [Franco L](#), [Ginanneschi AM](#), [Lai A](#), [Laneri G](#), [Marchini M](#), [Miragliotta E](#), [Ostaldo L](#), [Paggi E](#), [Ravasi S](#), [Roletto F](#), [Ruta S](#), [Signorelli MS](#), [Zaccheroni D](#).

Author information:

1

School of Medicine and Surgery, University of Milano Bicocca, Italy; Psychiatric Department-S.Gerardo, Health Care Trust, Monza, Italy; Doctorate School of the University of Milano-Bicocca, Italy. Electronic address: ester.digiacomio@yahoo.com.

2

Psychiatric Department-S.Gerardo, Health Care Trust, Monza, Italy.

3

Female Medium Secure Forensic Service, South London and Maudsley NHS Foundation Trust, Bethlem Royal Hospital, Beckenham, UK.

4

Department of Clinical Psychology, University of Amsterdam, The Netherlands.

5

Department of Clinical and Molecular Biomedicine, University of Catania, Italy.

6

University of Pavia, Department of Brain and Behavioral Science, Psychology Section, Pavia, Italy.

7

Center for Personality Disorders, Psychiatric Clinic, Department of Neuroscience, University of Turin, Italy.

8

Department of Public Health, Clinical and Molecular Medicine - Psychiatric Unit, University of Cagliari, Italy.

9

Department of Biomedical Science, Psychiatric Clinic, University of Sassari, Italy.

10

School of Medicine and Surgery, University of Milano Bicocca, Italy; Psychiatric Department-S.Gerardo, Health Care Trust, Monza, Italy.

Abstract

Borderline Personality (BPD) and Bipolar (BP) disorders stimulate an academic debate between their distinction and the inclusion of Borderline in the Bipolar spectrum. Opponents to this inclusion attribute the important differences and possible diagnostic incomprehension to overlapping symptoms. We tested 248 Borderline and 113 Bipolar patients, consecutively admitted to the Psychiatric Unit, through DSM-IV Axis I and II Disorders (SCID-I/II), Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A), Young Mania Rating Scale (YMRS) and Borderline Personality Disorder Severity Index-IV

(BPDSI-IV). All the tests statistically discriminated the disorders ($p < 0.0001$). Overlapping symptoms resulted significantly different (impulsivity = 5.32 in BPD vs 1.55 in BP, $p < 0.0001$; emotional instability = 7.11 in BPD vs 0.55 in BP, $p < 0.0001$) and the range of their scores gives the opportunity for an even more precise discrimination. Distinctive traits (e.g. irritability or sexual arousal) are also discussed in order to try to qualify the core of these disorders to a higher degree. Comorbidity proves to be extremely small (3.6%). However, Borderline patients with manic features offer a privileged point of view for a deeper analysis. This allows for the possibility of a more precise examination of the nature and load of each symptom. Borderline Personality and Bipolar Disorders can be distinguished with high precision using common and time-sparing tests. The importance of discriminating these clinical features may benefit from this evidence.

Copyright © 2017. Published by Elsevier Ltd.

PMID: 28327444

[Similar articles](#)



22. Psychiatry Investig. 2017 Mar;14(2):226-229. doi: 10.4306/pi.2017.14.2.226. Epub 2017 Mar 6.

[Relationship between Depression and Laryngopharyngeal Reflux.](#)

[Joo YH](#)¹, [Song YS](#)¹, [Pae CU](#)².

Author information:

1

Department of Otolaryngology-Head & Neck Surgery, The Catholic University of Korea College of Medicine, Seoul, Republic of Korea.

2

Department of Psychiatry, The Catholic University of Korea College of Medicine, Seoul, Republic of Korea.; Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA.

Abstract

This study investigated the relationship between depression, somatization, anxiety, personality, and laryngopharyngeal reflux (LPR). We prospectively analyzed 231 patients with symptoms with LPR using the laryngopharyngeal reflux symptom index and the reflux finding score. Seventy nine (34.2%) patients were diagnosed with LPR. A significant correlation was detected between the presence of LPR and total scores on the Patient Health Questionnaire-9 (5.6 ± 5.3 vs. 4.0 ± 4.6 , $p=0.017$) and the 7-item Generalized Anxiety Disorder

Scale (4.3±4.9 vs. 3.0±4.5, p=0.041). LPR was significantly more frequent in those with depression than in those without (45.6% vs. 27.0%, p=0.004). A multivariate analysis confirmed a significant association between the presence of LPR and depression (odds ratio, 1.068; 95% confidence interval, 1.011-1.128; p=0.019). Our preliminary results suggest that patients with LPR may need to be carefully evaluated for depression.

PMCID: PMC5355023 **Free PMC Article**

PMID: 28326123

[Similar articles](#)



23. Disabil Rehabil. 2017 Mar 21:1-11. doi: 10.1080/09638288.2017.1301577. [Epub ahead of print]

[Client-centred practice from the perspective of Danish patients with hand-related disorders.](#)

[Hansen AØ](#)^{1,2,3}, [Kristensen HK](#)^{1,4}, [Cederlund R](#)⁵, [Lauridsen HH](#)⁶, [Tromborg H](#)^{1,2}.

Author information:

1

a Department of Clinical Research , University of Southern Denmark , Odense , Denmark.

2

b Department of Orthopedic Surgery , Odense University Hospital , Odense , Denmark.

3

c Department of Rehabilitation , Odense University Hospital , Odense , Denmark.

4

d Health Sciences Research Center, University College Lillebaelt , Odense , Denmark.

5

e Department of Health Sciences , Lund University , Lund , Sweden.

6

f Department of Sports Science and Clinical Biomechanics , University of Southern Denmark , Odense , Denmark.

Abstract

PURPOSE:

The objectives of this study were to investigate perceptions of client-centred practice among Danish patients with hand-related disorders engaged in rehabilitation at outpatient clinics, and to decide on domains to serve as a conceptual foundation for item generation in the development of a new, standardized questionnaire to evaluate the experience of client-centredness among patients with hand-related disorders.

METHOD:

Focus group interviews were held with 25 patients with hand-related disorders from six outpatient hand clinics in Denmark. Deductive content analysis was used to decide on domains for item generation.

RESULTS:

Patients found that information was paramount in understanding their situation and to feel empowered and motivated. They attached importance to participation in decision making so that rehabilitation was considered meaningful. Moreover, they thought rehabilitation should be individualized by taking their life situations and personalities into account. Six domains were found to be central to client-centred practice: patient participation in decision making, client-centred education, evaluation of outcomes from patient's perspective, emotional support, cooperation and coordination, and enabling occupation.

CONCLUSIONS:

The domains can be used in the further development of a Danish questionnaire to evaluate the experiences of client-centredness among patients engaged in rehabilitation at outpatient clinics for hand-related disorders. Implications for rehabilitation Patients with hand-related disorders wish for rehabilitation to be tailored to individual needs. The patient's life situation and personality, including coping ability, are important factors to consider in rehabilitation planning, interventions, and evaluations. Patients with hand-related disorders attach importance to information and require health professionals' support to manage their activities of everyday life. Patients with hand-related disorders ask for participation and shared decision making in rehabilitation planning.

PMID: 28325099

[Similar articles](#)



Borderline personality disorder and regularly drinking alcohol before sex.

[Thompson RG Jr](#)¹, [Eaton NR](#)², [Hu MC](#)¹, [Hasin DS](#)^{1,3,4}.

Author information:

1

Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, USA.

2

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

3

New York State Psychiatric Institute, New York, USA.

4

Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, USA.

Abstract

INTRODUCTION AND AIMS:

Drinking alcohol before sex increases the likelihood of engaging in unprotected intercourse, having multiple sexual partners and becoming infected with sexually transmitted infections. Borderline personality disorder (BPD), a complex psychiatric disorder characterised by pervasive instability in emotional regulation, self-image, interpersonal relationships and impulse control, is associated with substance use disorders and sexual risk behaviours. However, no study has examined the relationship between BPD and drinking alcohol before sex in the USA. This study examined the association between BPD and regularly drinking before sex in a nationally representative adult sample.

DESIGN AND METHODS:

Participants were 17 491 sexually active drinkers from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Logistic regression models estimated effects of BPD diagnosis, specific borderline diagnostic criteria and BPD criterion count on the likelihood of regularly (mostly or always) drinking alcohol before sex, adjusted for controls.

RESULTS:

Borderline personality disorder diagnosis doubled the odds of regularly drinking before sex [adjusted odds ratio (AOR) = 2.26; confidence interval (CI) = 1.63, 3.14]. Of nine diagnostic

criteria, impulsivity in areas that are self-damaging remained a significant predictor of regularly drinking before sex (AOR = 1.82; CI = 1.42, 2.35). The odds of regularly drinking before sex increased by 20% for each endorsed criterion (AOR = 1.20; CI = 1.14, 1.27)
DISCUSSION AND CONCLUSIONS: This is the first study to examine the relationship between BPD and regularly drinking alcohol before sex in the USA. Substance misuse treatment should assess regularly drinking before sex, particularly among patients with BPD, and BPD treatment should assess risk at the intersection of impulsivity, sexual behaviour and substance use.

© 2017 Australasian Professional Society on Alcohol and other Drugs.

PMID: 28321919

[Similar articles](#)



25. Psychiatry Res. 2017 Mar 15;253:1-8. doi: 10.1016/j.psychres.2017.03.024. [Epub ahead of print]

The long and complex road in the search for treatment for mental disorders: An analysis of the process in five groups of patients.

[Del Valle G](#)¹, [Belloch A](#)², [Carrió C](#)³.

Author information:

1

Agencia Valenciana de Salud (Health Government of Valencia), Mental Health Outpatient Clinic, Department 04, Sants de la Pedra Ave., n. 81, 46500 Sagunto, Valencia, Spain. Electronic address: delvalle_gem@gva.es.

2

Faculty of Psychology, Department of Personality Psychology, Research and Treatment Unit of Obsessive-Compulsive Disorder, I'TOC, University of Valencia, Ave. Blasco Ibañez 21, 46010 Valencia, Spain. Electronic address: amparo.belloch@uv.es.

3

Agencia Valenciana de Salud (Health Government of Valencia), Mental Health Outpatient Clinic, Department 06, Rubert i Villo Rd., n. 4, 46100 Burjassot, Valencia, Spain. Electronic address: carrió_car@gva.es.

Abstract

Seeking treatment for mental-health problems is a complex process, with different underlying motives in each stage. However, the entire process and these motives have hardly been investigated. This study aims to analyze the different stages of the help-seeking process and their underlying motives in five groups of patients with different mental disorders. In all, 156 patients seeking treatment in outpatient mental health clinics were individually interviewed: 71 had Obsessive-Compulsive Disorder (OCD), 21 had Agoraphobia (AGO), 18 had Major Depressive Disorder (MDD), 20 had Anorexia Nervosa (AN), and 22 had Cocaine Dependence (COC). The AGO and MDD patients delayed significantly less time in recognizing their mental health symptoms. Moreover, MDD patients disclosed their symptoms and searched for professional help faster than the other groups. The most relevant variables in the recognition of disorders were the loss of control over the symptoms, the interference produced by these symptoms, and their negative impact on the person's emotional state. The most frequent barriers to seeking treatment were related to minimizing the symptoms and fear of stigma. Finally, the most important motivator for seeking treatment was the awareness that minimizing the symptoms did not help to reduce them, lessen their interference, or make them disappear.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28319785

[Similar articles](#)



26. Dev Psychopathol. 2017 Mar 20:1-9. doi: 10.1017/S0954579417000347. [Epub ahead of print]

[Understanding adolescent personality pathology from growth trajectories of childhood oddity.](#)

[De Clercq B](#)¹, [Verbeke L](#)¹, [De Caluwé E](#)¹, [Vercruyse T](#)², [Hofmans J](#)³.

Author information:

1

Ghent University.

2

AZ Sint-Lucas, Belgium.

3

Vrije Universiteit.

Abstract

Research on developmental trajectories of early maladaptive features for understanding later personality disorders (PDs) is increasingly recognized as an important study area. The course of early odd features is highly relevant in this regard, as only a few researchers have addressed childhood oddity in the context of emerging PDs. Using latent growth modeling, the current study explores growth parameters of odd features in a mixed sample of Flemish community and referred children (N = 485) across three measurement waves with 1-year time intervals. Personality pathology was assessed at a fourth assessment point in adolescence. Beyond a general declining trend in oddity characteristics, the results demonstrated that both an early onset and an increasing trend of oddity-related characteristics over time are independent predictors of adolescent PDs. Childhood oddity tends to be the most manifest precursor for PDs with a core oddity feature (i.e., the schizotypal and borderline PD), but also appears to predict most of the other DSM-5 PDs. Results are discussed from an overarching developmental framework on PDs (Cicchetti, 2014), specifically focusing on the principle of multifinality. From a clinical perspective, the significance of increasing or steady-high childhood oddity trajectories for adolescent PDs highlights the relevance of systematic screening processes across time.

PMID: 28318468

[Similar articles](#)



27. *Cranio*. 2017 Mar 20:1-7. doi: 10.1080/08869634.2017.1303879. [Epub ahead of print]

[Personality traits are potentially associated with the presence of chronic temporomandibular joint pain in patients without effusion as determined by T-2 weighted magnetic resonance.](#)

[Manfredini D](#)¹, [Cerea S](#)², [Pavan C](#)³, [Guarda-Nardini L](#)⁴.

Author information:

1

a Department of Neurosciences, School of Dentistry and Temporomandibular Disorders Clinic , University of Padova , Padova , Italy.

2

b Department of General Psychology , University of Padova , Padova , Italy.

3

c Department of Neurosciences, Psychiatry Clinic , University of Padova , Padova , Italy.

4

d Section of Dentistry and Maxillofacial Surgery , Hospital of Treviso , Treviso , Italy.

Abstract

OBJECTIVE:

The study aimed at investigating personality traits in chronic temporomandibular joints (TMJ) pain patients with and without joint effusion.

METHODS:

Two groups of chronic TMJ pain patients were recruited. The TMJ pain control group was composed of patients showing magnetic resonance imaging (MRI) signs of TMJ effusion, while the TMJ pain test group included patients with chronic TMJ pain seemingly not justified, due to the absence of MRI-detected disorders. A third set of pain free individuals was selected as a comparison group. All patients completed a personality assessment with the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) instrument, and the between-group differences were assessed for significance by performing an analysis of variance test.

RESULTS:

Patients of the TMJ pain test group had higher scores than subjects belonging to the TMJ pain and pain-free control groups in almost all of the MMPI-2 clinical scales. A significant difference was shown for the scales related to concerns about physical health (Scale 1-Hs; $F = 7.74$; $p = .001$) and physical symptoms (Scale 3-Hy; $F = 8.43$; $p = .001$).

CONCLUSIONS:

Chronic TMJ pain patients without MRI-detected TMJ effusion have a different personality profile than patients with TMJ effusion and pain-free individuals, regarding high levels of concerns about physical health and physical symptoms.

CLINICAL IMPLICATIONS:

This study has important clinical implications for temporomandibular disorders practitioners, providing suggestions that symptoms in the TMJ area are not only related to a physical disorder. The possible existence of a psychologically modulated condition in patients who refer pain in the TMJ area without signs of effusion should be carefully taken into consideration.

PMID: 28317450

[Similar articles](#)



28. Front Psychol. 2017 Mar 3;8:251. doi: 10.3389/fpsyg.2017.00251. eCollection 2017.

[Personality Factors and Depressive Configurations. An Exploratory Study in an Italian Clinical Sample.](#)

[Straccamore F](#)¹, [Ruggi S](#)², [Lingiardi V](#)¹, [Zanardi R](#)³, [Vecchi S](#)², [Oasi O](#)².

Author information:

1

Department of Dynamic and Clinical Psychology, Sapienza University of Rome Rome, Italy.

2

Department of Psychology, Università Cattolica del Sacro Cuore Milan, Italy.

3

Department of Clinical Neurosciences, Vita-Salute San Raffaele University (UniSR) Milan, Italy.

Abstract

Introduction: This study focuses on the relationship between personality configurations and depressive experiences. More specifically, the aim of this study is to investigate the relationship between self-criticism and dependency and personality styles or disorders, exploring the association between personality features and depressive symptoms. The two-configurations model of personality developed by Blatt (2004, 2008) is adopted as a reference point in sharing a valid framework and in understanding the results. **Methods:** Five instruments are administered to 51 participants with a diagnosis of depressive disorder, in accordance with DSM-IV-TR (American Psychiatric Association, 2000): Self-criticism and dependency dimensions of depression are measured with the Depressive Experiences Questionnaire (DEQ); self-reported depression is assessed with the Beck Depression Inventory-II (BDI-II); observer-rated depression is assessed with the Hamilton Depression Rating Scale (HDRS); personality is assessed with the Clinical Diagnostic Interview (CDI) and the Shedler Westen Assessment Procedure-200 (SWAP-200). **Results:** Only self-criticism, and not dependency, is associated with depressive symptoms. In addition, the SWAP Borderline PD Scale and the Dysphoric: Emotionally dysregulated Q-factor emerge as significant in predicting depression. **Conclusions:** Findings support the assumption that depressive personality configurations can enhance the vulnerability to developing depression. Theoretical and clinical implications of these results are discussed.

PMCID: PMC5334344 **Free PMC Article**

PMID: 28316575

[Similar articles](#)



29. *Neuropsychologia*. 2017 Mar 14;99:199-206. doi: 10.1016/j.neuropsychologia.2017.03.016. [Epub ahead of print]

[Amygdala functional connectivity is associated with locus of control in the context of cognitive aging.](#)

[Ren P](#)¹, [Anthony M](#)¹, [Chapman BP](#)², [Heffner K](#)³, [Lin F](#)⁴.

Author information:

1

School of Nursing, University of Rochester Medical Center, Rochester, NY, USA.

2

Department of Psychiatry, University of Rochester Medical Center, Rochester, NY, USA; Department of Public Health Science, University of Rochester Medical Center, Rochester, NY, USA.

3

School of Nursing, University of Rochester Medical Center, Rochester, NY, USA; Department of Psychiatry, University of Rochester Medical Center, Rochester, NY, USA.

4

School of Nursing, University of Rochester Medical Center, Rochester, NY, USA; Department of Psychiatry, University of Rochester Medical Center, Rochester, NY, USA; Department of Brain and Cognitive Science, University of Rochester, Rochester, NY, USA. Electronic address: vankee_lin@urmc.rochester.edu.

Abstract

Locus of control (LOC) measures the extent to which individuals perceive control over their lives. Those with a more "internal" LOC feel self-sufficient and able to determine important aspects of their own future, while those with a more "external" LOC feel that their lives are governed by events beyond their control. Reduced internal LOC and increased external LOC have been found in cognitive disorders, but the neural substrates of these control perceptions are yet unknown. In the present study, we explored the relationship between amygdala functional connectivity and LOC in 18 amnesic mild cognitive impairment (MCI) and age-, sex-, and education-matched, 22 cognitively healthy controls (HC). Participants completed

cognitive challenge tasks (Stroop Word Color task and Dual 1-back) for 20min, and underwent resting-state functional magnetic resonance imaging immediately before and after the tasks. We found significantly lower internal LOC and higher external LOC in the MCI group than the HC group. Compared to HC, MCI group showed significantly stronger positive associations between internal LOC and baseline right amygdala connections (including right middle frontal gyrus and anterior cingulate cortex), and stronger negative associations between internal LOC and change of these right amygdala connections. Across all participants, external LOC explained the relationships between associations of another set of right amygdala connections (including middle cingulate cortex and right superior frontal gyrus), both at baseline and for change, and performance in the cognitive challenge tasks. Our findings indicate that the right amygdala networks might be critical in understanding the neural mechanisms underlying LOC's role in cognitive aging.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28315366

[Similar articles](#)



30. J Psychosom Res. 2017 Apr;95:81-87. doi: 10.1016/j.jpsychores.2017.02.007. Epub 2017 Feb 15.

An evaluation of the absolute and relative stability of alexithymia over 11 years in a Finnish general population.

[Hiirola A](#)¹, [Pirkola S](#)², [Karukivi M](#)³, [Markkula N](#)⁴, [Bagby RM](#)⁵, [Joukamaa M](#)², [Jula A](#)⁶, [Kronholm E](#)⁷, [Saarijärvi S](#)⁸, [Salminen JK](#)⁹, [Suvisaari J](#)¹⁰, [Taylor G](#)¹¹, [Mattila AK](#)¹².

Author information:

1

School of Health Sciences, University of Tampere, Tampere, Finland. Electronic address: Hiirola.Ann.K@student.uta.fi.

2

School of Health Sciences, University of Tampere, Tampere, Finland.

3

Department of Psychiatry, University of Turku and Turku University Hospital, Turku, Finland; Unit of Adolescent Psychiatry, Satakunta Hospital District, Pori, Finland.

4

National Institute for Health and Welfare, Mental Health Unit, Helsinki, Finland; Faculty of Medicine, Universidad del Desarrollo, Santiago, Chile.

- 5 Department of Psychology, University of Toronto, Toronto, Canada; Department of
Psychiatry, University of Toronto, Toronto, Canada.
- 6 National Institute for Health and Welfare (THL), Turku, Finland.
- 7 National Institute for Health and Welfare, Department of Chronic Disease
Prevention, Helsinki, Finland; Finnish Institute of Occupational Health, Helsinki,
Finland.
- 8 Department of Adolescent Psychiatry, University of Turku, Turku, Finland; Unit of
Adolescent Psychiatry, Turku University Hospital, Turku, Finland.
- 9 Department of Psychiatry, University of Turku, Turku, Finland.
- 10 National Institute for Health and Welfare, Mental Health Unit, Helsinki, Finland.
- 11 Department of Psychiatry, University of Toronto and Mount Sinai Hospital, Toronto,
Canada.
- 12 Department of Adult Psychiatry, Tampere University Hospital, Tampere, Finland.

Abstract

OBJECTIVE:

We investigated if alexithymia, a personality construct with difficulties in emotional processing, is stable in the general population.

METHODS:

Altogether 3083 unselected subjects aged 30 and older in Finland completed the 20-item Toronto Alexithymia Scale (TAS-20) in the longitudinal Health 2000 and Health 2011 general population surveys (BRIF8901). The stability of alexithymia at the 11-year follow-up was assessed with t-tests, correlations, and separate linear regression models with baseline and follow-up age, gender, marital status, education, and 12-month depressive and anxiety disorders as confounders.

RESULTS:

The mean score (SD) of the TAS-20 for the whole sample was 44.2 (10.4) in 2000 and 44.2 (10.9) in 2011 ($p=0.731$). The mean score of the TAS-20 subscale Difficulty Identifying Feelings increased by 0.3 points, Difficulty Describing Feelings decreased by 0.6 points and Externally Oriented Thinking increased by 0.3 points. The effect sizes of the changes varied from negligible to small. Age had little effect except for the group of the oldest subjects (75-97years): the TAS-20 mean (SD) score was 49.1 (10.1) in 2000 and 53.1 (10.3) in 2011

($p < 0.001$), the effect size for the increase was medium. TAS-20 score in 2000 explained a significant proportion of variance in TAS-20 score in 2011. Controlling for all baseline confounders improved the model incrementally; the same applied to controlling for confounders at follow-up. Baseline depression or anxiety disorders were not associated with the TAS-20 scores in 2011, whereas current diagnoses were.

CONCLUSIONS:

According to our large longitudinal study both the absolute and relative stability of alexithymia assessed with the TAS-20 are high in the adult general population.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28314554

[Similar articles](#)



31. J Psychiatr Res. 2017 Mar 6;91:57-63. doi: 10.1016/j.jpsychires.2017.03.005. [Epub ahead of print]

Crack cocaine inhalation induces schizophrenia-like symptoms and molecular alterations in mice prefrontal cortex.

[Areal LB](#)¹, [Herlinger AL](#)², [Pelição FS](#)³, [Martins-Silva C](#)⁴, [Pires RG](#)⁵.

Author information:

1

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil; Graduate Program in Neuroscience, Institute of Biological Sciences, Federal University of Minas Gerais, Belo Horizonte, MG, Brazil.

2

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil; Department of Physiological Sciences, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil. Electronic address: alashuk@gmail.com.

3

Laboratory of Forensic Science Service, Espírito Santo State Police, Vitória, ES, Brazil.

4

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espirito Santo, Vitoria, ES, Brazil; Department of Physiological Sciences, Health Sciences Center, Federal University of Espirito Santo, Vitoria, ES, Brazil.

5

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espirito Santo, Vitoria, ES, Brazil; Graduate Program in Neuroscience, Institute of Biological Sciences, Federal University of Minas Gerais, Belo Horizonte, MG, Brazil; Department of Physiological Sciences, Health Sciences Center, Federal University of Espirito Santo, Vitoria, ES, Brazil.

Abstract

Crack cocaine (crack) addiction represents a major social and health burden, especially seeing as users are more prone to engage in criminal and violent acts. Crack users show a higher prevalence of psychiatric comorbidities - particularly antisocial personality disorders - when compared to powder cocaine users. They also develop cognitive deficits related mainly to executive functions, including working memory. It is noteworthy that stimulant drugs can induce psychotic states, which appear to mimic some symptoms of schizophrenia among users. Social withdraw and executive function deficits are, respectively, negative and cognitive symptoms of schizophrenia mediated by reduced dopamine (DA) tone in the prefrontal cortex (PFC) of patients. That could be explained by an increased expression of D2R short isoform (D2S) in the PFC of such patients and/or by hypofunctioning NMDA receptors in this region. Reduced DA tone has already been described in the PFC of mice exposed to crack smoke. Therefore, it is possible that behavioral alterations presented by crack users result from molecular and biochemical neuronal alterations akin to schizophrenia. Accordingly, we found that upon crack inhalation mice have shown decreased social interaction and working memory deficits analogous to schizophrenia's symptoms, along with increased D2S/D2L expression ratio and decreased expression of NR1, NR2A and NR2B NMDA receptor subunits in the PFC. Herein we propose two possible mechanisms to explain the reduced DA tone in the PFC elicited by crack consumption in mice, bringing also the first direct evidence that crack use may result in schizophrenia-like neurochemical, molecular and behavioral alterations.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28314129

[Similar articles](#)



32. Curr Eye Res. 2017 Mar 17:1-5. doi: 10.1080/02713683.2016.1276196. [Epub ahead of print]

Risk Factors for Central Serous Chorioretinopathy: Multivariate Approach in a Case-Control Study.

[Chatziralli I](#)¹, [Kabanarou SA](#)², [Parikakis E](#)¹, [Chatzirallis A](#)¹, [Xirou T](#)², [Mitropoulos P](#)¹.

Author information:

1

a 2nd Department of Ophthalmology , Ophthalmiatrion Athinon , Athens , Greece.

2

b Medical Retina Department , Korgialeneio Benakeio, Red Cross Hospital , Athens , Greece.

Abstract

PURPOSE:

The purpose of this prospective study was to investigate the potential risk factors associated independently with central serous retinopathy (CSR) in a Greek population, using multivariate approach.

MATERIALS AND METHODS:

Participants in the study were 183 consecutive patients diagnosed with CSR and 183 controls, matched for age. All participants underwent complete ophthalmological examination and information regarding their sociodemographic, clinical, medical and ophthalmological history were recorded, so as to assess potential risk factors for CSR. Univariate and multivariate analysis was performed.

RESULTS:

Univariate analysis showed that male sex, high educational status, high income, alcohol consumption, smoking, hypertension, coronary heart disease, obstructive sleep apnea, autoimmune disorders, H. pylori infection, type A personality and stress, steroid use, pregnancy and hyperopia were associated with CSR, while myopia was found to protect from CSR. In multivariate analysis, alcohol consumption, hypertension, coronary heart disease and autoimmune disorders lost their significance, while the remaining factors were all independently associated with CSR.

CONCLUSIONS:

It is important to take into account the various risk factors for CSR, so as to define vulnerable groups and to shed light into the pathogenesis of the disease.

PMID: 28306346

[Similar articles](#)



33. Personal Disord. 2017 Mar 16. doi: 10.1037/per0000245. [Epub ahead of print]

Borderline Personality Disorder and Mental Health Care Utilization: The Role of Self-Harm.

[Sansone RA](#), [Sellbom M](#), [Songer DA](#).

Abstract

The current study examined the associations for borderline personality disorder (BPD) and a specific trait of the disorder, self-harm, with mental health care utilization. Our sample consisted of 145 psychiatric inpatients who completed 3 measures of BPD (Personality Diagnostic Questionnaire-4 [PDQ-4], McLean Screening Inventory for borderline personality disorder [MSI-BPD], Structured Clinical Interview for DSM-IV Axis II Disorders-Personality Questionnaire [SCID-II-PQ]) and the Self-Harm Inventory (SHI). In relationship to mental health care utilization, the correlation for the SHI was significantly larger than those for the PDQ-4, MSI-BPD, or SCID-II-PQ. Thus, self-harm was significantly better at detecting mental health care utilization than was the overall BPD construct, which indicates that some of the more severe manifestations of the disorder are the most predictive of impairment in functioning. These findings also call into question whether BPD (and by extension, personality pathology in general) is most useful in these symptom constellations as opposed to focusing on specific maladaptive traits. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28301180

[Similar articles](#)

34. J Gambl Stud. 2017 Mar 14. doi: 10.1007/s10899-017-9678-2. [Epub ahead of print]

Gambling in a National U.S. Veteran Population: Prevalence, Socio-

demographics, and Psychiatric Comorbidities.

[Stefanovics EA](#)^{1,2}, [Potenza MN](#)^{3,4,5,6,7}, [Pietrzak RH](#)^{3,8}.

Author information:

1

Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA. elina.stefanovics@yale.edu.

2

U.S. Department of Veterans Affairs New England Mental Illness, Research, and Education Clinical Center (MIRECC), VA Connecticut Healthcare System (116A-4), 950 Campbell Avenue Building 36, West Haven, CT, 06516, USA. elina.stefanovics@yale.edu.

3

Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA.

4

Department of Neuroscience and Child Study Center, Yale University School of Medicine, New Haven, CT, USA.

5

National Center on Addiction and Substance Abuse, Yale University School of Medicine, New Haven, CT, USA.

6

Connecticut Mental Health Center, New Haven, CT, USA.

7

Center of Excellence in Gambling Research, Yale Program for Research on Impulsivity and Impulse Control Disorders, Yale University School of Medicine, New Haven, CT, USA.

8

U.S. Department of Veterans Affairs National Center for Posttraumatic Stress Disorder, VA Connecticut Healthcare System, West Haven, CT, USA.

Abstract

This study aimed to examine associations between gambling level and clinically relevant measures, including psychiatric disorders and suicidality, in a nationally representative sample of U.S. veterans. Data on 3157 U.S. veterans were analyzed from the National Health and Resilience in Veterans Study. Chi square tests and analyses of variance were used to assess associations between gambling level, and demographic, military, and personality characteristics. Multinomial logistic regressions using stepwise selection were used to identify independent correlates of recreational gambling and at-risk/problem gambling (ARPG). A significant proportion of U.S. veterans engage in gambling activities, with 35.1%

gambling recreationally and 2.2% screening positive for ARPG. ARPG was associated with greater prevalence of substance use, anxiety, and depressive disorders, as well as with a history of physical trauma or sexual trauma, having sought mental health treatment (particularly from the Veterans Administration), and minority group status. A similar pattern was found associated with recreational gambling, although the magnitudes of association were lower relative to ARPG. Younger age, self-identifying as black, being retired, and trauma burden were associated with increased odds of ARPG, whereas older age, being single, non-white Hispanic, being retired or not having a job, screening positive for alcohol- and drug-use disorders, and trauma burden were associated with increased odds of recreational gambling. More than a third of U.S. veterans gamble recreationally, with a significant minority (2.2%) screening positive for ARPG. Both recreational and ARPG were associated with elevated trauma burden and psychiatric comorbidities. These findings underscore the importance of routine screening and monitoring of gambling severity, and interventions for ARPG in this population.

PMID: 28293767

[Similar articles](#)



35. Open Access Maced J Med Sci. 2017 Mar 15;5(1):64-67. doi: 10.3889/oamjms.2017.012. Epub 2017 Feb 7.

[Character and Temperament Dimensions in Subjects with Depressive Disorder: Impact of the Affective State on Their Expression.](#)

[Bajraktarov S](#)¹, [Novotni A](#)¹, [Arsova S](#)¹, [Gudeva-Nikovska D](#)², [Vujovik V](#)¹.

Author information:

1

University Clinic of Psychiatry, Faculty of Medicine, Ss Cyril and Methodius University of Skopje, Skopje, Republic of Macedonia.

2

Ministry of Health, Global Fund, Skopje, Republic of Macedonia.

Abstract

BACKGROUND:

The depression is a cross-cultural condition that occurs in all cultures and within all nations with certain specificities, even though there are some differences in its manifestation. The hereditary load is of major importance, but also the individual personality factors, in the form of risk factors, are associated with the occurrence of depression. Personality characteristics have a significant impact on the occurrence of the recurrent depressive disorder and the outcome of the treatment as well.

AIM:

To identify the specific personality traits in people with the recurrent depressive disorder and the impact of the affective state on them.

METHODS:

Three questionnaires were used: a general questionnaire, Beck's scale of depressive symptoms, and TCI-R (inventory for temperament and character).

RESULTS:

The most indicative differences in the dimensions are found in the Harm avoidance and the Self-direction dimensions, and most variable dimensions dependent on effective state are Novelty seeking and Reward dependence.

CONCLUSION:

The people with the recurrent depressive disorder have a different profile of personality traits (temperament and character) compared with the control group, and their characteristics depend on their current affective state.

PMCID: PMC5320910 **Free PMC Article**

PMID: 28293319

[Similar articles](#)



36. Open Access Maced J Med Sci. 2017 Mar 15;5(1):48-53. doi: 10.3889/oamjms.2017.022. Epub 2017 Feb 6.

Personality Characteristics as Predictive Factors for the Occurrence of Depressive Disorder.

[Bajraktarov S¹](#), [Gudeva-Nikovska D²](#), [Manuševa N¹](#), [Arsova S¹](#).

Author information:

1

University Clinic of Psychiatry, Faculty of Medicine, Ss Cyril and Methodius
University of Skopje, Skopje, Republic of Macedonia.

2

Ministry of Health, Global Fund, Skopje, Republic of Macedonia.

Abstract

BACKGROUND:

The depressive disorder is one of the most frequent mental disorders, which is often associated with severe dysfunctionality. Personality traits are considered as important factors for the occurrence of depressive disorder.

AIM:

To determine the specificity of personality dimensions as predictive factors of depressive disorder.

METHODS:

This research was conducted at the University Psychiatric Clinic Skopje as a "case-control" study. TCI-R (temperament and character inventory - revised) was used as the main research instrument.

RESULTS:

There are specific personality traits expressed through high scores of Harm Avoidance and low scores of Self -Directedness traits as predictive factors related to an incidence of the depressive disorder.

CONCLUSION:

The results of this study show that certain personal traits, and more specific HA and SD, are with a specific predictability of the depressive disorder.

PMCID: PMC5320907 **Free PMC Article**

PMID: 28293316

[Similar articles](#)



Transfer of manualized Short Term Psychodynamic Psychotherapy (STPP) for social anxiety disorder into clinical practice: results from a cluster-randomised controlled trial.

[Wiltink J](#)¹, [Ruckes C](#)², [Hoyer J](#)³, [Leichsenring F](#)⁴, [Joraschky P](#)⁵, [Leweke F](#)⁴, [Pöhlmann K](#)⁵, [Beutel ME](#)⁶.

Author information:

1

Clinic of Psychosomatic Medicine and Psychotherapy, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany.
joerg.wiltink@unimedizin-mainz.de.

2

Interdisciplinary Center for Clinical Trials (IZKS), University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany.

3

Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany.

4

Department of Psychosomatics and Psychotherapy, University of Giessen, Giessen, Germany.

5

Department of Psychosomatic Medicine and Psychotherapy, Medical Faculty Carl Gustav Carus, Technical University of Dresden, Dresden, Germany.

6

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

Abstract

BACKGROUND:

Despite growing evidence for manualized psychodynamic treatments, there is a lack of studies on their transfer to routine practice. This is the first study to examine the effects of an additional training in manualized Short Term Psychodynamic Psychotherapy (STPP) on the

outcome in routine psychotherapy for social anxiety disorder (SAD). The study is an extension to a large RCT comparing STPP to Cognitive-Behavioral Therapy of SAD.

METHODS:

The manualized treatment was designed for a time limited approach with 25 individual sessions of STPP over 6 months. Private practitioners were randomized to training in manualized STPP (mSTPP) vs. treatment as usual without a specific training (tauSTPP). A total of 109 patients were enrolled (105 started treatment; 75 completed at least 20 treatment sessions). Assessments were conducted pre-treatment, after 8 and 15 weeks, after 25 treatment sessions, at the end of treatment, 6 and 12 months after termination of treatment. Remission as primary outcome was defined by the Liebowitz-Social-Anxiety-Scale (LSAS) score ≤ 30 . Secondary outcomes were response (at least 31% reduction in LSAS), treatment duration and number of sessions, changes in social anxiety (LSAS, SPAI), depression (BDI), clinical global impression (CGI), and quality of life (EQ-5D).

RESULTS:

Remission rates of mSTPP (9%) resp. tauSTPP (16%) and also response rates of 33% resp. 28% were comparable between the two treatment approaches as well as treatment duration and number of sessions. Most of the within-group differences (baseline to 25 sessions) indicated moderate to large improvements in both treatments; within-group differences from baseline to 12 months follow-up (LSAS, SPAI, BDI, CGI) were large ranging from $d = -0.605$ to $d = -2.937$. Benefits of mSTPP were limited to single outcomes.

CONCLUSIONS:

Findings are discussed with regard to implementation and dissemination of empirically validated treatments in psychodynamic training and practice. SAD patients with a high comorbidity of personality disorders and a long treatment history may need longer treatments.

TRIAL REGISTRATION:

German Clinical Trials Register (DRKS) DRKS00000570 , registered 03. March 2011.

PMCID: PMC5348808 **Free PMC Article**

PMID: 28288592

[Similar articles](#)



38. Psychiatry Res. 2017 Mar 8;252:289-295. doi: 10.1016/j.psychres.2017.03.014. [Epub ahead of print]

Schizophrenia spectrum personality disorders in psychometrically identified schizotypes at two-year follow-up.

[Bolinsky PK](#)¹, [Smith EA](#)², [Schuder KM](#)², [Cooper-Bolinsky D](#)³, [Myers KR](#)², [Hudak DV](#)², [James AV](#)⁴, [Hunter HK](#)⁵, [Novi JH](#)⁶, [Guidi JP](#)², [Gonzalez Y](#)², [McTiernan EF](#)², [Arnold KM](#)², [Iati CA](#)⁷, [Gottesman II](#)⁸.

Author information:

1

Department of Psychology, Indiana State University, Terre Haute, IN, USA.
Electronic address: Kevin.Bolinsky@indstate.edu.

2

Department of Psychology, Indiana State University, Terre Haute, IN, USA.

3

Department of Social Work, Indiana State University, Terre Haute, IN, USA.

4

San Francisco VA Medical Center, San Francisco, CA, USA.

5

Department of Psychiatry, Emory School of Medicine, Atlanta, GA, USA.

6

New Mexico VA Health Care System, Albuquerque, NM, USA.

7

Harvard Medical School, Boston, MA, USA.

8

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

Abstract

Earlier (Bolinsky et al., 2015), we reported that psychometrically identified schizotypes displayed greater symptom levels and higher incidences of schizophrenia spectrum (schizotypal, schizoid, paranoid, and avoidant) personality disorders (PDs). In this study, 49 schizotypes and 39 matched controls participated in follow-up assessments after two years. Participants were previously identified as schizotypes or controls based on scores on the Chapman Psychosis Proneness Scales (CPPS), and were interviewed at baseline and follow-up with the Personality Disorder Interview for DSM-IV (PDI-IV). At follow-up, schizotypes displayed significantly higher symptom levels compared to controls, with medium to large effects, and appeared to meet criteria for diagnosis of each PD more often than controls, although significant differences were only observed for paranoid PD. Overall, schizotypes were more likely to have met criteria for a diagnosis at either baseline or follow-up. Finally, we observed a widening disparity over time between schizotypes and controls in avoidant

and schizoid PDs. These results suggest that schizophrenia spectrum PDs, as well as subthreshold symptoms of these disorders, can represent a greater liability for schizophrenia in individuals identified as at-risk on the basis of psychometric means only. Furthermore, these findings demonstrate that such differences persist, and in some cases increase, over time.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28288440

[Similar articles](#)



39. Health Psychol Rev. 2017 Mar 13:1-11. doi: 10.1080/17437199.2017.1306718. [Epub ahead of print]

What are psychological constructs? On the nature and statistical modeling of emotions, intelligence, personality traits and mental disorders.

[Fried EI](#)¹.

Author information:

1

a Department of Psychology , University of Amsterdam , Amsterdam , Netherlands.

PMID: 28287341

[Similar articles](#)

40. Mol Genet Metab. 2017 Mar 6. pii: S1096-7192(17)30052-5. doi: 10.1016/j.ymgme.2017.03.002. [Epub ahead of print]

Neuropsychiatric comorbidities in adults with phenylketonuria: A retrospective cohort study.

[Bilder DA](#)¹, [Kobori JA](#)², [Cohen-Pfeffer JL](#)³, [Johnson EM](#)³, [Jurecki ER](#)³, [Grant ML](#)⁴.

Author information:

1

Division of Child and Adolescent Psychiatry, Department of Psychiatry, University of Utah School of Medicine, Salt Lake City, UT, USA. Electronic address: Deborah.Bilder@hsc.utah.edu.

2

Department of Genetics, Kaiser Permanente, San Jose, CA, USA.

3

Medical Affairs, BioMarin Pharmaceutical Inc., Novato, CA, USA.

4

Department of Psychiatry, Drexel University, College of Medicine, Philadelphia, PA, USA; Department of Pediatrics, Drexel University, College of Medicine, Philadelphia, PA, USA.

Abstract

Adults with phenylketonuria (PKU) may experience neurologic and psychiatric disorders, including intellectual disability, anxiety, depression, and neurocognitive dysfunction. Identifying the prevalence and prevalence ratios of these conditions will inform clinical treatment. This nested, case-controlled study used International Classification of Diseases, Ninth Revision (ICD-9) codes from the MarketScan® insurance claims databases from 2006 to 2012 and healthcare claims data for US-based employer and government-sponsored health plans. Prevalence and prevalence ratio calculations of neuropsychiatric comorbidities for adults (≥ 20 years old) with PKU were compared with two groups [diabetes mellitus (DM) and general population (GP)] matched by age, gender, geographic location, and insurance type. Age cohorts (i.e., 20-29, 30-39, 40-49, 50-59, 60-69, and 70+ years, and a combined subset of 20-39) were used to stratify data. The PKU cohort experienced significantly higher rates of several comorbid neurologic, psychiatric and developmental conditions. Compared to GP, PKU was associated with significantly higher prevalence for numerous neuropsychiatric conditions, most notably for intellectual disability (PR=7.9, 95% CI: 6.4-9.9), autism spectrum disorder (PR=6.1, 95% CI: 3.6-10.4), Tourette/tic disorders (PR=5.4, 95% CI: 2.1-14.1), and eating disorders (4.0, 95% CI: 3.2-5.0). Rates of fatigue/malaise, epilepsy/convulsions, sleep disturbance, personality disorders, phobias, psychosis, and migraines among those with PKU exceeded rates for the GP but were comparable to those with DM, with significantly lower rates of concomitant disorders occurring in younger, compared to older, adults with PKU. Lifelong monitoring and treatment of co-occurring neuropsychiatric conditions are important for effective PKU management.

Copyright © 2017. Published by Elsevier Inc.

Free Article

PMID: 28285739

[Similar articles](#)



Dysfunctional personality traits in adolescence: effects on alerting, orienting and executive control of attention.

[Casagrande M](#)¹, [Marotta A](#)^{2,3}, [Canepono V](#)², [Spagna A](#)², [Rosa C](#)⁴, [Dimaggio G](#)⁵, [Pasini A](#)⁴.

Author information:

1

Department of Psychology, "Sapienza" University of Rome, Via dei Marsi, 78, 00185, Rome, Italy. maria.casagrande@uniroma1.it.

2

Department of Psychology, "Sapienza" University of Rome, Via dei Marsi, 78, 00185, Rome, Italy.

3

Department of Experimental Psychology and Physiology of Behaviour, Mind, Brain, and Behaviour Research Center, University of Granada, Granada, Spain.

4

Department of Child and Adolescent Psychiatry, Department of Neuroscience, University of Rome "Tor Vergata", via Montpellier 1, 00133, Rome, Italy.

5

Centro di Terapia Metacognitiva Interpersonale, Rome, Italy.

Abstract

The present study examined attentional networks performance in 39 adolescents with dysfunctional personality traits, split into two groups, Group < 10 and Group ≥ 10 , according to the number of criteria they met at the Structured Clinical Interview for DSM-IV Axis II Personality Disorders. The attentional performance has been tested by means of a modified version of the Attentional Network Test (ANTI-V) which allows testing both phasic and tonic components of the alerting system, the exogenous aspect of the orienting system, the executive network and their interactions. Results showed that the orienting costs of having an invalid spatial cue were reduced in the Group ≥ 10 criteria compared to the Group < 10 . Moreover, adolescents included in the Group ≥ 10 showed lower conflict when attention was cued to the target location (valid trials) but showed normal interference when there was no overpowering focus of attention (invalid trials). The results found with ANOVA after splitting the sample into two categorical groups were also observed in a complementary correlation analysis keeping intact the continuous nature of such variables. These findings are consistent with the notion that dysfunctional features of personality disorders may represent the psychological manifestations of a neuropsychological abnormality in attention and executive functioning. Finally, we discuss the implications of this attentional anomaly for dysfunctional personality traits and behaviour.

PMID: 28285372

[Similar articles](#)



42. J Affect Disord. 2017 Mar 7;214:89-96. doi: 10.1016/j.jad.2017.03.012. [Epub ahead of print]

Psychophysiological correlates of emotion regulation training in adolescent anxiety: Evidence from the novel PIER task.

[De Witte NA](#)¹, [Sütterlin S](#)², [Braet C](#)³, [Mueller SC](#)⁴.

Author information:

1

Department of Experimental Clinical and Health Psychology, Ghent University, Ghent, Belgium. Electronic address: neledewitte@gmail.com.

2

Section of Psychology, Inland Norway University of Applied Sciences, Norway; Center for Clinical Neuroscience, Oslo University Hospital, Norway.

3

Department of Developmental, Personality and Social psychology, Ghent University, Ghent, Belgium.

4

Department of Experimental Clinical and Health Psychology, Ghent University, Ghent, Belgium.

Abstract

BACKGROUND:

Anxiety disorders are the leading cause of mental illness in adolescence. While anxious adolescents show impairments in emotion processing and deficits in emotion regulation, few studies have attempted to improve emotion regulation within these populations.

METHOD:

This study used a multi-method design to test a newly developed emotion regulation training aimed at improving insight into emotions and instructing cognitive reappraisal. The efficacy of cognitive reappraisal was investigated in 27 clinically anxious youth (Age: M=12.36, SD=2.59) and 43 healthy controls (Age: M=13.07, SD=2.19) using psychophysiological

measures. Specifically, heart rate variability, pupil dilation, and visual fixations were recorded while youth had to up- or downregulate their emotions in response to affective pictures in the Psychophysiological Indicators of Emotion Regulation (PIER) task.

RESULTS:

The novel training effectively improved self-reported emotion regulation and momentary anxiety in both groups. Moreover, initial group differences in emotional reactivity mostly disappeared when participants were instructed to apply emotion regulation in the task. However, pupil dilation data suggested that participants with anxiety disorders required more cognitive resources for the upregulation of negative affect to counteract this effect.

LIMITATIONS:

The relatively small sample size and large age range could hamper detection of additional group differences that may exist.

CONCLUSIONS:

The current study provides evidence that anxious youth can apply cognitive reappraisal to a similar extent as healthy adolescents after emotion regulation training but may need to exert more effort to do so. This training could be a valuable addition to current treatment programs.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28285242

[Similar articles](#)



43. Pediatrics. 2017 Mar 10. pii: e20162690. doi: 10.1542/peds.2016-2690. [Epub ahead of print]

Self-Reported Mental Health Problems Among Adults Born Preterm: A Meta- Analysis.

[Pyhälä R](#)^{1,2}, [Wolford E](#)³, [Kautiainen H](#)^{4,5,6}, [Andersson S](#)⁷, [Bartmann P](#)⁸, [Baumann N](#)⁹, [Brubakk AM](#)¹⁰, [Evensen KA](#)^{10,11}, [Hovi P](#)^{7,12}, [Kajantie E](#)^{7,12,13,14}, [Lahti M](#)^{3,15}, [Van Lieshout RJ](#)¹⁶, [Saigal S](#)¹⁷, [Schmidt LA](#)^{12,18}, [Indredavik MS](#)^{19,20}, [Wolke D](#)^{8,21}, [Räikkönen K](#)³.

Author information:

1 Department of Psychology and Logopedics, and riikka.pyhala@helsinki.fi.
2 Folkhälsan Research Centre, Helsinki, Finland.
3 Department of Psychology and Logopedics, and.
4 Department of General Practice, University of Helsinki, Helsinki, Finland.
5 Unit of Primary Health Care, Helsinki University Central Hospital, Helsinki, Finland.
6 Unit of Primary Health Care, Kuopio University Hospital, Kuopio, Finland.
7 Children's Hospital, Helsinki University Hospital and University of Helsinki,
8 Helsinki, Finland.
9 Department of Neonatology, University Hospital Bonn, Bonn, Germany.
10 Department of Psychology, University of Warwick, Coventry, United Kingdom.
11 Department of Laboratory Medicine, Children's and Women's Health.
12 Department of Public Health and General Practice, and.
13 National Institute for Health and Welfare, Helsinki, Finland.
14 National Institute for Health and Welfare, Oulu, Finland.
15 PEDEGO Research Unit, Medical Research Center Oulu, Oulu University Hospital
and University of Oulu, Oulu, Finland.
16 University/British Heart Foundation Centre for Cardiovascular Science, Queen's
Medical Research Institute, University of Edinburgh, Edinburgh, United Kingdom.
17 Department of Psychiatry and Behavioral Neurosciences.
18 Department of Pediatrics, and.
19 Department of Psychology, Neuroscience & Behavior, McMaster University,
Hamilton, Ontario, Canada.
20 Regional Centre for Child and Youth Mental Health and Child Welfare, Norwegian
University of Science and Technology, Trondheim, Norway.
Department of Child and Adolescent Psychiatry, St. Olav's Hospital, Trondheim
University Hospital, Norway; and.

Abstract**CONTEXT:**

Preterm birth increases the risk for mental disorders in adulthood, yet findings on self-reported or subclinical mental health problems are mixed.

OBJECTIVE:

To study self-reported mental health problems among adults born preterm at very low birth weight (VLBW; ≤ 1500 g) compared with term controls in an individual participant data meta-analysis.

DATA SOURCES:

Adults Born Preterm International Collaboration.

STUDY SELECTION:

Studies that compared self-reported mental health problems using the Achenbach Young Adult Self Report or Adult Self Report between adults born preterm at VLBW ($n = 747$) and at term ($n = 1512$).

DATA EXTRACTION:

We obtained individual participant data from 6 study cohorts and compared preterm and control groups by mixed random coefficient linear and Tobit regression.

RESULTS:

Adults born preterm reported more internalizing (pooled $\beta = .06$; 95% confidence interval .01 to .11) and avoidant personality problems (.11; .05 to .17), and less externalizing (-.10; -.15 to -.06), rule breaking (-.10; -.15 to -.05), intrusive behavior (-.14; -.19 to -.09), and antisocial personality problems (-.09; -.14 to -.04) than controls. Group differences did not systematically vary by sex, intrauterine growth pattern, neurosensory impairments, or study cohort.

LIMITATIONS:

Exclusively self-reported data are not confirmed by alternative data sources.

CONCLUSIONS:

Self-reports of adults born preterm at VLBW reveal a heightened risk for internalizing problems and socially avoidant personality traits together with a lowered risk for externalizing problem types. Our findings support the view that preterm birth constitutes an early vulnerability factor with long-term consequences on the individual into adulthood.

Copyright © 2017 by the American Academy of Pediatrics.

PMID: 28283612

[Similar articles](#)



44. Sci Rep. 2017 Mar 10;7:43511. doi: 10.1038/srep43511.

[Mona Lisa is always happy - and only sometimes sad.](#)

[Liaci E](#)^{1,2,3,4}, [Fischer A](#)¹, [Heinrichs M](#)⁵, [van Elst LT](#)^{3,4}, [Kornmeier J](#)^{1,2,3,4}.

Author information:

- 1
Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany.
- 2
Eye Center, Medical Center, University of Freiburg, Freiburg, Germany.
- 3
Center for Mental Disorders, Medical Center, University of Freiburg, Freiburg, Germany.
- 4
Faculty of Medicine, University of Freiburg, Germany.
- 5
Laboratory for Biological and Personality Psychology, Department of Psychology, University of Freiburg, Freiburg, Germany.

Abstract

The worldwide fascination of da Vinci's Mona Lisa has been dedicated to the emotional ambiguity of her face expression. In the present study we manipulated Mona Lisa's mouth curvature as one potential source of ambiguity and studied how a range of happier and sadder face variants influences perception. In two experimental conditions we presented different stimulus ranges with different step sizes between stimuli along the happy-sad axis of emotional face expressions. Stimuli were presented in random order and participants indicated the perceived emotional face expression (first task) and the confidence of their response (second task). The probability of responding 'happy' to the original Mona Lisa was close to 100%. Furthermore, in both conditions the perceived happiness of Mona Lisa

variants described sigmoidal functions of the mouth curvature. Participants' confidence was weakest around the sigmoidal inflection points. Remarkably, the sigmoidal functions, as well as confidence values and reaction times, differed significantly between experimental conditions. Finally, participants responded generally faster to happy than to sad faces. Overall, the original Mona Lisa seems to be less ambiguous than expected. However, perception of and reaction to the emotional face content is relative and strongly depends on the used stimulus range.

PMCID: PMC5345090 **Free PMC Article**

PMID: 28281547

[Similar articles](#)



45. Psychiatr Genet. 2017 Mar 7. doi: 10.1097/YPG.000000000000171. [Epub ahead of print]

Further evidence for genetic variation at the serotonin transporter gene SLC6A4 contributing toward anxiety.

[Forstner AJ](#)¹, [Rambau S](#), [Friedrich N](#), [Ludwig KU](#), [Böhmer AC](#), [Mangold E](#), [Maaser A](#), [Hess T](#), [Kleiman A](#), [Bittner A](#), [Nöthen MM](#), [Becker J](#), [Geiser F](#), [Schumacher J](#), [Conrad R](#).

Author information:

1

aInstitute of Human Genetics bDepartment of Genomics, Life and Brain Center
cClinic for Psychosomatic Medicine and Psychotherapy, University of Bonn, Bonn
dDepartment of Psychotherapy and Psychosomatic Medicine, University Hospital
Carl Gustav Carus, Technische Universität Dresden, Dresden, Germany
eDepartment of Psychiatry (UPK) fHuman Genomics Research Group, Department
of Biomedicine, University of Basel gInstitute of Medical Genetics and Pathology,
University Hospital Basel, Basel, Switzerland.

Abstract

OBJECTIVES:

Social anxiety disorder (SAD) is a common and heritable psychiatric disorder. However, genetic studies in SAD are rare and only a few candidate genes have been implicated so far. In the present study, we investigated whether single-nucleotide polymorphisms (SNPs)

associated with other psychiatric disorders also contribute toward the development of SAD and followed up variants associated with SAD on the phenotypic level.

PATIENTS AND METHODS:

We genotyped a total of 24 SNPs in a German sample of 321 SAD patients and 804 controls. We carried out single-marker analyses as well as quantitative association analyses of SAD severity and harm avoidance.

RESULTS:

None of the variants investigated showed an association with SAD in our case-control sample after Bonferroni correction. Two SNPs reached nominal significance (rs818702, $P=0.032$; rs140701, $P=0.048$). Of these, only rs140701 showed an association in the same allelic direction as reported previously. This SNP is located within the serotonin transporter gene SLC6A4, which is the primary target of selective-serotonin reuptake inhibitors used for the treatment of depressive and anxiety disorders. The quantitative association analysis of all cases with available data on symptom severity showed four SNPs with a nominal significant association. Among these SNPs, rs10994359 showed the strongest association ($P=0.001$) and was located near the ANK3 gene. In addition, rs10994359 was nominally associated with harm avoidance scores ($P=0.001$).

CONCLUSION:

Our results provide further evidence for an involvement of the serotonin transporter gene SLC6A4 in the etiology of anxiety-related traits. Furthermore, our study implicates that genetic variation at the genome-wide associated bipolar disorder locus ANK3 might influence anxiety-related personality traits.

PMID: 28272115

[Similar articles](#)



46. BMC Psychiatry. 2017 Mar 7;17(1):86. doi: 10.1186/s12888-017-1247-9.

[A digital intake approach in specialized mental health care: study protocol of a cluster randomised controlled trial.](#)

[Metz MJ](#)^{1,2}, [Elfeddali I](#)^{3,4,5}, [Krol DG](#)³, [Veerbeek MA](#)⁶, [de Beurs E](#)^{7,8}, [Beekman AT](#)^{9,10}, [van der Feltz-Cornelis CM](#)^{3,5}.

Author information:

1

EMGO Institute for Health and Care Research (EMGO+), VU University, Amsterdam, The Netherlands. m.metz@ggzbreburg.nl.

2

GGz Breburg, Mental Health Institute, Postbus 770, 5000 AT, Tilburg, The Netherlands. m.metz@ggzbreburg.nl.

3

GGz Breburg, Mental Health Institute, Postbus 770, 5000 AT, Tilburg, The Netherlands.

4

School for Public Health and Primary Care (CAPHRI), Maastricht University, Maastricht, Netherlands.

5

TRANZO Department, Tilburg University, Tilburg, The Netherlands.

6

Netherlands Institute of Mental Health and Addiction (Trimbos Institute), P.O. Box 725, 3500 AS, Utrecht, The Netherlands.

7

Department of Clinical Psychology, University of Leiden, Leiden, The Netherlands.

8

Foundation Benchmark Mental Health Care, Stichting Benchmark GGZ, Rembrandtlaan 46, 3723 BK, Bilthoven, The Netherlands.

9

Department of Psychiatry, VU University Medical Centre, Amsterdam, The Netherlands.

10

GGZ inGeest, Mental Health Institute, A.J. Ernststraat 1187, 1081 HL, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

Enhancing patient participation is becoming increasingly important in mental health care as patients use to have a dependent, inactive role and nonadherence to treatment is a regular problem. Research shows promising results of initiatives stimulating patient participation in partnership with their clinicians. However, few initiatives targeting both patients' and clinicians' behaviour have been evaluated in randomised trials (RCT). Therefore, in GGz Breburg, a specialized mental health institution, a digital intake approach was developed aimed at exploring treatment needs, expectations and preferences of patients intended to prepare patients for the intake consultations. Subsequently, patients and clinicians discuss this information during intake consultations and make shared decisions about options in treatment. The aim of this trial is to test the efficacy of this new digital intake approach

facilitated by Routine Outcome Monitoring (ROM), peer support and training of clinicians as compared to the intake as usual. The primary outcome is decisional conflict about choices in treatment. Secondary outcomes focus on patient participation, shared decision making, working alliance, adherence to treatment and clinical outcomes.

METHODS:

This article presents the study protocol of a cluster-randomised controlled trial in four outpatient departments for adults with depression, anxiety and personality disorders, working in two different regions. Randomisation is done between two similar intake-teams within each department. In the four intervention teams the new intake approach is implemented. The four control teams apply the intake as usual and will implement the new approach after the completion of the study. In total 176 patients are projected to participate in the study. Data collection will be at baseline, and at two weeks and two months after the intake.

DISCUSSION:

This study will potentially demonstrate the efficacy of the new digital intake approach in mental health care in terms of the primary outcome the degree of decisional conflict about choices in treatment. The findings of this study may contribute to the roll out of such eHealth initiatives fostering patient involvement in decision making about their treatment.

TRIAL REGISTRATION:

Trial registration: Dutch Trial Register NTR5677 . Registered 17th January 2016.

PMCID: PMC5341197 **Free PMC Article**

PMID: 28270129

[Similar articles](#)



47. J Neuropsychiatry Clin Neurosci. 2017 Mar 7:appineuropsych16030051. doi: 10.1176/appi.neuropsych.16030051. [Epub ahead of print]

A Neurology of the Conservative-Liberal Dimension of Political Ideology.

[Mendez MF¹](#).

Author information:

From the Department of Neurology and the Department of Psychiatry and Behavioral Sciences, David Geffen School of Medicine, University of California Los Angeles (MFM); and Neurology Service, Neurobehavior Unit, VA Greater Los Angeles Healthcare System, Los Angeles (MFM).

Abstract

Differences in political ideology are a major source of human disagreement and conflict. There is increasing evidence that neurobiological mechanisms mediate individual differences in political ideology through effects on a conservative-liberal axis. This review summarizes personality, evolutionary and genetic, cognitive, neuroimaging, and neurological studies of conservatism-liberalism and discusses how they might affect political ideology. What emerges from this highly variable literature is evidence for a normal right-sided "conservative-complex" involving structures sensitive to negativity bias, threat, disgust, and avoidance. This conservative-complex may be damaged with brain disease, sometimes leading to a pathological "liberal shift" or a reduced tendency to conservatism in political ideology. Although not deterministic, these findings recommend further research on politics and the brain.

PMID: 28264633

[Similar articles](#)



48. J Pers Disord. 2017 Mar 6:1-21. doi: 10.1521/pedi_2017_31_279. [Epub ahead of print]

Development and Validation of the Treatment Attrition-Retention Scale for Personality Disorders.

[Gamache D](#)^{1,2}, [Savard C](#)^{2,3}, [Lemelin S](#)², [Villeneuve E](#)².

Author information:

1

Université du Québec à Trois-Rivières, Trois-Rivières, Canada.

2

Centre de recherche de l'Institut universitaire en santé mentale de Québec, Québec, Canada.

3

Université Laval, Québec, Canada.

Abstract

This study is an investigation of the psychometric properties of the Treatment Attrition-Retention Scale for Personality Disorders (TARS-PD), an instrument developed to identify patients with personality disorder (PD) at risk of early dropout from psychotherapy. In a first study, assessment files from 320 patients referred for PD evaluation at an outpatient clinic were examined to assess the instrument's inter-rater reliability, construct validity, and discriminant validity. Results showed that the global scale could be scored with excellent reliability. Exploratory factor analysis identified five factors: Narcissism, Psychopathy, Secondary gains, Low motivation, and Cluster A features. A second study focused on the scale's predictive validity. The TARS-PD showed high specificity (94%) in identifying dropouts, using a cut-off of ≥ 10 . Both global and factor scores from the TARS-PD were significant predictors of treatment status (dropout vs. continuation) at 6 months. The scale should be considered promising for PD evaluation and treatment planning.

PMID: 28263094

[Similar articles](#)



49. J Pers Disord. 2017 Mar 6:1-16. doi: 10.1521/pedi_2017_31_282. [Epub ahead of print]

[Childhood Maltreatment as Predictor of Pathological Personality Traits Using PSY-5 in an Adult Psychiatric Sample.](#)

[Choi JY](#)¹, [Park SH](#)².

Author information:

1

Department of Psychiatry, Sanggye Paik Hospital, Inje University, Seoul, Republic of Korea.

2

Department of Psychology, Yonsei University, Seoul.

Abstract

Extant literature indicates that childhood maltreatment is significantly associated with personality disorders. With the recent call for a more dimensional approach to understanding personality and pathological personality traits, the aim of the present study was to examine whether the experience of childhood maltreatment is associated with pathological personality traits as measured by the Personality Psychopathology Five (PSY-5). We analyzed data from 557 adult psychiatric patients with diverse psychiatric diagnoses, including mood disorders, schizophrenia spectrum disorders, and anxiety disorders. Hierarchical multiple regression analyses were conducted to determine the degree to which childhood maltreatment explained

the five trait dimensions after controlling for demographic variables, presence of psychotic symptoms, and degree of depressive symptoms. Childhood maltreatment significantly predicted all of the five trait dimensions of the PSY-5. This suggests that childhood maltreatment may negatively affect the development of an adaptive adjustment system, thereby potentially contributing to the emergence of pathological personality traits.

PMID: 28263090

[Similar articles](#)



50. Niger J Physiol Sci. 2017 Mar 6;31(2):153-159.

Repeated Acute Oral Exposure to Cannabis sativa Impaired Neurocognitive Behaviours and Cortico-hippocampal Architectonics in Wistar Rats.

[Imam A¹](#), [Ajao MS](#), [Akinola OB](#), [Ajibola MI](#), [Ibrahim A](#), [Amin A](#), [Abdulmajeed WI](#), [Lawal ZA](#), [Ali-Oluwafuyi A](#).

Author information:

1

Department of Anatomy, University of Ilorin, Ilorin. imam.a@unilorin.edu.ng.

Abstract

The most abused illicit drug in both the developing and the developed world is Cannabis disposing users to varying forms of personality disorders. However, the effects of cannabis on cortico-hippocampal architecture and cognitive behaviours still remain elusive. The present study investigated the neuro-cognitive implications of oral cannabis use in rats. Eighteen adult Wistar rats were randomly grouped to three. Saline was administered to the control rats, cannabis (20 mg/kg) to the experimental group I, while Scopolamine (1 mg/kg. ip) was administered to the last group as a standard measure for the cannabis induced cognitive impairment. All treatments lasted for seven consecutive days. Open Field Test (OFT) was used to assess locomotor activities, Elevated Plus Maze (EPM) for anxiety-like behaviour, and Y maze paradigm for spatial memory and data subjected to ANOVA and T test respectively. Thereafter, rats were sacrificed and brains removed for histopathological studies. Cannabis significantly reduced rearing frequencies in the OFT and EPM, and increased freezing period in the OFT. It also reduced percentage alternation similar to scopolamine in the Y maze, and these effects were coupled with alterations in the cortico-hippocampal neuronal architectures. These results point to the detrimental impacts of

cannabis on cortico-hippocampal neuronal architecture and morphology, and consequently cognitive deficits.

PMID: 28262852 [Indexed for MEDLINE]

[Similar articles](#)

51. Psychopathology. 2017 Mar 3. doi: 10.1159/000457803. [Epub ahead of print]

Basic Self-Disturbances beyond Schizophrenia: Discrepancies and Affinities in Panic Disorder - An Empirical Clinical Study.

[Madeira L¹](#), [Carmenates S](#), [Costa C](#), [Linhares L](#), [Stanghellini G](#), [Figueira ML](#), [Sass L](#).

Author information:

1

Psychiatry Department, Centro Hospitalar Lisboa Norte, Lisbon, Portugal.

Abstract

BACKGROUND:

Anomalous self-experiences (ASEs), presumably involving alterations in "core" or "minimal self," have been studied as manifest in schizophrenia and its spectrum, in contrast with mood disorder and personality disorder samples. This is the first study to examine ASEs in panic disorder (PD), beginning the exploration of these disturbances of subjectivity in anxiety disorders. We aimed to clarify what might, or might not, be specific to the schizophrenia spectrum domain - which, in turn, could be useful for developing pathogenetic models for various disorders.

SAMPLING AND METHODS:

47 hospital outpatients with PD and no other medical and psychiatric comorbidity and 47 healthy control (HC) subjects were assessed with the Examination of Anomalous Self Experiences (EASE) and Cambridge Depersonalization Scale (CDS).

RESULTS:

All our PD patients had overall ASE and EASE scores significantly higher than our HCs (mean \pm SD 17.94 ± 11.88 vs. HC 1.00 ± 1.81), approaching levels found in previous schizophrenia spectrum samples. The distribution of particular EASE items and subitems in

the PD sample was heterogeneous, varying from rare (<10%) or absent (termed "discrepancies" with schizophrenia spectrum: 29 items) to being present in >50% of subjects ("affinities" with schizophrenia spectrum: 7 items). EASE and CDS scores were highly correlated ($r = 0.756$, 95% CI 0.665-0.840).

CONCLUSIONS:

PD patients scored higher on items suggesting common forms of derealization and depersonalization, perhaps suggesting "secondary" and defensive psychological processes, while lacking indicators of more profound ipseity disturbance. Our study supports the basic-self-disturbance model of schizophrenia, while suggesting the possibility of transnosological "schizophrenia-like phenomena," which might require careful phenomenological exploration to be distinguished from those of true psychotic or schizophrenic conditions.

© 2017 S. Karger AG, Basel.

PMID: 28259879

[Similar articles](#)



52. Psychodyn Psychiatry. 2017 Spring;45(1):1-21. doi: 10.1521/pdps.2017.45.1.1.

Borderline Personality Disorder: Treatment from the Contextual Perspective.

[Stone MH](#)¹.

Author information:

1

Professor of Clinical Psychiatry, Columbia College of Physicians and Surgeons.

Abstract

In relation to the psychotherapy of borderline personality disorder (BPD), the contextual model embraces the subjective components that operate alongside the more readily objectifiable elements of the medical model. The latter include the guidelines of the various psychodynamic and cognitive approaches, the randomized control trials of these approaches, follow-up studies, and data from MRI and other neurophysiological tests. The contextual model focuses on less easily measurable factors that comprise the real relationship between therapist and patient, including the heterogeneity in the BPD domain. Another component consists of patient expectations at the outset, the placebo effect of having an ally in the

person of the therapist, and the nature of the patient's primary unconscious conflicts. These combined elements exert a major influence vis-à-vis the efficacy of treatment, such that the precise nature of the therapeutic method emerges as of less importance in the eventual outcome-so long as the method is a bona fide theory-driven intervention, conducted by therapists with sufficient knowledge of alternative approaches and with the flexibility to utilize other approaches temporarily, in accordance with the exigencies of the patient's current life. This amounts to an integrated approach.

PMID: 28248560 [Indexed for MEDLINE]

[Similar articles](#)



53. Eur Arch Psychiatry Clin Neurosci. 2017 Apr;267(3):267-276. doi: 10.1007/s00406-016-0735-0. Epub 2016 Oct 17.

[A randomized controlled trial reporting functional outcomes of cognitive-behavioural therapy in medication-treated adults with ADHD and comorbid psychopathology.](#)

[Young S](#)^{1,2,3}, [Emilsson B](#)^{4,5}, [Sigurdsson JF](#)^{6,5,7}, [Khondoker M](#)^{4,8}, [Philipp-Wiegmann F](#)^{9,4}, [Baldursson G](#)⁵, [Olafsdottir H](#)⁵, [Gudjonsson G](#)^{9,6,4}.

Author information:

1

Centre for Psychiatry, Imperial College London, Du Cane Road, London, W12 0NN, UK. susan.young1@imperial.ac.uk.

2

Broadmoor Hospital, WLMHT, Crowthorne, UK. susan.young1@imperial.ac.uk.

3

Reykjavik University, Reykjavik, Iceland. susan.young1@imperial.ac.uk.

4

Institute of Psychiatry Psychology and Neuroscience, King's College London, London, UK.

5

Landspítali -The National University Hospital of Iceland, Reykjavik, Iceland.

6

Reykjavik University, Reykjavik, Iceland.

7

University of Iceland, Reykjavik, Iceland.
8
Department of Applied Health Research, University College London, London, UK.
9
Broadmoor Hospital, WLMHT, Crowthorne, UK.

Abstract

Studies assessing psychological treatment of attention deficit hyperactivity disorder (ADHD) in adults are increasingly reported. However, functional outcomes are often neglected in favour of symptom outcomes. We investigated functional outcomes in 95 adults with ADHD who were already treated with medication and randomized to receive treatment as usual (TAU/MED) or psychological treatment (CBT/MED) using a cognitive-behavioural programme, R&R2ADHD, which employs both group and individual modalities. RATE-S functional outcomes associated with ADHD symptoms, social functioning, emotional control and antisocial behaviour were given at baseline, end of treatment and three-month follow-up. The Total composite score of these scales is associated with life satisfaction. In addition, independent evaluator ratings of clinicians who were blind to treatment arm were obtained on the Clinical Global Impression scale at each time point. CBT/MED showed overall (combined outcome at end of treatment and 3-month follow-up) significantly greater functional improvement on all scales. Post-group treatment effects were maintained at follow-up with the exception of emotional control and the Total composite scales, which continued to improve. The largest treatment effect was for the RATE-S Total composite scale, associated with life satisfaction. CGI significantly correlated with all outcomes except for social functioning scale at follow-up. The study provides further evidence for the effectiveness of R&R2ADHD and demonstrates the importance of measuring functional outcomes. The key mechanism associated with improved functional outcomes is likely to be behavioural control.

Free PMC Article

PMID: 27752827 [Indexed for MEDLINE]

[Similar articles](#)



54. Anthropol Med. 2017 Apr;24(1):32-46. doi: 10.1080/13648470.2016.1226684. Epub 2016 Sep 21.

[How Voting and Consensus Created the Diagnostic and Statistical Manual of Mental Disorders \(DSM-III\).](#)

[Davies J¹](#).

Author information:

1

a Department of Life Sciences , University of Roehampton , London , United Kingdom of Great Britain and Northern Ireland.

Abstract

This paper examines how Task Force votes were central to the development of Diagnostic and Statistical Manual of Mental Disorders (DSM-III and DSM-III-R). Data were obtained through a literature review, investigation of DSM archival material housed at the American Psychiatric Association (APA), and interviews with key Task Force members of DSM-III and DSM-III-R. Such data indicate that Task Force votes played a central role in the making of DSM-III, from establishing diagnostic criteria and diagnostic definitions to settling questions about the inclusion or removal of diagnostic categories. The paper concludes that while the APA represented DSM-III, and the return to descriptive psychiatry it inaugurated, as a triumph of empirically based decision-making, the evidence presented here fails to support that view. Since the DSM is a cumulative project, and as DSM-III lives on through subsequent editions, this paper calls for a more socio-historically informed understanding of DSM's construction to be deployed in how the DSM is taught and implemented in training and clinical settings.

PMID: 27650639 [Indexed for MEDLINE]

[Similar articles](#)



55. Eur Arch Psychiatry Clin Neurosci. 2017 Apr;267(3):257-266. doi: 10.1007/s00406-016-0727-0. Epub 2016 Sep 13.

[Impaired social cognition in violent offenders: perceptual deficit or cognitive bias?](#)

[Jusyte A](#)^{1,2}, [Schönenberg M](#)³.

Author information:

1

LEAD Graduate School and Research Network, University of Tübingen, Gartenstr. 29A, 72074, Tübingen, Germany. aiste.jusyte@uni-tuebingen.de.

2

Department of Clinical Psychology and Psychotherapy, University of Tübingen, Tübingen, Germany. aiste.jusyte@uni-tuebingen.de.

3

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

Abstract

Aggressive behavior is assumed to be associated with certain patterns of social information processing. While some theories link aggression to a tendency to interpret ambiguous stimuli as hostile (i.e., enhanced sensitivity to anger), others assume an insufficient ability to perceive emotional expressions, particularly fear. Despite compelling evidence to support both theories, no previous study has directly investigated the predictions made by these two accounts in aggressive populations. The aim of the current study was to test processing patterns for angry and fearful facial expressions in violent offenders (VOs) and healthy controls (CTLs) and their association with self-reported aggression and psychopathy scores. In Experiment 1, we assessed perceptual sensitivity to neutral-emotional (angry, fearful, happy) blends in a task which did not require categorization, but an indication whether the stimulus is neutral or emotional. In Experiment 2, we assessed categorization performance for ambiguous fearful-happy and angry-happy blends. No group differences were revealed in Experiment 1, while Experiment 2 indicated a deficit in the categorization of ambiguous fearful blends in the VO group. Importantly, this deficit was associated with both self-reported psychopathy and aggression in the VO, but not the CTL group. The current study provides evidence for a deficient categorization of fearful expressions and its association with self-reported aggression and psychopathy in VOs, but no support for heightened sensitivity to anger. Furthermore, the current findings indicate that the deficit is tied to categorization but not detection stages of social information processing.

PMID: 27623869 [Indexed for MEDLINE]

[Similar articles](#)



56. Q J Exp Psychol (Hove). 2017 Apr;70(4):649-663. Epub 2016 Mar 10.

[The neurotic wandering mind: An individual differences investigation of neuroticism, mind-wandering, and executive control.](#)

[Robison MK](#)¹, [Gath KI](#)¹, [Unsworth N](#)¹.

Author information:

1

a Department of Psychology , University of Oregon , Eugene , OR , USA.

Abstract

Cognitive psychology and cognitive neuroscience have recently developed a keen interest in the phenomenon of mind-wandering. People mind-wander frequently, and mind-wandering is associated with decreased cognitive performance. But why do people mind-wander so much? Previous investigations have focused on cognitive abilities like working memory capacity and attention control. But an individual's tendency to worry, feel anxious, and entertain personal concerns also influences mind-wandering. The Control Failure × Concerns model of mind-wandering. Psychological Bulletin, 136, 188-197] argues that individual differences in the propensity to mind-wander are jointly determined by cognitive abilities and by the presence of personally salient concerns that intrude on task focus. In order to test this model, we investigated individual differences in mind-wandering, executive attention, and personality with a focus on neuroticism. The results showed that neurotic individuals tended to report more mind-wandering during cognitive tasks, lower working memory capacity, and poorer attention control. Thus the trait of neuroticism adds an additional source of variance in the tendency to mind-wander, which offers support for the Control Failure × Concerns model. The results help bridge the fields of clinical psychology, cognitive psychology, affective neuroscience, and cognitive neuroscience as a means of developing a more complete understanding of the complex relationship between cognition, personality, and emotion.

PMID: 26821933 [Indexed for MEDLINE]

[Similar articles](#)

1. Int J Psychiatry Clin Pract. 2017 Mar 31:1-5. doi: 10.1080/13651501.2017.1306628. [Epub ahead of print]

Elucidating the association between the self-harm inventory and several borderline personality measures in an inpatient psychiatric sample.

[Sellbom M](#)¹, [Sansone RA](#)², [Songer DA](#)^{2,3}.

Author information:

1

a Department of Psychology , University of Otago , Dunedin , New Zealand.

2

b Department of Psychiatry and Internal Medicine , Wright State University School of Medicine , Dayton , OH , USA.

3

c Miami Valley Hospital , Dayton , OH , USA.

Abstract

OBJECTIVE:

The current study evaluated the utility of the self-harm inventory (SHI) as a proxy for and screening measure of borderline personality disorder (BPD) using several diagnostic and statistical manual of mental disorders (DSM)-based BPD measures as criteria.

METHODS:

We used a sample of 145 psychiatric inpatients, who completed the SHI and a series of well-validated, DSM-based self-report measures of BPD.

RESULTS:

Using a series of latent trait and latent class analyses, we found that the SHI was substantially associated with a latent construct representing BPD, as well as differentiated latent classes of 'high' vs. 'low' BPD, with good accuracy.

CONCLUSIONS:

The SHI can serve as proxy for and a good screening measure for BPD, but future research needs to replicate these findings using structured interview-based measurement of BPD.

PMID: 28362142

2. Compr Psychiatry. 2017 Mar 12;75:117-124. doi: 10.1016/j.comppsy.2017.03.004. [Epub ahead of print]

An investigation of doubt in obsessive-compulsive disorder.

[Samuels J](#)¹, [Bienvenu OJ](#)², [Krasnow J](#)², [Wang Y](#)², [Grados MA](#)², [Cullen B](#)², [Goes FS](#)², [Maher B](#)³, [Greenberg BD](#)⁴, [McLaughlin NC](#)⁴, [Rasmussen SA](#)⁴, [Fyer AJ](#)⁵, [Knowles JA](#)⁶, [Nestadt P](#)², [McCracken JT](#)⁷, [Piacentini J](#)⁷, [Geller D](#)⁸, [Pauls DL](#)⁹, [Stewart SE](#)¹⁰, [Murphy DL](#)¹¹, [Shugart YY](#)¹², [Kamath V](#)², [Bakker A](#)², [Riddle MA](#)², [Nestadt G](#)².

Author information:

1

Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, USA. Electronic address: jacks@jhmi.edu.

2

Department of Psychiatry and Behavioral Sciences, Johns Hopkins University School of Medicine, Baltimore, MD, USA.

3

Department of Mental Health, Bloomberg School of Public Health, Johns Hopkins University, Baltimore, MD, USA.

4

Department of Psychiatry and Human Behavior, Brown Medical School, Butler Hospital, Providence, RI, USA.

5

Department of Psychiatry, College of Physicians and Surgeons at Columbia University and the New York State Psychiatric Institute, New York City, New York, USA.

6

Department of Psychiatry, University of Southern California School of Medicine, Los Angeles, California, USA.

7

Department of Psychiatry and Biobehavioral Sciences, University of California, Los Angeles, School of Medicine, Los Angeles, California, USA.

8

Department of Psychiatry, Harvard Medical School, Boston, MA, USA.

9

Department of Psychiatry and Psychiatric and Neurodevelopmental Genetics Unit, Massachusetts General Hospital and Harvard Medical School, Boston, MA, USA.

10

Department of Psychiatry, Faculty of Medicine, University of British Columbia, Vancouver.

11

Laboratory of Clinical Science, National Institute of Mental Health, National Institute of Health, Bethesda, MD, USA.

12

Unit of Statistical Genomics, Division of Intramural Research, National Institute of Mental Health, Bethesda, MD, USA.

Abstract

BACKGROUND:

Clinicians have long considered doubt to be a fundamental characteristic of obsessive-compulsive disorder (OCD). However, the clinical relevance of doubt in OCD has not been addressed.

METHODS:

Participants included 1182 adults with OCD who had participated in family and genetic studies of OCD. We used a clinical measure of the severity of doubt, categorized as none, mild, moderate, severe, or extreme. We evaluated the relationship between doubt and OCD clinical features, Axis I disorders, personality and personality disorder dimensions, impairment, and treatment response.

RESULTS:

The severity of doubt was inversely related to the age at onset of OCD symptoms. Doubt was strongly related to the number of checking symptoms and, to a lesser extent, to the numbers of contamination/cleaning and hoarding symptoms. Doubt also was related to the lifetime prevalence of recurrent major depression and generalized anxiety disorder; to the numbers of avoidant, dependent, and obsessive-compulsive personality disorder traits; and to neuroticism and introversion. Moreover, doubt was strongly associated with global impairment and poor response to cognitive behavioral treatment (CBT), even adjusting for OCD severity and other correlates of doubt.

CONCLUSIONS:

Doubt is associated with important clinical features of OCD, including impairment and cognitive-behavioral treatment response.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28359017

[Similar articles](#)



3. PLoS One. 2017 Mar 30;12(3):e0173397. doi: 10.1371/journal.pone.0173397. eCollection 2017.

Interventions to treat mental disorders during pregnancy: A systematic review and multiple treatment meta-analysis.

[van Ravesteyn LM¹](#), [Lambregtse-van den Berg MP^{1,2}](#), [Hoogendijk WJ¹](#), [Kamperman AM¹](#).

Author information:

1

Department of Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands.

2

Department of Child and Adolescent Psychiatry, Erasmus University Medical Center, Rotterdam, the Netherlands.

Abstract

BACKGROUND:

For women suffering from an antepartum mental disorder (AMD), there is lack of evidence-based treatment algorithms due to the complicated risk-benefit analysis for both mother and unborn child. We aimed to provide a comprehensive overview of pharmacological and non-pharmacological interventions to treat AMD and performed a meta-analysis of the estimated treatment effect on the psychiatric symptoms during pregnancy.

METHODS:

MedLine, PsycINFO and Embase databases were searched by two independent reviewers for clinical trials with a control condition on treatment of women with AMD, i.e. major depressive (MDD), anxiety, psychotic, eating, somatoform and personality disorders. We inventoried the effect of the treatment, i.e. decrease of psychiatric symptoms at the end of the treatment or postpartum. We adhered to the PRISMA-protocol.

FINDINGS:

Twenty-nine trials were found involving 2779 patients. Trials studied patients with depressive disorders ($k = 28$), and anxiety disorders ($k = 1$). No pharmacological trials were detected. A form of psychotherapy, like Cognitive Behavioural Therapy ($g = -0.61$; 95%CI:-0.73 to -0.49, $I^2 = 0\%$; $k = 7$) or Interpersonal Psychotherapy ($g = -0.67$; 95%CI:-1.27 to -0.07; $I^2 = 79\%$; $k = 4$), holds robust benefit for pregnant women with MDD. Body-oriented interventions ($g = -0.43$; 95%CI:-0.61 to -0.25; $I^2 = 17\%$; $k = 7$) and acupuncture ($g = -0.43$; 95%CI:-0.80 to -0.06; $I^2 = 0\%$; $k = 2$) showed medium sized reduction of depressive symptoms. Bright light therapy ($g = -0.59$; 95%CI:-1.25 to 0.06; $I^2 = 0\%$; $k = 2$), and food supplements ($g = -0.51$; 95%CI:-1.02 to 0.01; $I^2 = 20\%$; $k = 3$) did not show significant treatment effects. One study was found on Integrative Collaborative Care.

CONCLUSIONS:

This meta-analysis found a robust moderate treatment effect of CBT for MDD during pregnancy, and to a lesser extent for IPT. As an alternative, positive results were found for body-oriented interventions and acupuncture. No evidence was found for bright light therapy

and food supplements. Only non-pharmacological trials on women with MDD were found. Research on a wider range of AMD is needed.

Free Article

PMID: 28358808

[Similar articles](#)



4. Personal Disord. 2017 Apr;8(2):113-129. doi: 10.1037/per0000215.

[Structural equation modeling of personality disorders and pathological personality traits.](#)

[South SC¹](#), [Jarnecke AM¹](#).

Author information:

1

Department of Psychological Sciences, Purdue University.

Abstract

Structural equation modeling (SEM) is a family of related statistical techniques that lend themselves to understanding the complex relationships among variables that differ among individuals in the population. SEM techniques have become increasingly popular in the study of personality disorders (PDs) and maladaptive personality traits. The current article takes a critical look at the ways in which SEM techniques have been used in the study of PDs, PD symptoms, and pathological personality traits. By far the most common use of SEM in the study of PDs has been to examine the latent structure of these constructs, with an overwhelming bulk of the evidence in favor of a dimensional, as opposed to categorical, conceptualization. Other common uses of SEM in this area are factor models that examine the joint multivariate space of PDs, maladaptive personality traits, and psychopathology. Relatively underused, however, are observed or latent variable path models. We review the strengths and weaknesses of the work done to date, focusing on ways that these SEM studies have been either theoretically and/or statistically sound. Finally, we offer suggestions for future research examining PDs with SEM techniques. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28358577

[Similar articles](#)



5. Personal Disord. 2017 Apr;8(2):104-112. doi: 10.1037/per0000190.

[Assessing the assessors: The feasibility and validity of clinicians as a source for personality disorder research.](#)

[Samuel DB](#)¹, [Bucher MA](#)¹.

Author information:

1

Department of Psychological Sciences, Purdue University.

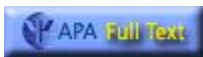
Abstract

The use of knowledgeable informants is a particularly valuable tool for the diagnosis and assessment of personality disorder (PD). This review details the use of one particular type of informant-practicing clinicians-in PD research. We detail a wide variety of studies that have employed clinicians as an assessment source, including those focused on interrater agreement, comparative validity with other methods, cognitive factors of diagnosis, and opinion surveys. We demonstrate limitations, such as potential biases and limited convergent validity, which caution against the assumption that clinicians' ratings should be considered a gold-standard. Nonetheless, we also highlight the potential value of research that focuses on clinicians due to its external validity to real-world practice settings. Finally, we outline several issues to consider when sampling clinicians, such as participation rate and sample size, and call for future research that collects ratings from clinicians using systematic, well-validated measures. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28358576

[Similar articles](#)



6. Personal Disord. 2017 Apr;8(2):103. doi: 10.1037/per0000244.

[PDTRT Special Section: Methodological issues in personality disorder research.](#)

[Widiger TA](#)¹.

Author information:

1

University of Kentucky.

Abstract

Introduces *Personality Disorders: Theory, Research, and Treatment* ongoing Special Section concerned with methodological issues in personality disorder research. This second edition includes two papers, one which discusses the value and advantages of sampling the views, opinions, and perceptions of clinicians in personality disorder research, and the other which takes a critical look at the ways in which structural equation modeling techniques have been used in the study of personality disorders, symptoms, and traits. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28358575

[Similar articles](#)



7. BMC Psychol. 2017 Mar 29;5(1):10. doi: 10.1186/s40359-017-0179-y.

[The impact of conscientiousness, mastery, and work circumstances on subsequent absenteeism in employees with and without affective disorders.](#)

[Kok AA](#)^{1,2}, [Plaisier I](#)³, [Smit JH](#)⁴, [Penninx BW](#)⁴ .

Author information:

1

Department of Sociology, VU University Amsterdam, Amsterdam, The Netherlands.
a.kok1@vumc.nl.

2

Department of Epidemiology & Biostatistics, VU University Medical Center, Amsterdam, The Netherlands. a.kok1@vumc.nl.

3

The Netherlands Institute for Social Research, The Hague, The Netherlands.

4

Abstract

BACKGROUND:

High numbers of employees are coping with affective disorders. At the same time, ambitiousness, achievement striving and a strong sense of personal control and responsibility are personality characteristics that are nowadays regarded as key to good work functioning, whereas social work circumstances tend to be neglected. However, it is largely unknown how personality characteristics and work circumstances affect work functioning when facing an affective disorder. Given the high burden of affective disorders on occupational health, we investigate these issues in the context of affective disorders and absenteeism from work. The principal aim of this paper is to examine whether particular personality characteristics that reflect self-governance (conscientiousness and mastery) and work circumstances (demands, control, support) influence the impact of affective disorders on long-term absenteeism (>10 working days).

METHODS:

Baseline and 1-year follow-up data from 1249 participants in the Netherlands Study of Depression and Anxiety (NESDA) in 2004-2006 was employed. Multivariate logistic regression analyses were performed, including interaction effects between depressive, anxiety, and comorbid disorders and personality and work circumstances.

RESULTS:

In general, mastery and conscientiousness increased nor diminished odds of subsequent long-term absenteeism, whereas higher job support significantly decreased these odds. Interaction effects showed that the impact of affective disorders on absenteeism was stronger for highly conscientious employees and for employees who experienced high job demands.

CONCLUSIONS:

Affective disorders may particularly severely affect work functioning of employees who are highly conscientious or face high psychological job demands. Adjusting working conditions to their individual needs may prevent excessive work absence.

Free Article

PMID: 28356128

[Similar articles](#)



Does personality affect health-related quality of life? A systematic review.

[Huang IC](#)¹, [Lee JL](#)², [Ketheeswaran P](#)³, [Jones CM](#)¹, [Revicki DA](#)⁴, [Wu AW](#)⁵.

Author information:

1

Department of Epidemiology and Cancer Control, St. Jude Children's Research Hospital, Memphis, Tennessee, United States of America.

2

Department of Medicine, School of Medicine, Indiana University, Indianapolis, Indiana, United States of America.

3

Herbert Wertheim College of Medicine, Florida International University, Miami, Florida, United States of America.

4

Outcomes Research, Evidera, Bethesda, Maryland, United States of America.

5

Department of Health Policy and Management, Johns Hopkins Bloomberg School of Public Health, Johns Hopkins University, Baltimore, Maryland, United States of America.

Abstract

BACKGROUND:

Health-related quality of life (HRQOL) is increasingly measured as an outcome for clinical and health services research. However, relatively little is known about how non-health factors affect HRQOL. Personality is a potentially important factor, yet evidence regarding the effects of personality on HRQOL measures is unclear.

METHODS:

This systematic review examined the relationships among aspects of personality and HRQOL. Eligible studies were identified from Medline and PsycINFO. The review included 76 English-language studies with HRQOL as a primary outcome and that assessed personality from the psychological perspective. Individuals with various health states, including ill (e.g., cancer, cardiovascular disorders), aging, and healthy, were included in this review study.

RESULTS:

Some personality characteristics were consistently related to psychosocial aspects more often than physical aspects of HRQOL. Personality characteristics, especially neuroticism, mastery, optimism, and sense of coherence were most likely to be associated with psychosocial HRQOL. Personality explained varying proportions of variance in different domains of HRQOL. The range of variance explained in psychosocial HRQOL was 0 to 45% and the range of explained variance in physical HRQOL was 0 to 39%.

CONCLUSIONS:

Personality characteristics are related to HRQOL. Systematic collection and analysis of personality data alongside HRQOL measures may be helpful in medical research, clinical practice, and health policy evaluation.

Free Article

PMID: 28355244

[Similar articles](#)



9. J Psychopharmacol. 2017 Apr;31(4):397-405. doi: 10.1177/0269881117695879. Epub 2017 Mar 14.

[Antipsychotic treatment of schizotypy and schizotypal personality disorder: a systematic review.](#)

[Jakobsen KD](#)^{1,2}, [Skyum E](#)², [Hashemi N](#)², [Schjerning O](#)², [Fink-Jensen A](#)³, [Nielsen J](#)^{1,2,3}.

Author information:

1

1 Department of Clinical Medicine, Aalborg University, Aalborg, Denmark.

2

2 Department of Psychiatry, Aalborg University Hospital, Aalborg, Denmark.

3

3 Mental Health Centre Glostrup, University of Copenhagen, Copenhagen, Denmark.

Abstract

Schizotypal personality disorder (SPD) is characterised by thought disorders, experiences of illusions, obsessive ruminations, bizarre or eccentric behaviour, cognitive problems and

deficits in social functioning - symptoms that SPD shares with schizophrenia. Efforts have been undertaken to investigate the relationship between these conditions regarding genetics, pathophysiology, and phenomenology. However, treatment of SPD with antipsychotics has received less scientific attention. Embase and PubMed databases were searched using all known generic names of antipsychotics as search terms in combination with the following diagnostic terms: latent schizophrenia, schizotypal disorder, latent type schizophrenia, or SPD. Studies were categorised according to evidence level on the basis of their methodology from A, being the best, to E, being the worst. Five hundred and nine studies were retrieved and scrutinised. Sixteen studies, from the period 1972 to 2012, on antipsychotic treatment of SPD were extracted. Four studies were categorised as evidence level A, two as level B, six as level C and three as level D, with one study level E. Only four randomised, double-blind, placebo-controlled trials, on subjects with well-defined diagnoses, exists. Only amisulpride, risperidone and thiothixene have been studied according to evidence level A. This result warrants further high quality studies of the effects of antipsychotic treatment of SPD.

PMID: 28347257

[Similar articles](#)



10. Behav Genet. 2017 Mar 25. doi: 10.1007/s10519-017-9844-4. [Epub ahead of print]

[Using Patterns of Genetic Association to Elucidate Shared Genetic Etiologies Across Psychiatric Disorders.](#)

[Cho SB](#)^{1,2}, [Aliev F](#)^{3,4,5}, [Clark SL](#)⁶, [Adkins AE](#)^{3, 4}, [Edenberg HJ](#)⁷, [Bucholz KK](#)⁸, [Porjesz B](#)⁹, [Dick DM](#)^{3,4,10}.

Author information:

1

Department of Psychology, Virginia Commonwealth University, PO Box 842018, 817W. Franklin Street, Richmond, VA, 23284-2018, USA. sbcho@vcu.edu.

2

College Behavioral and Emotional Health Institute, Virginia Commonwealth University, Richmond, VA, USA. sbcho@vcu.edu.

3

Department of Psychology, Virginia Commonwealth University, PO Box 842018, 817W. Franklin Street, Richmond, VA, 23284-2018, USA.

4

College Behavioral and Emotional Health Institute, Virginia Commonwealth University, Richmond, VA, USA.

5

- 6 Faculty of Business, Karabuk University, Karabuk, Turkey.
- 7 Center for Biomarker Research and Precision Medicine, Virginia Commonwealth University, Richmond, VA, USA.
- 8 Department of Biochemistry and Molecular Biology, Indiana University School of Medicine, Indianapolis, IN, USA.
- 9 Department of Psychiatry, Washington University, Saint Louis, MO, USA.
- 10 Department of Psychiatry and Behavioral Sciences, State University of New York Downstate Medical Center, Brooklyn, NY, USA.
- Department of Human and Molecular Genetics, Virginia Commonwealth University, Richmond, VA, USA.

Abstract

Twin studies indicate that latent genetic factors overlap across comorbid psychiatric disorders. In this study, we used a novel approach to elucidate shared genetic factors across psychiatric outcomes by clustering single nucleotide polymorphisms based on their genome-wide association patterns. We applied latent profile analysis (LPA) to p-values resulting from genome-wide association studies across three phenotypes: symptom counts of alcohol dependence (AD), antisocial personality disorder (ASP), and major depression (MD), using the European-American case-control genome-wide association study subsample of the collaborative study on the genetics of alcoholism (N = 1399). In the 3-class model, classes were characterized by overall low associations (85.6% of SNPs), relatively stronger association only with MD (6.8%), and stronger associations with AD and ASP but not with MD (7.6%), respectively. These results parallel the genetic factor structure identified in twin studies. The findings suggest that applying LPA to association results across multiple disorders may be a promising approach to identify the specific genetic etiologies underlying shared genetic variance.

PMID: 28343281

[Similar articles](#)



11. Behav Brain Res. 2017 Mar 22. pii: S0166-4328(16)30777-X. doi: 10.1016/j.bbr.2017.03.031. [Epub ahead of print]

Not in one metric: Neuroticism modulates different resting state metrics within distinctive brain regions.

[Gentili C](#)¹, [Cristea IA](#)², [Ricciardi E](#)³, [Vanello N](#)⁴, [Popita C](#)⁵, [David D](#)⁶, [Pietrini P](#)³.

Author information:

1

Department of General Psychology, University of Padua, Padua, Italy. Electronic address: c.gentili@unipd.it.

2

Department of General Psychology, University of Padua, Padua, Italy; Department of Clinical Psychology and Psychotherapy and International Institute for Advanced Studies of Psychotherapy and Applied Mental Health, University Babes-Bolyai, Cluj-Napoca, Romania.

3

IMT School for Advanced Studies Lucca, Italy.

4

Dipartimento di Ingegneria dell'Informazione, University of Pisa, Italy.

5

Department of Radiology, The Oncology Institute "Prof. Dr. Ion Chiricuta" (IOCN), Cluj-Napoca, Romania.

6

Department of Clinical Psychology and Psychotherapy and International Institute for Advanced Studies of Psychotherapy and Applied Mental Health, University Babes-Bolyai, Cluj-Napoca, Romania.

Abstract

INTRODUCTION:

Neuroticism is a complex personality trait encompassing diverse aspects. Notably, high levels of neuroticism are related to the onset of psychiatric conditions, including anxiety and mood disorders. Personality traits are stable individual features; therefore, they can be expected to be associated with stable neurobiological features, including the Brain Resting State (RS) activity as measured by fMRI. Several metrics have been used to describe RS properties, yielding rather inconsistent results. This inconsistency could be due to the fact that different metrics portray different RS signal properties and that these properties may be differently affected by neuroticism. To explore the distinct effects of neuroticism, we

assessed several distinct metrics portraying different RS properties within the same population.

METHOD:

Neuroticism was measured in 31 healthy subjects using the Zuckerman-Kuhlman Personality Questionnaire; RS was acquired by high-resolution fMRI. Using linear regression, we examined the modulatory effects of neuroticism on RS activity, as quantified by the Amplitude of low frequency fluctuations (ALFF, fALFF), regional homogeneity (REHO), Hurst Exponent (H), global connectivity (GC) and amygdalae functional connectivity.

RESULTS:

Neuroticism modulated the different metrics across a wide network of brain regions, including emotional regulatory, default mode and visual networks. Except for some similarities in key brain regions for emotional expression and regulation, neuroticism affected different metrics in different ways.

DISCUSSION:

Metrics more related to the measurement of regional intrinsic brain activity (fALFF, ALFF and REHO), or that provide a parsimonious index of integrated and segregated brain activity (HE), were more broadly modulated in regions related to emotions and their regulation. Metrics related to connectivity were modulated across a wider network of areas. Overall, these results show that neuroticism affects distinct aspects of brain resting state activity. More in general, these findings indicate that a multiparametric approach may be required to obtain a more detailed characterization of the neural underpinnings of a given psychological trait.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28342970

[Similar articles](#)



12. J Affect Disord. 2017 Mar 19;215:230-236. doi: 10.1016/j.jad.2017.03.045. [Epub ahead of print]

[Nice guys: Homozygosity for the TPH2 - 703G/T \(rs4570625\) minor allele promotes low aggressiveness and low anxiety.](#)

[Laas K](#)¹, [Kiive E](#)², [Mäestu J](#)³, [Vaht M](#)¹, [Veidebaum T](#)⁴, [Harro J](#)⁵.

Author information:

1

Division of Neuropsychopharmacology, Department of Psychology, University of Tartu, Tartu, Estonia.

2

Division of Special Education, Department of Education, University of Tartu, Tartu, Estonia.

3

Department of Exercise and Sports Sciences, University of Tartu, Tartu, Estonia.

4

National Institute for Health Development, Tallinn, Estonia.

5

Division of Neuropsychopharmacology, Department of Psychology, University of Tartu, Tartu, Estonia. Electronic address: Jaanus.Harro@ut.ee.

Abstract

BACKGROUND:

Tryptophan hydroxylase (TPH) is the rate-limiting enzyme in the synthesis of serotonin. We examined whether the TPH2 polymorphism -703G/T (rs4570625) is associated with aggressiveness and impulsivity, and the prevalence of psychiatric disorders, in a population-representative sample.

METHODS:

We used self and proxy reports on aggressive behaviour in the younger birth cohort of the longitudinal Estonian Children Personality, Behaviour and Health Study collected at age 25, and earlier collected impulsivity and related data of both ECPBHS cohorts.

RESULTS:

The TT homozygous males reported less aggressive behaviour in the Life History of Aggression interview at age 25. They also had significantly lower scores in Illinois Bully Scale peer reports, and less ADHD symptoms rated by teachers both at ages 9 and 15. The TT homozygotes of both sexes had the lowest Maladaptive Impulsivity at ages 18 and 25, and the highest Adaptive Impulsivity at age 25. The TT homozygotes also had low depressiveness and trait anxiety by age 25, and the odds ratio for the prevalence of anxiety disorders was 9.38 for the G-allele carriers.

LIMITATIONS:

The main limitation of the study is the naturally occurring low number of subjects with the TT genotype.

CONCLUSIONS:

Subjects with the TPH2 rs4570625 TT genotype, especially males, exhibit less aggression and a favourable impulsivity profile, and develop anxiety disorders by young adulthood less often.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28342337

[Similar articles](#)



13. Am J Addict. 2017 Mar 24. doi: 10.1111/ajad.12536. [Epub ahead of print]

[Psychopathology and personality traits associated with driving while intoxicated in Beijing, China: Implications for interventions.](#)

[Zhao RJ](#)¹, [Sun W](#)^{2,3}, [Zhang LL](#)⁴, [Bao YP](#)⁵, [Huang L](#)⁴, [Dong P](#)^{2,3}, [Zhou SJ](#)¹, [Wang ZQ](#)⁶, [Kosten TR](#)^{7,8}, [Sun HQ](#)^{2,3}.

Author information:

1

Beijing Hui-Long-Guan Hospital, Peking University, Beijing, China.

2

Institute of Mental Health/Peking University Sixth Hospital, Beijing, China.

3

National Clinical Research Center for Mental Disorders & Key Laboratory of Mental Health, Ministry of Health (Peking University), Beijing, China.

4

Beijing Mulin Institute of Education and Rehabilitation, Beijing, China.

5

National Institute on Drug Dependence, Peking University, Beijing, China.

6

China Academy of Chinese Medical Sciences, Guang'anmen Hospital, Beijing, China.

7

8 Baylor College of Medicine, Houston, Texas.
Michael E. DeBakey VA Medical Center, Houston, Texas.

Abstract

BACKGROUND AND OBJECTIVES:

Driving while intoxicated (DWI) represents an area of grave concern in China, yet little research has focused on it or on the personality traits and psychiatric disorders among these drivers.

METHODS:

We enrolled 325 of 382 residents charged with DWI in a compulsory detention center in Beijing, China. And 351 male drivers who had never had any alcohol arrests as control participants. All were screened for Axis I disorders using the Chinese version of the Structured Clinical Interview for the Diagnostic Statistical Manual of Mental Disorders IV-TR (SCID), the Minnesota Multiphasic Personality Inventory (MMPI-2), and the Sixteen Personality Factor Questionnaire (16PF).

RESULTS:

The subjects were all males with a mean (\pm SD) age of 34.41 ± 8.48 years, and almost 30% met DSM-IV criteria for alcohol abuse or dependence ($n = 92$). Compared to normal controls they showed greater Social Boldness, Abstractedness, Apprehension, Liveliness and Tension, and poorer Reasoning, Vigilance, Openness to Change, and Self-reliance. On the MMPI-2, DWI subjects showed greater Hypochondriasis, Psychopathic Deviate, Paranoia, Psychasthenia, Schizophrenia and Hypomania; and lower Social introversion.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

Severe alcohol problems are more common in Beijing's drunk drivers than in the Chinese general population. These DWI drivers also have a broad variety of traits that increase their tendency to be venturesome and socially bold while enjoying excitement and risk-taking. (Am J Addict 2017;XX:1-5).

Copyright © 2017 American Academy of Addiction Psychiatry.
PMID: 28342226

[Similar articles](#)



14. J Am Acad Child Adolesc Psychiatry. 2017 Apr;56(4):297-303.e4. doi: 10.1016/j.jaac.2017.01.009. Epub 2017 Feb 2.

Parental Psychopathology and Tourette Syndrome/Chronic Tic Disorder in Offspring: A Nationwide Case-Control Study.

[Leivonen S](#)¹, [Scharf JM](#)², [Mathews CA](#)³, [Chudal R](#)⁴, [Gyllenberg D](#)⁴, [Sucksdorff D](#)⁴, [Suominen A](#)⁴, [Voutilainen A](#)⁵, [Brown AS](#)⁶, [Sourander A](#)⁷.

Author information:

1

University of Turku and Turku University Hospital, Turku, Finland; Child Neurology, Helsinki University Hospital and University of Helsinki, Finland.

2

Center for Human Genetics Research, Massachusetts General Hospital, and Harvard Medical School, Boston.

3

Genetics Institute, University of Florida, Gainesville.

4

University of Turku and Turku University Hospital, Turku, Finland.

5

Child Neurology, Helsinki University Hospital and University of Helsinki, Finland.

6

Columbia University Medical Center and New York State Psychiatric Institute, New York City.

7

University of Turku and Turku University Hospital, Turku, Finland. Electronic address: andre.sourander@utu.fi.

Abstract

OBJECTIVE:

To determine the associations between maternal and paternal psychiatric diagnoses and Tourette syndrome (TS)/chronic tic disorder (CT) in a nationwide study.

METHOD:

This nested case-control study linked data derived from three national registers. All singletons born and diagnosed with TS/CT in Finland between January 1991 and December 2010 were identified (n = 1,120) and matched to four controls (n = 4,299). Conditional

logistic regression was used to examine the associations between parental psychopathology and TS/CT.

RESULTS:

Altogether, 24.9% of patients with TS/CT and 12.0% of controls had a mother with a psychiatric diagnosis. Similarly, 17.9% and 12.9% had a father with a psychiatric diagnosis. Any maternal and any paternal psychiatric diagnosis was associated with offspring TS/CT (odds ratio [OR] 2.3; 95% CI 1.9-2.7 and OR 1.2; 95% CI 1.01-1.5, respectively). The association between maternal psychiatric diagnosis and TS/CT was stronger than that between paternal psychiatric diagnosis and TS/CT ($p < .001$). Maternal personality disorders (OR 3.1, 95% CI 1.9-5.1), anxiety disorders (OR 2.6, 95% CI 1.9-3.5), affective disorders (OR 2.3, 95% CI 1.8-2.9), psychotic disorders (OR 2.0, 95% CI 1.2-3.3), and addiction disorders (OR 1.8, 95% CI 1.1-2.8) were associated with TS/CT. Paternal OCD (OR 6.5, 95% CI 1.1-39.5) and anxiety disorders (OR 1.5, 95% CI 1.1-2.3) were associated with TS/CT.

CONCLUSION:

Parental psychiatric diagnoses (especially in the mother) are associated with diagnosed offspring TS/CT. Further studies are required before the results can be generalized to all children with TS/CT. The associations between maternal psychiatric disorders and TS may reflect both maternal specific environmental and/or genetic influences.

Copyright © 2017 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.

PMID: 28335873

[Similar articles](#)



15. Int J Environ Res Public Health. 2017 Mar 20;14(3). pii: E316. doi: 10.3390/ijerph14030316.

[Risk of Suicide and Dysfunctional Patterns of Personality among Bereaved Substance Users.](#)

[Masferrer L](#)^{1,2}, [Caparrós B](#)³.

Author information:

- Public Drug Centre, Cas Teresa Ferrer-CAS Ripoll, Institut d'Assistència Sanitària (IAS), 17003 Girona, Spain. laura.masferrer@ias.cat.
- 2
Department of Psychology, University of Girona, 17071 Girona, Spain.
laura.masferrer@ias.cat.
- 3
Department of Psychology, University of Girona, 17071 Girona, Spain.
beatriz.caparros@udg.edu.

Abstract

Background: Research has shown that suicide is a phenomenon highly present among the drug dependent population. Different studies have demonstrated an upraised level of comorbidity between personality disorders (PD) and substance use disorders (SUD). This study aimed to describe which PDs are more frequent among those patients with a risk of suicide. *Methods:* The study was based on a consecutive non-probabilistic convenience sample of 196 bereaved patients attended to in a Public Addiction Center in Girona (Spain). Sociodemographic data, as well as suicide and drug related characteristics were recorded. The risk of suicide was assessed with the Spanish version of "Risk of suicide". Personality disorders were measured with the Spanish version of Millon Multiaxial Clinical Inventory. *Results:* The PDs more associated with the presence of risk of suicide were depressive, avoidant, schizotypal and borderline disorders. However, the histrionic, narcissistic and compulsive PDs are inversely associated with risk of suicide even though the narcissistic scale had no statistical correlation. *Conclusions:* The risk of suicide is a significant factor to take into account related to patients with SUD and especially with the presence of specific PDs. These findings underline the importance of diagnosing and treating rigorously patients with SUD.

Free Article

PMID: 28335530

[Similar articles](#)



16. J Affect Disord. 2017 Mar 16;215:156-162. doi: 10.1016/j.jad.2017.03.041. [Epub ahead of print]

Manual motor speed dysfunction as a neurocognitive endophenotype in euthymic bipolar disorder patients and their healthy

relatives. Evidence from a 5-year follow-up study.

[Correa-Ghisays P¹](#), [Balanzá-Martínez V²](#), [Selva-Vera G³](#), [Vila-Francés J⁴](#), [Soria-Olivas E⁴](#), [Vivas-Lalinde J⁵](#), [San Martín C⁶](#), [Borrás AM⁷](#), [Ayesa-Arriola R⁸](#), [Sanchez-Moreno J⁹](#), [Sánchez-Ort J¹⁰](#), [Crespo-Facorro B¹¹](#), [Vieta E⁹](#), [Tabarés-Seisdedos R¹²](#).

Author information:

1

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Faculty of Psychology, University of Valencia, Valencia, Spain.

2

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain; Service of Psychiatry, La Fe University and Polytechnic Hospital, Valencia, Spain.

3

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain; INCLIVA Health Research Institute, Valencia, Spain.

4

IDAL - Intelligent Data Analysis Laboratory, University of Valencia, Valencia, Spain.

5

Department of Psychiatry, University Hospital Doctor Peset, Valencia, Spain.

6

Methodology Department, Behavioral Sciences, University of Valencia, Spain.

7

Personality, Evaluation and Psychological Treatment Department, Faculty of Psychology, University of Valencia, Spain.

8

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Department of Psychiatry, School of Medicine, University Hospital Marques de Valdecilla, IDIVAL, University of Cantabria, Santander, Spain.

9

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Bipolar Disorders Unit, Neurosciences Institute, Hospital Clínic de Barcelona, IDIBAPS, Universitat de Barcelona, Catalonia, Spain.

10

Faculty of Psychology, University of Valencia, Valencia, Spain.

11

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Department of Psychiatry, IDIVAL, School of Medicine, Marqués de Valdecilla University Hospital, University of Cantabria, Santander, Spain.

12

Centro Investigacion Biomédica en Red de Salud Mental, CIBERSAM, Madrid, Spain; Teaching Unit of Psychiatry and Psychological Medicine, Department of Medicine, University of Valencia, Valencia, Spain; INCLIVA Health Research Institute, Valencia, Spain. Electronic address: Rafael.Tabares@uv.es.

Abstract

BACKGROUND:

Few studies have examined Manual Motor Speed (MMS) in bipolar disorder (BD). The aim of this longitudinal, family study was to explore whether dysfunctional MMS represents a neurocognitive endophenotype of BD.

METHODS:

A sample of 291 subjects, including 131 BD patients, 77 healthy first-degree relatives (BD-Rel), and 83 genetically-unrelated healthy controls (HC), was assessed with the Finger-Tapping Test (FTT) on three occasions over a 5-year period. Dependence of FTT on participants' age was removed by means of a lineal model of HC samples, while correcting simultaneously the time and learning effect. Differences between groups were evaluated with an ANOVA test.

RESULTS:

The patients' performance was significantly worse than that of HC over time ($p \leq 0.006$), and these deficits remained when non-euthymic BD patients ($n=9$) were excluded from analysis. Some significant differences between BD patients and BD-Rel ($p \leq 0.037$) and between BD-Rel and HC ($p \leq 0.033$) were found, but they tended to disappear as time progressed ($p \geq 0.057$). Performance of the BD-Rel group was intermediate to that of BD and HC. Most sociodemographic and clinical variables did not affect these results in patients. ($p \geq 0.1$). However, treatment with carbamazepine and benzodiazepines may exert a iatrogenic effect on MMS performance ($p \leq 0.006$).

LIMITATIONS:

Only right-handed subjects were included in this study. Substantial attrition over time was detected.

CONCLUSIONS:

There were significant differences between the patients' MMS performance and that of healthy relatives and controls, regardless of most clinical and sociodemographic variables.

Dysfunctional MMS could be considered an endophenotype of BD. Further studies are needed to rule out possible iatrogenic effects of some psychopharmacological treatments.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28334676

[Similar articles](#)



17. Drug Alcohol Depend. 2017 Mar 7;174:171-180. doi: 10.1016/j.drugalcdep.2017.01.022. [Epub ahead of print]

The association between personality disorders with alcohol use and misuse: A population-based twin study.

[Long EC](#)¹, [Aggen SH](#)², [Neale MC](#)³, [Knudsen GP](#)⁴, [Krueger RF](#)⁵, [South SC](#)⁶, [Czajkowski N](#)⁷, [Nesvåg R](#)⁸, [Ystrom E](#)⁹, [Torvik FA](#)⁷, [Kendler KS](#)³, [Gillespie NA](#)², [Reichborn-Kjennerud T](#)¹⁰.

Author information:

1

Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, VA, USA.
Electronic address: longe@vcu.edu.

2

Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, VA, USA;
Department of Psychiatry, Virginia Commonwealth University, Richmond, VA,
USA.

3

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

4

Department of Mental Disorders, Norwegian Institute of Public Health, Norway.

5

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

6

Department of Psychological Sciences, Purdue University, IN, USA.

7

Department of Mental Disorders, Norwegian Institute of Public Health, Norway;
Department of Psychology, University of Oslo, Oslo, Norway.

8

Department of Mental Disorders, Norwegian Institute of Public Health, Norway;
Department of Psychiatric Research, Diakonhjemmet Hospital, Oslo, Norway.

9

Department of Mental Disorders, Norwegian Institute of Public Health, Norway;
Department of Psychology, University of Oslo, Oslo, Norway; School of Pharmacy,
University of Oslo, Oslo, Norway.

10

Department of Mental Disorders, Norwegian Institute of Public Health, Norway;
Institute of Clinical Medicine, University of Oslo, Oslo, Norway.

Abstract

BACKGROUND:

A clearer understanding of the etiological overlap between DSM-IV personality disorders (PDs) and alcohol use (AU) and alcohol use disorder (AUD) is needed. To our knowledge, no study has modeled the association between all 10 DSM-IV PDs and lifetime AU and AUD. The aim of the present study is to identify which PDs are most strongly associated with the phenotypic, genetic, and environmental risks of lifetime AU and AUD, and to determine if these associations are stable across time.

METHODS:

Participants were Norwegian twins assessed at two waves. At Wave 1, 2801 twins were assessed for all 10 DSM-IV PD criteria, lifetime AU, and DSM-IV AUD criteria. At Wave 2, six of the 10 PDs were again assessed along with AU and AUD among 2393 twins. Univariate and multiple logistic regressions were run. Significant predictors were further analyzed using bivariate twin Cholesky decompositions.

RESULTS:

Borderline and antisocial PD criteria were the strongest predictors of AU and AUD across the two waves. Despite moderate phenotypic and genetic correlations, genetic variation in these PD criteria explained only 4% and 3% of the risks in AU, and 5% to 10% of the risks in AUD criteria, respectively. At Wave 2, these estimates increased to 8% and 23% for AU, and 17% and 33% for AUD.

CONCLUSIONS:

Among a large Norwegian twin sample, borderline and antisocial PD criteria were the strongest predictors of the phenotypic and genotypic liability to AU and AUD. This effect remained consistent across time.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28334662

[Similar articles](#)

Cochlear Implant in Severe Impaired Psychiatric Patients: A Case Series.

[Herisanu IT](#)¹, [Praetorius M](#), [Mattern M](#).

Author information:

1

*Department of Otolaryngology, Head and Neck Surgery of the University Clinic, RWTH Aachen University, Aachen †Division of Otology and Neurotology, Department of Otolaryngology, University Hospital of Heidelberg ‡Department of General Psychiatry, University Hospital of Heidelberg, Heidelberg, Germany.

Abstract

OBJECTIVE:

Psychotic disorders and intelligence deficiencies are no longer contraindications for cochlear implantation regarding the revised German guidelines from May 2012. This article aims to evaluate the outcome of patients with severe psychiatric comorbidities. Therefore the database of the Cochlear Implant Center of the University Hospital of Heidelberg was investigated.

STUDY DESIGN:

Retrospective case review.

METHODS:

We present three patients who received a cochlear implant (CI) despite a serious psychiatric disorder. Two were sent from psychiatrists asking if a CI was possible for their profound hearing loss. One patient had acoustic hallucinations and a recurrent depressive disorder, the other had a schizophrenic psychosis and a minor impairment of intelligence. The third patient had a recurrent depressive disorder, a posttraumatic stress disorder, a chronic pain disorder, and paranoid personality traits. We discuss the preoperative diagnosis, course of diseases, and psychosocial situation.

RESULTS:

All three patients received a CI and rehabilitation in the Cochlear Implant Center of the University Hospital of Heidelberg. All three of them opted for a second implant and developed a good hearing outcome. Free field understanding of words in quiet is for all three of them over 60% in the Freiburger monosyllable test with two implants, similar to nonpsychiatric patients' results. No patient has acceptance problems. In the long run, no aggravation of the psychiatric diseases occurred.

CONCLUSION:

With interdisciplinary evaluation, a cochlear implantation is possible in severely impaired psychiatric patients. For a good result the indication is to be discussed interdisciplinary.

PMID: 28333778

[Similar articles](#)



19. Behav Sleep Med. 2017 Mar 23:1-14. doi: 10.1080/15402002.2017.1299738. [Epub ahead of print]

Treatment of Nightmares in Psychiatric Inpatients With Imagery Rehearsal Therapy: An Open Trial and Case Series.

[Ellis TE](#)^{1,2}, [Rufino KA](#)³, [Nadorff MR](#)⁴.

Author information:

1

a The Menninger Clinic , Houston , Texas.

2

b Department of Psychiatry and Behavioral Sciences , Baylor College of Medicine , Houston , Texas.

3

c Department of Social Sciences , University of Houston-Downtown , Houston , Texas.

4

d Department of Psychology , Mississippi State University , Mississippi State, Mississippi.

Abstract

OBJECTIVES:

This study sought to assess the utility of Imagery Rehearsal Therapy (IRT) for nightmares in an inpatient psychiatric setting. Although IRT enjoys a substantial evidence base for efficacy in various populations, data with psychiatric inpatients are lacking.

PARTICIPANTS:

Participants were 20 adult psychiatric inpatients (11 male, 9 female; mean age=43.4), in an extended stay psychiatric inpatient facility. All participants were diagnosed with multiple, treatment resistant, comorbid conditions, including mood disorders, anxiety disorders, personality disorders, and substance-related disorders. Patients with active psychosis or significant cognitive impairment were excluded.

METHODS:

This was an open trial utilizing a case series design. In addition to routine hospital treatment that included psychotherapeutic and pharmacological interventions, participants received IRT over a span of 3 weeks in 4 small group sessions. Included were education about sleep and nightmares, instruction in writing new dream narratives and practicing guided imagery, and support via further consultation and trouble-shooting. Patients were referred by their psychiatrist or were self-referred, with approval from their treatment teams.

RESULTS:

Results showed significant aggregate reductions in nightmare frequency and intensity, as well as improvement in sleep overall. Patients also improved on a variety of other symptom measures, including suicidal ideation. No adverse reactions were observed. The present report includes a sampling of individual case vignettes to illustrate variability in treatment response.

CONCLUSIONS:

This study provides preliminary evidence that IRT can be used safely and effectively in a hospital environment to benefit patients suffering from serious mental illnesses, often in the midst of significant life crises. It is not possible in this preliminary study to conclude that IRT specifically (as opposed to other aspects of hospital treatment) produced these outcomes. Larger, controlled trials are needed to establish a causal connection between IRT and nightmare reduction.

PMID: 28332861

[Similar articles](#)



Anger and aggression in borderline personality disorder and attention deficit hyperactivity disorder - does stress matter?

[Cackowski S](#)¹, [Krause-Utz A](#)², [Van Eijk J](#)³, [Klohr K](#)¹, [Daffner S](#)¹, [Sobanski E](#)⁴, [Ende G](#)³.

Author information:

1

0000 0001 2190 4373grid.7700.0Department of Psychosomatic Medicine and Psychotherapy, Central Institute of Mental Health Mannheim, Medical Faculty Mannheim/Heidelberg University, J5, D-68159 Mannheim, Germany.

2

0000 0001 2312 1970grid.5132.5Department of Clinical Psychology, Faculty of Social and Behavioural Science, Leiden University, Leiden, The Netherlands.

3

0000 0001 2190 4373grid.7700.0Department of Neuroimaging, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany.

4

0000 0001 2190 4373grid.7700.0Department of Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany.

Abstract

BACKGROUND:

The impact of stress on anger and aggression in Borderline Personality Disorder (BPD) and Attention Deficit Hyperactivity Disorder (ADHD) has not been thoroughly investigated. The goal of this study was to investigate different aspects of anger and aggression in patients with these disorders.

METHODS:

Twenty-nine unmedicated female BPD patients, 28 ADHD patients and 30 healthy controls (HC) completed self-reports measuring trait anger, aggression and emotion regulation capacities. A modified version of the Point Subtraction Aggression Paradigm and a state anger measurement were applied under resting and stress conditions. Stress was induced by the Mannheim Multicomponent Stress Test (MMST).

RESULTS:

Both patient groups scored significantly higher on all self-report measures compared to HCs. Compared to ADHD patients, BPD patients reported higher trait aggression and hostility, a stronger tendency to express anger when provoked and to direct anger inwardly. Furthermore, BPD patients exhibited higher state anger than HCs and ADHD patients under both conditions and showed a stress-dependent anger increase. At the behavioral level, no significant effects were found. In BPD patients, aggression and anger were positively correlated with emotion regulation deficits.

CONCLUSIONS:

Our findings suggest a significant impact of stress on self-perceived state anger in BPD patients but not on aggressive behavior towards others in females with BPD or ADHD. However, it appears to be pronounced inwardly directed anger which is of clinical importance in BPD patients.

PMCID: PMC5356413 **Free PMC Article**

PMID: 28331620

[Similar articles](#)



21. J Psychiatr Res. 2017 Mar 7;91:90-97. doi: 10.1016/j.jpsychires.2017.03.006. [Epub ahead of print]

Unblending Borderline Personality and Bipolar Disorders.

[di Giacomo E](#)¹, [Aspesi F](#)², [Fotiadou M](#)³, [Arntz A](#)⁴, [Aguglia E](#)⁵, [Barone L](#)⁶, [Bellino S](#)⁷, [Carpiniello B](#)⁸, [Colmegna F](#)², [Lazzari M](#)², [Loretto L](#)⁹, [Pinna F](#)⁸, [Sicaro A](#)², [Signorelli MS](#)⁵; [BRT Group](#), [Clerici M](#)¹⁰.

Collaborators: (32)

[di Giacomo E](#), [Clerici M](#), [Aspesi F](#), [Aguglia E](#), [Barone L](#), [Bellino S](#), [Bozzatello P](#), [Brignolo E](#), [Carpiniello B](#), [Colmegna F](#), [Ghiani A](#), [Lazzari M](#), [Loretto L](#), [Sicaro A](#), [Battiato MC](#), [Bon R](#), [Contiero L](#), [Denti A](#), [Fotiadou M](#), [Franco L](#), [Ginanneschi AM](#), [Lai A](#), [Laneri G](#), [Marchini M](#), [Miragliotta E](#), [Ostaldo L](#), [Paggi E](#), [Ravasi S](#), [Roletto F](#), [Ruta S](#), [Signorelli MS](#), [Zaccheroni D](#).

Author information:

1

School of Medicine and Surgery, University of Milano Bicocca, Italy; Psychiatric Department-S.Gerardo, Health Care Trust, Monza, Italy; Doctorate School of the

- University of Milano-Bicocca, Italy. Electronic address:
ester.digiacomio@yahoo.com.
- 2
Psychiatric Department-S.Gerardo, Health Care Trust, Monza, Italy.
- 3
Female Medium Secure Forensic Service, South London and Maudsley NHS
Foundation Trust, Bethlem Royal Hospital, Beckenham, UK.
- 4
Department of Clinical Psychology, University of Amsterdam, The Netherlands.
- 5
Department of Clinical and Molecular Biomedicine, University of Catania, Italy.
- 6
University of Pavia, Department of Brain and Behavioral Science, Psychology
Section, Pavia, Italy.
- 7
Center for Personality Disorders, Psychiatric Clinic, Department of Neuroscience,
University of Turin, Italy.
- 8
Department of Public Health, Clinical and Molecular Medicine - Psychiatric Unit,
University of Cagliari, Italy.
- 9
Department of Biomedical Science, Psychiatric Clinic, University of Sassari, Italy.
- 10
School of Medicine and Surgery, University of Milano Bicocca, Italy; Psychiatric
Department-S.Gerardo, Health Care Trust, Monza, Italy.

Abstract

Borderline Personality (BPD) and Bipolar (BP) disorders stimulate an academic debate between their distinction and the inclusion of Borderline in the Bipolar spectrum. Opponents to this inclusion attribute the important differences and possible diagnostic incomprehension to overlapping symptoms. We tested 248 Borderline and 113 Bipolar patients, consecutively admitted to the Psychiatric Unit, through DSM-IV Axis I and II Disorders (SCID-I/II), Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A), Young Mania Rating Scale (YMRS) and Borderline Personality Disorder Severity Index-IV (BPDSI-IV). All the tests statistically discriminated the disorders ($p < 0.0001$). Overlapping symptoms resulted significantly different (impulsivity = 5.32 in BPD vs 1.55 in BP, $p < 0.0001$; emotional instability = 7.11 in BPD vs 0.55 in BP, $p < 0.0001$) and the range of their scores gives the opportunity for an even more precise discrimination. Distinctive traits (e.g. irritability or sexual arousal) are also discussed in order to try to qualify the core of these disorders to a higher degree. Comorbidity proves to be extremely small (3.6%). However, Borderline patients with manic features offer a privileged point of view for a deeper analysis. This allows for the possibility of a more precise examination of the nature and load of each symptom. Borderline Personality and Bipolar Disorders can be

distinguished with high precision using common and time-sparing tests. The importance of discriminating these clinical features may benefit from this evidence.

Copyright © 2017. Published by Elsevier Ltd.

PMID: 28327444

[Similar articles](#)



22. Psychiatry Investig. 2017 Mar;14(2):226-229. doi: 10.4306/pi.2017.14.2.226. Epub 2017 Mar 6.

[Relationship between Depression and Laryngopharyngeal Reflux.](#)

[Joo YH](#)¹, [Song YS](#)¹, [Pae CU](#)².

Author information:

1

Department of Otolaryngology-Head & Neck Surgery, The Catholic University of Korea College of Medicine, Seoul, Republic of Korea.

2

Department of Psychiatry, The Catholic University of Korea College of Medicine, Seoul, Republic of Korea.; Department of Psychiatry and Behavioral Sciences, Duke University Medical Center, Durham, NC, USA.

Abstract

This study investigated the relationship between depression, somatization, anxiety, personality, and laryngopharyngeal reflux (LPR). We prospectively analyzed 231 patients with symptoms with LPR using the laryngopharyngeal reflux symptom index and the reflux finding score. Seventy nine (34.2%) patients were diagnosed with LPR. A significant correlation was detected between the presence of LPR and total scores on the Patient Health Questionnaire-9 (5.6 ± 5.3 vs. 4.0 ± 4.6 , $p=0.017$) and the 7-item Generalized Anxiety Disorder Scale (4.3 ± 4.9 vs. 3.0 ± 4.5 , $p=0.041$). LPR was significantly more frequent in those with depression than in those without (45.6% vs. 27.0%, $p=0.004$). A multivariate analysis confirmed a significant association between the presence of LPR and depression (odds ratio, 1.068; 95% confidence interval, 1.011-1.128; $p=0.019$). Our preliminary results suggest that patients with LPR may need to be carefully evaluated for depression.

PMCID: PMC5355023 **Free PMC Article**

PMID: 28326123

[Similar articles](#)

23. Disabil Rehabil. 2017 Mar 21:1-11. doi: 10.1080/09638288.2017.1301577. [Epub ahead of print]

Client-centred practice from the perspective of Danish patients with hand-related disorders.

[Hansen AØ](#)^{1,2,3}, [Kristensen HK](#)^{1,4}, [Cederlund R](#)⁵, [Lauridsen HH](#)⁶, [Tromborg H](#)^{1,2}.

Author information:

1

a Department of Clinical Research , University of Southern Denmark , Odense , Denmark.

2

b Department of Orthopedic Surgery , Odense University Hospital , Odense , Denmark.

3

c Department of Rehabilitation , Odense University Hospital , Odense , Denmark.

4

d Health Sciences Research Center, University College Lillebaelt , Odense , Denmark.

5

e Department of Health Sciences , Lund University , Lund , Sweden.

6

f Department of Sports Science and Clinical Biomechanics , University of Southern Denmark , Odense , Denmark.

Abstract

PURPOSE:

The objectives of this study were to investigate perceptions of client-centred practice among Danish patients with hand-related disorders engaged in rehabilitation at outpatient clinics, and to decide on domains to serve as a conceptual foundation for item generation in the development of a new, standardized questionnaire to evaluate the experience of client-centredness among patients with hand-related disorders.

METHOD:

Focus group interviews were held with 25 patients with hand-related disorders from six outpatient hand clinics in Denmark. Deductive content analysis was used to decide on domains for item generation.

RESULTS:

Patients found that information was paramount in understanding their situation and to feel empowered and motivated. They attached importance to participation in decision making so that rehabilitation was considered meaningful. Moreover, they thought rehabilitation should be individualized by taking their life situations and personalities into account. Six domains were found to be central to client-centred practice: patient participation in decision making, client-centred education, evaluation of outcomes from patient's perspective, emotional support, cooperation and coordination, and enabling occupation.

CONCLUSIONS:

The domains can be used in the further development of a Danish questionnaire to evaluate the experiences of client-centredness among patients engaged in rehabilitation at outpatient clinics for hand-related disorders. Implications for rehabilitation Patients with hand-related disorders wish for rehabilitation to be tailored to individual needs. The patient's life situation and personality, including coping ability, are important factors to consider in rehabilitation planning, interventions, and evaluations. Patients with hand-related disorders attach importance to information and require health professionals' support to manage their activities of everyday life. Patients with hand-related disorders ask for participation and shared decision making in rehabilitation planning.

PMID: 28325099

[Similar articles](#)



24. Drug Alcohol Rev. 2017 Mar 20. doi: 10.1111/dar.12476. [Epub ahead of print]

Borderline personality disorder and regularly drinking alcohol before sex.

[Thompson RG Jr](#)¹, [Eaton NR](#)², [Hu MC](#)¹, [Hasin DS](#)^{1,3,4}.

Author information:

1

Department of Psychiatry, College of Physicians and Surgeons, Columbia University, New York, USA.

2

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

3

New York State Psychiatric Institute, New York, USA.

4

Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, USA.

Abstract

INTRODUCTION AND AIMS:

Drinking alcohol before sex increases the likelihood of engaging in unprotected intercourse, having multiple sexual partners and becoming infected with sexually transmitted infections. Borderline personality disorder (BPD), a complex psychiatric disorder characterised by pervasive instability in emotional regulation, self-image, interpersonal relationships and impulse control, is associated with substance use disorders and sexual risk behaviours. However, no study has examined the relationship between BPD and drinking alcohol before sex in the USA. This study examined the association between BPD and regularly drinking before sex in a nationally representative adult sample.

DESIGN AND METHODS:

Participants were 17 491 sexually active drinkers from Wave 2 of the National Epidemiologic Survey on Alcohol and Related Conditions. Logistic regression models estimated effects of BPD diagnosis, specific borderline diagnostic criteria and BPD criterion count on the likelihood of regularly (mostly or always) drinking alcohol before sex, adjusted for controls.

RESULTS:

Borderline personality disorder diagnosis doubled the odds of regularly drinking before sex [adjusted odds ratio (AOR) = 2.26; confidence interval (CI) = 1.63, 3.14]. Of nine diagnostic criteria, impulsivity in areas that are self-damaging remained a significant predictor of regularly drinking before sex (AOR = 1.82; CI = 1.42, 2.35). The odds of regularly drinking before sex increased by 20% for each endorsed criterion (AOR = 1.20; CI = 1.14, 1.27)

DISCUSSION AND CONCLUSIONS: This is the first study to examine the relationship between BPD and regularly drinking alcohol before sex in the USA. Substance misuse treatment should assess regularly drinking before sex, particularly among patients with BPD, and BPD treatment should assess risk at the intersection of impulsivity, sexual behaviour and substance use.

© 2017 Australasian Professional Society on Alcohol and other Drugs.

PMID: 28321919

[Similar articles](#)



25. Psychiatry Res. 2017 Mar 15;253:1-8. doi: 10.1016/j.psychres.2017.03.024. [Epub ahead of print]

The long and complex road in the search for treatment for mental disorders: An analysis of the process in five groups of patients.

[Del Valle G](#)¹, [Belloch A](#)², [Carrió C](#)³.

Author information:

1

Agencia Valenciana de Salud (Health Government of Valencia), Mental Health Outpatient Clinic, Department 04, Sants de la Pedra Ave., n. 81, 46500 Sagunto, Valencia, Spain. Electronic address: delvalle_gem@gva.es.

2

Faculty of Psychology, Department of Personality Psychology, Research and Treatment Unit of Obsessive-Compulsive Disorder, ITOC, University of Valencia, Ave. Blasco Ibañez 21, 46010 Valencia, Spain. Electronic address: amparo.belloch@uv.es.

3

Agencia Valenciana de Salud (Health Government of Valencia), Mental Health Outpatient Clinic, Department 06, Rubert i Villo Rd., n. 4, 46100 Burjassot, Valencia, Spain. Electronic address: carrio_car@gva.es.

Abstract

Seeking treatment for mental-health problems is a complex process, with different underlying motives in each stage. However, the entire process and these motives have hardly been investigated. This study aims to analyze the different stages of the help-seeking process and their underlying motives in five groups of patients with different mental disorders. In all, 156 patients seeking treatment in outpatient mental health clinics were individually interviewed: 71 had Obsessive-Compulsive Disorder (OCD), 21 had Agoraphobia (AGO), 18 had Major Depressive Disorder (MDD), 20 had Anorexia Nervosa (AN), and 22 had Cocaine Dependence (COC). The AGO and MDD patients delayed significantly less time in recognizing their mental health symptoms. Moreover, MDD patients disclosed their symptoms and searched for professional help faster than the other groups. The most relevant variables in the recognition of disorders were the loss of control over the symptoms, the interference produced by these symptoms, and their negative impact on the person's emotional state. The most frequent barriers to seeking treatment were related to minimizing the symptoms and fear of stigma. Finally, the most important motivator for seeking treatment

was the awareness that minimizing the symptoms did not help to reduce them, lessen their interference, or make them disappear.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28319785

[Similar articles](#)



26. Dev Psychopathol. 2017 Mar 20:1-9. doi: 10.1017/S0954579417000347. [Epub ahead of print]

[Understanding adolescent personality pathology from growth trajectories of childhood oddity.](#)

[De Clercq B](#)¹, [Verbeke L](#)¹, [De Caluwé E](#)¹, [Vercruyse T](#)², [Hofmans J](#)³.

Author information:

1

Ghent University.

2

AZ Sint-Lucas, Belgium.

3

Vrije Universiteit.

Abstract

Research on developmental trajectories of early maladaptive features for understanding later personality disorders (PDs) is increasingly recognized as an important study area. The course of early odd features is highly relevant in this regard, as only a few researchers have addressed childhood oddity in the context of emerging PDs. Using latent growth modeling, the current study explores growth parameters of odd features in a mixed sample of Flemish community and referred children (N = 485) across three measurement waves with 1-year time intervals. Personality pathology was assessed at a fourth assessment point in adolescence. Beyond a general declining trend in oddity characteristics, the results demonstrated that both an early onset and an increasing trend of oddity-related characteristics over time are independent predictors of adolescent PDs. Childhood oddity tends to be the most manifest precursor for PDs with a core oddity feature (i.e., the schizotypal and borderline PD), but also appears to predict most of the other DSM-5 PDs. Results are discussed from an overarching developmental framework on PDs (Cicchetti, 2014), specifically focusing on the principle of multifinality. From a clinical perspective, the

significance of increasing or steady-high childhood oddity trajectories for adolescent PDs highlights the relevance of systematic screening processes across time.

PMID: 28318468

[Similar articles](#)



27. Cranio. 2017 Mar 20:1-7. doi: 10.1080/08869634.2017.1303879. [Epub ahead of print]

Personality traits are potentially associated with the presence of chronic temporomandibular joint pain in patients without effusion as determined by T-2 weighted magnetic resonance.

[Manfredini D](#)¹, [Cerea S](#)², [Pavan C](#)³, [Guarda-Nardini L](#)⁴.

Author information:

1

a Department of Neurosciences, School of Dentistry and Temporomandibular Disorders Clinic , University of Padova , Padova , Italy.

2

b Department of General Psychology , University of Padova , Padova , Italy.

3

c Department of Neurosciences, Psychiatry Clinic , University of Padova , Padova , Italy.

4

d Section of Dentistry and Maxillofacial Surgery , Hospital of Treviso , Treviso , Italy.

Abstract

OBJECTIVE:

The study aimed at investigating personality traits in chronic temporomandibular joints (TMJ) pain patients with and without joint effusion.

METHODS:

Two groups of chronic TMJ pain patients were recruited. The TMJ pain control group was composed of patients showing magnetic resonance imaging (MRI) signs of TMJ effusion, while the TMJ pain test group included patients with chronic TMJ pain seemingly not justified, due to the absence of MRI-detected disorders. A third set of pain free individuals was selected as a comparison group. All patients completed a personality assessment with the Minnesota Multiphasic Personality Inventory-2 (MMPI-2) instrument, and the between-group differences were assessed for significance by performing an analysis of variance test.

RESULTS:

Patients of the TMJ pain test group had higher scores than subjects belonging to the TMJ pain and pain-free control groups in almost all of the MMPI-2 clinical scales. A significant difference was shown for the scales related to concerns about physical health (Scale 1-Hs; $F = 7.74$; $p = .001$) and physical symptoms (Scale 3-Hy; $F = 8.43$; $p = .001$).

CONCLUSIONS:

Chronic TMJ pain patients without MRI-detected TMJ effusion have a different personality profile than patients with TMJ effusion and pain-free individuals, regarding high levels of concerns about physical health and physical symptoms.

CLINICAL IMPLICATIONS:

This study has important clinical implications for temporomandibular disorders practitioners, providing suggestions that symptoms in the TMJ area are not only related to a physical disorder. The possible existence of a psychologically modulated condition in patients who refer pain in the TMJ area without signs of effusion should be carefully taken into consideration.

PMID: 28317450

[Similar articles](#)



28. Front Psychol. 2017 Mar 3;8:251. doi: 10.3389/fpsyg.2017.00251. eCollection 2017.

Personality Factors and Depressive Configurations. An Exploratory Study in an Italian Clinical Sample.

[Straccamore F¹](#), [Ruggi S²](#), [Lingiardi V¹](#), [Zanardi R³](#), [Vecchi S²](#), [Oasi O²](#).

Author information:

1

Department of Dynamic and Clinical Psychology, Sapienza University of Rome
Rome, Italy.

2

Department of Psychology, Università Cattolica del Sacro Cuore Milan, Italy.

3

Department of Clinical Neurosciences, Vita-Salute San Raffaele University (UniSR)
Milan, Italy.

Abstract

Introduction: This study focuses on the relationship between personality configurations and depressive experiences. More specifically, the aim of this study is to investigate the relationship between self-criticism and dependency and personality styles or disorders, exploring the association between personality features and depressive symptoms. The two-configurations model of personality developed by Blatt (2004, 2008) is adopted as a reference point in sharing a valid framework and in understanding the results. **Methods:** Five instruments are administered to 51 participants with a diagnosis of depressive disorder, in accordance with DSM-IV-TR (American Psychiatric Association, 2000): Self-criticism and dependency dimensions of depression are measured with the Depressive Experiences Questionnaire (DEQ); self-reported depression is assessed with the Beck Depression Inventory-II (BDI-II); observer-rated depression is assessed with the Hamilton Depression Rating Scale (HDRS); personality is assessed with the Clinical Diagnostic Interview (CDI) and the Shedler Westen Assessment Procedure-200 (SWAP-200). **Results:** Only self-criticism, and not dependency, is associated with depressive symptoms. In addition, the SWAP Borderline PD Scale and the Dysphoric: Emotionally dysregulated Q-factor emerge as significant in predicting depression. **Conclusions:** Findings support the assumption that depressive personality configurations can enhance the vulnerability to developing depression. Theoretical and clinical implications of these results are discussed.

PMCID: PMC5334344 [Free PMC Article](#)

PMID: 28316575

[Similar articles](#)



29. *Neuropsychologia*. 2017 Mar 14;99:199-206. doi: 10.1016/j.neuropsychologia.2017.03.016.
[Epub ahead of print]

[Amygdala functional connectivity is associated with locus of control in the context of cognitive aging.](#)

[Ren P](#)¹, [Anthony M](#)¹, [Chapman BP](#)², [Heffner K](#)³, [Lin F](#)⁴.

Author information:

1

School of Nursing, University of Rochester Medical Center, Rochester, NY, USA.

2

Department of Psychiatry, University of Rochester Medical Center, Rochester, NY, USA; Department of Public Health Science, University of Rochester Medical Center, Rochester, NY, USA.

3

School of Nursing, University of Rochester Medical Center, Rochester, NY, USA; Department of Psychiatry, University of Rochester Medical Center, Rochester, NY, USA.

4

School of Nursing, University of Rochester Medical Center, Rochester, NY, USA; Department of Psychiatry, University of Rochester Medical Center, Rochester, NY, USA; Department of Brain and Cognitive Science, University of Rochester, Rochester, NY, USA. Electronic address: vankee_lin@urmc.rochester.edu.

Abstract

Locus of control (LOC) measures the extent to which individuals perceive control over their lives. Those with a more "internal" LOC feel self-sufficient and able to determine important aspects of their own future, while those with a more "external" LOC feel that their lives are governed by events beyond their control. Reduced internal LOC and increased external LOC have been found in cognitive disorders, but the neural substrates of these control perceptions are yet unknown. In the present study, we explored the relationship between amygdala functional connectivity and LOC in 18 amnesic mild cognitive impairment (MCI) and age-, sex-, and education-matched, 22 cognitively healthy controls (HC). Participants completed cognitive challenge tasks (Stroop Word Color task and Dual 1-back) for 20min, and underwent resting-state functional magnetic resonance imaging immediately before and after the tasks. We found significantly lower internal LOC and higher external LOC in the MCI group than the HC group. Compared to HC, MCI group showed significantly stronger positive associations between internal LOC and baseline right amygdala connections (including right middle frontal gyrus and anterior cingulate cortex), and stronger negative associations between internal LOC and change of these right amygdala connections. Across all participants, external LOC explained the relationships between associations of another set of right amygdala connections (including middle cingulate cortex and right superior frontal gyrus), both at baseline and for change, and performance in the cognitive challenge tasks. Our findings indicate that the right amygdala networks might be critical in understanding the neural mechanisms underlying LOC's role in cognitive aging.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28315366

[Similar articles](#)

An evaluation of the absolute and relative stability of alexithymia over 11 years in a Finnish general population.

[Hiirola A](#)¹, [Pirkola S](#)², [Karukivi M](#)³, [Markkula N](#)⁴, [Bagby RM](#)⁵, [Joukamaa M](#)², [Jula A](#)⁶, [Kronholm E](#)⁷, [Saarijärvi S](#)⁸, [Salminen JK](#)⁹, [Suvisaari J](#)¹⁰, [Taylor G](#)¹¹, [Mattila AK](#)¹².

Author information:

1

School of Health Sciences, University of Tampere, Tampere, Finland. Electronic address: Hiirola.Ann.K@student.uta.fi.

2

School of Health Sciences, University of Tampere, Tampere, Finland.

3

Department of Psychiatry, University of Turku and Turku University Hospital, Turku, Finland; Unit of Adolescent Psychiatry, Satakunta Hospital District, Pori, Finland.

4

National Institute for Health and Welfare, Mental Health Unit, Helsinki, Finland; Faculty of Medicine, Universidad del Desarrollo, Santiago, Chile.

5

Department of Psychology, University of Toronto, Toronto, Canada; Department of Psychiatry, University of Toronto, Toronto, Canada.

6

National Institute for Health and Welfare (THL), Turku, Finland.

7

National Institute for Health and Welfare, Department of Chronic Disease Prevention, Helsinki, Finland; Finnish Institute of Occupational Health, Helsinki, Finland.

8

Department of Adolescent Psychiatry, University of Turku, Turku, Finland; Unit of Adolescent Psychiatry, Turku University Hospital, Turku, Finland.

9

Department of Psychiatry, University of Turku, Turku, Finland.

10

National Institute for Health and Welfare, Mental Health Unit, Helsinki, Finland.

11

Department of Psychiatry, University of Toronto and Mount Sinai Hospital, Toronto, Canada.

12

Department of Adult Psychiatry, Tampere University Hospital, Tampere, Finland.

Abstract

OBJECTIVE:

We investigated if alexithymia, a personality construct with difficulties in emotional processing, is stable in the general population.

METHODS:

Altogether 3083 unselected subjects aged 30 and older in Finland completed the 20-item Toronto Alexithymia Scale (TAS-20) in the longitudinal Health 2000 and Health 2011 general population surveys (BRIF8901). The stability of alexithymia at the 11-year follow-up was assessed with t-tests, correlations, and separate linear regression models with baseline and follow-up age, gender, marital status, education, and 12-month depressive and anxiety disorders as confounders.

RESULTS:

The mean score (SD) of the TAS-20 for the whole sample was 44.2 (10.4) in 2000 and 44.2 (10.9) in 2011 ($p=0.731$). The mean score of the TAS-20 subscale Difficulty Identifying Feelings increased by 0.3 points, Difficulty Describing Feelings decreased by 0.6 points and Externally Oriented Thinking increased by 0.3 points. The effect sizes of the changes varied from negligible to small. Age had little effect except for the group of the oldest subjects (75-97years): the TAS-20 mean (SD) score was 49.1 (10.1) in 2000 and 53.1 (10.3) in 2011 ($p<0.001$), the effect size for the increase was medium. TAS-20 score in 2000 explained a significant proportion of variance in TAS-20 score in 2011. Controlling for all baseline confounders improved the model incrementally; the same applied to controlling for confounders at follow-up. Baseline depression or anxiety disorders were not associated with the TAS-20 scores in 2011, whereas current diagnoses were.

CONCLUSIONS:

According to our large longitudinal study both the absolute and relative stability of alexithymia assessed with the TAS-20 are high in the adult general population.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28314554

[Similar articles](#)



Crack cocaine inhalation induces schizophrenia-like symptoms and molecular alterations in mice prefrontal cortex.

[Areal LB](#)¹, [Herlinger AL](#)², [Pelição FS](#)³, [Martins-Silva C](#)⁴, [Pires RG](#)⁵.

Author information:

1

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil; Graduate Program in Neuroscience, Institute of Biological Sciences, Federal University of Minas Gerais, Belo Horizonte, MG, Brazil.

2

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil; Department of Physiological Sciences, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil. Electronic address: alaschuk@gmail.com.

3

Laboratory of Forensic Science Service, Espírito Santo State Police, Vitória, ES, Brazil.

4

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil; Department of Physiological Sciences, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil.

5

Laboratory of Molecular and Behavioral Neurobiology, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil; Graduate Program in Neuroscience, Institute of Biological Sciences, Federal University of Minas Gerais, Belo Horizonte, MG, Brazil; Department of Physiological Sciences, Health Sciences Center, Federal University of Espírito Santo, Vitória, ES, Brazil.

Abstract

Crack cocaine (crack) addiction represents a major social and health burden, especially seeing as users are more prone to engage in criminal and violent acts. Crack users show a higher prevalence of psychiatric comorbidities - particularly antisocial personality disorders -

when compared to powder cocaine users. They also develop cognitive deficits related mainly to executive functions, including working memory. It is noteworthy that stimulant drugs can induce psychotic states, which appear to mimic some symptoms of schizophrenia among users. Social withdraw and executive function deficits are, respectively, negative and cognitive symptoms of schizophrenia mediated by reduced dopamine (DA) tone in the prefrontal cortex (PFC) of patients. That could be explained by an increased expression of D2R short isoform (D2S) in the PFC of such patients and/or by hypofunctioning NMDA receptors in this region. Reduced DA tone has already been described in the PFC of mice exposed to crack smoke. Therefore, it is possible that behavioral alterations presented by crack users result from molecular and biochemical neuronal alterations akin to schizophrenia. Accordingly, we found that upon crack inhalation mice have shown decreased social interaction and working memory deficits analogous to schizophrenia's symptoms, along with increased D2S/D2L expression ratio and decreased expression of NR1, NR2A and NR2B NMDA receptor subunits in the PFC. Herein we propose two possible mechanisms to explain the reduced DA tone in the PFC elicited by crack consumption in mice, bringing also the first direct evidence that crack use may result in schizophrenia-like neurochemical, molecular and behavioral alterations.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28314129

[Similar articles](#)



32. Curr Eye Res. 2017 Mar 17:1-5. doi: 10.1080/02713683.2016.1276196. [Epub ahead of print]

Risk Factors for Central Serous Chorioretinopathy: Multivariate Approach in a Case-Control Study.

[Chatziralli I¹](#), [Kabanarou SA²](#), [Parikakis E¹](#), [Chatzirallis A¹](#), [Xirou T²](#), [Mitropoulos P¹](#).

Author information:

1

a 2nd Department of Ophthalmology , Ophthalmiatrion Athinon , Athens , Greece.

2

b Medical Retina Department , Korgialeneio Benakeio, Red Cross Hospital , Athens , Greece.

Abstract

PURPOSE:

The purpose of this prospective study was to investigate the potential risk factors associated independently with central serous retinopathy (CSR) in a Greek population, using multivariate approach.

MATERIALS AND METHODS:

Participants in the study were 183 consecutive patients diagnosed with CSR and 183 controls, matched for age. All participants underwent complete ophthalmological examination and information regarding their sociodemographic, clinical, medical and ophthalmological history were recorded, so as to assess potential risk factors for CSR. Univariate and multivariate analysis was performed.

RESULTS:

Univariate analysis showed that male sex, high educational status, high income, alcohol consumption, smoking, hypertension, coronary heart disease, obstructive sleep apnea, autoimmune disorders, H. pylori infection, type A personality and stress, steroid use, pregnancy and hyperopia were associated with CSR, while myopia was found to protect from CSR. In multivariate analysis, alcohol consumption, hypertension, coronary heart disease and autoimmune disorders lost their significance, while the remaining factors were all independently associated with CSR.

CONCLUSIONS:

It is important to take into account the various risk factors for CSR, so as to define vulnerable groups and to shed light into the pathogenesis of the disease.

PMID: 28306346

[Similar articles](#)



33. Personal Disord. 2017 Mar 16. doi: 10.1037/per0000245. [Epub ahead of print]

Borderline Personality Disorder and Mental Health Care Utilization: The Role of Self-Harm.

[Sansone RA](#), [Sellbom M](#), [Songer DA](#).

Abstract

The current study examined the associations for borderline personality disorder (BPD) and a specific trait of the disorder, self-harm, with mental health care utilization. Our sample consisted of 145 psychiatric inpatients who completed 3 measures of BPD (Personality Diagnostic Questionnaire-4 [PDQ-4], McLean Screening Inventory for borderline personality disorder [MSI-BPD], Structured Clinical Interview for DSM-IV Axis II Disorders-Personality Questionnaire [SCID-II-PQ]) and the Self-Harm Inventory (SHI). In relationship to mental health care utilization, the correlation for the SHI was significantly larger than those for the PDQ-4, MSI-BPD, or SCID-II-PQ. Thus, self-harm was significantly better at detecting mental health care utilization than was the overall BPD construct, which indicates that some of the more severe manifestations of the disorder are the most predictive of impairment in functioning. These findings also call into question whether BPD (and by extension, personality pathology in general) is most useful in these symptom constellations as opposed to focusing on specific maladaptive traits. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28301180

[Similar articles](#)

34. J Gambl Stud. 2017 Mar 14. doi: 10.1007/s10899-017-9678-2. [Epub ahead of print]

Gambling in a National U.S. Veteran Population: Prevalence, Socio-demographics, and Psychiatric Comorbidities.

[Stefanovics EA](#)^{1,2}, [Potenza MN](#)^{3,4,5,6,7}, [Pietrzak RH](#)^{3,8}.

Author information:

1

Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA. elina.stefanovics@yale.edu.

2

U.S. Department of Veterans Affairs New England Mental Illness, Research, and Education Clinical Center (MIRECC), VA Connecticut Healthcare System (116A-4), 950 Campbell Avenue Building 36, West Haven, CT, 06516, USA. elina.stefanovics@yale.edu.

3

Department of Psychiatry, Yale University School of Medicine, New Haven, CT, USA.

4

- Department of Neuroscience and Child Study Center, Yale University School of Medicine, New Haven, CT, USA.
- 5 National Center on Addiction and Substance Abuse, Yale University School of Medicine, New Haven, CT, USA.
- 6 Connecticut Mental Health Center, New Haven, CT, USA.
- 7 Center of Excellence in Gambling Research, Yale Program for Research on Impulsivity and Impulse Control Disorders, Yale University School of Medicine, New Haven, CT, USA.
- 8 U.S. Department of Veterans Affairs National Center for Posttraumatic Stress Disorder, VA Connecticut Healthcare System, West Haven, CT, USA.

Abstract

This study aimed to examine associations between gambling level and clinically relevant measures, including psychiatric disorders and suicidality, in a nationally representative sample of U.S. veterans. Data on 3157 U.S. veterans were analyzed from the National Health and Resilience in Veterans Study. Chi square tests and analyses of variance were used to assess associations between gambling level, and demographic, military, and personality characteristics. Multinomial logistic regressions using stepwise selection were used to identify independent correlates of recreational gambling and at-risk/problem gambling (ARPG). A significant proportion of U.S. veterans engage in gambling activities, with 35.1% gambling recreationally and 2.2% screening positive for ARPG. ARPG was associated with greater prevalence of substance use, anxiety, and depressive disorders, as well as with a history of physical trauma or sexual trauma, having sought mental health treatment (particularly from the Veterans Administration), and minority group status. A similar pattern was found associated with recreational gambling, although the magnitudes of association were lower relative to ARPG. Younger age, self-identifying as black, being retired, and trauma burden were associated with increased odds of ARPG, whereas older age, being single, non-white Hispanic, being retired or not having a job, screening positive for alcohol- and drug-use disorders, and trauma burden were associated with increased odds of recreational gambling. More than a third of U.S. veterans gamble recreationally, with a significant minority (2.2%) screening positive for ARPG. Both recreational and ARPG were associated with elevated trauma burden and psychiatric comorbidities. These findings underscore the importance of routine screening and monitoring of gambling severity, and interventions for ARPG in this population.

PMID: 28293767

[Similar articles](#)



35. Open Access Maced J Med Sci. 2017 Mar 15;5(1):64-67. doi: 10.3889/oamjms.2017.012. Epub 2017 Feb 7.

Character and Temperament Dimensions in Subjects with Depressive Disorder: Impact of the Affective State on Their Expression.

[Bajraktarov S¹](#), [Novotni A¹](#), [Arsova S¹](#), [Gudeva-Nikovska D²](#), [Vujovik V¹](#).

Author information:

1

University Clinic of Psychiatry, Faculty of Medicine, Ss Cyril and Methodius
University of Skopje, Skopje, Republic of Macedonia.

2

Ministry of Health, Global Fund, Skopje, Republic of Macedonia.

Abstract

BACKGROUND:

The depression is a cross-cultural condition that occurs in all cultures and within all nations with certain specificities, even though there are some differences in its manifestation. The hereditary load is of major importance, but also the individual personality factors, in the form of risk factors, are associated with the occurrence of depression. Personality characteristics have a significant impact on the occurrence of the recurrent depressive disorder and the outcome of the treatment as well.

AIM:

To identify the specific personality traits in people with the recurrent depressive disorder and the impact of the affective state on them.

METHODS:

Three questionnaires were used: a general questionnaire, Beck's scale of depressive symptoms, and TCI-R (inventory for temperament and character).

RESULTS:

The most indicative differences in the dimensions are found in the Harm avoidance and the Self-direction dimensions, and most variable dimensions dependent on effective state are Novelty seeking and Reward dependence.

CONCLUSION:

The people with the recurrent depressive disorder have a different profile of personality traits (temperament and character) compared with the control group, and their characteristics depend on their current affective state.

PMCID: PMC5320910 **Free PMC Article**

PMID: 28293319

[Similar articles](#)



36. Open Access Maced J Med Sci. 2017 Mar 15;5(1):48-53. doi: 10.3889/oamjms.2017.022. Epub 2017 Feb 6.

Personality Characteristics as Predictive Factors for the Occurrence of Depressive Disorder.

[Bajraktarov S](#)¹, [Gudeva-Nikovska D](#)², [Manuševa N](#)¹, [Arsova S](#)¹.

Author information:

1

University Clinic of Psychiatry, Faculty of Medicine, Ss Cyril and Methodius University of Skopje, Skopje, Republic of Macedonia.

2

Ministry of Health, Global Fund, Skopje, Republic of Macedonia.

Abstract

BACKGROUND:

The depressive disorder is one of the most frequent mental disorders, which is often associated with severe dysfunctionality. Personality traits are considered as important factors for the occurrence of depressive disorder.

AIM:

To determine the specificity of personality dimensions as predictive factors of depressive disorder.

METHODS:

This research was conducted at the University Psychiatric Clinic Skopje as a "case-control" study. TCI-R (temperament and character inventory - revised) was used as the main research instrument.

RESULTS:

There are specific personality traits expressed through high scores of Harm Avoidance and low scores of Self -Directedness traits as predictive factors related to an incidence of the depressive disorder.

CONCLUSION:

The results of this study show that certain personal traits, and more specific HA and SD, are with a specific predictability of the depressive disorder.

PMCID: PMC5320907 [Free PMC Article](#)

PMID: 28293316

[Similar articles](#)



37. BMC Psychiatry. 2017 Mar 14;17(1):92. doi: 10.1186/s12888-017-1257-7.

[Transfer of manualized Short Term Psychodynamic Psychotherapy \(STPP\) for social anxiety disorder into clinical practice: results from a cluster-randomised controlled trial.](#)

[Wiltink J](#)¹, [Ruckes C](#)², [Hoyer J](#)³, [Leichsenring F](#)⁴, [Joraschky P](#)⁵, [Leweke F](#)⁴, [Pöhlmann K](#)⁵, [Beutel ME](#)⁶.

Author information:

Clinic of Psychosomatic Medicine and Psychotherapy, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany.
joerg.wiltink@unimedizin-mainz.de.

2

Interdisciplinary Center for Clinical Trials (IZKS), University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany.

3

Clinical Psychology and Psychotherapy, Technische Universität Dresden, Dresden, Germany.

4

Department of Psychosomatics and Psychotherapy, University of Giessen, Giessen, Germany.

5

Department of Psychosomatic Medicine and Psychotherapy, Medical Faculty Carl Gustav Carus, Technical University of Dresden, Dresden, Germany.

6

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

Abstract

BACKGROUND:

Despite growing evidence for manualized psychodynamic treatments, there is a lack of studies on their transfer to routine practice. This is the first study to examine the effects of an additional training in manualized Short Term Psychodynamic Psychotherapy (STPP) on the outcome in routine psychotherapy for social anxiety disorder (SAD). The study is an extension to a large RCT comparing STPP to Cognitive-Behavioral Therapy of SAD.

METHODS:

The manualized treatment was designed for a time limited approach with 25 individual sessions of STPP over 6 months. Private practitioners were randomized to training in manualized STPP (mSTPP) vs. treatment as usual without a specific training (tauSTPP). A total of 109 patients were enrolled (105 started treatment; 75 completed at least 20 treatment sessions). Assessments were conducted pre-treatment, after 8 and 15 weeks, after 25 treatment sessions, at the end of treatment, 6 and 12 months after termination of treatment. Remission as primary outcome was defined by the Liebowitz-Social-Anxiety-Scale (LSAS) score ≤ 30 . Secondary outcomes were response (at least 31% reduction in LSAS), treatment duration and number of sessions, changes in social anxiety (LSAS, SPAI), depression (BDI), clinical global impression (CGI), and quality of life (EQ-5D).

RESULTS:

Remission rates of mSTPP (9%) resp. tauSTPP (16%) and also response rates of 33% resp. 28% were comparable between the two treatment approaches as well as treatment duration

and number of sessions. Most of the within-group differences (baseline to 25 sessions) indicated moderate to large improvements in both treatments; within-group differences from baseline to 12 months follow-up (LSAS, SPAI, BDI, CGI) were large ranging from $d = -0.605$ to $d = -2.937$. Benefits of mSTPP were limited to single outcomes.

CONCLUSIONS:

Findings are discussed with regard to implementation and dissemination of empirically validated treatments in psychodynamic training and practice. SAD patients with a high comorbidity of personality disorders and a long treatment history may need longer treatments.

TRIAL REGISTRATION:

German Clinical Trials Register (DRKS) DRKS00000570 , registered 03. March 2011.

PMCID: PMC5348808 **Free PMC Article**

PMID: 28288592

[Similar articles](#)



38. Psychiatry Res. 2017 Mar 8;252:289-295. doi: 10.1016/j.psychres.2017.03.014. [Epub ahead of print]

Schizophrenia spectrum personality disorders in psychometrically identified schizotypes at two-year follow-up.

[Bolinsky PK](#)¹, [Smith EA](#)², [Schuder KM](#)², [Cooper-Bolinsky D](#)³, [Myers KR](#)², [Hudak DV](#)², [James AV](#)⁴, [Hunter HK](#)⁵, [Novi JH](#)⁶, [Guidi JP](#)², [Gonzalez Y](#)², [McTiernan EF](#)², [Arnold KM](#)², [Iati CA](#)⁷, [Gottesman II](#)⁸.

Author information:

1

Department of Psychology, Indiana State University, Terre Haute, IN, USA.
Electronic address: Kevin.Bolinsky@indstate.edu.

2

Department of Psychology, Indiana State University, Terre Haute, IN, USA.

3

Department of Social Work, Indiana State University, Terre Haute, IN, USA.

4

5 San Francisco VA Medical Center, San Francisco, CA, USA.
6 Department of Psychiatry, Emory School of Medicine, Atlanta, GA, USA.
7 New Mexico VA Health Care System, Albuquerque, NM, USA.
8 Harvard Medical School, Boston, MA, USA.
Department of Psychology, University of Minnesota, Minneapolis, MN, USA.

Abstract

Earlier (Bolinsky et al., 2015), we reported that psychometrically identified schizotypes displayed greater symptom levels and higher incidences of schizophrenia spectrum (schizotypal, schizoid, paranoid, and avoidant) personality disorders (PDs). In this study, 49 schizotypes and 39 matched controls participated in follow-up assessments after two years. Participants were previously identified as schizotypes or controls based on scores on the Chapman Psychosis Proneness Scales (CPPS), and were interviewed at baseline and follow-up with the Personality Disorder Interview for DSM-IV (PDI-IV). At follow-up, schizotypes displayed significantly higher symptom levels compared to controls, with medium to large effects, and appeared to meet criteria for diagnosis of each PD more often than controls, although significant differences were only observed for paranoid PD. Overall, schizotypes were more likely to have met criteria for a diagnosis at either baseline or follow-up. Finally, we observed a widening disparity over time between schizotypes and controls in avoidant and schizoid PDs. These results suggest that schizophrenia spectrum PDs, as well as subthreshold symptoms of these disorders, can represent a greater liability for schizophrenia in individuals identified as at-risk on the basis of psychometric means only. Furthermore, these findings demonstrate that such differences persist, and in some cases increase, over time.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28288440

[Similar articles](#)



39. Health Psychol Rev. 2017 Mar 13:1-11. doi: 10.1080/17437199.2017.1306718. [Epub ahead of print]

[What are psychological constructs? On the nature and statistical modeling of emotions,](#)

intelligence, personality traits and mental disorders.

[Fried EI](#)¹.

Author information:

1

a Department of Psychology , University of Amsterdam , Amsterdam , Netherlands.

PMID: 28287341

[Similar articles](#)

40. Mol Genet Metab. 2017 Mar 6. pii: S1096-7192(17)30052-5. doi: 10.1016/j.ymgme.2017.03.002. [Epub ahead of print]

Neuropsychiatric comorbidities in adults with phenylketonuria: A retrospective cohort study.

[Bilder DA](#)¹, [Kobori JA](#)², [Cohen-Pfeffer JL](#)³, [Johnson EM](#)³, [Jurecki ER](#)³, [Grant ML](#)⁴.

Author information:

1

Division of Child and Adolescent Psychiatry, Department of Psychiatry, University of Utah School of Medicine, Salt Lake City, UT, USA. Electronic address: Deborah.Bilder@hsc.utah.edu.

2

Department of Genetics, Kaiser Permanente, San Jose, CA, USA.

3

Medical Affairs, BioMarin Pharmaceutical Inc., Novato, CA, USA.

4

Department of Psychiatry, Drexel University, College of Medicine, Philadelphia, PA, USA; Department of Pediatrics, Drexel University, College of Medicine, Philadelphia, PA, USA.

Abstract

Adults with phenylketonuria (PKU) may experience neurologic and psychiatric disorders, including intellectual disability, anxiety, depression, and neurocognitive dysfunction. Identifying the prevalence and prevalence ratios of these conditions will inform clinical

treatment. This nested, case-controlled study used International Classification of Diseases, Ninth Revision (ICD-9) codes from the MarketScan® insurance claims databases from 2006 to 2012 and healthcare claims data for US-based employer and government-sponsored health plans. Prevalence and prevalence ratio calculations of neuropsychiatric comorbidities for adults (≥ 20 years old) with PKU were compared with two groups [diabetes mellitus (DM) and general population (GP)] matched by age, gender, geographic location, and insurance type. Age cohorts (i.e., 20-29, 30-39, 40-49, 50-59, 60-69, and 70+ years, and a combined subset of 20-39) were used to stratify data. The PKU cohort experienced significantly higher rates of several comorbid neurologic, psychiatric and developmental conditions. Compared to GP, PKU was associated with significantly higher prevalence for numerous neuropsychiatric conditions, most notably for intellectual disability (PR=7.9, 95% CI: 6.4-9.9), autism spectrum disorder (PR=6.1, 95% CI: 3.6-10.4), Tourette/tic disorders (PR=5.4, 95% CI: 2.1-14.1), and eating disorders (4.0, 95% CI: 3.2-5.0). Rates of fatigue/malaise, epilepsy/convulsions, sleep disturbance, personality disorders, phobias, psychosis, and migraines among those with PKU exceeded rates for the GP but were comparable to those with DM, with significantly lower rates of concomitant disorders occurring in younger, compared to older, adults with PKU. Lifelong monitoring and treatment of co-occurring neuropsychiatric conditions are important for effective PKU management.

Copyright © 2017. Published by Elsevier Inc.

Free Article

PMID: 28285739

[Similar articles](#)



41. Cogn Process. 2017 Mar 11. doi: 10.1007/s10339-017-0797-6. [Epub ahead of print]

Dysfunctional personality traits in adolescence: effects on alerting, orienting and executive control of attention.

[Casagrande M](#)¹, [Marotta A](#)^{2,3}, [Canepono V](#)², [Spagna A](#)², [Rosa C](#)⁴, [Dimaggio G](#)⁵, [Pasini A](#)⁴.

Author information:

1

Department of Psychology, "Sapienza" University of Rome, Via dei Marsi, 78, 00185, Rome, Italy. maria.casagrande@uniroma1.it.

2

Department of Psychology, "Sapienza" University of Rome, Via dei Marsi, 78, 00185, Rome, Italy.

3

Department of Experimental Psychology and Physiology of Behaviour, Mind, Brain, and Behaviour Research Center, University of Granada, Granada, Spain.

4

Department of Child and Adolescent Psychiatry, Department of Neuroscience, University of Rome "Tor Vergata", via Montpellier 1, 00133, Rome, Italy.

5

Centro di Terapia Metacognitiva Interpersonale, Rome, Italy.

Abstract

The present study examined attentional networks performance in 39 adolescents with dysfunctional personality traits, split into two group, Group < 10 and Group ≥ 10 , according to the number of criteria they met at the Structured Clinical Interview for DSM-IV Axis II Personality Disorders. The attentional performance has been tested by means of a modified version of the Attentional Network Test (ANTI-V) which allows testing both phasic and tonic components of the alerting system, the exogenous aspect of the orienting system, the executive network and their interactions. Results showed that the orienting costs of having an invalid spatial cue were reduced in the Group ≥ 10 criteria compared to the Group < 10 . Moreover, adolescents included in the Group ≥ 10 showed lower conflict when attention was cued to the target location (valid trials) but showed normal interference when there was no overpowering focus of attention (invalid trials). The results found with ANOVA after splitting the sample into two categorical groups were also observed in a complementary correlation analysis keeping intact the continuous nature of such variables. These findings are consistent with the notion that dysfunctional features of personality disorders may represent the psychological manifestations of a neuropsychological abnormality in attention and executive functioning. Finally, we discuss the implications of this attentional anomaly for dysfunctional personality traits and behaviour.

PMID: 28285372

[Similar articles](#)



42. J Affect Disord. 2017 Mar 7;214:89-96. doi: 10.1016/j.jad.2017.03.012. [Epub ahead of print]

[Psychophysiological correlates of emotion regulation training in adolescent anxiety: Evidence from the novel PIER task.](#)

[De Witte NA](#)¹, [Sütterlin S](#)², [Braet C](#)³, [Mueller SC](#)⁴.

Author information:

1

Department of Experimental Clinical and Health Psychology, Ghent University, Ghent, Belgium. Electronic address: neledewitte@gmail.com.

2

Section of Psychology, Inland Norway University of Applied Sciences, Norway; Center for Clinical Neuroscience, Oslo University Hospital, Norway.

3

Department of Developmental, Personality and Social psychology, Ghent University, Ghent, Belgium.

4

Department of Experimental Clinical and Health Psychology, Ghent University, Ghent, Belgium.

Abstract

BACKGROUND:

Anxiety disorders are the leading cause of mental illness in adolescence. While anxious adolescents show impairments in emotion processing and deficits in emotion regulation, few studies have attempted to improve emotion regulation within these populations.

METHOD:

This study used a multi-method design to test a newly developed emotion regulation training aimed at improving insight into emotions and instructing cognitive reappraisal. The efficacy of cognitive reappraisal was investigated in 27 clinically anxious youth (Age: $M=12.36$, $SD=2.59$) and 43 healthy controls (Age: $M=13.07$, $SD=2.19$) using psychophysiological measures. Specifically, heart rate variability, pupil dilation, and visual fixations were recorded while youth had to up- or downregulate their emotions in response to affective pictures in the Psychophysiological Indicators of Emotion Regulation (PIER) task.

RESULTS:

The novel training effectively improved self-reported emotion regulation and momentary anxiety in both groups. Moreover, initial group differences in emotional reactivity mostly disappeared when participants were instructed to apply emotion regulation in the task. However, pupil dilation data suggested that participants with anxiety disorders required more cognitive resources for the upregulation of negative affect to counteract this effect.

LIMITATIONS:

The relatively small sample size and large age range could hamper detection of additional group differences that may exist.

CONCLUSIONS:

The current study provides evidence that anxious youth can apply cognitive reappraisal to a similar extent as healthy adolescents after emotion regulation training but may need to exert more effort to do so. This training could be a valuable addition to current treatment programs.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28285242

[Similar articles](#)



43. Pediatrics. 2017 Mar 10. pii: e20162690. doi: 10.1542/peds.2016-2690. [Epub ahead of print]

Self-Reported Mental Health Problems Among Adults Born Preterm: A Meta- Analysis.

[Pyhälä R](#)^{1,2}, [Wolford E](#)³, [Kautiainen H](#)^{4,5,6}, [Andersson S](#)⁷, [Bartmann P](#)⁸, [Baumann N](#)⁹, [Brubakk AM](#)¹⁰, [Evensen KA](#)^{10,11}, [Hovi P](#)^{7,12}, [Kajantie E](#)^{7,12,13,14}, [Lahti M](#)^{3,15}, [Van Lieshout RJ](#)¹⁶, [Saigal S](#)¹⁷, [Schmidt LA](#)^{12,18}, [Indredavik MS](#)^{19,20}, [Wolke D](#)^{8,21}, [Räikkönen K](#)³.

Author information:

1

Department of Psychology and Logopedics, and riikka.pyhala@helsinki.fi.

2

Folkhälsan Research Centre, Helsinki, Finland.

3

Department of Psychology and Logopedics, and.

4

Department of General Practice, University of Helsinki, Helsinki, Finland.

5

Unit of Primary Health Care, Helsinki University Central Hospital, Helsinki, Finland.

6

Unit of Primary Health Care, Kuopio University Hospital, Kuopio, Finland.

7

8 Children's Hospital, Helsinki University Hospital and University of Helsinki,
Helsinki, Finland.

9 Department of Neonatology, University Hospital Bonn, Bonn, Germany.

10 Department of Psychology, University of Warwick, Coventry, United Kingdom.

11 Department of Laboratory Medicine, Children's and Women's Health.

12 Department of Public Health and General Practice, and.

13 National Institute for Health and Welfare, Helsinki, Finland.

14 National Institute for Health and Welfare, Oulu, Finland.

15 PEDEGO Research Unit, Medical Research Center Oulu, Oulu University Hospital
and University of Oulu, Oulu, Finland.

16 University/British Heart Foundation Centre for Cardiovascular Science, Queen's
Medical Research Institute, University of Edinburgh, Edinburgh, United Kingdom.

17 Department of Psychiatry and Behavioral Neurosciences.

18 Department of Pediatrics, and.

19 Department of Psychology, Neuroscience & Behavior, McMaster University,
Hamilton, Ontario, Canada.

20 Regional Centre for Child and Youth Mental Health and Child Welfare, Norwegian
University of Science and Technology, Trondheim, Norway.

21 Department of Child and Adolescent Psychiatry, St. Olav's Hospital, Trondheim
University Hospital, Norway; and.

Warwick Medical School, University of Warwick, Coventry, United Kingdom.

Abstract

CONTEXT:

Preterm birth increases the risk for mental disorders in adulthood, yet findings on self-reported or subclinical mental health problems are mixed.

OBJECTIVE:

To study self-reported mental health problems among adults born preterm at very low birth weight (VLBW; ≤ 1500 g) compared with term controls in an individual participant data meta-analysis.

DATA SOURCES:

Adults Born Preterm International Collaboration.

STUDY SELECTION:

Studies that compared self-reported mental health problems using the Achenbach Young Adult Self Report or Adult Self Report between adults born preterm at VLBW ($n = 747$) and at term ($n = 1512$).

DATA EXTRACTION:

We obtained individual participant data from 6 study cohorts and compared preterm and control groups by mixed random coefficient linear and Tobit regression.

RESULTS:

Adults born preterm reported more internalizing (pooled $\beta = .06$; 95% confidence interval .01 to .11) and avoidant personality problems (.11; .05 to .17), and less externalizing (-.10; -.15 to -.06), rule breaking (-.10; -.15 to -.05), intrusive behavior (-.14; -.19 to -.09), and antisocial personality problems (-.09; -.14 to -.04) than controls. Group differences did not systematically vary by sex, intrauterine growth pattern, neurosensory impairments, or study cohort.

LIMITATIONS:

Exclusively self-reported data are not confirmed by alternative data sources.

CONCLUSIONS:

Self-reports of adults born preterm at VLBW reveal a heightened risk for internalizing problems and socially avoidant personality traits together with a lowered risk for externalizing problem types. Our findings support the view that preterm birth constitutes an early vulnerability factor with long-term consequences on the individual into adulthood.

Copyright © 2017 by the American Academy of Pediatrics.

PMID: 28283612

[Similar articles](#)



Mona Lisa is always happy - and only sometimes sad.

[Liaci E](#)^{1,2,3,4}, [Fischer A](#)¹, [Heinrichs M](#)⁵, [van Elst LT](#)^{3,4}, [Kornmeier J](#)^{1,2,3,4}.

Author information:

- 1
Institute for Frontier Areas of Psychology and Mental Health, Freiburg, Germany.
- 2
Eye Center, Medical Center, University of Freiburg, Freiburg, Germany.
- 3
Center for Mental Disorders, Medical Center, University of Freiburg, Freiburg, Germany.
- 4
Faculty of Medicine, University of Freiburg, Germany.
- 5
Laboratory for Biological and Personality Psychology, Department of Psychology, University of Freiburg, Freiburg, Germany.

Abstract

The worldwide fascination of da Vinci's Mona Lisa has been dedicated to the emotional ambiguity of her face expression. In the present study we manipulated Mona Lisa's mouth curvature as one potential source of ambiguity and studied how a range of happier and sadder face variants influences perception. In two experimental conditions we presented different stimulus ranges with different step sizes between stimuli along the happy-sad axis of emotional face expressions. Stimuli were presented in random order and participants indicated the perceived emotional face expression (first task) and the confidence of their response (second task). The probability of responding 'happy' to the original Mona Lisa was close to 100%. Furthermore, in both conditions the perceived happiness of Mona Lisa variants described sigmoidal functions of the mouth curvature. Participants' confidence was weakest around the sigmoidal inflection points. Remarkably, the sigmoidal functions, as well as confidence values and reaction times, differed significantly between experimental conditions. Finally, participants responded generally faster to happy than to sad faces. Overall, the original Mona Lisa seems to be less ambiguous than expected. However, perception of and reaction to the emotional face content is relative and strongly depends on the used stimulus range.

PMCID: PMC5345090 **Free PMC Article**

PMID: 28281547

[Similar articles](#)

Further evidence for genetic variation at the serotonin transporter gene SLC6A4 contributing toward anxiety.

[Forstner AJ](#)¹, [Rambau S](#), [Friedrich N](#), [Ludwig KU](#), [Böhmer AC](#), [Mangold E](#), [Maaser A](#), [Hess T](#), [Kleiman A](#), [Bittner A](#), [Nöthen MM](#), [Becker J](#), [Geiser F](#), [Schumacher J](#), [Conrad R](#).

Author information:

1

aInstitute of Human Genetics bDepartment of Genomics, Life and Brain Center
cClinic for Psychosomatic Medicine and Psychotherapy, University of Bonn, Bonn
dDepartment of Psychotherapy and Psychosomatic Medicine, University Hospital Carl Gustav Carus, Technische Universitaet Dresden, Dresden, Germany
eDepartment of Psychiatry (UPK) fHuman Genomics Research Group, Department of Biomedicine, University of Basel gInstitute of Medical Genetics and Pathology, University Hospital Basel, Basel, Switzerland.

Abstract

OBJECTIVES:

Social anxiety disorder (SAD) is a common and heritable psychiatric disorder. However, genetic studies in SAD are rare and only a few candidate genes have been implicated so far. In the present study, we investigated whether single-nucleotide polymorphisms (SNPs) associated with other psychiatric disorders also contribute toward the development of SAD and followed up variants associated with SAD on the phenotypic level.

PATIENTS AND METHODS:

We genotyped a total of 24 SNPs in a German sample of 321 SAD patients and 804 controls. We carried out single-marker analyses as well as quantitative association analyses of SAD severity and harm avoidance.

RESULTS:

None of the variants investigated showed an association with SAD in our case-control sample after Bonferroni correction. Two SNPs reached nominal significance (rs818702,

P=0.032; rs140701, P=0.048). Of these, only rs140701 showed an association in the same allelic direction as reported previously. This SNP is located within the serotonin transporter gene SLC6A4, which is the primary target of selective-serotonin reuptake inhibitors used for the treatment of depressive and anxiety disorders. The quantitative association analysis of all cases with available data on symptom severity showed four SNPs with a nominal significant association. Among these SNPs, rs10994359 showed the strongest association (P=0.001) and was located near the ANK3 gene. In addition, rs10994359 was nominally associated with harm avoidance scores (P=0.001).

CONCLUSION:

Our results provide further evidence for an involvement of the serotonin transporter gene SLC6A4 in the etiology of anxiety-related traits. Furthermore, our study implicates that genetic variation at the genome-wide associated bipolar disorder locus ANK3 might influence anxiety-related personality traits.

PMID: 28272115

[Similar articles](#)



46. BMC Psychiatry. 2017 Mar 7;17(1):86. doi: 10.1186/s12888-017-1247-9.

[A digital intake approach in specialized mental health care: study protocol of a cluster randomised controlled trial.](#)

[Metz MJ](#)^{1,2}, [Elfeddali I](#)^{3,4,5}, [Krol DG](#)³, [Veerbeek MA](#)⁶, [de Beurs E](#)^{7,8}, [Beekman AT](#)^{9,10}, [van der Feltz-Cornelis CM](#)^{3,5}.

Author information:

1

EMGO Institute for Health and Care Research (EMGO+), VU University, Amsterdam, The Netherlands. m.metz@ggzbreburg.nl.

2

GGz Breburg, Mental Health Institute, Postbus 770, 5000 AT, Tilburg, The Netherlands. m.metz@ggzbreburg.nl.

3

GGz Breburg, Mental Health Institute, Postbus 770, 5000 AT, Tilburg, The Netherlands.

4

School for Public Health and Primary Care (CAPHRI), Maastricht University, Maastricht, Netherlands.

5

TRANZO Department, Tilburg University, Tilburg, The Netherlands.

6

Netherlands Institute of Mental Health and Addiction (Trimbos Institute), P.O. Box 725, 3500 AS, Utrecht, The Netherlands.

7

Department of Clinical Psychology, University of Leiden, Leiden, The Netherlands.

8

Foundation Benchmark Mental Health Care, Stichting Benchmark GGZ, Rembrandtlaan 46, 3723 BK, Bilthoven, The Netherlands.

9

Department of Psychiatry, VU University Medical Centre, Amsterdam, The Netherlands.

10

GGZ inGeest, Mental Health Institute, A.J. Ernststraat 1187, 1081 HL, Amsterdam, The Netherlands.

Abstract

BACKGROUND:

Enhancing patient participation is becoming increasingly important in mental health care as patients use to have a dependent, inactive role and nonadherence to treatment is a regular problem. Research shows promising results of initiatives stimulating patient participation in partnership with their clinicians. However, few initiatives targeting both patients' and clinicians' behaviour have been evaluated in randomised trials (RCT). Therefore, in GGz Breburg, a specialized mental health institution, a digital intake approach was developed aimed at exploring treatment needs, expectations and preferences of patients intended to prepare patients for the intake consultations. Subsequently, patients and clinicians discuss this information during intake consultations and make shared decisions about options in treatment. The aim of this trial is to test the efficacy of this new digital intake approach facilitated by Routine Outcome Monitoring (ROM), peer support and training of clinicians as compared to the intake as usual. The primary outcome is decisional conflict about choices in treatment. Secondary outcomes focus on patient participation, shared decision making, working alliance, adherence to treatment and clinical outcomes.

METHODS:

This article presents the study protocol of a cluster-randomised controlled trial in four outpatient departments for adults with depression, anxiety and personality disorders, working in two different regions. Randomisation is done between two similar intake-teams within each department. In the four intervention teams the new intake approach is implemented. The four control teams apply the intake as usual and will implement the new approach after the completion of the study. In total 176 patients are projected to participate in the study. Data collection will be at baseline, and at two weeks and two months after the intake.

DISCUSSION:

This study will potentially demonstrate the efficacy of the new digital intake approach in mental health care in terms of the primary outcome the degree of decisional conflict about choices in treatment. The findings of this study may contribute to the roll out of such eHealth initiatives fostering patient involvement in decision making about their treatment.

TRIAL REGISTRATION:

Trial registration: Dutch Trial Register NTR5677 . Registered 17th January 2016.

PMCID: PMC5341197 **Free PMC Article**

PMID: 28270129

[Similar articles](#)



47. J Neuropsychiatry Clin Neurosci. 2017 Mar 7:appineuropsych16030051. doi: 10.1176/appi.neuropsych.16030051. [Epub ahead of print]

[A Neurology of the Conservative-Liberal Dimension of Political Ideology.](#)

[Mendez MF¹](#).

Author information:

1

From the Department of Neurology and the Department of Psychiatry and Behavioral Sciences, David Geffen School of Medicine, University of California Los Angeles (MFM); and Neurology Service, Neurobehavior Unit, VA Greater Los Angeles Healthcare System, Los Angeles (MFM).

Abstract

Differences in political ideology are a major source of human disagreement and conflict. There is increasing evidence that neurobiological mechanisms mediate individual differences in political ideology through effects on a conservative-liberal axis. This review summarizes personality, evolutionary and genetic, cognitive, neuroimaging, and neurological studies of conservatism-liberalism and discusses how they might affect political ideology. What emerges from this highly variable literature is evidence for a normal right-sided "conservative-complex" involving structures sensitive to negativity bias, threat, disgust, and avoidance. This conservative-complex may be damaged with brain disease, sometimes leading to a pathological "liberal shift" or a reduced tendency to conservatism in political

ideology. Although not deterministic, these findings recommend further research on politics and the brain.

PMID: 28264633

[Similar articles](#)



48.J Pers Disord. 2017 Mar 6:1-21. doi: 10.1521/pedi_2017_31_279. [Epub ahead of print]

[Development and Validation of the Treatment Attrition-Retention Scale for Personality Disorders.](#)

[Gamache D](#)^{1,2}, [Savard C](#)^{2,3}, [Lemelin S](#)², [Villeneuve E](#)² .

Author information:

1

Université du Québec à Trois-Rivières, Trois-Rivières, Canada.

2

Centre de recherche de l'Institut universitaire en santé mentale de Québec, Québec, Canada.

3

Université Laval, Québec, Canada.

Abstract

This study is an investigation of the psychometric properties of the Treatment Attrition-Retention Scale for Personality Disorders (TARS-PD), an instrument developed to identify patients with personality disorder (PD) at risk of early dropout from psychotherapy. In a first study, assessment files from 320 patients referred for PD evaluation at an outpatient clinic were examined to assess the instrument's inter-rater reliability, construct validity, and discriminant validity. Results showed that the global scale could be scored with excellent reliability. Exploratory factor analysis identified five factors: Narcissism, Psychopathy, Secondary gains, Low motivation, and Cluster A features. A second study focused on the scale's predictive validity. The TARS-PD showed high specificity (94%) in identifying dropouts, using a cut-off of ≥ 10 . Both global and factor scores from the TARS-PD were significant predictors of treatment status (dropout vs. continuation) at 6 months. The scale should be considered promising for PD evaluation and treatment planning.

PMID: 28263094

[Similar articles](#)

Childhood Maltreatment as Predictor of Pathological Personality Traits Using PSY-5 in an Adult Psychiatric Sample.

[Choi JY](#)¹, [Park SH](#)².

Author information:

1

Department of Psychiatry, Sanggye Paik Hospital, Inje University, Seoul, Republic of Korea.

2

Department of Psychology, Yonsei University, Seoul.

Abstract

Extant literature indicates that childhood maltreatment is significantly associated with personality disorders. With the recent call for a more dimensional approach to understanding personality and pathological personality traits, the aim of the present study was to examine whether the experience of childhood maltreatment is associated with pathological personality traits as measured by the Personality Psychopathology Five (PSY-5). We analyzed data from 557 adult psychiatric patients with diverse psychiatric diagnoses, including mood disorders, schizophrenia spectrum disorders, and anxiety disorders. Hierarchical multiple regression analyses were conducted to determine the degree to which childhood maltreatment explained the five trait dimensions after controlling for demographic variables, presence of psychotic symptoms, and degree of depressive symptoms. Childhood maltreatment significantly predicted all of the five trait dimensions of the PSY-5. This suggests that childhood maltreatment may negatively affect the development of an adaptive adjustment system, thereby potentially contributing to the emergence of pathological personality traits.

PMID: 28263090

[Similar articles](#)

Repeated Acute Oral Exposure to Cannabis sativa Impaired Neurocognitive Behaviours and Cortico-hippocampal Architectonics in Wistar Rats.

[Imam A¹](#), [Ajao MS](#), [Akinola OB](#), [Ajibola MI](#), [Ibrahim A](#), [Amin A](#), [Abdulmajeed WI](#), [Lawal ZA](#), [Ali-Oluwafuyi A](#).

Author information:

1

Department of Anatomy, University of Ilorin, Ilorin. imam.a@unilorin.edu.ng.

Abstract

The most abused illicit drug in both the developing and the developed world is Cannabis disposing users to varying forms of personality disorders. However, the effects of cannabis on cortico-hippocampal architecture and cognitive behaviours still remain elusive. The present study investigated the neuro-cognitive implications of oral cannabis use in rats. Eighteen adult Wistar rats were randomly grouped to three. Saline was administered to the control rats, cannabis (20 mg/kg) to the experimental group I, while Scopolamine (1 mg/kg. ip) was administered to the last group as a standard measure for the cannabis induced cognitive impairment. All treatments lasted for seven consecutive days. Open Field Test (OFT) was used to assess locomotor activities, Elevated Plus Maze (EPM) for anxiety-like behaviour, and Y maze paradigm for spatial memory and data subjected to ANOVA and T test respectively. Thereafter, rats were sacrificed and brains removed for histopathological studies. Cannabis significantly reduced rearing frequencies in the OFT and EPM, and increased freezing period in the OFT. It also reduced percentage alternation similar to scopolamine in the Y maze, and these effects were coupled with alterations in the cortico-hippocampal neuronal architectures. These results point to the detrimental impacts of cannabis on cortico-hippocampal neuronal architecture and morphology, and consequently cognitive deficits.

PMID: 28262852 [Indexed for MEDLINE]

[Similar articles](#)

51. Psychopathology. 2017 Mar 3. doi: 10.1159/000457803. [Epub ahead of print]

Basic Self-Disturbances beyond Schizophrenia: Discrepancies and Affinities

in Panic Disorder - An Empirical Clinical Study.

[Madeira L¹](#), [Carmenates S](#), [Costa C](#), [Linhares L](#), [Stanghellini G](#), [Figueira ML](#), [Sass L](#).

Author information:

1

Psychiatry Department, Centro Hospitalar Lisboa Norte, Lisbon, Portugal.

Abstract

BACKGROUND:

Anomalous self-experiences (ASEs), presumably involving alterations in "core" or "minimal self," have been studied as manifest in schizophrenia and its spectrum, in contrast with mood disorder and personality disorder samples. This is the first study to examine ASEs in panic disorder (PD), beginning the exploration of these disturbances of subjectivity in anxiety disorders. We aimed to clarify what might, or might not, be specific to the schizophrenia spectrum domain - which, in turn, could be useful for developing pathogenetic models for various disorders.

SAMPLING AND METHODS:

47 hospital outpatients with PD and no other medical and psychiatric comorbidity and 47 healthy control (HC) subjects were assessed with the Examination of Anomalous Self Experiences (EASE) and Cambridge Depersonalization Scale (CDS).

RESULTS:

All our PD patients had overall ASE and EASE scores significantly higher than our HCs (mean \pm SD 17.94 \pm 11.88 vs. HC 1.00 \pm 1.81), approaching levels found in previous schizophrenia spectrum samples. The distribution of particular EASE items and subitems in the PD sample was heterogeneous, varying from rare (<10%) or absent (termed "discrepancies" with schizophrenia spectrum: 29 items) to being present in >50% of subjects ("affinities" with schizophrenia spectrum: 7 items). EASE and CDS scores were highly correlated ($r = 0.756$, 95% CI 0.665-0.840).

CONCLUSIONS:

PD patients scored higher on items suggesting common forms of derealization and depersonalization, perhaps suggesting "secondary" and defensive psychological processes, while lacking indicators of more profound ipseity disturbance. Our study supports the basic-self-disturbance model of schizophrenia, while suggesting the possibility of transnosological

"schizophrenia-like phenomena," which might require careful phenomenological exploration to be distinguished from those of true psychotic or schizophrenic conditions.

© 2017 S. Karger AG, Basel.

PMID: 28259879

[Similar articles](#)



52. Psychodyn Psychiatry. 2017 Spring;45(1):1-21. doi: 10.1521/pdps.2017.45.1.1.

Borderline Personality Disorder: Treatment from the Contextual Perspective.

[Stone MH](#)¹.

Author information:

1

Professor of Clinical Psychiatry, Columbia College of Physicians and Surgeons.

Abstract

In relation to the psychotherapy of borderline personality disorder (BPD), the contextual model embraces the subjective components that operate alongside the more readily objectifiable elements of the medical model. The latter include the guidelines of the various psychodynamic and cognitive approaches, the randomized control trials of these approaches, follow-up studies, and data from MRI and other neurophysiological tests. The contextual model focuses on less easily measurable factors that comprise the real relationship between therapist and patient, including the heterogeneity in the BPD domain. Another component consists of patient expectations at the outset, the placebo effect of having an ally in the person of the therapist, and the nature of the patient's primary unconscious conflicts. These combined elements exert a major influence vis-à-vis the efficacy of treatment, such that the precise nature of the therapeutic method emerges as of less importance in the eventual outcome—so long as the method is a bona fide theory-driven intervention, conducted by therapists with sufficient knowledge of alternative approaches and with the flexibility to utilize other approaches temporarily, in accordance with the exigencies of the patient's current life. This amounts to an integrated approach.

PMID: 28248560 [Indexed for MEDLINE]

[Similar articles](#)

A randomized controlled trial reporting functional outcomes of cognitive-behavioural therapy in medication-treated adults with ADHD and comorbid psychopathology.

[Young S](#)^{1,2,3}, [Emilsson B](#)^{4,5}, [Sigurdsson JF](#)^{6,5,7}, [Khondoker M](#)^{4,8}, [Philipp-Wiegmann F](#)^{9,4}, [Baldursson G](#)⁵, [Olafsdottir H](#)⁵, [Gudjonsson G](#)^{9,6,4}.

Author information:

1

Centre for Psychiatry, Imperial College London, Du Cane Road, London, W12 0NN, UK. susan.young1@imperial.ac.uk.

2

Broadmoor Hospital, WLMHT, Crowthorne, UK. susan.young1@imperial.ac.uk.

3

Reykjavik University, Reykjavik, Iceland. susan.young1@imperial.ac.uk.

4

Institute of Psychiatry Psychology and Neuroscience, King's College London, London, UK.

5

Landspítali -The National University Hospital of Iceland, Reykjavik, Iceland.

6

Reykjavik University, Reykjavik, Iceland.

7

University of Iceland, Reykjavik, Iceland.

8

Department of Applied Health Research, University College London, London, UK.

9

Broadmoor Hospital, WLMHT, Crowthorne, UK.

Abstract

Studies assessing psychological treatment of attention deficit hyperactivity disorder (ADHD) in adults are increasingly reported. However, functional outcomes are often neglected in

favour of symptom outcomes. We investigated functional outcomes in 95 adults with ADHD who were already treated with medication and randomized to receive treatment as usual (TAU/MED) or psychological treatment (CBT/MED) using a cognitive-behavioural programme, R&R2ADHD, which employs both group and individual modalities. RATE-S functional outcomes associated with ADHD symptoms, social functioning, emotional control and antisocial behaviour were given at baseline, end of treatment and three-month follow-up. The Total composite score of these scales is associated with life satisfaction. In addition, independent evaluator ratings of clinicians who were blind to treatment arm were obtained on the Clinical Global Impression scale at each time point. CBT/MED showed overall (combined outcome at end of treatment and 3-month follow-up) significantly greater functional improvement on all scales. Post-group treatment effects were maintained at follow-up with the exception of emotional control and the Total composite scales, which continued to improve. The largest treatment effect was for the RATE-S Total composite scale, associated with life satisfaction. CGI significantly correlated with all outcomes except for social functioning scale at follow-up. The study provides further evidence for the effectiveness of R&R2ADHD and demonstrates the importance of measuring functional outcomes. The key mechanism associated with improved functional outcomes is likely to be behavioural control.

Free PMC Article

PMID: 27752827 [Indexed for MEDLINE]

[Similar articles](#)



54. *Anthropol Med.* 2017 Apr;24(1):32-46. doi: 10.1080/13648470.2016.1226684. Epub 2016 Sep 21.

[How Voting and Consensus Created the Diagnostic and Statistical Manual of Mental Disorders \(DSM-III\).](#)

[Davies J¹](#).

Author information:

1

a Department of Life Sciences , University of Roehampton , London , United Kingdom of Great Britain and Northern Ireland.

Abstract

This paper examines how Task Force votes were central to the development of Diagnostic and Statistical Manual of Mental Disorders (DSM-III and DSM-III-R). Data were obtained through a literature review, investigation of DSM archival material housed at the American Psychiatric Association (APA), and interviews with key Task Force members of DSM-III and DSM-III-R. Such data indicate that Task Force votes played a central role in the making of DSM-III, from establishing diagnostic criteria and diagnostic definitions to settling questions about the inclusion or removal of diagnostic categories. The paper concludes that while the APA represented DSM-III, and the return to descriptive psychiatry it inaugurated, as a triumph of empirically based decision-making, the evidence presented here fails to support that view. Since the DSM is a cumulative project, and as DSM-III lives on through subsequent editions, this paper calls for a more socio-historically informed understanding of DSM's construction to be deployed in how the DSM is taught and implemented in training and clinical settings.

PMID: 27650639 [Indexed for MEDLINE]

[Similar articles](#)



55. Eur Arch Psychiatry Clin Neurosci. 2017 Apr;267(3):257-266. doi: 10.1007/s00406-016-0727-0. Epub 2016 Sep 13.

[Impaired social cognition in violent offenders: perceptual deficit or cognitive bias?](#)

[Jusyte A](#)^{1,2}, [Schönenberg M](#)³.

Author information:

1

LEAD Graduate School and Research Network, University of Tübingen, Gartenstr. 29A, 72074, Tübingen, Germany. aiste.jusyte@uni-tuebingen.de.

2

Department of Clinical Psychology and Psychotherapy, University of Tübingen, Tübingen, Germany. aiste.jusyte@uni-tuebingen.de.

3

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

Abstract

Aggressive behavior is assumed to be associated with certain patterns of social information processing. While some theories link aggression to a tendency to interpret ambiguous stimuli

as hostile (i.e., enhanced sensitivity to anger), others assume an insufficient ability to perceive emotional expressions, particularly fear. Despite compelling evidence to support both theories, no previous study has directly investigated the predictions made by these two accounts in aggressive populations. The aim of the current study was to test processing patterns for angry and fearful facial expressions in violent offenders (VOs) and healthy controls (CTLs) and their association with self-reported aggression and psychopathy scores. In Experiment 1, we assessed perceptual sensitivity to neutral-emotional (angry, fearful, happy) blends in a task which did not require categorization, but an indication whether the stimulus is neutral or emotional. In Experiment 2, we assessed categorization performance for ambiguous fearful-happy and angry-happy blends. No group differences were revealed in Experiment 1, while Experiment 2 indicated a deficit in the categorization of ambiguous fearful blends in the VO group. Importantly, this deficit was associated with both self-reported psychopathy and aggression in the VO, but not the CTL group. The current study provides evidence for a deficient categorization of fearful expressions and its association with self-reported aggression and psychopathy in VOs, but no support for heightened sensitivity to anger. Furthermore, the current findings indicate that the deficit is tied to categorization but not detection stages of social information processing.

PMID: 27623869 [Indexed for MEDLINE]

[Similar articles](#)



56. Q J Exp Psychol (Hove). 2017 Apr;70(4):649-663. Epub 2016 Mar 10.

[The neurotic wandering mind: An individual differences investigation of neuroticism, mind-wandering, and executive control.](#)

[Robison MK](#)¹, [Gath KI](#)¹, [Unsworth N](#)¹.

Author information:

1

a Department of Psychology , University of Oregon , Eugene , OR , USA.

Abstract

Cognitive psychology and cognitive neuroscience have recently developed a keen interest in the phenomenon of mind-wandering. People mind-wander frequently, and mind-wandering is associated with decreased cognitive performance. But why do people mind-wander so much? Previous investigations have focused on cognitive abilities like working memory

capacity and attention control. But an individual's tendency to worry, feel anxious, and entertain personal concerns also influences mind-wandering. The Control Failure × Concerns model of mind-wandering. Psychological Bulletin, 136, 188-197] argues that individual differences in the propensity to mind-wander are jointly determined by cognitive abilities and by the presence of personally salient concerns that intrude on task focus. In order to test this model, we investigated individual differences in mind-wandering, executive attention, and personality with a focus on neuroticism. The results showed that neurotic individuals tended to report more mind-wandering during cognitive tasks, lower working memory capacity, and poorer attention control. Thus the trait of neuroticism adds an additional source of variance in the tendency to mind-wander, which offers support for the Control Failure × Concerns model. The results help bridge the fields of clinical psychology, cognitive psychology, affective neuroscience, and cognitive neuroscience as a means of developing a more complete understanding of the complex relationship between cognition, personality, and emotion.

PMID: 26821933 [Indexed for MEDLINE]

[Similar articles](#)

1. J Affect Disord. 2017 Apr 24;218:23-29. doi: 10.1016/j.jad.2017.04.054. [Epub ahead of print]

Affective temperaments in anorexia nervosa: The relevance of depressive and anxious traits.

[Marzola E](#)¹, [Fassino S](#)¹, [Amianto F](#)¹, [Abbate-Daga G](#)².

Author information:

1

Eating Disorders Center for Treatment and Research, Department of Neuroscience, University of Turin, Turin, Italy.

2

Eating Disorders Center for Treatment and Research, Department of Neuroscience, University of Turin, Turin, Italy. Electronic address: giovanni.abbatedaga@unito.it.

Abstract

BACKGROUND:

Affective temperaments have been so far understudied in anorexia nervosa (AN) despite the relevance of personality and both affective and anxious comorbidity with regard to vulnerability, course, and outcome of this deadly disorder.

METHODS:

Ninety-eight female inpatients diagnosed with AN and 131 healthy controls (HCs) were enrolled in this study and completed the Temperament Evaluation of Memphis, Pisa, Paris and San Diego Autoquestionnaire (TEMPS-A) in addition to assessments of eating psychopathology, depression, and anxiety.

RESULTS:

AN patients and HCs differed in all affective temperaments. The diagnostic subtypes of AN differed as well with binge-purging individuals being more cyclothymic and anxious than those with restricting-type AN. TEMPS-A scores correlated with body mass index and eating psychopathology but not with duration of illness. Concerning comorbidity, greater scores on the depressive and lower scores on the hyperthymic temperaments were found in depressed patients. Those who had either an anxious or irritable temperament were significantly more diagnosed with an anxious disorder than those who did not show this temperament. When logistic regression was performed, high depressive/low hyperthymic and high irritable/anxious traits resulted to be associated with depressive and anxious comorbidity, respectively, independently of confounding factors.

LIMITATIONS:

Cross-sectional design, some patients on medications, few baseline clinical differences between diagnostic subtypes, no other personality assessments.

CONCLUSIONS:

An affective continuum strongly associated with mood and anxious comorbidity emerged in AN. Such an evaluation could have several research and clinical implications given the need of improving treatment individualization and early interventions for such a complex disorder.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28456073

[Similar articles](#)



From the neurobiological basis of comorbid alcohol dependence and depression to psychological treatment strategies: study protocol of a randomized controlled trial.

[Becker A](#)¹, [Ehret AM](#)², [Kirsch P](#)².

Author information:

1

Department of Clinical Psychology, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany. alena.becker@zi-mannheim.de.

2

Department of Clinical Psychology, Central Institute of Mental Health, Medical Faculty Mannheim/Heidelberg University, Mannheim, Germany.

Abstract

BACKGROUND:

Alcohol use disorder and depression occur commonly in the community. Even though this high-prevalence comorbidity is associated with poorer posttreatment outcomes and greater utilization of costly treatment services, existing treatment trials often exclude patients with comorbid depressive and alcohol use disorders. Past research suggests that symptoms such as craving and anhedonia might be associated with alterations within the reward circuit, while emotion regulation deficits are related to disruptions within the default mode network. The aim of this clinical neuroimaging study is to transfer previous research about the reward circuit and default mode network underlying alcohol use disorder and depression to achieve a better understanding of neural signatures characterizing their comorbidity. In addition, the neurobiological results will be used to test whether two psychotherapeutic intervention programs, mindfulness-based training and behavioral activation training, are able to positively influence the identified pathomechanisms.

METHODS:

By means of functional magnetic resonance imaging (fMRI), 60 comorbid alcohol dependent and depressed patients are compared to 30 patients with depression only, 30 patients with alcohol use disorder only and 30 healthy control participants. Comorbid patients are randomized to either receive a behavioral activation or mindfulness based training and asked to participate in a second fMRI session and 3 month follow-up assessment. Thereby, we plan

to explore whether these brief group psychotherapeutic intervention programs are able to positively influence the identified neurobiological pathomechanisms. The primary outcomes are reward and default mode network activity and connectivity evoked by paradigms measuring different facets of reward and emotion processing. Secondary outcome measures include craving and depression scores, as well as relapse rates. Predictors include participants' characteristics, personality traits and indicators of mental health.

DISCUSSION:

The objective of the project is to identify common and/or distinct neural signatures underlying the comorbidity of alcohol dependence and depression. If the neurobiological understanding of alcohol addiction and depression is improved, this could potentially serve as a key predictor of treatment response to specific types of behavioral or mindfulness therapies hypothesized to alter reward and resting state systems.

TRIAL REGISTRATION:

German Clinical Trial Register DRKS00010249 . The trial was registered January 23th 2017.

Free Article

PMID: 28454522

[Similar articles](#)



3. Psychiatry Res. 2017 Apr 19;254:48-53. doi: 10.1016/j.psychres.2017.04.030. [Epub ahead of print]

[The associations between childhood trauma, neuroticism and comorbid obsessive-compulsive symptoms in patients with psychotic disorders.](#)

[Schreuder MJ](#)¹, [Schirmbeck F](#)², [Meijer C](#)¹, [de Haan L](#)¹; [GROUP Investigators](#).

Author information:

1

Department of Psychiatry, Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands.

2

Department of Psychiatry, Academic Medical Centre, University of Amsterdam, Amsterdam, The Netherlands; Arkin Institute for Mental Health, Amsterdam, The Netherlands. Electronic address: n.f.schirmbeck@amc.uva.nl.

Abstract

Various studies reported remarkably high prevalence rates of obsessive-compulsive symptoms (OCS) in patients with a psychotic disorder. Little is known about the pathogenesis of this co-occurrence. The current study aimed to investigate the contribution of shared underlying risk factors, such as childhood trauma and neuroticism, to the onset and course of OCS in patients with psychosis. Data were retrieved from 161 patients with psychosis included in the 'Genetic Risk and Outcome in Psychosis' project. Patients completed measures of OCS and psychotic symptoms at study entrance and three years later. Additionally, childhood maltreatment and neuroticism were assessed. Between-group comparisons revealed increased neuroticism and positive symptoms in patients who reported comorbid OCS compared to OCS-free patients. Subsequent mediation analyses suggested a small effect of childhood abuse on comorbid OCS severity at baseline, which was mediated by positive symptom severity. Additionally, results showed a mediating effect of neuroticism as well as a moderating effect of positive symptoms on the course of OCS severity over time. OCS severity in patients with psychosis might thus be associated with common vulnerability factors, such as childhood abuse and neuroticism. Furthermore, the severity of positive symptoms might be associated with more severe or persistent comorbid OCS.

Copyright © 2017. Published by Elsevier B.V.

PMID: 28448804

[Similar articles](#)



4. Clin J Pain. 2017 Apr 26. doi: 10.1097/AJP.0000000000000506. [Epub ahead of print]

[Vulnerability to Psychopathology and Dimensions of Personality in Patients with Fibromyalgia.](#)

[Garcia-Fontanals A](#)¹, [Portell M](#), [García-Blanco S](#), [Poca-Dias V](#), [García-Fructuoso F](#), [López-Ruiz M](#), [Gutiérrez-Rosado T](#), [Gomà-I-Freixanet M](#), [Deus J](#).

Author information:

1

*Department of Clinical and Health Psychology, Autonomous University of Barcelona, Spain †Department of Psychobiology and Methodology of Health

Sciences, Autonomous University of Barcelona, Spain §MRI Research Unit, CRC Mar, Hospital del Mar, Barcelona, Spain ‡Rheumatology Department, Hospital CIMA Sanitas, Barcelona, Spain.

Abstract

OBJECTIVE:

Fibromyalgia (FM) patients may present psychopathology and some characteristic personality traits that may affect their adaptation to the disease. This paper aims to study the relationship between personality dimensions according to the psychobiological model of Cloninger and the presence of psychopathology.

METHOD:

The study sample consisted of 42 patients with FM and 38 healthy controls. The assessment instruments administered were the Temperament and Character Inventory (TCI-R) and the Millon Clinical Multiaxial Inventory (MCMI-III).

RESULTS:

A higher proportion of clinical psychopathological syndromes (CPS) were observed in the FM group than in the control group, the most prevalent being anxiety disorder and dysthymia. Patients with FM (with CPS or without CPS) presented higher Harm Avoidance than the control group, and the presence of a CPS also increased HA scores. FM patients with CPS had low Self-directedness (SD) compared both with the control group and with their FM peers without CPS. Purposefulness and Anticipatory worry-Pessimism explained 38% of the variance of dysthymia, and Anticipatory worry-Pessimism explained 18% of the variance of anxiety disorders.

CONCLUSIONS:

Patients with FM have a high probability of anxious-depressive type psychopathological alterations. Their vulnerability to these conditions may be determined by personality traits. The SD character dimension may have implications for therapy since low SD was associated with the presence of psychopathology and with a low capacity to cope with the disease.

PMID: 28448425

[Similar articles](#)



High Prevalence of Personality Disorders in Skin-restricted Lupus Patients.

[Jalenques I¹](#), [Rondepierre F](#), [Massoubre C](#), [Bonnefond S](#), [Schwan R](#), [Labeille B](#), [Perrot JL](#), [Collange M](#), [Mulliez A](#), [D'Incan M](#).

Author information:

1

Service de Psychiatrie de l'Adulte A et Psychologie médicale, Pôle de Psychiatrie, CHU Clermont-Ferrand; Université d'Auvergne, FR-63003 Clermont-Ferrand, France.

Abstract

Psychiatric and personality disorders have been extensively documented in patients with systemic lupus erythematosus (SLE). However, the prevalence of personality disorders in skin-restricted lupus (SRL) patients remains unknown. The aim of this study was to assess the prevalence of personality disorders in SRL outpatients and to examine the associated factors. We evaluated 60 SRL outpatients and 118 controls matched for sex, age and education level. On the basis of the Personality Diagnostic Questionnaire 4+, 38% of patients vs 20 % of controls fulfilled the criteria for at least one personality disorder (OR 2.2 [95% CI 1.01-4.6], $p = 0.048$). Only one patient with a personality disorder had specialised mental health care. Late lupus onset and more frequent past treatments by thalidomide were associated factors. This study evidences a high prevalence of personality disorders in SRL patients and shows that most SRL patients with personality disorder do not receive specialised mental health care.

Free Article

PMID: 28448094

[Similar articles](#)



6. Psychol Bull. 2017 Apr 27. doi: 10.1037/bul0000101. [Epub ahead of print]

Interpersonal Dysfunction in Personality Disorders: A Meta-Analytic Review.

[Wilson S](#), [Stroud CB](#), [Durbin CE](#).

Abstract

Personality disorders are defined in the current psychiatric diagnostic system as pervasive, inflexible, and stable patterns of thinking, feeling, behaving, and interacting with others. Questions regarding the validity and reliability of the current personality disorder diagnoses prompted a reconceptualization of personality pathology in the most recent edition of the psychiatric diagnostic manual, in an appendix of emerging models for future study. To evaluate the construct and discriminant validity of the current personality disorder diagnoses, we conducted a quantitative synthesis of the existing empirical research on associations between personality disorders and interpersonal functioning, defined using the interpersonal circumplex model (comprising orthogonal dimensions of agency and communion), as well as functioning in specific relationship domains (parent-child, family, peer, romantic). A comprehensive literature search yielded 127 published and unpublished studies, comprising 2,579 effect sizes. Average effect sizes from 120 separate meta-analyses, corrected for sampling error and measurement unreliability, and aggregated using a random-effects model, indicated that each personality disorder showed a distinct profile of interpersonal style consistent with its characteristic pattern of symptomatic dysfunction; specific relationship domains affected and strength of associations varied for each personality disorder. Overall, results support the construct and discriminant validity of the personality disorders in the current diagnostic manual, as well as the proposed conceptualization that disturbances in self and interpersonal functioning constitute the core of personality pathology. Importantly, however, contradicting both the current and proposed conceptualizations, there was not evidence for pervasive dysfunction across interpersonal situations and relationships. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28447827

[Similar articles](#)

7. PLoS One. 2017 Apr 26;12(4):e0176565. doi: 10.1371/journal.pone.0176565. eCollection 2017.

Motivation factors for suicidal behavior and their clinical relevance in admitted psychiatric patients.

[Hayashi N](#)¹, [Igarashi M](#)², [Imai A](#)³, [Yoshizawa Y](#)⁴, [Asamura K](#)³, [Ishikawa Y](#)⁵, [Tokunaga T](#)³, [Ishimoto K](#)³, [Tatebayashi Y](#)⁶, [Harima H](#)³, [Kumagai N](#)², [Ishii H](#)⁷, [Okazaki Y](#)^{3,8}.

Author information:

1

Department of Psychiatry, Teikyo University School of Medicine, Tokyo, Japan.

2

Tokyo Metropolitan Chubu Comprehensive Center for Mental Health and Welfare, Tokyo, Japan.

3

Department of Psychiatry, Tokyo Metropolitan Matsuzawa Hospital, Tokyo, Japan.

4

Tokyo Metropolitan Mental Health and Welfare Center, Tokyo, Japan.

5

Kabukicho Clinic, Tokyo, Japan.

6

Affective Disorders Research Team, Tokyo Metropolitan Institute of Medical Science,
Tokyo, Japan.

7

Graduate School of Education and Human Development, Nagoya University, Nagoya,
Japan.

8

Michinoo Hospital, Nagasaki, Japan.

Abstract

BACKGROUND:

Suicidal behavior (SB) is a major, worldwide health concern. To date there is limited understanding of the associated motivational aspects which accompany this self-initiated conduct.

AIMS:

To develop a method for identifying motivational features associated with SB by studying admitted psychiatric patients, and to examine their clinical relevance.

METHODS:

By performing a factor analytic study using data obtained from a patient sample exhibiting high suicidality and a variety of SB methods, Motivations for SB Scale (MSBS) was constructed to measure the features. Data included assessments of DSM-IV psychiatric and personality disorders, suicide intent, depressive symptomatology, overt aggression, recent life events (RLEs) and methods of SB, collated from structured interviews. Association of identified features with clinical variables was examined by correlation analyses and MANCOVA.

RESULTS:

Factor analyses elicited a 4-factor solution composed of Interpersonal-testing (IT), Interpersonal-change (IC), Self-renunciation (SR) and Self-sustenance (SS). These factors were classified according to two distinctions, namely interpersonal vs. intra-personal directedness, and the level of assumed influence by SB or the relationship to prevailing emotions. Analyses revealed meaningful links between patient features and clinical variables. Interpersonal-motivations (IT and IC) were associated with overt aggression, low suicidality

and RLE discord or conflict, while SR was associated with depression, high suicidality and RLE separation or death. Borderline personality disorder showed association with IC and SS. When self-strangulation was set as a reference SB method, self-cutting and overdose-taking were linked to IT and SS, respectively.

CONCLUSIONS:

The factors extracted in this study largely corresponded to factors from previous studies, implying that they may be useful in a wider clinical context. The association of these features with SB-related factors suggests that they constitute an integral part of the process leading to SB. These results provide a base for further research into clinical strategies for patient management and therapy.

Free Article

PMID: 28445517

[Similar articles](#)



8. Sci Rep. 2017 Apr 24;7(1):1099. doi: 10.1038/s41598-017-01208-2.

Possible association between SIRT1 single nucleotide polymorphisms and predisposition to antisocial personality traits in Chinese adolescents.

[Chang H](#)¹, [Yan Q](#)¹, [Tang J](#)², [Huang J](#)¹, [Zhang Y](#)¹, [Ma Y](#)¹, [Ye X](#)¹, [Tang L](#)¹, [Wu L](#)¹, [Wu C](#)¹, [Yu Y](#)³.

Author information:

1

The Department of Child, Adolescence and Woman Health Care, School of Public Health, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China.

2

Guangzhou Medical University, Guangzhou, Guangdong, China.

3

The Department of Child, Adolescence and Woman Health Care, School of Public Health, Tongji Medical College, Huazhong University of Science and Technology, Wuhan, China. yuyizhen650@163.com.

Abstract

Accumulating evidence suggests an association between the SIRT1 gene and human psychiatric disorders. The aim of the study was to investigate the association between SIRT1 and predisposition to antisocial personality traits (ASP) in Chinese adolescents. Participants consisted of 327 controls and 261 juvenile offenders who were diagnosed with predisposition to ASP according to the Personality Diagnostic Questionnaire. Four tag single nucleotide polymorphisms (tagSNPs) of SIRT1, namely rs12778366, rs7896005, rs10823112, and rs4746720, were genotyped. Association analysis between individual SNPs and ASP risk revealed the CC genotype of rs4746720 to be significantly associated with reduced risk of ASP (OR = 0.51, 95% CI = 0.33-0.77, adjusted P = 0.007). Haplotype analysis showed the TAAC haplotype was associated with reduced susceptibility to ASP (OR = 0.72, 95% CI = 0.57-0.91, P = 0.005). Moreover, rs4746720 variants were found to not only have a direct impact on ASP susceptibility but also modulate the effect of alcohol consumption ($Y = 0.022X + 0.431$ vs. $Y = -0.066X + 0.387$). The present study is the first to report a significant association between SIRT1 polymorphisms and ASP in adolescents. This finding is expected to aid in the development of effective interventions for this socially and personally costly disorder.

Free Article

PMID: 28439078

[Similar articles](#)



9. Ann Gen Psychiatry. 2017 Apr 20;16:21. doi: 10.1186/s12991-017-0145-3. eCollection 2017.

[Lower suicide intention in patients with personality disorders admitted for deliberate self-poisoning than in patients with other diagnoses.](#)

[Grimholt TK](#)¹, [Jacobsen D](#)¹, [Haavet OR](#)², [Ekeberg Ø](#)^{3,4}.

Author information:

1

Department of Acute Medicine, Oslo University Hospital, Nydalen, Pb 4950, Oslo, Norway.

2

Department of General Practice, Institute of Health and Society, University of Oslo, Oslo, Norway.

3

Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway.

4

Department of Behavioural Sciences in Medicine, Institute of Basic Medical Sciences, Faculty of Medicine, University of Oslo, Oslo, Norway.

Abstract

BACKGROUND:

People with deliberate self-poisoning and personality disorders are in increased risk for suicide. Intention and psychiatric features are important factors in a psychiatric evaluation and for planning aftercare.

METHODS:

Patients admitted to medical departments after deliberate self-poisoning were studied ($n = 117$). Patients with personality disorder according to (ICD-10, F.60-69) were compared to patients with affective disorders, substance use disorders, and unknown psychiatric diagnosis on Beck Suicide Intention Scale (SIS), Beck Suicide Ideation Scale (BSI), Beck Hopelessness Scale (BHS), and Beck Depression Inventory (BDI).

RESULTS:

The mean suicide intention score (SIS) was significantly lower among patients with personality disorders compared with patients with other psychiatric diagnoses 10.2 (95% CI 8.1-12.4) vs. 14.6 (95% CI 12.7-16.4) ($p = 0.040$). The hopelessness scores (BHS) were significantly higher among patients with personality disorders 13.0 (95% CI 10.9-15.2) compared with patients with affective disorders 8.2 (95% CI 6.1-10.3) and substance use disorders 9.9 (95% CI 5.2-14.6) ($p = 0.0014$) and unknown psychiatric diagnoses 10.6 (95% CI 9.1-12.2). There were no significant differences between the groups on suicide ideation (BSI) and depression (BDI).

CONCLUSIONS:

Although patients with personality disorders had lower suicide intention compared to patients with other psychiatric diagnoses, they reported significantly more hopelessness. This distinction is an important implication in the clinical assessment and planning of further treatment of DSP patients.

PMCID: PMC5397795 **Free PMC Article**

PMID: 28435437

[Similar articles](#)



10. Neuropsychiatr Dis Treat. 2017 Apr 3;13:1007-1012. doi: 10.2147/NDT.S134930.
eCollection 2017.

Relationship between hypnosis and personality trait in participants with high or low hypnotic susceptibility.

[Zhang Y](#)^{1,2}, [Wang Y](#)¹, [Shen C](#)^{1,2}, [Ye Y](#)¹, [Shen S](#)¹, [Zhang B](#)^{1,2}, [Wang J](#)^{1,2}, [Chen W](#)², [Wang W](#)^{1,2}.

Author information:

1

Department of Clinical Psychology and Psychiatry, School of Public Health.

2

Department of Mental Health, Sir Run Run Shaw Hospital, Zhejiang University College of Medicine, Hangzhou, People's Republic of China.

Abstract

BACKGROUND:

The relationship between normal personality and hypnotic susceptibility is important for understanding mental processing and mental disorders, but it is less consistent in normal people or in patients with a psychiatric disorder. We have hypothesized that the correlation exists but varies in individuals with different levels of hypnotizability.

PARTICIPANTS AND METHODS:

We invited 72 individuals with high (HIGH group) and 47 individuals with low (LOW group) hypnotic susceptibilities to undertake tests of NEO-PI-R and the Stanford Hypnotic Susceptibility Scale, Form C (SHSSC).

RESULTS:

The HIGH group scored significantly higher than the LOW group did on openness to experience and its facet openness to feelings. In the LOW group, SHSSC total was positively predicted by openness to ideas; age regression was positively predicted by openness to experience and negatively predicted by extraversion; anosmia to ammonia was negatively predicted by agreeableness; and negative visual hallucination was positively predicted by

openness to experience. In the HIGH group, hallucinated voice was positively predicted by openness to experience and negatively predicted by agreeableness, and posthypnotic amnesia was positively predicted by extraversion and negatively predicted by openness to experience.

CONCLUSION:

The associations between normal personality traits and hypnotic susceptibility items were weak and different in the two groups, which imply that managing mental or somatoform disorders might be through adjusting hypnotizability and mobilizing personality functions.

PMCID: PMC5388343 **Free PMC Article**

PMID: 28435270

[Similar articles](#)



Conflict of interest statement

Disclosure The authors report no conflicts of interest in this work.

11. Compr Psychiatry. 2017 Apr 12;76:79-86. doi: 10.1016/j.comppsy.2017.04.002. [Epub ahead of print]

[Comorbidity, age of onset and suicidality in obsessive-compulsive disorder \(OCD\): An international collaboration.](#)

[Brakoulias V](#)¹, [Starcevic V](#)², [Belloch A](#)³, [Brown C](#)⁴, [Ferrao YA](#)⁵, [Fontenelle LF](#)⁶, [Lochner C](#)⁷, [Marazziti D](#)⁸, [Matsunaga H](#)⁹, [Miguel EC](#)¹⁰, [Reddy Y](#)¹¹, [do Rosario MC](#)¹², [Shavitt RG](#)¹⁰, [Shyam Sundar A](#)¹¹, [Stein DJ](#)⁷, [Torres AR](#)¹³, [Viswasam K](#)².

Author information:

1

Department of Psychiatry, The University of Sydney and Nepean Hospital, Sydney Medical School-Nepean, Discipline of Psychiatry, Sydney/Penrith, NSW, Australia. Electronic address: vbrakoulias@bigpond.com.

2

Department of Psychiatry, The University of Sydney and Nepean Hospital, Sydney Medical School-Nepean, Discipline of Psychiatry, Sydney/Penrith, NSW, Australia.

3

Department of Personality Psychology, Research Unit for Obsessive-Compulsive and Related Disorders, ITOC, Faculty of Psychology, Universidad de Valencia, Spain.

4

- 5 NHMRC Clinical Trials Centre, the University of Sydney, Sydney, NSW, Australia.
- 6 Department of Psychiatry, Federal University of Health Sciences of Porto Alegre, Brazil.
- 7 Department of Psychiatry and Legal Medicine, Federal University of Rio de Janeiro, D'Or Institute for Research and Education, Brazil; Monash Institute of Cognitive and Clinical Neurosciences, Monash University.
- 8 MRC Unit on Anxiety Disorders, Department of Psychiatry, University of Stellenbosch, Cape Town, South Africa.
- 9 Dipartimento di Medicina Clinica e Sperimentale, Section of Psychiatry, Dipartimento di Farmacia, University of Pisa, Italy.
- 10 Department of Neuropsychiatry, Hyogo College of Medicine, Hyogo, Japan.
- 11 Department and Institute of Psychiatry, Faculty of Medicine, University of São Paulo, Brazil.
- 12 Department of Psychiatry National Institute of Mental Health and Neurosciences (NIMHANS), Bengaluru, India.
- 13 Child and Adolescent Psychiatry Unit (UPIA) at the Department of Psychiatry, Federal University of São Paulo (UNIFESP), Brazil.
- 14 Department of Neurology, Psychology and Psychiatry, Botucatu Medical School, Univ Estadual Paulista (UNESP), Brazil.

Abstract

OBJECTIVES:

To collate data from multiple obsessive-compulsive disorder (OCD) treatment centers across seven countries and five continents, and to report findings in relation to OCD comorbidity, age of onset of OCD and comorbid disorders, and suicidality, in a large clinical and ethnically diverse sample, with the aim of investigating cultural variation and the utility of the psychiatric diagnostic classification of obsessive-compulsive and related disorders.

METHODS:

Researchers in the field of OCD were invited to contribute summary statistics on current and lifetime psychiatric comorbidity, age of onset of OCD and comorbid disorders and suicidality in their patients with OCD.

RESULTS:

Data from 3711 adult patients with primary OCD came from Brazil (n=955), India (n=802), Italy (n=750), South Africa (n=565), Japan (n=322), Australia (n=219), and Spain (n=98). The most common current comorbid disorders were major depressive disorder (28.4%; n=1055), obsessive-compulsive personality disorder (24.5%, n=478), generalized anxiety disorder (19.3%, n=716), specific phobia (19.2%, n=714) and social phobia (18.5%, n=686). Major depression was also the most commonly co-occurring lifetime diagnosis, with a rate of 50.5% (n=1874). OCD generally had an age of onset in late adolescence (mean=17.9years, SD=1.9). Social phobia, specific phobia and body dysmorphic disorder also had an early age of onset. Co-occurring major depressive disorder, generalized anxiety disorder and psychotic disorders tended to have a later age of onset than OCD. Suicidal ideation within the last month was reported by 6.4% (n=200) of patients with OCD and 9.0% (n=314) reported a lifetime history of suicide attempt.

CONCLUSIONS:

In this large cross-continental study, comorbidity in OCD was common. The high rates of comorbid major depression and anxiety disorders emphasize the need for clinicians to assess and monitor for these disorders. Earlier ages of onset of OCD, specific phobia and social phobia may indicate some relatedness between these disorders, but this requires further study. Although there do not appear to be significant cultural variations in rates or patterns of comorbidity and suicidality, further research using similar recruitment strategies and controlling for demographic and clinical variables may help to determine whether any sociocultural factors protect against suicidal ideation or psychiatric comorbidity in patients with OCD.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28433854

[Similar articles](#)



12. Prog Neuropsychopharmacol Biol Psychiatry. 2017 Apr 19;77:164-171. doi: 10.1016/j.pnpbp.2017.04.019. [Epub ahead of print]

[Spatial and temporal expression patterns of genes around nine neuroticism-associated loci.](#)

[Ohi K](#)¹, [Shimada T](#)², [Yasuyama T](#)², [Kimura K](#)², [Uehara T](#)², [Kawasaki Y](#)².

Author information:

1

Department of Neuropsychiatry, Kanazawa Medical University, Ishikawa, Japan.
Electronic address: ohi@kanazawa-med.ac.jp.

2

Department of Neuropsychiatry, Kanazawa Medical University, Ishikawa, Japan.

Abstract

Neuroticism is a high-order personality trait. Individuals with higher neuroticism have increased risks of various psychiatric disorders and physical health outcomes. Neuroticism is related to physiological differences in the brain. A recent genome-wide association study identified nine distinct genomic loci that contribute to neuroticism. Brain development and function depend on the precise regulation of gene expression, which is differentially regulated across brain regions and developmental stages. Using multiple publicly available human post-mortem databases, we investigated, in brain and non-brain tissues and across several developmental life stages, the spatial and temporal expression patterns of genes arising from nine neuroticism-associated loci. Functional gene-network analysis for neuroticism-associated genes was performed. The spatial expression analysis revealed that the nearest genes (GRIK3, SRP9, KLHL2, PTPRD, ELAVL2, CRHR1 and CELF4) from index single-nucleotide polymorphisms (SNPs) at the nine loci were intensively enriched in the brain compared with their representation in non-brain tissues ($p < 1.56 \times 10^{-3}$). The nearest genes associated with the glutamate receptor activity network consisted mainly of GRIK3 (FDR $q = 4.25 \times 10^{-2}$). The temporal expression analysis revealed that the neuroticism-associated genes were divided into three expression patterns: KLHL2, CELF4 and CRHR1 were preferentially expressed during postnatal stages; PTPRD, ELAVL2 and MFHAS1 were expressed during prenatal stages; and the other three genes were not expressed during specific life stages. These findings suggest that the glutamate network might be a target for investigating the neurobiological mechanisms underlying susceptibilities to higher neuroticism and several psychiatric disorders and that neuroticism is mediated by genes specifically expressed in the brain during several developmental stages.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28433457

[Similar articles](#)



13. Acta Neuropathol Commun. 2017 Apr 21;5(1):31. doi: 10.1186/s40478-017-0437-5.

[Heterogeneous ribonuclear protein A3 \(hnRNP A3\) is present in dipeptide repeat](#)

protein containing inclusions in Frontotemporal Lobar Degeneration and Motor Neurone disease associated with expansions in C9orf72 gene.

[Davidson YS](#)¹, [Flood L](#)¹, [Robinson AC](#)¹, [Nihei Y](#)², [Mori K](#)^{2,3}, [Rollinson S](#)⁴, [Richardson A](#)⁵, [Benson BC](#)⁶, [Jones M](#)⁵, [Snowden JS](#)^{1,5}, [Pickering-Brown S](#)⁴, [Haass C](#)^{2,7,8}, [Lashley T](#)⁶, [Mann DMA](#)⁹.

Author information:

1

Division of Neuroscience and Experimental Psychology, School of Biological Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Salford Royal Hospital, Salford, M6 8HD, UK.

2

Biomedical Centre (BMC), Biochemistry, Ludwig-Maximilians Universitat Munchen, Munich, Germany.

3

Department of Psychiatry, Osaka University Graduate School of Medicine, Osaka, Japan.

4

Division of Neuroscience and Experimental Psychology, School of Biological Sciences, Faculty of Biology, Medicine and Health, University of Manchester, A V Hill Building, Manchester, M13 9PT, UK.

5

Cerebral Function Unit, Greater Manchester Neurosciences Centre, Salford Royal Hospital, Stott Lane, Salford, M6 8HD, UK.

6

Department of Molecular Neuroscience, University College London, Institute of Neurology, Queen Square Brain Bank for Neurological Disorders, 1 Wakefield St, London, WC1N 1PJ, UK.

7

German Centre for Neurodegenerative Diseases (DZNE) Munich, Munich, Germany.

8

Munich Cluster for Systems Neurology (SyNergy), Munich, Germany.

9

Division of Neuroscience and Experimental Psychology, School of Biological Sciences, Faculty of Biology, Medicine and Health, University of Manchester, Salford Royal Hospital, Salford, M6 8HD, UK. david.mann@manchester.ac.uk.

Abstract

Frontotemporal Lobar Degeneration (FTLD) encompasses certain related neurodegenerative disorders which alter behaviour, personality and language. Heterogeneous ribonuclear proteins (hnRNPs) maintain RNA metabolism and changes in their function may underpin the pathogenesis of FTLD. Immunostaining for hnRNP A1, A2/B1 and A3 was performed on sections of temporal cortex with hippocampus from 61 patients with FTLD, stratified by pathological hallmarks into FTLD-tau and FTLD-TDP type A, B and C subtypes, and by genetics into patients with C9orf72 expansions, MAPT or GRN mutations, or those without known mutation. Four patients with Motor Neurone Disease (MND) with C9orf72 expansions and 10 healthy controls were also studied. Semi-quantitative analysis assessed hnRNP staining intensity in dentate gyrus (DG) and CA4 region of hippocampus, and temporal cortex (Tcx) in the different pathological and genetic groups. Immunostaining for hnRNP A1, A2/B1 and A3 revealed no consistent changes in pattern or amount of physiological staining across any of the pathological or genetic groups. No immunostaining of any inclusions resembling TDP-43 immunoreactive neuronal cytoplasmic inclusions or dystrophic neurites, was seen in either Tcx or DG of the hippocampus in any of the FTLD cases investigated for hnRNP A1, A2/B1 and A3. However, immunostaining for hnRNP A3 showed that inclusion bodies, resembling those TDP-43 negative, p62-immunopositive structures containing dipeptide repeat proteins (DPR) were variably observed in hippocampus and cerebellum. The proportion of cases showing hnRNP A3-immunoreactive DPR, and the number of hnRNP A3-positive inclusions within cases, was significantly greater in DG than in cells of CA4 region and cerebellum, but the latter was significantly less in all three regions compared to that detected by p62 immunostaining.

PMCID: PMC5399321 [Free PMC Article](#)

PMID: 28431575

[Similar articles](#)



14. Am J Ther. 2017 Apr 19. doi: 10.1097/MJT.0000000000000535. [Epub ahead of print]

[Lamotrigine Uses in Psychiatric Practice- Beyond Bipolar Prophylaxis a Hope or Hype?](#)

[Naguy A¹](#), [Al-Enezi N.](#)

Author information:

1Al-Manara CAP Centre, Kuwait Centre for Mental Health (KCMH), Shuwaikh, Kuwait; and 2Emergency Psychiatry Department, Kuwait Centre for Mental Health (KCMH), Shuwaikh, Kuwait.

Abstract

BACKGROUND:

Lamotrigine (LAM), an antiepileptic, with panoply of indications and uses in neurology, is FDA approved, in psychiatry, for bipolar prophylaxis. Apart from this indication, trend of its use in psychiatry is on the rise addressing a multitude of disorders.

STUDY QUESTION:

LAM remains one of only few psychotropic drugs with antiglutamate activity. This might render LAM a potential therapeutic option in treatment-resistant major psychiatric disorders. We reviewed LAM pharmacology and its diverse indications while examining the extant evidence.

METHODS:

EMBASE, Ovid MEDLINE, PubMed, Scopus, Web of Science, and Cochrane Database of Systemic Reviews were searched for all relevant studies up to date of June 2016.

RESULTS:

Sound evidence supports use of LAM for acute bipolar depression and prophylaxis, treatment-resistant schizophrenia, treatment-resistant obsessive-compulsive disorder, posttraumatic stress disorder, depersonalization disorder, and affective dysregulation and behavioral dyscontrol domains of borderline personality disorder. Less compelling evidence is present for use in behavioral and psychological symptoms of dementia and neuropsychiatric sequelae of traumatic brain injury. No evidence supports use in autism spectrum disorder or acute unipolar depression.

CONCLUSIONS:

LAM is an important addition to the psychopharmacological armamentarium. Level of evidence supporting the use of LAM in off-label indications is highly variable, and hence, sound clinical judgment is necessary for its proper use and placement in real-life psychiatric practice and psychopharmacotherapy algorithms.

PMID: 28430672

[Similar articles](#)

15. Aging Ment Health. 2017 Apr 21:1-10. doi: 10.1080/13607863.2017.1318260. [Epub ahead of print]

Schema therapy for personality disorders in older adults: a multiple-baseline study.

[Videler AC](#)¹, [van Alphen SPJ](#)^{2,3}, [van Royen RJJ](#)⁴, [van der Feltz-Cornelis CM](#)^{5,6}, [Rossi G](#)², [Arntz A](#)⁷.

Author information:

1

a Department of Geriatric Psychiatry , GGz Breburg , Tilburg , The Netherlands.

2

b Department of Clinical and Life Span Psychology , Vrije Universiteit Brussel (VUB) , Brussels , Belgium.

3

c Department of Geriatric Psychiatry , Belgium and Mondriaan Hospital , Heerlen-Maastricht , The Netherlands.

4

d Center for Psychotherapy , Beuningen , The Netherlands.

5

e Tranzo Department , Tilburg University , Tilburg , The Netherlands.

6

f GGz Breburg, Clinical Center of Excellence for Body, Mind and Health , Tilburg , The Netherlands .

7

g Department of Clinical Psychology , University of Amsterdam , Amsterdam , The Netherlands.

Abstract

OBJECTIVE:

No studies have been conducted yet into the effectiveness of treatment of personality disorders in later life. This study is a first test of the effectiveness of schema therapy for personality disorders in older adults.

METHOD:

Multiple-baseline design with eight cluster C personality disorder patients, with a mean age of 69. After a baseline phase with random length, schema therapy was given during the first year, followed by follow-up sessions during six months. Participants weekly rated the credibility of dysfunctional core beliefs. Symptomatic distress, early maladaptive schemas, quality of life and target complaints were assessed every six months and personality disorder

diagnosis was assessed before baseline and after follow-up. Data were analyzed with mixed regression analyses.

RESULTS:

Results revealed significant linear trends during treatment phases, but not during baseline and follow-up. The scores during follow-up remained stable and were significantly lower compared to baseline, with high effect sizes. Seven participants remitted from their personality disorder diagnosis.

CONCLUSION:

Schema therapy appears an effective treatment for cluster C personality disorders in older adults. This finding is highly innovative as this is the first study exploring the effectiveness of psychotherapy, in this case schema therapy, for personality disorders in older adults.

PMID: 28429623

[Similar articles](#)



16. Front Psychol. 2017 Apr 6;8:480. doi: 10.3389/fpsyg.2017.00480. eCollection 2017.

[Content Analysis of the Construction of Self and Others in Women with Bulimia Nervosa.](#)

[Dada G](#)^{1,2}, [Izu S](#)³, [Montebruno C](#)⁴, [Grau A](#)⁵, [Feixas G](#)³.

Author information:

1

Werklund School of Education - Counselling Psychology, University of Calgary, CalgaryAB, Canada.

2

Clinical Psychology, Centro ArboretumSan Salvador, El Salvador.

3

Department of Personality, Assessment and Psychological Treatment, Universitat de BarcelonaBarcelona, Spain.

4

Centro AidaSantiago, Chile.

5

Institut de Trastorns AlimentarisBarcelona, Spain.

Abstract

The purpose of this study was to explore the content of personal constructs in people diagnosed with bulimia nervosa (BN). We expected to find differences in the predominant content of the construct systems between women with and without BN. We analyzed the constructs elicited using the repertory grid technique from 120 women aged between 18 to 45 years, divided into two groups: a clinical group of women diagnosed with bulimia ($n = 62$) and a control group of university students ($n = 58$). The constructs were categorized using the Classification System for Personal Constructs (CSPC), composed of six themes which are broken down into 45 categories. For this study, a new area called "Physical" was included, and it consists of three categories. The results indicated that women diagnosed with bulimia used significantly more constructs related to the body, while the control group used more constructs from the personal area. In addition, the congruent constructs from the clinical sample were predominantly moral, or related to values and interests, while discrepant constructs were personal and physical. The findings provide evidence for the clinical use of the CSPC as an instrument for exploring the content of personal meaning systems. Understanding the patient's personal constructions about herself and others is useful for treatment. Moreover, it is important for clinicians to explore the content of constructs related to symptomatic areas, which could be hindering change, and focus on them to facilitate improvement.

PMCID: PMC5382152 [Free PMC Article](#)

PMID: 28428765

[Similar articles](#)



17. Front Psychol. 2017 Apr 6;8:454. doi: 10.3389/fpsyg.2017.00454. eCollection 2017.

[ADHD, Lifestyles and Comorbidities: A Call for an Holistic Perspective - from Medical to Societal Intervening Factors.](#)

[Weissenberger S](#)¹, [Ptacek R](#)¹, [Klicperova-Baker M](#)², [Erman A](#)³, [Schonova K](#)¹, [Raboch J](#)¹, [Goetz M](#)⁴.

Author information:

1

First Medical Faculty, Charles University Prague, Czechia.

2

Institute of Psychology, Czech Academy of Sciences Prague, Czechia.

3

Faculty of Theology, University of LjubljanaLjubljana, Slovenia.

4

Department of Child Psychiatry, Second Faculty of Medicine, Motol University Hospital, Charles UniversityPrague, Czechia.

Abstract

The review examines Attention Deficit Hyperactivity Disorder (ADHD in its Child and Adult form) and its various presentations (Hyperactive Impulsive, Inattentive, and Combined) with a particular focus on environmental (incl. social factors), lifestyles and comorbidities. It is argued that ADHD is best understood in a holistic and interactive context and a vast empirical literature is presented to illustrate the point: Environmental factors include stress in general as well as exposure to toxins (phthalates, bisphenol A). Social factors are illustrated by effects of social deprivation and seduction to unhealthy lifestyles. Maternal lifestyle during pregnancy is pointed out (particularly her exposure to nicotine, alcohol, caffeine, and drugs, even seemingly benign medications like acetaminophen), which all tend to be related to ADHD. Family environment is discussed with respect to protective effect of (mainly authoritative and autocratic) parenting styles. Societal factors include mainly economic and political issues: income inequality and poverty (low SES is an ADHD risk factor) and a growing moral dilemma between a humanistic effort to globally spread the knowledge of ADHD and the medicalization and commercialization of the disorder. The second part of the review is devoted to ADHD related lifestyles and resulting comorbidities (e.g., food addiction and obesity, substance abuse, electronic media dependencies and conduct and personality disorders). Although ADHD is a neurodevelopmental disorder, its assessment and treatment are also linked to environmental, behavioral and social factors and their interactions.

PMCID: PMC5382165 **Free PMC Article**

PMID: 28428763

[Similar articles](#)



18. BMC Public Health. 2017 Apr 20;17(1):342. doi: 10.1186/s12889-017-4257-0.

Inside the nation's largest mental health institution: a prevalence study in a state prison system.

[Al-Rousan T](#)¹, [Rubenstein L](#)², [Sieleni B](#)³, [Deol H](#)^{3,4}, [Wallace RB](#)².

Author information:

1

Department of Global Health, Harvard T.H. Chan School of Public Health, 665
Huntington Avenue, Building 1, Room 1107, Boston, MA, 02115, USA.
talarousan@gmail.com.

2

Department of Epidemiology, University of Iowa School of Public Health, Iowa City,
IA, USA.

3

Department of Corrections, Iowa Medical and Classification Center, Coralville, IA,
USA.

4

Department of Psychiatry, University of Iowa Carver College of Medicine, Iowa
City, IA, USA.

Abstract

BACKGROUND:

The United States has the highest incarceration rate in the world which has created a public health crisis. Correctional facilities have become a front line for mental health care. Public health research in this setting could inform criminal justice reform. We determined prevalence rates for mental illnesses and related comorbidities among all inmates in a state prison system.

METHODS:

Cross-sectional study using the Iowa Corrections Offender Network which contains health records of all inmates in Iowa. The point prevalence of both ICD-9 and DSM-IV codes for mental illnesses, timing of diagnosis and interval between incarceration and mental illness diagnosis were determined.

RESULTS:

The average inmate (N = 8574) age was 36.7 ± 12.4 years; 17% were ≥ 50 years. The majority of inmates were men (91%) and white (65%). Obesity was prevalent in 38% of inmates, and 51% had a history of smoking. Almost half of inmates were diagnosed with a mental illness (48%), of whom, 29% had a serious mental illness (41% of all females and 27% of all males), and 26% had a history of a substance use disorder. Females had higher odds of having both a mental illness and substance use disorder. Almost all mental illness diagnoses were first made during incarceration (99%). The mean interval to diagnosis of depression, anxiety, PTSD and personality disorders were 26, 24, 21 and 29 months respectively. Almost 90% of mental illnesses were recognized by the 6th year of

incarceration. The mean interval from incarceration to first diagnosis (recognition) of a substance abuse history was 11 months.

CONCLUSIONS:

There is a substantial burden of mental illness among inmates. Racial, age and gender disparities in mental health care are coupled with a general delay in diagnosis and treatment. A large part of understanding the mental health problem in this country starts at prisons.

PMCID: PMC5397789 **Free PMC Article**

PMID: 28427371

[Similar articles](#)



19. PLoS One. 2017 Apr 20;12(4):e0175748. doi: 10.1371/journal.pone.0175748. eCollection 2017.

Becoming more oneself? Changes in personality following DBS treatment for psychiatric disorders: Experiences of OCD patients and general considerations.

[de Haan S](#)^{1,2}, [Rietveld E](#)^{3,4,5}, [Stokhof M](#)⁵, [Denys D](#)^{3,6}.

Author information:

1

The Berlin School of Mind and Brain, Humboldt-Universität zu Berlin, Berlin, Germany.

2

Faculty of Philosophy, Theology and Religious Studies, Radboud University Nijmegen, Nijmegen, The Netherlands.

3

Department of Psychiatry, Academic Medical Center, University of Amsterdam, Amsterdam, the Netherlands.

4

Amsterdam Brain and Cognition, University of Amsterdam, Amsterdam, the Netherlands.

5

Institute for Logic, Language and Computation, Department of Philosophy, University of Amsterdam, Amsterdam, the Netherlands.

Abstract

Does DBS change a patient's personality? This is one of the central questions in the debate on the ethics of treatment with Deep Brain Stimulation (DBS). At the moment, however, this important debate is hampered by the fact that there is relatively little data available concerning what patients actually experience following DBS treatment. There are a few qualitative studies with patients with Parkinson's disease and Primary Dystonia and some case reports, but there has been no qualitative study yet with patients suffering from psychiatric disorders. In this paper, we present the experiences of 18 patients with Obsessive-Compulsive Disorder (OCD) who are undergoing treatment with DBS. We will also discuss the inherent difficulties of how to define and assess changes in personality, in particular for patients with psychiatric disorders. We end with a discussion of the data and how these shed new light on the conceptual debate about how to define personality.

Free Article

PMID: 28426824

[Similar articles](#)



20. Eur Eat Disord Rev. 2017 Apr 20. doi: 10.1002/erv.2518. [Epub ahead of print]

[Classifying Adults with Binge Eating Disorder Based on Severity Levels.](#)

[Dakanalis A](#)¹, [Riva G](#)², [Serino S](#)³, [Colmegna F](#)⁴, [Clerici M](#)⁵.

Author information:

- 1 University of Milan-Bicocca, Milan/Monza and University of Pavia, Pavia, Italy.
- 2 Istituto Auxologico Italiano, Milan and Catholic University, Milan, Italy.
- 3 Catholic University, Milan, Italy.
- 4 San Gerardo Hospital, Monza, Italy.
- 5 University of Milan-Bicocca, Milan/Monza and San Gerardo Hospital, Monza, Italy.

Abstract

The clinical utility of the severity criterion for binge eating disorder (BED), introduced in the DSM-5 as a means of addressing heterogeneity and variability in the severity of this disorder, was evaluated in 189 treatment-seeking adults with (DSM-5) BED. Participants classified with mild, moderate, severe and extreme severity of BED, based on their weekly frequency of binge eating episodes, differed significantly from each other in body mass index (BMI), eating disorder features, putative factors involved in the maintenance process of the disorder, comorbid mood, anxiety and personality disorders, psychological distress, social maladjustment and illness-specific functional impairment (medium-to-large effect sizes). They were also statistically distinguishable in metabolic syndrome prevalence, even after adjusting for BMI (large effect size), suggesting the possibility of non-BMI-mediated mechanisms. The implications of the findings, providing support for the utility of the binge frequency as a severity criterion for BED, and directions for future research are outlined. Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.
PMID: 28425618

[Similar articles](#)



21. PLoS One. 2017 Apr 19;12(4):e0176136. doi: 10.1371/journal.pone.0176136. eCollection 2017.

[Accurate phenotyping: Reconciling approaches through Bayesian model averaging.](#)

[Chen CC](#)^{1,2}, [Keith JM](#)³, [Mengersen KL](#)².

Author information:

1

Australian Institute of Marine Science, Cape Cleveland QLD, Australia.

2

ARC Centre of Excellence for Mathematical & Statistical Frontiers, Queensland University of Technology, Brisbane QLD, Australia.

3

School of Mathematical Sciences, Monash University, Clayton VIC, Australia.

Abstract

Genetic research into complex diseases is frequently hindered by a lack of clear biomarkers for phenotype ascertainment. Phenotypes for such diseases are often identified on the basis of clinically defined criteria; however such criteria may not be suitable for understanding the genetic composition of the diseases. Various statistical approaches have been proposed for phenotype definition; however our previous studies have shown that differences in phenotypes estimated using different approaches have substantial impact on subsequent analyses. Instead of obtaining results based upon a single model, we propose a new method, using Bayesian model averaging to overcome problems associated with phenotype definition. Although Bayesian model averaging has been used in other fields of research, this is the first study that uses Bayesian model averaging to reconcile phenotypes obtained using multiple models. We illustrate the new method by applying it to simulated genetic and phenotypic data for Kofendred personality disorder-an imaginary disease with several subtypes. Two separate statistical methods were used to identify clusters of individuals with distinct phenotypes: latent class analysis and grade of membership. Bayesian model averaging was then used to combine the two clusterings for the purpose of subsequent linkage analyses. We found that causative genetic loci for the disease produced higher LOD scores using model averaging than under either individual model separately. We attribute this improvement to consolidation of the cores of phenotype clusters identified using each individual method.

Free Article

PMID: 28423058 [Indexed for MEDLINE]

[Similar articles](#)



22. Early Interv Psychiatry. 2017 Apr 19. doi: 10.1111/eip.12438. [Epub ahead of print]

[Psychopathology and social functioning of 42 subjects from a Danish ultra high-risk cohort.](#)

[Madsen HK](#)¹, [Nordholm D](#)^{1,2}, [Krakauer K](#)^{1,2}, [Randers L](#)^{1,2}, [Nordentoft M](#)¹.

Author information:

1

Mental Health Center Copenhagen, Copenhagen University Hospital, Copenhagen, Denmark.

2

Lundbeck Foundation Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS); Mental Health Center Glostrup, Copenhagen University Hospital, Glostrup, Copenhagen, Denmark.

Abstract

AIM:

To make a thorough characterization of the co-morbidity, psychopathology and demographics in the first Danish ultra high-risk (UHR) sample.

METHOD:

Forty-two UHR subjects went through comprehensive interviews assessing their psychopathology, psychiatric disorders, substance use and family history of psychiatric disorders.

RESULTS:

All UHR subjects met the criteria of at least 1 axis I diagnosis in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition (DSM-IV) and met on average four diagnoses (both axis I and II), mostly within the areas of depression, anxiety and substance abuse. A total of 48% had schizotypal personality disorder and 19% had borderline personality disorder. Level of functioning was low with a mean score on the Social and Occupational Functioning Assessment Scale corresponding to "major impairment in several areas," and mean scores in the Global Functioning: Social and Role scales between "moderate impairment in social functioning" and "very serious impairment independently." Forty-seven percent were unemployed and 29% on sick leave. Fifty-five percent relied financially on public support.

CONCLUSION:

As seen in previous UHR populations, Danish UHR subjects had low function socio-economically and met criteria of several psychiatric diagnoses, suggesting that they require pharmacological and non-pharmacological psychiatric treatment as well as vocational and educational guidance and support.

© 2017 John Wiley & Sons Australia, Ltd.

PMID: 28422422

[Similar articles](#)



Personality, emotion-related variables, and media pressure predict eating disorders via disordered eating in Lebanese university students.

[Sanchez-Ruiz MJ](#)¹, [El-Jor C](#)^{1,2}, [Abi Kharma J](#)², [Bassil M](#)², [Zeeni N](#)³.

Author information:

1

Department of Social Sciences, School of Arts and Sciences, Lebanese American University, P.O. Box: 36, Byblos, Lebanon.

2

Department of Natural Sciences, School of Arts and Sciences, Lebanese American University, P.O. Box: 36, Byblos, Lebanon.

3

Department of Natural Sciences, School of Arts and Sciences, Lebanese American University, P.O. Box: 36, Byblos, Lebanon. nadine.zeeni@lau.edu.lb.

Abstract

PURPOSE:

Disordered eating behaviors are on the rise among youth. The present study investigates psychosocial and weight-related variables as predictors of eating disorders (ED) through disordered eating (DE) dimensions (namely restrained, external, and emotional eating) in Lebanese university students.

METHODS:

The sample consisted of 244 undergraduates (143 female) aged from 18 to 31 years ($M = 20.06$; $SD = 1.67$). Using path analysis, two statistical models were built separately with restrained and emotional eating as dependent variables, and all possible direct and indirect pathways were tested for mediating effects. The variables tested for were media influence, perfectionism, trait emotional intelligence, and the Big Five dimensions.

RESULTS:

In the first model, media pressure, self-control, and extraversion predicted eating disorders via emotional eating. In the second model, media pressure and perfectionism predicted eating disorders via restrained eating.

DISCUSSION:

Findings from this study provide an understanding of the dynamics between DE, ED, and key personality, emotion-related, and social factors in youth. Lastly, implications and recommendations for future studies are advanced.

PMID: 28421473

[Similar articles](#)



24. Front Psychol. 2017 Apr 4;8:473. doi: 10.3389/fpsyg.2017.00473. eCollection 2017.

Food Addiction in Gambling Disorder: Frequency and Clinical Outcomes.

[Jiménez-Murcia S](#)^{1,2,3}, [Granero R](#)^{2,4}, [Wolz I](#)^{1,2}, [Baño M](#)¹, [Mestre-Bach G](#)^{1,2}, [Steward T](#)^{1,2}, [Agüera Z](#)^{1,2}, [Hinney A](#)⁵, [Diéguez C](#)^{2,6}, [Casanueva FF](#)^{2,7}, [Gearhardt AN](#)⁸, [Hakansson A](#)⁹, [Menchón JM](#)^{1,3,10}, [Fernández-Aranda F](#)^{1,2,3}.

Author information:

1

Pathological Gambling Unit, Department of Psychiatry, Bellvitge University Hospital-IDIBELLBarcelona, Spain.

2

Ciber Fisiopatología Obesidad y Nutrición (CIBEROBn), Instituto de Salud Carlos IIIBarcelona, Spain.

3

Department of Clinical Sciences, Faculty of Medicine, University of BarcelonaBarcelona, Spain.

4

Departament de Psicobiologia i Metodologia de les Ciències de la Salut, Universitat Autònoma de BarcelonaBarcelona, Spain.

5

Department of Child and Adolescent Psychiatry, University Hospital Essen, University of Duisburg-EssenEssen, Germany.

6

Department of Physiology, Centro Singular de Investigación en Medicina Molecular y Enfermedades Crónicas, University of Santiago de Compostela-Instituto de Investigación SanitariaSantiago de Compostela, Spain.

7

Laboratory of Molecular and Cellular Endocrinology, Research Area, Complejo Hospitalario Universitario de Santiago de Compostela Santiago de Compostela, Spain.

8

Department of Psychology, University of Michigan Ann Arbor, MI, USA.

9

Lund University, Faculty of Medicine, Department of Clinical Sciences Lund, Psychiatry Lund, Sweden.

10

Ciber Salud Mental (CIBERSAM), Instituto Carlos III Barcelona, Spain.

Abstract

Background: The food addiction (FA) model is receiving increasing interest from the scientific community. Available empirical evidence suggests that this condition may play an important role in the development and course of physical and mental health conditions such as obesity, eating disorders, and other addictive behaviors. However, no epidemiological data exist on the comorbidity of FA and gambling disorder (GD), or on the phenotype for the co-occurrence of GD+FA. **Objectives:** To determine the frequency of the comorbid condition GD+FA, to assess whether this comorbidity features a unique clinical profile compared to GD without FA, and to generate predictive models for the presence of FA in a GD sample. **Method:** Data correspond to $N = 458$ treatment-seeking patients who met criteria for GD in a hospital unit specialized in behavioral addictions. **Results:** Point prevalence for FA diagnosis was 9.2%. A higher ratio of FA was found in women (30.5%) compared to men (6.0%). Lower FA prevalence was associated with older age. Patients with high FA scores were characterized by worse psychological state, and the risk of a FA diagnosis was increased in patients with high scores in the personality traits harm avoidance and self-transcendence, and low scores in cooperativeness ($R^2 = 0.18$). **Conclusion:** The co-occurrence of FA in treatment-seeking GD patients is related to poorer emotional and psychological states. GD treatment interventions and related behavioral addictions should consider potential associations with problematic eating behavior and aim to include techniques that aid patients in better managing this behavior.

PMCID: PMC5378803 **Free PMC Article**

PMID: 28421009

[Similar articles](#)



25. Dev Psychopathol. 2017 Apr 19:1-17. doi: 10.1017/S0954579417000463. [Epub ahead of print]

Genetic and environmental influences on the codevelopment among borderline personality disorder traits, major depression symptoms, and substance use disorder symptoms from adolescence to young adulthood.

[Bornovalova MA](#)¹, [Verhulst B](#)², [Webber T](#)¹, [McGue M](#)³, [Iacono WG](#)³, [Hicks BM](#)⁴.

Author information:

1

University of South Florida.

2

Virginia Commonwealth University.

3

University of Minnesota.

4

University of Michigan.

Abstract

Although borderline personality disorder (BPD) traits decline from adolescence to adulthood, comorbid psychopathology such as symptoms of major depressive disorder (MDD), alcohol use disorder (AUD), and drug use disorders (DUDs) likely disrupt this normative decline. Using a longitudinal sample of female twins (N = 1,763), we examined if levels of BPD traits were correlated with changes in MDD, AUD, and DUD symptoms from ages 14 to 24. A parallel process biometric latent growth model examined the contributions of genetic and environmental factors to the relationships between developmental components of these phenotypes. Higher BPD trait levels predicted a greater rate of increase in AUD and DUD symptoms, and higher AUD and DUD symptoms predicted a slower rate of decline of BPD traits from ages 14 to 24. Common genetic influences accounted for the associations between BPD traits and each disorder, as well as the interrelationships of AUD and DUD symptoms. Both genetic and nonshared environmental influences accounted for the correlated levels between BPD traits and MDD symptoms, but solely environmental influences accounted for the correlated changes between the two over time. Results indicate that higher levels of BPD traits may contribute to an earlier onset and faster escalation of AUD and DUD symptoms, and substance use problems slow the normative decline in BPD traits. Overall, our data suggests that primarily genetic influences contribute to the

comorbidity between BPD features and substance use disorder symptoms. We discuss our data in the context of two major theories of developmental psychopathology and comorbidity.

PMID: 28420454

[Similar articles](#)



26. Acta Paediatr. 2017 Apr 17. doi: 10.1111/apa.13880. [Epub ahead of print]

[Adults Born Preterm: A Review of General Health and System-Specific Outcomes.](#)

[Raju TNK](#)¹, [Buist S](#)², [Blaisdell CJ](#)³, [Moxey-Mims M](#)⁴, [Saigal S](#)⁵.

Author information:

1

Eunice Kennedy Shriver National Institute of Child Health and Human Development.

2

Oregon Health & Science University, OR, USA.

3

Office of the Director, National Institutes of Health.

4

National Institute of Diabetes and Kidney Diseases, Bethesda, MD, USA.

5

McMaster University, Hamilton, Canada.

Abstract

In this review of 126 publications, we report that an overwhelming majority of adults born at preterm gestations remain healthy and well. However, a small, but a significant fraction of them remain at higher risk for neurological, personality and behavioral abnormalities, cardio-pulmonary functional limitations, systemic hypertension, and metabolic syndrome compared to their term-born counterparts. The magnitude of increased risk differed across organ systems, and varied across reports. The risks were proportional to the degree of prematurity at birth and seemed to occur more frequently among preterm infants born in the final two decades of the 20th century and later. These findings have considerable public health and clinical practice relevance.

CONCLUSION:

Preterm birth needs to be considered a chronic condition, with a slight increase in the risk for long-term morbidities among adults born preterm. Therefore, obtaining a history of

gestational age and weight at birth should be a routine part of care for patients of all age groups. This article is protected by copyright. All rights reserved.

This article is protected by copyright. All rights reserved.

PMID: 28419544

[Similar articles](#)



27. Transl Psychiatry. 2017 Apr 18;7(4):e1097. doi: 10.1038/tp.2017.67.

[Restoring effects of oxytocin on the attentional preference for faces in autism.](#)

[Kanat M](#)^{1,2}, [Spenthof I](#)^{1,3}, [Riedel A](#)⁴, [van Elst LT](#)^{2,4}, [Heinrichs M](#)^{1,2}, [Domes G](#)^{1,2,3}.

Author information:

1

Department of Psychology, Laboratory for Biological and Personality Psychology, University of Freiburg, Freiburg, Germany.

2

Freiburg Brain Imaging Center, University Medical Center, University of Freiburg, Freiburg, Germany.

3

Department of Biological and Clinical Psychology, University of Trier, Trier, Germany.

4

Department of Psychiatry, Section for Experimental Neuropsychiatry, University Medical School Freiburg, Freiburg, Germany.

Abstract

Reduced attentional preference for faces and symptoms of social anxiety are common in autism spectrum disorders (ASDs). The neuropeptide oxytocin triggers anxiolytic functions and enhances eye gaze, facial emotion recognition and neural correlates of face processing in ASD. Here we investigated whether a single dose of oxytocin increases attention to faces in ASD. As a secondary question, we explored the influence of social anxiety on these effects. We tested for oxytocin's effects on attention to neutral faces as compared to houses in a sample of 29 autistic individuals and 30 control participants using a dot-probe paradigm with two different presentation times (100 or 500 ms). A single dose of 24 IU oxytocin was administered in a randomized, double-blind placebo-controlled, cross-over design. Under placebo, ASD individuals paid less attention to faces presented for 500 ms than did controls. Oxytocin administration increased the allocation of attention toward faces in ASD to a level

observed in controls. Secondary analyses revealed that these oxytocin effects primarily occurred in ASD individuals with high levels of social anxiety who were characterized by attentional avoidance of faces under placebo. Our results confirm a positive influence of intranasal oxytocin on social attention processes in ASD. Further, they suggest that oxytocin may in particular restore the attentional preference for facial information in ASD individuals with high social anxiety. We conclude that oxytocin's anxiolytic properties may partially account for its positive effects on socio-cognitive functioning in ASD, such as enhanced eye gaze and facial emotion recognition.

PMID: 28418399

[Similar articles](#)



28. Int J Psychiatry Clin Pract. 2017 Apr 18:1-15. doi: 10.1080/13651501.2017.1311921. [Epub ahead of print]

Mixed states in bipolar disorder - changes in DSM-5 and current treatment recommendations.

[Betzler F](#)¹, [Stöver LA](#)¹, [Sterzer P](#)¹, [Köhler S](#)¹.

Author information:

1

a Department of Psychiatry and Psychotherapy , Clinic for Psychiatry and Psychotherapy, Charité Universitätsmedizin Berlin , Campus Mitte , Berlin , Germany.

Abstract

OBJECTIVE:

Mixed states in affective disorders represent a particular challenge in clinical routine, characterized by a complicated course of treatment and a worse treatment response.

METHODS:

Clinical features of mixed states and the Diagnostic and Statistical Manual of Mental Disorders (DSM-5) criteria are presented and critical discussed. We then performed a systematic review using the terms 'bipolar', 'mixed' and 'randomized' to evaluate current treatment options.

RESULTS:

For pharmacological treatment of mixed states in total, there is still insufficient data from RCTs. However, there is some evidence for efficacy in mixed states from RCTs for atypical antipsychotics, especially olanzapine, aripiprazole and asenapine as well as mood stabilizers as valproate and carbamazepine.

CONCLUSIONS:

Mixed states are of a high clinical relevance and the DSM-5 criteria substantially reduced the diagnostic threshold. Besides advantages of a better characterization of patients with former DSM-IV-defined mixed episodes, disadvantages arise for example differential diagnoses with a substantial overlap in symptoms such as borderline personality disorders. Atypical antipsychotics, valproate and carbamazepine demonstrated efficacy in a limited sample of RCTs.

LIMITATIONS:

The number of RCTs in the treatment of mixed states is highly limited. Furthermore, nearly all studies were funded by pharmaceutical companies which may lead to an underestimation of classical mood stabilizers such as lithium.

PMID: 28417647

[Similar articles](#)



29. Aust N Z J Psychiatry. 2017 May;51(5):509-523. doi: 10.1177/0004867417700730.

[Longitudinal changes in the antecedent and early manifest course of bipolar disorder-A narrative review of prospective studies.](#)

[Pfennig A](#)¹, [Leopold K](#)¹, [Ritter P](#)¹, [Böhme A](#)¹, [Severus E](#)¹, [Bauer M](#)¹.

Author information:

1

Department of Psychiatry and Psychotherapy, Carl Gustav Carus University Hospital, Technische Universität Dresden, Dresden, Germany.

Abstract

OBJECTIVE:

Prospective study designs ideally allow patients to be followed from the first manifestations of the illness or even from an at-risk stage. It can thus provide data on the predictive value of changes in clinical symptomatology, cognition or further biological markers to broaden our understanding of the etiopathology and symptomatic trajectory of bipolar disorders. The scope of this narrative review is to summarize evidence from prospectively collected data on psychopathological and other clinical and biological changes in the early developmental course of bipolar disorders.

METHODS:

The narrative review was based on a literature search conducted in February 2016 within the PubMed library for prospective study data of persons in antecedent and early manifest stages of manifest bipolar disorder published within the last 15 years.

RESULTS:

A total of 19 prospective studies were included. Regarding psychopathological features; personality, temperament and character traits as well as changes in sleep and circadian rhythm, the evidence suggests that risk factors for the development of bipolar disorder can already be described and should be studied further to understand their interaction, mediation with other factors and timing in the developmental process of bipolar disorder. Apart from the positive family history, childhood anxiety, sleep problems, subthreshold (hypo)manic symptoms and certain character traits/emotionality should be identified and monitored already in clinical practice as their presence likely increases risk of bipolar disorder. Up to date no substantiated evidence was found from prospective studies addressing cognitive features, life events, immunological parameters and morphological central nervous system changes as potential risk factors for bipolar disorder.

CONCLUSION:

For an improved understanding of episodic disorders, longitudinal data collection is essential. Since the etiology of bipolar disorders is complex, a number of potential risk factors have been proposed. Prospective studies addressing this spectrum and resilience factors are critical and will be best conducted within multi-site research networks or initiatives.

PMID: 28415870

[Similar articles](#)



How Much Is Enough? Examining Frequency Criteria for NSSI Disorder in Adolescent Inpatients.

[Muehlenkamp JJ](#), [Brausch AM](#), [Washburn JJ](#).

Abstract

OBJECTIVE:

To empirically evaluate the diagnostic relevance of the proposed Diagnostic and Statistical Manual of Mental Disorders (5th ed.; DSM-5; APA, 2013) Criterion-A frequency threshold for nonsuicidal self-injury (NSSI) disorder.

METHOD:

Archival, de-identified, self-reported clinical assessment data from 746 adolescent psychiatric patients (Mage = 14.97; 88% female; 76% White) were used. The sample was randomly split into 2 unique samples for data analyses. Measures included assessments of NSSI, proposed DSM-5 NSSI-disorder criteria, psychopathology, dysfunction, distress, functional impairment, and suicidality.

RESULTS:

Discriminant-function analyses run with Sample A identified a significant differentiation of groups based on a frequency of NSSI at 25 or more days in the past year, $\Lambda = .814$, $\chi^2(54) = 72.59$, $p < .05$, canonical $R^2 = .36$. This cutoff was replicated in the second sample. All patients were coded into 1 of 3 empirically derived NSSI-frequency cutoff groups: high (>25 days), moderate (5-24 days), and low (1-4 days) and compared. The high-NSSI group scored higher on most NSSI features, including DSM-5-proposed Criterion-B and -C symptoms, depression, psychotic symptoms, substance abuse, borderline personality-disorder features, suicidal ideation, and suicide plans, than the moderate- and low-NSSI groups, who did not differ from each other on many of the variables.

CONCLUSION:

The currently proposed DSM-5 Criterion-A frequency threshold for NSSI disorder lacks validity and clinical utility. The field needs to consider raising the frequency threshold to ensure that a meaningful and valid set of diagnostic criteria are established, and to avoid overpathologizing individuals who infrequently engage in NSSI. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28414487

[Similar articles](#)

31. Psychol Med. 2017 Apr 17:1-11. doi: 10.1017/S0033291717000824. [Epub ahead of print]

Do DSM-5 Section II personality disorders and Section III personality trait domains reflect the same genetic and environmental risk factors?

[Reichborn-Kjennerud T](#)¹, [Krueger RF](#)², [Ystrom E](#)¹, [Torvik FA](#)¹, [Rosenström TH](#)¹, [Aggen SH](#)³, [South SC](#)⁴, [Neale MC](#)³, [Knudsen GP](#)¹, [Kendler KS](#)³, [Czajkowski NO](#)¹.

Author information:

1

Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway.

2

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

3

Virginia Institute for Psychiatric and Behavioral Genetics, Richmond, VA, USA.

4

Department of Psychological Sciences, Purdue University, IN, USA.

Abstract

BACKGROUND:

DSM-5 includes two conceptualizations of personality disorders (PDs). The classification in Section II is identical to the one found in DSM-IV, and includes 10 categorical PDs. The Alternative Model (Section III) includes criteria for dimensional measures of maladaptive personality traits organized into five domains. The degree to which the two conceptualizations reflect the same etiological factors is not known.

METHODS:

We use data from a large population-based sample of adult twins from the Norwegian Institute of Public Health Twin Panel on interview-based DSM-IV PDs and a short self-report inventory that indexes the five domains of the DSM-5 Alternative Model plus a domain explicitly targeting compulsivity. Schizotypal, Paranoid, Antisocial, Borderline, Avoidant, and Obsessive-compulsive PDs were assessed at the same time as the maladaptive

personality traits and 10 years previously. Schizoid, Histrionic, Narcissistic, and Dependent PDs were only assessed at the first interview. Biometric models were used to estimate overlap in genetic and environmental risk factors.

RESULTS:

When measured concurrently, there was 100% genetic overlap between the maladaptive trait domains and Paranoid, Schizotypal, Antisocial, Borderline, and Avoidant PDs. For OCPD, 43% of the genetic variance was shared with the domains. Genetic correlations between the individual domains and PDs ranged from +0.21 to +0.91.

CONCLUSION:

The pathological personality trait domains, which are part of the Alternative Model for classification of PDs in DSM-5 Section III, appears to tap, at an aggregate level, the same genetic risk factors as the DSM-5 Section II classification for most of the PDs.

PMID: 28414014

[Similar articles](#)



32. Borderline Personal Disord Emot Dysregul. 2017 Apr 11;4:11. doi: 10.1186/s40479-017-0061-9. eCollection 2017.

[What we have changed our minds about: Part 1. Borderline personality disorder as a limitation of resilience.](#)

[Fonagy P](#)¹, [Luyten P](#)^{1,2}, [Allison E](#)¹, [Campbell C](#)¹.

Author information:

1

Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

2

Faculty of Psychology and Educational Sciences, KU Leuven, Leuven, Belgium.

Abstract

This paper sets out a recent transition in our thinking in relation to psychopathology associated with personality disorder, in an approach that integrates our thinking about attachment, mentalizing (understanding ourselves and others in terms of intentional mental

states) and epistemic trust (openness to the reception of social communication that is personally relevant and of generalizable significance) with recent findings on the structure of both adult and child psychopathology and resilience. In this paper - the first of two parts - we review evidence suggesting that a general psychopathology or p factor underlies vulnerability for psychopathology. We link this p factor to a lack of resilience using Kalisch and colleagues' positive appraisal style theory of resilience (PASTOR). We argue that vulnerability for (severe) psychopathology results from impairments in three central mechanisms underlying resilience - positive situation classification, retrospective reappraisal of threat, and inhibition of retraumatizing triggers - which in turn result from a lack of flexibility in terms of social communicative processes. We suggest that, from this perspective, personality disorders, and borderline personality disorder (BPD) in particular, can be considered to be the prototype of disorders characterized by a lack of resilience. Part 2 proposes an evolutionary developmental psychopathology account linking this inflexibility in social communication to problems with the development of epistemic trust - that is, an evolutionary pre-wired social communication system that normally facilitates resilience through salutogenesis, that is, the capacity to learn and derive benefit from the (social) environment.

PMCID: PMC5389119 [Free PMC Article](#)

PMID: 28413687

[Similar articles](#)



33. J Affect Disord. 2017 Apr 8;217:153-158. doi: 10.1016/j.jad.2017.04.008. [Epub ahead of print]

Anatomical distance affects cortical-subcortical connectivity in first-episode, drug-naive somatization disorder.

[Guo W](#)¹, [Liu F](#)², [Chen J](#)³, [Wu R](#)³, [Li L](#)³, [Zhang Z](#)⁴, [Chen H](#)², [Zhao J](#)⁵.

Author information:

1

Department of Psychiatry of the Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, China; Mental Health Institute of the Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, China; National Clinical Research Center on Mental Disorders, Changsha, Hunan 410011, China; National Technology Institute on Mental Disorders, Changsha, Hunan 410011, China; Hunan Key Laboratory of Psychiatry and Mental Health, Changsha, Hunan 410011, China. Electronic address: guowenbin76@163.com.

2

Key Laboratory for NeuroInformation of Ministry of Education, School of Life Science and Technology, University of Electronic Science and Technology of China, Chengdu, Sichuan, China.

3

Department of Psychiatry of the Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, China; Mental Health Institute of the Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, China; National Clinical Research Center on Mental Disorders, Changsha, Hunan 410011, China; National Technology Institute on Mental Disorders, Changsha, Hunan 410011, China; Hunan Key Laboratory of Psychiatry and Mental Health, Changsha, Hunan 410011, China.

4

Mental Health Center of the First Affiliated Hospital, Guangxi Medical University, Nanning, Guangxi, China.

5

Department of Psychiatry of the Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, China; Mental Health Institute of the Second Xiangya Hospital, Central South University, Changsha, Hunan 410011, China; National Clinical Research Center on Mental Disorders, Changsha, Hunan 410011, China; National Technology Institute on Mental Disorders, Changsha, Hunan 410011, China; Hunan Key Laboratory of Psychiatry and Mental Health, Changsha, Hunan 410011, China. Electronic address: zhaojingpingcsu@163.com.

Abstract

BACKGROUND:

Brain structural and functional alterations in the cortical-subcortical circuits have been observed in somatization disorder (SD). However, whether and how anatomical distance affects the cortical-subcortical connectivity in SD remain unclear. This study aims to examine whether anatomical distance affects the cortical-subcortical in first-episode, drug-naive SD.

METHODS:

Twenty-five first-episode, drug-naive patients with SD and twenty-eight healthy controls were recruited for a resting-state scan. Regional functional connectivity strength (FCS) was calculated for each voxel in the brain, which was further divided into short- and long-range FCSs. Correlation analyses were conducted between abnormal FCS and clinical/cognitive variables in the patients.

RESULTS:

Compared with the controls, the patients showed increased short-range positive FCS (spFCS) in the right superior frontal gyrus (SFG) and decreased spFCS in the left pallidum,

and increased long-range positive FCS (lpFCS) in the left middle frontal gyrus and right inferior temporal gyrus (ITG). Positive correlations were observed between the spFCS values in the right SFG and Eysenck Personality Questionnaire psychoticism scores ($r=0.441$, $p=0.027$, uncorrected) and between the lpFCS values in the right ITG and scores of digit symbol-coding of Wechsler Adult Intelligence Scale ($r=0.416$, $p=0.039$, uncorrected) in the patients CONCLUSIONS: The patients exhibited increased spFCS/lpFCS in the cortical regions and decreased spFCS in the subcortical regions. The left pallidum is first reported here to show decreased spFCS in SD. The present results suggest that abnormal cortical-subcortical circuits may play an important role in SD neurobiology.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28411503

[Similar articles](#)



34. Prim Care Companion CNS Disord. 2017 Apr 13;19(2). doi: 10.4088/PCC.16br02076.

[The Biological Basis to Personality Disorders.](#)

[Perugula ML](#)¹, [Narang PD](#)², [Lippmann SB](#)^{3,1}.

Author information:

1

School of Medicine, University of Louisville, Louisville, Kentucky, USA.

2

University of Minnesota Medical School, Minneapolis, Minnesota, USA.

3

401 East Chestnut St, Ste 610, University of Louisville Clinic, Louisville, KY 40202.
sblipp01@louisville.edu.

Abstract

Objective:

To provide understanding into the biological basis of thinking and behavior in people with personality disorders, explain anatomic findings, and appraise therapeutic options.

Data Sources:

PubMed was searched with no date restrictions using the terms personality disorders DSM-5, cluster B personality disorders, biological psychiatry of personality disorders, neurobiology of personality disorders, and neurobiology of cluster B personality disorders.

Study Selection/Data Extraction:

We identified 2,790 English-language articles and utilized 18 in this report.

Results:

There are anatomic features typical to the brains of individuals with cluster B personality disorders, for example, abnormalities in the superior frontal cortex and amygdala and enlarged striatal volumes. Emotional dysregulation and impulsiveness are 2 prominent symptoms. Hereditary factors may contribute to the development of such conditions.

Conclusion:

Understanding the neurobiology of cluster B personality disorders expands knowledge that hopefully results in better clinical management and development of improved treatments. Psychotherapy is currently the most effective intervention for borderline personality disorders. Symptomatic pharmacotherapies may be prescribed adjunctively on an individualized basis if clinically indicated (eg, with a coexistent depression).

Free Article

PMID: 28407461 [Indexed for MEDLINE]

[Similar articles](#)



35. Personal Disord. 2017 Apr 13. doi: 10.1037/per0000247. [Epub ahead of print]

The Role of Boldness in Psychopathy: A Study of Academic and Clinical Perceptions.

[Berg JM](#), [Lilienfeld SO](#), [Sellbom M](#).

Abstract

The relevance of boldness to psychopathy has recently become a major flashpoint of scientific controversy. Although some authors have contended that boldness is a necessary (although insufficient) component of psychopathy, others have asserted that it is largely or entirely irrelevant to psychopathy. We addressed this issue by examining clinical perceptions

of the relevance of the 3 triarchic dimensions (boldness, disinhibition, and meanness) to psychopathy among a sample of mental health professionals and graduate students (N = 228) using a vignette-based, person-centered methodology. A vignette comprising boldness descriptors afforded statistically significant and moderate to large (Cohen's ds ranged from .47 to .99) increases in perceived resemblance to overall psychopathy above and beyond the other triarchic dimensions, both singly and jointly; these findings extended largely to clinical perceptions of Factor 1 (i.e., interpersonal and affective aspects of psychopathy) but not Factor 2 (i.e., impulsive and antisocial aspects of psychopathy) resemblance. Contrary to the claims of some recent authors, boldness alone was perceived as being as relevant to psychopathy as was disinhibition, although both dimensions were perceived as less relevant to psychopathy than was meanness. These findings offer strong support for the contention that boldness is regarded as a key feature of classical psychopathy and are broadly consistent with interpersonal models of psychopathy. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28406658

[Similar articles](#)

36. Personal Disord. 2017 Apr 13. doi: 10.1037/per0000249. [Epub ahead of print]

Using Latent Variable- and Person-Centered Approaches to Examine the Role of Psychopathic Traits in Sex Offenders.

[Krstic S](#), [Neumann CS](#), [Roy S](#), [Robertson CA](#), [Knight RA](#), [Hare RD](#).

Abstract

The current study employed both latent variable- and person-centered approaches to examine psychopathic traits in a large sample of sex offenders (N = 958). The offenders, who had committed a range of sexual crimes, had been assessed with the Psychopathy Checklist-Revised (PCL-R; Hare, 2003). Structural equation modeling results indicated that the four-factor model of psychopathy (Hare, 2003; Neumann, Hare, & Newman, 2007) provided good representation of the dimensional nature of psychopathic traits across the sample of offenders, and that the PCL-R factors significantly predicted sexual crimes. In particular, the Affective and Antisocial psychopathy factors each predicted sexually violent crimes. Latent profile analysis results revealed evidence for a 4-class solution, with the subtypes showing distinct PCL-R facet profiles, consistent with previous research. The four subtypes were validated using sexual crime profiles. The prototypic psychopathy subtype (high on all 4 PCL-R facets) evidenced more violent sexual offenses than did the other subtypes. Taken together, the results demonstrate how variable- and person-centered approaches in combination can add to our understanding of the psychopathy construct and its correlates. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28406657

[Similar articles](#)

37.J Clin Psychiatry. 2017 Apr 11. doi: 10.4088/JCP.16m10657. [Epub ahead of print]

The 3-Year Course of Multiple Substance Use Disorders in the United States: A National Longitudinal Study.

[McCabe SE](#)^{1,2}, [West BT](#)³.

Author information:

1

University of Michigan Institute for Research on Women, 204 S State St, Ann Arbor, MI 48109. plius@umich.edu.

2

University of Michigan Institute for Research on Women and Gender, Ann Arbor, Michigan, USA.

3

University of Michigan Institute for Social Research, Survey Research Center, Ann Arbor, Michigan, USA.

Abstract

OBJECTIVE:

To examine the 3-year course of multiple co-occurring substance use disorders (SUDs) based on longitudinal survey data from a large, nationally representative sample.

METHODS:

National estimates of the prevalence of DSM-IV SUDs were derived by analyzing data from structured, face-to-face diagnostic interviews as part of the National Epidemiologic Survey on Alcohol and Related Conditions (NESARC), which collected data from a large, nationally representative sample of noninstitutionalized US adults at 2 waves (2001-2002 and 2004-2005; N = 34,653).

RESULTS:

US adults with multiple past-year SUDs at Wave 1 were substantially more likely than those with an individual past-year SUD or no SUD at Wave 1 to report at least 1 past-year SUD at

Wave 2 (66.3% vs 46.0% vs 6.9%, respectively). There were several sociodemographic characteristics and psychiatric disorders (ie, male, younger age, never married, sexual minority identity, nicotine dependence, mood disorder, and personality disorder) associated with increased odds of developing multiple SUDs and having 3-year persistence of multiple SUDs. The majority of adults with multiple past-year SUDs had a lifetime personality disorder and did not utilize substance abuse treatment or other help-seeking.

CONCLUSIONS:

Multiple SUDs are associated with a more persistent 3-year course of disease over time relative to individual SUDs. Despite a more severe 3-year course and higher rates of comorbidity with other psychiatric disorders, the majority of US adults with multiple SUDs do not utilize substance abuse treatment or other help-seeking. Clinical assessments and the substance abuse literature tend to focus on drug-specific individual SUDs rather than considering the more complex multiple SUDs, which can be more challenging to treat.

PMID: 28406266

[Similar articles](#)



38. Borderline Personal Disord Emot Dysregul. 2017 Apr 11;4:9. doi: 10.1186/s40479-017-0062-8. eCollection 2017.

[What we have changed our minds about: Part 2. Borderline personality disorder, epistemic trust and the developmental significance of social communication.](#)

[Fonagy P](#)¹, [Luyten P](#)^{1,2}, [Allison E](#)¹, [Campbell C](#)¹.

Author information:

1

Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

2

Faculty of Psychology and Educational Sciences, KU Leuven, Leuven, Belgium.

Abstract

In Part 1 of this paper, we discussed emerging evidence suggesting that a general psychopathology or 'p' factor underlying the various forms of psychopathology should be

conceptualized in terms of the absence of resilience, that is, the absence of positive reappraisal mechanisms when faced with adversity. These impairments in the capacity for positive reappraisal seem to provide a comprehensive explanation for the association between the p factor and comorbidity, future caseness, and the 'hard-to-reach' character of many patients with severe personality pathology, most notably borderline personality disorder (BPD). In this, the second part of the paper, we trace the development of the absence of resilience to disruptions in the emergence of human social communication, based on recent evolutionary and developmental psychopathology accounts. We argue that BPD and related disorders may be reconceptualized as a form of social understanding in which epistemic hypervigilance, distrust or outright epistemic freezing is an adaptive consequence of the social learning environment. Negative appraisal mechanisms become overriding, particularly in situations of attachment stress. This constitutes a shift towards a more socially oriented perspective on personality psychopathology in which the absence of psychological resilience is seen as a learned response to the transmission of social knowledge. This shift in our views has also forced us to reconsider the role of attachment in BPD. The implications for prevention and intervention of this novel approach are discussed.

PMCID: PMC5387344 **Free PMC Article**

PMID: 28405338

[Similar articles](#)



39. J Endocrinol Invest. 2017 Apr 11. doi: 10.1007/s40618-017-0674-2. [Epub ahead of print]

Fluid intelligence, traits of personality and personality disorders in a cohort of adult KS patients with the classic 47, XXY karyotype.

[Liberato D](#)¹, [Granato S](#)², [Grimaldi D](#)¹, [Rossi FM](#)³, [Tahani N](#)³, [Gianfrilli D](#)³, [Anzuini A](#)³, [Lenzi A](#)³, [Cavaggioni G](#)¹, [Radicioni AF](#)³.

Author information:

1

Department of Neurology and Psychiatry, Sapienza University of Rome, Rome, Italy.

2

Section of Medical Pathophysiology and Endocrinology, Department of Experimental Medicine, Sapienza University of Rome, Viale del Policlinico 155, 00161, Rome, Italy. simona.granato@uniroma1.it.

3

Section of Medical Pathophysiology and Endocrinology, Department of Experimental Medicine, Sapienza University of Rome, Viale del Policlinico 155, 00161, Rome, Italy.

Abstract

PURPOSE:

Klinefelter's syndrome (KS) is associated with specific neurobehavioral features and personality traits. The aim of our study was to investigate fluid intelligence, personality traits and personality disorders (PD) and possible correlations with testosterone in a cohort of adult KS patients.

METHODS:

We analyzed 58 adult KS patients with the classic 47, XXY karyotype. The Structured Clinical Interview for axis II disorders was used to assess DSM IV personality disorders. Personality traits were assessed using MMPI-2. Fluid intelligence was tested by using Raven's Standard Progressive Matrices (SPM) Test. Testosterone blood concentration was measured by CMIA.

RESULTS:

PD prevalence was 31%. Four altered MMPI scales (Social Responsibility, Dominance, Ego Strength and Repression) were found in more than 40% of patients. Overcontrolled hostility and MacAndrew Alcoholism Scale-Revised scales were altered in the PD- group only. Biz-Odd Thinking and Post-Traumatic Stress Disorder scale were associated with the presence of personality disorder. The raw SPM score was 44 ± 10.8 without any significant correlation with testosterone. No significant difference in mean age, SPM raw score and MMPI score was observed between eugonadal, hypogonadal and treated patients.

CONCLUSIONS:

Most KS patients had average fluid intelligence. PD prevalence was higher than in the general population. Testosterone was not correlated with fluid intelligence, personality traits or PD, but a reduction in marital distress was observed in treated patients. This could suggest that testosterone therapy can improve physical symptoms and this effect could also improve relationship abilities and wellness awareness.

PMID: 28401527

[Similar articles](#)



Differences in neural and cognitive response to emotional faces in middle-aged dizygotic twins at familial risk of depression.

[Miskowiak KW¹](#), [Svendsen AM¹](#), [Harmer CJ²](#), [Elliott R³](#), [Macoveanu J¹](#), [Siebner HR⁴](#), [Kessing LV¹](#), [Vinberg M¹](#).

Author information:

1

Copenhagen Affective Disorders Research Centre, Copenhagen Psychiatric Centre, Copenhagen University Hospital, Rigshospitalet, Denmark.

2

Department of Psychiatry, University of Oxford, UK.

3

Institute of Brain, Behaviour and Mental Health, University of Manchester, UK.

4

Danish Research Centre for Magnetic Resonance, Centre for Functional and Diagnostic Imaging and Research, Copenhagen University Hospital Hvidovre, Denmark.

Abstract

BACKGROUND:

Negative bias and aberrant neural processing of emotional faces are trait-marks of depression but findings in healthy high-risk groups are conflicting.

METHODS:

Healthy middle-aged dizygotic twins (N = 42) underwent functional magnetic resonance imaging (fMRI): 22 twins had a co-twin history of depression (high-risk) and 20 were without co-twin history of depression (low-risk). During fMRI, participants viewed fearful and happy faces while performing a gender discrimination task. After the scan, they were given a faces dot-probe task, a facial expression recognition task and questionnaires assessing mood, personality traits and coping.

RESULTS:

Unexpectedly, high-risk twins showed reduced fear vigilance and lower recognition of fear and happiness relative to low-risk twins. During face processing in the scanner, high-risk twins displayed distinct negative functional coupling between the amygdala and ventral prefrontal cortex and pregenual anterior cingulate. This was accompanied by greater fear-specific fronto-temporal response and reduced fronto-occipital response to all emotional faces relative to baseline. The risk groups showed no differences in mood, subjective state or coping.

CONCLUSIONS:

Less susceptibility to fearful faces and negative cortico-limbic coupling during emotional face processing may reflect neurocognitive compensatory mechanisms in middle-aged dizygotic twins who remain healthy despite their familial risk of depression.

PMID: 28397623

[Similar articles](#)



41. Personal Ment Health. 2017 Apr 11. doi: 10.1002/pmh.1369. [Epub ahead of print]

[The neurobiology of social deficits in female patients with borderline personality disorder: The importance of oxytocin.](#)

[Bomann AC](#)¹, [Jørgensen MB](#)^{2,3}, [Bo S](#)¹, [Nielsen M](#)⁴, [Gede LB](#)¹, [Elfving B](#)⁵, [Simonsen E](#)^{1,2}.

Author information:

1

Psychiatric Research Unit, Region Zealand, Faelledvej 6, 4200, Slagelse, Denmark.

2

Institute for Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Edel Sauntes Alle 10, 2100, Copenhagen, Denmark.

3

Psychiatric Centre Copenhagen, Edel Sauntes Alle 10, 2100, Copenhagen, Denmark.

4

Department of Biomedical Laboratory Science, Center for Nursing and Bioanalysis, University College Zealand, Parkvej 190, 4700, Naestved, Denmark.

5

Translational Neuropsychiatry Unit, Department of Clinical Medicine, Aarhus University, Skovagervej 2, 8240, Risskov, Denmark.

Abstract

BACKGROUND:

Social deficits and emotional dysregulation have been suggested as explanations for the relational difficulties experienced by patients with borderline personality disorder (BPD). The neuropeptide oxytocin (OXT) is a possible neurobiological underpinning of these adversities, and this study examines possible correlations between BPD symptomatology and serum OXT.

METHODS:

Thirty-eight female participants (BPD group $n = 18$, matched control group $n = 20$) with a mean age of 29.5 years (standard deviation 9.2) were assessed for personality disorders, general psychopathology, childhood trauma and perceived stress. OXT was measured in serum samples.

RESULTS:

We found no significant difference between patient and control group in terms of OXT levels. However, post hoc analysis showed a relationship in the patient group between civil status and OXT ($p < 0.05$), indicating higher levels of OXT for patients in a romantic relationship.

DISCUSSION:

The idea of OXT as a pro-social love hormone is perhaps too simplistic, and factors like attachment style, exposure to trauma and psychiatric disorders must be considered in order to understand its diverse functions.

CONCLUSIONS:

Contrary to our expectations, we did not find lower serum OXT levels in the BPD group. However, BPD patients in a romantic relationship had higher levels of serum OXT than single BPD patients. Copyright © 2017 John Wiley & Sons, Ltd.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28397403

[Similar articles](#)



Sexual functioning and experiences in young people affected by mental health disorders.

[McMillan E](#)¹, [Adan Sanchez A](#)¹, [Bhaduri A](#)², [Pehlivan N](#)³, [Monson K](#)³, [Badcock P](#)¹, [Thompson K](#)¹, [Killackey E](#)¹, [Chanen A](#)², [O'Donoghue B](#)².

Author information:

1

Orygen, the National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, Australia.

2

Orygen, the National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, Australia; Orygen Youth Health, Parkville, Melbourne, Australia.

3

Orygen Youth Health, Parkville, Melbourne, Australia.

Abstract

The majority of mental disorders have their onset in late adolescence and early adulthood and this coincides with important stages of sexual development. Although sexual dysfunction is highly prevalent among people with mental health disorders, little is known about this topic among youth. This study aimed to evaluate the sexual functioning and subjective experience of sex in young people aged between 15 and 26 years attending a youth mental health service. One hundred and three participants were assessed with the Sexual Health Questionnaire, Sexual Functioning Questionnaire, Brief Psychiatric Rating Scale, Scale for the Assessment of Negative Symptoms and the Medication Adherence Rating Scale. There were 43 males, 52 females, and 8 transgender and gender diverse participants with a range of mental health disorders. Eighty (77.7%) had experienced consensual sexual intercourse. Ninety-nine (95.8%) endorsed at least one item of sexual dysfunction and clinical sexual dysfunction was present in 37 (38.9%) cases. Sexual dysfunction was associated with greater severity of general psychopathology, negative symptoms, antipsychotic use, lower antipsychotic medication adherence, and negative subjective experiences around sex. Addressing this sexual dysfunction in young people could lead to both an improvement in subjective experiences of sexual relationships and potentially improvement in adherence to treatment.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28395230

A first step toward integrating schema theory in geriatric psychiatry: a Delphi study.

[Legra MJ](#)¹, [Verhey FR](#)², [van Alphen SP](#)³.

Author information:

1

GGZWNB, Bergen op Zoom, the Netherlands.

2

Alzheimer Center Limburg/School for Mental Health and Neuroscience, Maastricht University, Maastricht, the Netherlands.

3

Department of Clinical and Lifespan Psychology, Free University of Brussels (VUB), Brussels, Belgium.

Abstract

BACKGROUND:

Schematherapy (ST) is an effective therapy for personality disorders (PD's) in adults, however, empirical research into ST in older adults is limited. The manifestation of schemas over the life course is unclear. Besides, long-term patterns of schemas in old age and whether schemas change during the aging process remain unknown.

METHODS:

We performed a Delphi study involving a group meeting of nine experts in the field of ST in older adults.

RESULTS:

Full consensus was achieved that schemas vary later in life, and that this is due to biopsychosocial factors. The concepts of schema triggering (the chance that a maladaptive schema is activated) and schema coping (the psychological and behavioral effort a person makes to minimize the stress that comes with the schema) in the past are important in

clinical practice. Understanding how schemas are triggered during the life course and how patients deal with their schemas throughout life will help the therapist to complete the diagnostic puzzle in older individuals and to choose appropriate interventions.

CONCLUSION:

Schemas are flexible and dynamic constructs that can fade or intensify due to multiple factors. This study is a first step toward advancing the state of knowledge regarding schema theory in an aging population. The results will contribute to improvements in ST in older adults by developing an understanding of the plasticity of schemas during the life course.

PMID: 28390442

[Similar articles](#)



44. Eur Arch Psychiatry Clin Neurosci. 2017 Apr 7. doi: 10.1007/s00406-017-0796-8. [Epub ahead of print]

Articulation and testing of a personality-centred model of psychopathology: evidence from a longitudinal community study over 30 years.

[Hengartner MP](#)¹, [Tyrer P](#)², [Ajdacic-Gross V](#)³, [Angst J](#)³, [Rössler W](#)^{3,4,5}.

Author information:

1

Department of Applied Psychology, Zurich University of Applied Sciences (ZHAW), PO Box 707, 8037, Zurich, Switzerland. michaelpascal.hengartner@zhaw.ch.

2

Centre for Psychiatry, Imperial College, London, UK.

3

Department of Psychiatry, Psychotherapy and Psychosomatics, University of Zurich, Zurich, Switzerland.

4

Institute of Psychiatry, Laboratory of Neuroscience (LIM 27), University of Sao Paulo, São Paulo, Brazil.

5

Department of Psychiatry and Psychotherapy, Charité - Universitätsmedizin Berlin, Berlin, Germany.

Abstract

Advances in psychopathological research advocate a personality-centred model of common mental disorders (CMD). We tested four hypotheses to test such a model. First, personality relates to critical life events; second, both personality and critical life events relate to CMD; third, interaction effects between personality and critical life events relate to CMD; fourth, neuroticism explains the majority of variance in psychopathology. We analysed data ($n = 453$) based on seven semi-structured interviews from a longitudinal epidemiologic cohort study over 30 years spanning years 1979 (age 20) to 2008 (age 50). CMD and critical life events were assessed seven times between 1979 and 2008 and personality domains of neuroticism, extraversion and aggressiveness in 1988 and 1993. Aggressiveness and neuroticism related to partnership rupture and job loss. Neuroticism related significantly to major depression, anxiety disorders, substance-use disorders (SUD) and severity of psychopathology. Both partnership rupture and job loss related to major depression and severity of psychopathology, but not to anxiety disorder or SUD. An interaction effect between neuroticism and partnership rupture pointed towards significantly increased SUD prevalence. All associations held when additionally adjusted for childhood adversity and familial socio-economic status. According to a pseudo- R^2 , neuroticism explained 51% of total variance in severity of psychopathology over time, while all three personality domains along with both partnership rupture and job loss explained 59% of total variance. In conclusion, personality, especially neuroticism, relates consistently to repeated measures of psychopathology. These associations are independent of and more pervasive than the effects of partnership rupture and job loss. Partnership rupture in interaction with neuroticism may further increase the risk for SUD. We conclude that neuroticism is a fundamental aetiological factor for severe psychopathology, but further testing of this model in other longitudinal studies is required.

PMID: 28389890

[Similar articles](#)



45. J Immigr Minor Health. 2017 Apr 7. doi: 10.1007/s10903-017-0570-z. [Epub ahead of print]

'The Healthy Migrant Effect' for Mental Health in England: Propensity-score Matched Analysis Using the EMPIRIC Survey.

[Dhadda A](#)¹, [Greene G](#)².

Author information:

1

Institute of Primary Care & Public Health, Cardiff University School of Medicine,
3rd Floor Neuadd Meirionnydd, Heath Park, Cardiff, CF14 4YS, UK.

2

Institute of Primary Care & Public Health, Cardiff University School of Medicine,
3rd Floor Neuadd Meirionnydd, Heath Park, Cardiff, CF14 4YS, UK.
GreeneG@cardiff.ac.uk.

Abstract

Evidence has demonstrated that immigrants have a mental health advantage over the indigenous population of developed countries. However, much of the evidence-base demonstrating this mental health advantage is susceptible to confounding and inadequate adjustment across immigrant and non-immigrant groups preventing a rigorous assessment of a 'healthy migrant effect'. To compare the risk of common mental disorders in the immigrant population compared to the non-immigrant population in ethnic minority groups in England. A propensity-score matched analysis was carried out to adequately balance immigrant and non-immigrant groups for known confounders using the EMPIRIC national survey of Black-Caribbean, Indian, Pakistani and Bangladeshi groups. The mental health of participants was assessed using the validated Revised Clinical Interview Schedule tool. Immigrant participants were significantly less likely to have a common mental disorder than non-immigrant participants; OR = 0.47, (95% CI 0.40, 0.56). The results from this study demonstrate that a mental health advantage exists in ethnic minority immigrants compared to non-immigrants when balancing the two groups for confounding factors. This may be due to immigrants possessing certain personality traits, such as "psychological hardiness", that the migration process may select for.

PMID: 28389831

[Similar articles](#)



46. J Pers Assess. 2017 Apr 7:1-8. doi: 10.1080/00223891.2017.1300906. [Epub ahead of print]

[The Utility of MMPI-2-RF Scale Scores in the Differential Diagnosis of Schizophrenia and Major Depressive Disorder.](#)

[Lee TT](#)¹, [Graham JR](#)², [Arbisi PA](#)^{3,4}.

Author information:

1

a Department of Psychological Science , Ball State University.

2

b Department of Psychological Sciences , Kent State University.

3

c Minneapolis VA Health Care Center , Minneapolis , Minnesota.

4

d Department of Psychiatry , University of Minnesota-Twin Cities.

Abstract

This study was designed to determine whether scores on selected Minnesota Multiphasic Personality Inventory-2-Restructured Form (MMPI-2-RF) scales could be used to differentiate between individuals diagnosed with schizophrenia (SCZ) and major depressive disorder (MDD). The sample was drawn from 2 psychiatric inpatient hospitals and included data from 199 individuals with SCZ and 808 individuals with MDD. A series of multivariate analyses of variance, analyses of variance, and odds ratios were calculated to determine which MMPI-2-RF scales provide the best differentiation between individuals presenting with these 2 disorders. Results indicated scales assessing internalizing dysfunction, including Emotional/Internalizing Dysfunction (EID), Restructured Clinical Scales Demoralization (RCd), Low Positive Emotions (RC2), Suicidal/Death Ideation (SUI), and Self Doubt (SFD) best discriminated MDD from SCZ. Scales assessing thought dysfunction, including Thought Dysfunction (THD), Restructured Clinical Scales Ideas of Persecution (RC6) and Aberrant Experiences (RC8), and Psychoticism-Revised (PSYC-r) were demonstrated to best identify SCZ. Comparisons of the examined MMPI-2-RF scales to MMPI-2 scales assessing similar constructs suggested scales from the MMPI-2-RF perform similarly to their MMPI-2 counterparts in detecting MDD or SCZ, but might have increased ability to discriminate SCZ from other conditions. Overall, results of this study suggest that scores on the examined MMPI-2-RF scales provide important information about the differential diagnosis of MDD and SCZ to clinicians working in inpatient settings.

PMID: 28388259

[Similar articles](#)

47. J Pers Assess. 2017 Apr 7:1-13. doi: 10.1080/00223891.2017.1298115. [Epub ahead of print]

Clinician-Guided Assessment of Personality **Using the Structural Interview and the**

Structured Interview of Personality Organization (STIPO).

[Hörz-Sagstetter S](#)¹, [Caligor E](#)², [Preti E](#)³, [Stern BL](#)⁴, [De Panfilis C](#)⁵, [Clarkin JF](#)⁶.

Author information:

- 1 a Psychologische Hochschule Berlin , Germany.
- 2 b Department of Psychiatry , Columbia University College of Physicians and Surgeons.
- 3 c Department of Psychology , University of Milano-Bicocca , Milan , Italy.
- 4 d Columbia University Medical Center , New York , New York.
- 5 e Unit of Neuroscience, Department of Medicine and Surgery , University of Parma , Italy.
- 6 f Weill Cornell Medical College, Cornell University.

Abstract

This article demonstrates the utility of a theory-guided psychodynamic approach to the assessment of personality and personality pathology based on the object relations model developed by Kernberg (1984). We describe a clinical interview, the Structural Interview (SI; Kernberg, 1984), and also a semistructured approach, the Structured Interview of Personality Organization (STIPO; Clarkin, Caligor, Stern, & Kernberg, 2004) based on this theoretical model. Both interviews focus on the assessment of consolidated identity versus identity disturbance, the use of adaptive versus lower level defensive operations, and intact versus loss of reality testing. In the context of a more clinically oriented assessment, the SI makes use of tactful confrontation of discrepancies and contradictions in the patient's narrative, and also takes into account transference and countertransference phenomena, whereas the more structured approach of the STIPO incorporates clinical judgment informed by clinical theory into a well-guided interaction with the patient. Both interviews have good interrater reliability and are coherent with the alternative model for personality disorder diagnosis proposed by the Diagnostic and Statistical Manual of Mental Disorders (5th ed.), Section III. Finally, they provide the clinician with specific implications for prognosis and treatment planning and can rationally guide clinical decision making.

PMID: 28388222

[Similar articles](#)

The role of novelty seeking as a predictor of substance use disorder outcomes in early adulthood.

[Foulds JA](#)¹, [Boden JM](#)², [Newton-Howes GM](#)³, [Mulder RT](#)¹, [Horwood LJ](#)².

Author information:

1

Department of Psychological Medicine, University of Otago Christchurch, New Zealand.

2

Christchurch Health and Development Study, University of Otago Christchurch, New Zealand.

3

Department of Psychological Medicine, University of Otago Wellington, New Zealand.

Abstract

BACKGROUND AND AIMS:

There has been a great deal of evidence showing high novelty seeking (NS) is a risk factor for the development of substance use disorders (SUDs). However, the possible causal role of NS in SUDs is unconfirmed. The aim of this study was to examine the associations between NS at age 16 and SUDs from age 18 to 35 years, net of a series of covariate factors.

DESIGN:

Longitudinal study of a birth cohort from 1977 to 2012.

SETTING:

Christchurch, New Zealand.

PARTICIPANTS:

General community sample of members of a New Zealand birth cohort (50% male), with sample sizes ranging from n = 1011 (age 21) to n = 962 (age 35).

MEASUREMENTS:

The Composite International Diagnostic Interview was used to derive DSM-IV diagnoses of alcohol, nicotine, cannabis and other illicit SUDs at 4 time intervals from age 18 to 35. NS was measured at age 16 using the Tridimensional Personality Questionnaire.

FINDINGS:

An increase in NS was associated with increases in the prevalence of all 4 SUDs at age 18-35. Following adjustment for a broad range of covariate factors, estimated effect sizes (odds ratios) were reducing in magnitude, but remained moderate to large. Adjusted odds ratios of SUDs for the highest NS quartile compared to with the lowest were 2.0 (95% CI 1.5, 2.7) for alcohol; 1.8 (95% CI 1.3, 2.7) for nicotine; 3.6 (95% CI 2.4, 5.6) for cannabis and 5.1 (95% CI 2.9, 9.2) for other illicit substances.

CONCLUSIONS:

The association between high novelty seeking and substance use disorders is not explained by common underlying individual factors and environmental exposures. This is consistent with the view that novelty seeking may play a causal role in the development of substance use disorders.

This article is protected by copyright. All rights reserved.

PMID: 28387964

[Similar articles](#)



49. Eur Eat Disord Rev. 2017 Apr 7. doi: 10.1002/erv.2516. [Epub ahead of print]

Facets of Impulsivity and Compulsivity in Women with Anorexia Nervosa.

[Lavender JM](#)^{1,2}, [Goodman EL](#)³, [Culbert KM](#)⁴, [Wonderlich SA](#)^{1,2}, [Crosby RD](#)^{1,2}, [Engel SG](#)^{1,2}, [Mitchell JE](#)^{1,2}, [Le Grange D](#)⁵, [Crow SJ](#)^{6,7}, [Peterson CB](#)^{6,7}.

Author information:

1

Neuropsychiatric Research Institute, Fargo, ND, USA.

2

Department of Psychiatry and Behavioral Science, University of North Dakota School of Medicine and Health Sciences, Fargo, ND, USA.

3

Department of Psychology, University of North Dakota, Grand Forks, ND, USA.

4

- 5 Department of Psychology, University of Nevada, Las Vegas, Las Vegas, NV, USA.
- 6 Department of Psychiatry, University of California San Francisco School of
Medicine, San Francisco, CA, USA.
- 7 Department of Psychiatry, University of Minnesota, Minneapolis, MN, USA.
- The Emily Program, St. Paul, MN, USA.

Abstract

This study sought to investigate independent associations of impulsivity and compulsivity with eating disorder (ED) symptoms. Women (N = 81) with full or subthreshold Diagnostic and Statistical Manual of Mental Disorders IV anorexia nervosa (AN) completed a semi-structured interview and self-report questionnaires. Multiple regression analyses were conducted using ED symptoms as dependent variables and facets of impulsivity and compulsivity as predictor variables (controlling for body mass index and AN diagnostic subtype). For impulsivity facets, lack of perseverance was uniquely associated with eating concern, shape concern and restraint, whereas negative urgency was uniquely associated with eating concern and frequency of loss of control eating; neither sensation seeking nor lack of premeditation was uniquely associated with any ED variables. Compulsivity was uniquely associated with restraint, eating concern and weight concern. Results support independent associations of impulsivity and compulsivity with ED symptoms in adults with AN, suggesting potential utility in addressing both impulsive and compulsive processes in treatment. Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

PMID: 28387426

[Similar articles](#)



50. Eur Child Adolesc Psychiatry. 2017 Apr 6. doi: 10.1007/s00787-017-0980-4. [Epub ahead of print]

[Factors associated with different smoking status in European adolescents: results of the SEYLE study.](#)

[Banzer R](#)^{1,2}, [Haring C](#)^{3,4}, [Buchheim A](#)⁵, [Oehler S](#)³, [Carli V](#)^{6,7}, [Wasserman C](#)^{8,9}, [Kaess M](#)^{10,11}, [Apter A](#)¹², [Balazs J](#)^{13,14}, [Bobes J](#)¹⁵, [Brunner R](#)¹⁰, [Corcoran P](#)¹⁶, [Cosman D](#)¹⁷, [Hoven CW](#)^{8,18}, [Kahn JP](#)^{19,20}, [Keeley HS](#)¹⁶, [Postuvan V](#)²¹, [Podlogar T](#)²¹, [Sisask M](#)^{22,23}, [Värnik A](#)^{22,23}, [Sarchiapone M](#)⁹, [Wasserman D](#)^{6,7}.

Author information:

1

Addiction Help Services BIN, Innsbruck, Tyrol, Austria. raphaela.banzer@bin-tirol.org.

2

Institute of Psychology, University of Innsbruck, Innsbruck, Austria.
raphaela.banzer@bin-tirol.org.

3

Addiction Help Services BIN, Innsbruck, Tyrol, Austria.

4

Psychiatry and Psychotherapy B, State Hospital Hall in Tyrol, Tyrol, Austria.

5

Institute of Psychology, University of Innsbruck, Innsbruck, Austria.

6

National Centre for Suicide Research and Prevention of Mental Ill-Health (NASP),
Karolinska Institute (KI), Stockholm, Sweden.

7

WHO Collaborating Centre for Research, Methods Development and Training in
Suicide Prevention, Stockholm, Sweden.

8

Department of Child and Adolescent Psychiatry, New York State Psychiatric
Institute, Columbia University, New York, USA.

9

Department of Health Sciences, University of Molise, Campobasso, Italy.

10

Section for Disorders of Personality Development, Centre for Psychosocial Medicine,
University of Heidelberg, Heidelberg, Germany.

11

Orygen Youth Health, Melbourne, Australia.

12

Feinberg Child Study Centre, Schneider Children's Medical Centre, Tel Aviv
University, Tel Aviv, Israel.

13

Vadaskert Child and Adolescent Psychiatric Hospital, Budapest, Hungary.

14

Institute of Psychology, Eötvös Loránd University, Budapest, Hungary.

15

Department of Psychiatry, School of Medicine, Centro de Investigación Biomédica
en Red de Salud Mental, CIBERSAM, University of Oviedo, Oviedo, Spain.

16

National Suicide Research Foundation, Cork, Ireland.

17

Clinical Psychology Department, Iuliu Hatieganu University of Medicine and
Pharmacy, Cluj-Napoca, Romania.

18

Department of Epidemiology, Mailman School of Public Health, Columbia University, New York, USA.

19

Department of Psychiatry and Clinical Psychology, CHRU de NANCY, Université H. Poincaré, Nancy, France.

20

Pole 6, Centre Psychologique de Nancy, Université de Lorraine, Nancy, France.

21

Slovene Centre for Suicide Research, Andrej Marušič Institute, University of Primorska, Muzejski trg 2, 6000, Koper, Slovenia.

22

Estonian-Swedish Mental Health and Suicidology Institute, Tallinn, Estonia.

23

Institute of Social Work, Tallinn University, Tallinn, Estonia.

Abstract

Early onset and long-term smoking are associated with physical and psychological health problems. The aim of the presented analysis was to investigate risk and influencing factors for different smoking status in a big sample of European adolescents. In the context of the "saving and empowering young lives in Europe" (SEYLE) study we surveyed 12,328 adolescents at the age of 13-17 from 11 countries. The survey took place in a school-based context using a questionnaire. Overall 58% reported the onset of ever-smoking under the age of 14 and 30.9% smoke on a daily basis. Multinomial logistic regression model showed significant positive associations between adolescent smoking and internalizing problems (suicidal behavior, direct self-injurious behavior, anxiety), externalizing problems (conduct problems, hyperactivity, substance consumption) and family problems (parental substance consumption, broken home). Our data show that smoking among adolescents is still a major public health problem and adolescents who smoke are at higher risk for mental problems. Further, adolescent smoking is associated with broken home families and parental behaviors. Therefore, early preventive measures are necessary not only for adolescents, but also for their parents.

PMID: 28386649

[Similar articles](#)



51. Br J Psychiatry. 2017 Apr 6. pii: bjp.bp.116.194720. doi: 10.1192/bjp.bp.116.194720. [Epub ahead of print]

Personality disorder and alcohol treatment outcome: systematic review and meta-analysis.

[Newton-Howes GM](#)¹, [Foulds JA](#)², [Guy NH](#)², [Boden JM](#)², [Mulder RT](#)².

Author information:

1

Giles M. Newton-Howes, MRCPsych, Department of Psychological Medicine, University of Otago, Wellington; James A. Foulds, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch; Nicola H. Guy, MMedSci, Department of Psychological Medicine, University of Otago, Wellington; Joseph M. Boden, PhD, Christchurch Health and Development Study, Roger T. Mulder, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch, New Zealand Giles.newton-howes@otago.ac.nz.

2

Giles M. Newton-Howes, MRCPsych, Department of Psychological Medicine, University of Otago, Wellington; James A. Foulds, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch; Nicola H. Guy, MMedSci, Department of Psychological Medicine, University of Otago, Wellington; Joseph M. Boden, PhD, Christchurch Health and Development Study, Roger T. Mulder, FRANZCP, Department of Psychological Medicine, University of Otago, Christchurch, New Zealand.

Abstract

Background Personality disorders commonly coexist with alcohol use disorders (AUDs), but there is conflicting evidence on their association with treatment outcomes. **Aims** To determine the size and direction of the association between personality disorder and the outcome of treatment for AUD. **Method** We conducted a systematic review and meta-analysis of randomised trials and longitudinal studies. **Results** Personality disorders were associated with more alcohol-related impairment at baseline and less retention in treatment. However, during follow-up people with a personality disorder showed a similar amount of improvement in alcohol outcomes to that of people without such disorder. Synthesis of evidence was hampered by variable outcome reporting and a low quality of evidence overall. **Conclusions** Current evidence suggests the pessimism about treatment outcomes for this group of patients may be unfounded. However, there is an urgent need for more consistent and better quality reporting of outcomes in future studies in this area.

© The Royal College of Psychiatrists 2017.

PMID: 28385703

[Similar articles](#)



52. Arch Clin Neuropsychol. 2017 Apr 5:1-16. doi: 10.1093/arclin/acx029. [Epub ahead of print]

Schizotypy-Independent and Schizotypy-Modulated Cognitive Impairments in Unaffected First-Degree Relatives of Schizophrenia-spectrum Patients.

[Zouraraki C¹](#), [Karamaouna P¹](#), [Karagiannopoulou L¹](#), [Giakoumaki SG](#).

Author information:

1

Department of Psychology, Faculty of Social Sciences, University of Crete, Rethymno 74100, Crete, Greece.

Abstract

Objective:

The aim of the study was to compare the neurocognitive profile of unaffected first-degree relatives of schizophrenia patients with control individuals, controlling for different schizotypal traits.

Method:

One hundred and fifteen adult unaffected first-degree relatives of schizophrenia-spectrum patients and 122 controls were tested for schizotypy with the Schizotypal Personality Questionnaire. They also underwent a thorough neurocognitive assessment with a range of tasks covering several aspects of executive functioning. Between-group differences in cognition were examined first with multivariate analysis of variance and then with a series of multivariate analyses of covariance, including the schizotypal dimensions as covariates.

Results:

The relatives had higher scores on all schizotypal dimensions compared with controls and poorer planning, problem solving, strategy formation and working memory, irrespective of schizotypal traits. They also scored lower in executive working memory and verbal fluency. The difference in executive working memory was sensitive to the effects of paranoid and

negative schizotypy (both dimensions abolished the between-group difference) whereas the difference in verbal fluency was sensitive only to the effects of paranoid schizotypy. Neither cognitive-perceptual nor disorganized schizotypy accounted for any differences in neurocognition between relatives and the controls.

Conclusions:

Impairments in planning, problem solving, strategy formation and working memory are "core" impairments in the schizophrenia-spectrum, possibly due to high heritability effects in these functions. Impairments in executive working memory and verbal fluency are associated with paranoid and negative schizotypy, possibly due to alterations in a common fronto-temporo-parietal neural network.

PMID: 28383650

[Similar articles](#)



53. *Epilepsia*. 2017 Apr 5. doi: 10.1111/epi.13736. [Epub ahead of print]

Psychiatric lifetime diagnoses are associated with a reduced chance of seizure freedom after temporal lobe surgery.

[Koch-Stoecker SC](#)¹, [Bien CG](#)², [Schulz R](#)², [May TW](#)³.

Author information:

1

Department of Psychiatry and Psychotherapy, Evangelical Clinic Bethel, Bielefeld, Germany.

2

Epilepsy Center Bethel, Krankenhaus Mara, Bielefeld, Germany.

3

Society for Epilepsy Research, Epilepsy Center Bethel, Bielefeld, Germany.

Abstract

OBJECTIVE:

To examine whether psychiatric comorbidity is a predictor of long-term seizure outcome following temporal lobe epilepsy surgery.

METHODS:

A sample of 434 adult patients who received temporal lobe resection to treat epilepsy between 1991 and 2009 and were psychiatrically assessed before surgery were followed for 2 years to assess seizure outcome. Stepwise multivariate logistic regression analyses were used to assess the impact of psychiatric variables on complete seizure freedom (Engel class IA), and freedom from disabling seizures (Engel class I). Lifetime histories of three psychiatric syndromes (PS: psychosis; depression; other) and five personality disorders (PD: DSM-IV Clusters A, B, and C; organic personality disorder; other) were considered as predictors, complemented by age at onset, duration of epilepsy, type of lesion (mesiotemporal sclerosis vs. other), and year of surgery.

RESULTS:

Seizure-freedom rates were significantly higher ($p < 0.001$) in patients with no history of PS or PD ($N = 138$; Engel class IA: 61.6%; Engel class I: 87.7%) than in those with any PS or PD ($N = 296$; Engel class IA: 39.5%; Engel class I: 58.8%). Particularly low seizure-freedom rates were found in patients with a diagnosis of psychosis ($N = 32$, Engel class IA: 21.9%; Engel class I: 40.6%), organic PD ($N = 48$, Engel class IA: 25.0%; Engel class I: 35.4%) or a double diagnosis of PS plus PD ($N = 97$; Engel class IA: 27.8%; Engel class I: 45.5%). No other variables emerged as significant risk factors in multivariate logistic regression analyses.

SIGNIFICANCE:

Patients with and without psychiatric comorbidities can benefit from temporal lobe epilepsy surgery; however, psychiatric comorbidities are negatively associated with postoperative seizure-freedom rates. Surgical outcome is related to the type and extent of preoperative psychiatric morbidity, which underscores the prognostic value of presurgical psychiatric evaluation. The data support the argument that there are common pathogenetic mechanisms underlying both epilepsy and psychiatric conditions.

Wiley Periodicals, Inc. © 2017 International League Against Epilepsy.

PMID: 28378900

[Similar articles](#)



54. Psychol Med. 2017 Apr 4:1-7. doi: 10.1017/S0033291717000678. [Epub ahead of print]

DSM disorders and their criteria: how should they inter-relate?

[Kendler KS¹](#).

Author information:

1

Departments of Psychiatry, and Human and Molecular Genetics, Virginia Institute of Psychiatric and Behavioral Genetics, Medical College of Virginia/Virginia Commonwealth University, Richmond, VA, USA.

Abstract

While the changes in psychiatric diagnosis introduced by Diagnostic and Statistical Manual third edition (DSM-III) have had major benefits to the field of psychiatry, the reification of its diagnostic criteria and the widespread adoption of diagnostic literalism have been problematic. I argue that, at root, these developments can be best understood by contrasting two approaches to the relationship between DSM disorders and their criteria. In a constitutive relationship, criteria definitively define the disorder. Having a disorder is nothing more than meeting the criteria. In an indexical relationship, the criteria are fallible indices of a disorder understood as a hypothetical, tentative diagnostic construct. I trace the origins of the constitutive model to the philosophical theory of operationalism. I then examine a range of historical and empirical results that favor the indexical over the constitutive position including (i) evidence that individual criteria for DSM-III were selected from a broader pool of possible symptoms/signs, (ii) revisions of DSM have implicitly assumed an indexical criteria-disorder relationship, (iii) the indexical position allows DSM criteria to be wrong and misdiagnose patients while such a result is incoherent for a constitutive model, an implausible position, (iv) we assume an indexical criteria-scale relationships for many personality and symptom measures commonly used in psychiatric practice and research, and (v) empirical studies suggesting similar performance for DSM and non-DSM symptoms for major depression. I then review four reasons for the rise of the constitutive position: (i) the 'official' nature of the DSM criteria, (ii) the strong investment psychiatry has had in the DSM manual and its widespread use and success, (iii) lack of a clear pathophysiology for our disorders, and (iv) the absence of informative diagnostic signs of minimal clinical importance. I conclude that the constitutive position is premature and reflects a conceptual error. It assumes a definitiveness and a literalism about the nature of our criteria that is far beyond our current knowledge. The indexical position with its tentativeness and modesty accurately reflects the current state of our field.

PMID: 28374657

[Similar articles](#)



55.J Abnorm Psychol. 2017 Apr 3. doi: 10.1037/abn0000260. [Epub ahead of print]

[Genetic and Environmental Influences on Diagnostic and Statistical Manual of](#)

Mental Disorders-Fifth Edition (DSM-5) Maladaptive Personality Traits and Their Connections With Normative Personality Traits.

[Wright ZE](#), [Pahlen S](#), [Krueger RF](#).

Abstract

The Diagnostic and Statistical Manual for Mental Disorders-Fifth Edition (DSM-5) proposes an alternative model for personality disorders, which includes maladaptive-level personality traits. These traits can be operationalized by the Personality Inventory for the DSM-5 (PID-5). Although there has been extensive research on genetic and environmental influences on normative level personality, the heritability of the DSM-5 traits remains understudied. The present study addresses this gap in the literature by assessing traits indexed by the PID-5 and the International Personality Item Pool NEO (IPIP-NEO) in adult twins (N = 1,812 individuals). Research aims include (a) replicating past findings of the heritability of normative level personality as measured by the IPIP-NEO as a benchmark for studying maladaptive level traits, (b) ascertaining univariate heritability estimates of maladaptive level traits as measured by the PID-5, (c) establishing how much variation in personality pathology can be attributed to the same genetic components affecting variation in normative level personality, and (d) determining residual variance in personality pathology domains after variance attributable to genetic and environmental components of general personality has been removed. Results revealed that PID-5 traits reflect similar levels of heritability to that of IPIP-NEO traits. Further, maladaptive and normative level traits that correlate at the phenotypic level also correlate at the genotypic level, indicating overlapping genetic components contribute to variance in both. Nevertheless, we also found evidence for genetic and environmental components unique to maladaptive level personality traits, not shared with normative level traits. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28368150

[Similar articles](#)

56. Personal Disord. 2017 Apr 3. doi: 10.1037/per0000248. [Epub ahead of print]

The Effect of Acute Physical Pain on Subsequent Negative Emotional Affect: A Meta-Analysis.

[Bresin K](#), [Kling L](#), [Verona E](#).

Abstract

Although it is clear that most people attempt to avoid pain and often find it unpleasant in the moment, research suggests that changes in affect after pain are not universally negative. To help advance our understanding of pain-affect relationships, the goal of the current study was to conduct a meta-analysis of studies examining changes in negative affect, as defined by subjective experience and psychophysiology, after the experience of acute laboratory pain. We identified 22 effect sizes from 17 different studies ($N = 1,717$). We tested several different hypotheses based primarily on theories of nonsuicidal self-injury (NSSI), with mixed support. Our main findings were that pain had a small to medium effect in reducing negative affect ($d_{av} = -0.35$, 95% confidence interval [CI] $[-0.58, -0.12]$), and most robustly regulated negative affect in the context of a negative affect induction ($d_{av} = -0.37$, 95% CI $[-0.73, -0.02]$) relative to neutral affect induction ($d_{av} = 0.08$, 95% CI $[-0.09, 0.26]$). Similar reductions were also seen after painful and nonpainful stimulation, calling into question whether pain is necessary or whether any stimulation is sufficient. The results lead to several questions to be addressed in future research. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28368146

[Similar articles](#)

57. Personal Disord. 2017 Apr 3. doi: 10.1037/per0000246. [Epub ahead of print]

Response Bias and the Personality Inventory for DSM-5: Contrasting Self- and Informant-Report.

[Quilty LC](#), [Cosentino N](#), [Bagby RM](#).

Abstract

Previous research has raised concerns that scores derived from the Personality Inventory for DSM-5 (PID-5; American Psychiatric Association, 2013; Krueger, Derringer, Markon, Watson, & Skodol, 2012) may be compromised by response styles such as underreporting or overreporting. The informant-report form of the PID-5 (PID-5-IRF; Markon, Quilty, Bagby, & Krueger, 2013) has been recommended for use when response bias is an assessment concern. The purpose of the current investigation was to evaluate PID-5 and PID-5-IRF scale score elevations across participants exhibiting signs of overreporting or underreporting. A total of 245 adults completed the PID-5 and the Revised NEO Personality Inventory (NEO PI-R; Costa & McCrae, 1992). A family member or friend of at least 1 year's acquaintance completed the PID-5-IRF for 216 of these. A total of 211 target-informant pairs were

available for analysis. Participants were categorized as overreporting and underreporting according to NEO PI-R validity scale cutoffs. The majority of PID-5 scale scores were elevated in those identified as overreporting; more than half of the PID-5-IRF scale scores were similarly elevated. The majority of PID-5 scale scores were lower in those scoring above underreporting cut-offs; however, PID-5-IRF scales were not as consistently or strongly impacted. PID-5 scales were strongly impacted by response bias, whereas PID-5-IRF scores were less strongly impacted overall, and more so by overreporting bias. Caution when using these instruments in the assessment of personality disorders prone to over- or underreporting may be warranted. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28368145

[Similar articles](#)

58. Eur Psychiatry. 2017 May;42:120-128. doi: 10.1016/j.eurpsy.2016.12.002. Epub 2016 Dec 23.

[Comorbidity, family history and personality traits in pathological gamblers compared with healthy controls.](#)

[Mann K](#)¹, [Lemenager T](#)¹, [Zois E](#)¹, [Hoffmann S](#)¹, [Nakovics H](#)¹, [Beutel M](#)², [Vogelgesang M](#)³, [Wölfling K](#)⁴, [Kiefer F](#)¹, [Fauth-Bühler M](#)⁵.

Author information:

1

Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

2

Kraichtal-Kliniken Am Mühlberg, Kraichtal 76703, Germany.

3

AHG Klinik Münchwies, Neunkirchen, Germany.

4

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

5

Department of Addictive Behavior and Addiction Medicine, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany. Electronic address: mira.fauth-buehler@zi-mannheim.de.

Abstract

BACKGROUND:

While DSM-5 classified pathological gambling as an addictive disorder, there is debate as to whether ICD-11 should follow suit. The debate hinges on scientific evidence such as neurobiological findings, family history of psychiatric disorders, psychiatric comorbidity, and personality variables.

METHODS:

In the "Baden-Württemberg Study of Pathological Gambling", we compared a group of 515 male pathological gamblers receiving treatment with 269 matched healthy controls. We studied differences in sociodemographic characteristics, gambling-related variables, psychiatric comorbidity (lifetime), family history of psychiatric conditions, as well as personality traits such as impulsivity (Barratt Impulsiveness Scale), sensation seeking (Zuckerman's Sensation Seeking Scale) and the NEO-FFI big five. Personality traits were validated in an age- and ethnicity-matched subsample of "pure" gamblers without any psychiatric comorbidity (including nicotine dependence). Data were analyzed using two-sample t-tests, Chi² analyses, Fisher's exact test and Pearson correlation analysis, as appropriate. Bonferroni correction was applied to correct for multiple comparisons.

RESULTS:

Only 1% of the gamblers had been diagnosed with an impulse control disorder other than gambling (ICD-10). Notably, 88% of the gamblers in our sample had a comorbid diagnosis of substance dependence. The highest axis I comorbidity rate was for nicotine dependence (80%), followed by alcohol dependence (28%). Early age of first gambling experience was correlated with gambling severity. Compared to first-degree relatives of controls, first-degree relatives of pathological gamblers were more likely to suffer from alcohol dependence (27.0% vs. 7.4%), pathological gambling (8.3% vs. 0.7%) and suicide attempts (2.7% vs. 0.4%). Significant group differences were observed for the NEO-FFI factors neuroticism, agreeableness and conscientiousness. Gamblers were also more impulsive than controls, but did not differ from controls in terms of sensation seeking.

CONCLUSIONS:

Our findings support classifying pathological gambling as a behavioural addiction in the ICD-11. This decision will have a significant impact on the approaches available for prevention (e.g. age limits) and treatment.

Copyright © 2016 Elsevier Masson SAS. All rights reserved.

PMID: 28364687

[Similar articles](#)



Effectiveness of one-to-one peer support for patients with severe mental illness - a randomised controlled trial.

[Mahlke CI](#)¹, [Priebe S](#)², [Heumann K](#)³, [Daubmann A](#)⁴, [Wegscheider K](#)⁴, [Bock T](#)³.

Author information:

1

Center for Psychosocial Medicine, University Medical Center Hamburg Eppendorf, Martinistr. 52, 20249 Hamburg, Germany. Electronic address: c.mahlke@uke.de.

2

Queen Mary University of London, Unit for Social and Community Psychiatry (WHO Collaborating Centre for Mental Health Service Development), Newham Centre for Mental Health, E13 8SP London, United Kingdom.

3

Center for Psychosocial Medicine, University Medical Center Hamburg Eppendorf, Martinistr. 52, 20249 Hamburg, Germany.

4

University Medical Center Hamburg Eppendorf, Department of Medical Biometry and Epidemiology, Martinistr. 52, 20249 Hamburg, Germany.

Abstract

BACKGROUND:

One-to-one peer support is a resource-oriented approach for patients with severe mental illness. Existing trials provided inconsistent results and commonly have methodological shortcomings, such as poor training and role definition of peer supporters, small sample sizes, and lack of blinded outcome assessments.

METHODS:

This is a randomised controlled trial comparing one-to-one peer support with treatment as usual. Eligible were patients with severe mental illnesses: psychosis, major depression, bipolar disorder or borderline personality disorder of more than two years' duration. A total of 216 patients were recruited through in- and out-patient services from four hospitals in Hamburg, Germany, with 114 allocated to the intervention group and 102 to the control group. The intervention was one-to-one peer support, delivered by trained peers and according to a defined role specification, in addition to treatment as usual over the course of

six months, as compared to treatment as usual alone. Primary outcome was self-efficacy measured on the General Self-Efficacy Scale at six-month follow-up. Secondary outcomes included quality of life, social functioning, and hospitalisations.

RESULTS:

Patients in the intervention group had significantly higher scores of self-efficacy at the six-month follow-up. There were no statistically significant differences on secondary outcomes in the intention to treat analyses.

CONCLUSIONS:

The findings suggest that one-to-one peer support delivered by trained peer supporters can improve self-efficacy of patients with severe mental disorders over a one-year period. One-to-one peer support may be regarded as an effective intervention. Future research should explore the impact of improved self-efficacy on clinical and social outcomes.

Copyright © 2016 Elsevier Masson SAS. All rights reserved.

PMID: 28364685

[Similar articles](#)



60. Cogn Process. 2017 May;18(2):183-193. doi: 10.1007/s10339-017-0797-6. Epub 2017 Mar 11.

Dysfunctional personality traits in adolescence: effects on alerting, orienting and executive control of attention.

[Casagrande M](#)¹, [Marotta A](#)^{2,3}, [Canepone V](#)², [Spagna A](#)², [Rosa C](#)⁴, [Dimaggio G](#)⁵, [Pasini A](#)⁴.

Author information:

1

Department of Psychology, "Sapienza" University of Rome, Via dei Marsi, 78, 00185, Rome, Italy. maria.casagrande@uniroma1.it.

2

Department of Psychology, "Sapienza" University of Rome, Via dei Marsi, 78, 00185, Rome, Italy.

3

Department of Experimental Psychology and Physiology of Behaviour, Mind, Brain, and Behaviour Research Center, University of Granada, Granada, Spain.

4

Department of Child and Adolescent Psychiatry, Department of Neuroscience,
University of Rome "Tor Vergata", via Montpellier 1, 00133, Rome, Italy.

5

Centro di Terapia Metacognitiva Interpersonale, Rome, Italy.

Abstract

The present study examined attentional networks performance in 39 adolescents with dysfunctional personality traits, split into two groups, Group < 10 and Group ≥ 10 , according to the number of criteria they met at the Structured Clinical Interview for DSM-IV Axis II Personality Disorders. The attentional performance has been tested by means of a modified version of the Attentional Network Test (ANTI-V) which allows testing both phasic and tonic components of the alerting system, the exogenous aspect of the orienting system, the executive network and their interactions. Results showed that the orienting costs of having an invalid spatial cue were reduced in the Group ≥ 10 criteria compared to the Group < 10 . Moreover, adolescents included in the Group ≥ 10 showed lower conflict when attention was cued to the target location (valid trials) but showed normal interference when there was no overpowering focus of attention (invalid trials). The results found with ANOVA after splitting the sample into two categorical groups were also observed in a complementary correlation analysis keeping intact the continuous nature of such variables. These findings are consistent with the notion that dysfunctional features of personality disorders may represent the psychological manifestations of a neuropsychological abnormality in attention and executive functioning. Finally, we discuss the implications of this attentional anomaly for dysfunctional personality traits and behaviour.

PMID: 28285372 [Indexed for MEDLINE]

[Similar articles](#)



61. J Nerv Ment Dis. 2017 May;205(5):361-371. doi: 10.1097/NMD.0000000000000667.

Suicidal Ideation vs. Suicide Attempts: Clinical and Psychosocial Profile Differences Among Depressed Patients: A Study on Personality Traits, Psychopathological Variables, and Sociodemographic Factors in 228 Patients.

[Lewitzka U](#)¹, [Spirling S](#), [Ritter D](#), [Smolka M](#), [Goodday S](#), [Bauer M](#), [Felber W](#), [Bschor T](#).

Author information:

1

*Department of Psychiatry and Psychotherapy, University Hospital Carl Gustav Carus; †Technische Universität Dresden, Dresden, Germany; ‡Department of Epidemiology, Dalla Lana School of Public Health, University of Toronto, Toronto, Ontario, Canada; and §Department of Psychiatry, Schlosspark-Clinic, Berlin, Germany.

Abstract

This study investigated whether personality traits, psychopathological characteristics, and sociodemographic factors in depressed patients differentiate patients with only suicidal thoughts from those who have attempted suicide. We investigated two groups of patients with an affective disorder: 198 patients with a suicide attempt within the last 3 months (sex ratio male to female, 1:1.3; mean age male to female, 44.8/44.7 years) and 30 patients without a suicide attempt but with suicidal thoughts (sex ratio male to female, 1:2; mean age male to female, 39.4/42.6 years) using a comprehensive measurement (Mini-International Neuropsychiatric Interview, Structured Clinical Interview for DSM-4 Axis II disorders, Hamilton Depression Scale, Beck Depression Inventory, State-Trait Anxiety Inventory, Hamilton Anxiety Scale, Brief Psychiatric Rating Scale, Clinical Global Impression Scale, Beck-Hopelessness Scale, Scale for Suicide Ideation, Impulsivity Rating Scale, Barratt Impulsivity Scale, Inventory for the Assessment of Aggression Factors, State-Trait Anger Expression Inventory, Ways of Coping Checklist). Several differences distinguished the two groups, namely, in personality traits such as anxiety or coping strategies and sociodemographics (e.g., education level). Personality traits, psychopathological characteristics, and sociodemographic factors are useful tools for assessing suicidal risk. Our findings encourage us to suggest that clinicians pay particular attention to sociodemographic variables such as separation/divorce and a lower education level when conducting risk assessments on suicidal patients.

PMID: 28225508 [Indexed for MEDLINE]

[Similar articles](#)



62. Clin EEG Neurosci. 2017 May;48(3):189-199. doi: 10.1177/1550059416645712. Epub 2016 Jun 7.

[QEEG and LORETA in Teenagers With Conduct Disorder and Psychopathic Traits.](#)

[Calzada-Reyes A](#)¹, [Alvarez-Amador A](#)², [Galán-García L](#)³, [Valdés-Sosa M](#)⁴.

Author information:

1

1 Department of Clinical Neurophysiology, Institute of Legal Medicine, Havana City, Cuba.

2

2 Department of Clinical Neurophysiology, Cuban Center for Neurosciences, Havana City, Cuba.

3

3 Department of Neurostatistic, Cuban Center for Neurosciences, Havana City, Cuba.

4

4 Department of Cognitive Neuroscience, Cuban Center for Neurosciences, Havana City, Cuba.

Abstract

BACKGROUND:

Few studies have investigated the impact of the psychopathic traits on the EEG of teenagers with conduct disorder (CD). To date, there is no other research studying low-resolution brain electromagnetic tomography (LORETA) technique using quantitative EEG (QEEG) analysis in adolescents with CD and psychopathic traits.

OBJECTIVE:

To find electrophysiological differences specifically related to the psychopathic traits. The current investigation compares the QEEG and the current source density measures between adolescents with CD and psychopathic traits and adolescents with CD without psychopathic traits.

METHODS:

The resting EEG activity and LORETA for the EEG fast spectral bands were evaluated in 42 teenagers with CD, 25 with and 17 without psychopathic traits according to the Antisocial Process Screening Device. All adolescents were assessed using the DSM-IV-TR criteria. The EEG visual inspection characteristics and the use of frequency domain quantitative analysis techniques (narrow band spectral parameters) are described.

RESULTS:

QEEG analysis showed a pattern of beta activity excess on the bilateral frontal-temporal regions and decreases of alpha band power on the left central-temporal and right frontal-central-temporal regions in the psychopathic traits group. Current source density calculated

at 17.18 Hz showed an increase within fronto-temporo-striatal regions in the psychopathic relative to the nonpsychopathic traits group.

CONCLUSIONS:

These findings indicate that QEEG analysis and techniques of source localization may reveal differences in brain electrical activity among teenagers with CD and psychopathic traits, which was not obvious to visual inspection. Taken together, these results suggest that abnormalities in a fronto-temporo-striatal network play a relevant role in the neurobiological basis of psychopathic behavior.

PMID: 27272168 [Indexed for MEDLINE]

[Similar articles](#)



63. J Gerontol B Psychol Sci Soc Sci. 2017 May 1;72(3):400-407. doi: 10.1093/geronb/gbv062.

[The Relation of Ego Integrity and Despair to Personality Traits and Mental Health.](#)

[Westerhof GJ](#)¹, [Bohlmeijer ET](#)¹, [McAdams DP](#)².

Author information:

1

Department Psychology, Health, and Technology, University of Twente, Enschede, The Netherlands.

2

Department Psychology, Northwestern University, Evanston, Illinois.

Abstract

Objectives:

Existing studies in the Eriksonian tradition found that ego integrity and despair are important indicators of life-span development. The present study relates ego integrity and despair to contemporary theories of personality and mental health.

Method:

A cross-sectional study of Dutch adults aged between 50 and 95 years (N = 218) was carried out, using the Northwestern Ego Integrity Scale, the subscales for neuroticism, extraversion,

and openness to experience of the NEO-FFI, the Mental Health Continuum-Short Form, and the Center for Epidemiological Studies Depression Scale-Short Form.

Results:

Extraversion and openness to experience have an indirect relation to ego integrity that is mediated by well-being. Neuroticism was related to despair and explained the relationship of depressive symptoms to despair. Chronological age did not moderate these findings.

Discussion:

Ego integrity appears to be related to fluctuating states of mental health, whereas despair is more an expression of a general trait-like disposition of neuroticism. Implications for further research are discussed.

PMID: 26443014 [Indexed for MEDLINE]

[Similar articles](#)



Items 1 - 36 of 36

1. J Am Acad Child Adolesc Psychiatry. 2017 Jun;56(6):498-505. doi: 10.1016/j.jaac.2017.03.016. Epub 2017 Apr 5.

Are Alcohol Trajectories a Useful Way of Identifying At-Risk Youth? A Multiwave Longitudinal-Epidemiologic Study.

[Vachon DD](#)¹, [Krueger RF](#)², [Irons DE](#)², [Iacono WG](#)², [McGue M](#)².

Author information:

1

McGill University, Montreal, Quebec, Canada. Electronic address: dvachon@mcgill.ca.

2

University of Minnesota, Minneapolis.

Abstract

OBJECTIVE:

Trajectory approaches are a popular way of identifying subgroups of children and adolescents at high risk for developing alcohol use problems. However, mounting evidence challenges the meaning and utility of these putatively discrete alcohol trajectories, which can be analytically derived even in the absence of real subgroups. This study tests the hypothesis that alcohol trajectories may not reflect discrete groups—that the development of alcohol use is continuous rather than categorical.

METHOD:

A multiwave longitudinal-epidemiologic twin study was conducted using 3,762 twins (1,808 male and 1,954 female) aged 11 to 29 years from the Minnesota Center for Twin and Family Research (MCTFR). The main outcome measures included various assessments of substance use, psychopathology, personality, and cognitive ability.

RESULTS:

Although multiple trajectories are derived from growth mixture modeling techniques, these trajectories are arrayed in a tiered spectrum of severity, from lower levels of use to higher levels of use. Trajectories show perfect rank-order stability throughout development, monotonic increases in heritability, and perfect rank-order correlations with established correlates of alcohol use, including other substance use behaviors, psychiatric disorders, personality traits, intelligence, and achievement.

CONCLUSION:

Alcohol trajectories may represent continuous gradations rather than qualitatively distinct subgroups. If so, early detection and interventions for youth based on trajectory subtyping will be less useful than continuous liability assessments. Furthermore, a continuous account of development counters the notion that individuals are predestined to follow one of a few categorically distinct pathways and promotes the opposite idea—that development is mutable, and its continuous terrain can be traversed in many directions.

Copyright © 2017 American Academy of Child and Adolescent Psychiatry. Published by Elsevier Inc. All rights reserved.

PMID: 28545755

[Similar articles](#)



2. PLoS One. 2017 May 17;12(5):e0177700. doi: 10.1371/journal.pone.0177700. eCollection 2017.

Family aggregation and risk factors in substance use disorders over three generations in a nation-wide study.

[Steinhausen HC](#)^{1,2,3}, [Jakobsen H](#)⁴, [Munk-Jørgensen P](#)⁵.

Author information:

1

Child and Adolescent Mental Health Centre, Capital Region Psychiatry, Copenhagen, Denmark.

2

Clinical Psychology and Epidemiology, Institute of Psychology, University of Basel, Basel, Switzerland.

3

Department of Child and Adolescent Psychiatry, University of Zurich, Neumünsterallee 9, Zurich, Switzerland.

4

Research Unit for Child and Adolescent Psychiatry, Psychiatric Hospital, Aalborg University Hospital, Aalborg, Denmark.

5

Department of Psychiatry, Odense, Denmark.

Abstract

OBJECTIVE:

This nation-wide register-based study investigated how often substance use disorders (SUD) and co-morbid disorders occurred in affected families compared to control families.

METHOD:

A total of N = 2504 child and adolescent psychiatric participants who were born between 1969 and 1986 and were registered in the Danish Psychiatric Central Research Register (DPCRR) had a mental disorder before the age of 18 and developed SUD at some point during their life-time. In addition, N = 7472 controls without any psychiatric diagnosis before age 18 and matched for age, sex, and residential region were included. Psychiatric diagnoses of the first-degree relatives were also obtained. A family load component was assessed.

RESULTS:

SUD occurred significantly more often in case families than in control families. SUD risk factors included SUD, depression, anxiety disorders, personality disorders, or conduct disorders in the family. Furthermore, male sex, more recent year of birth, and living in the capital city of Copenhagen were also significantly associated with having SUD. The family load explained 30% of the SUD manifestation in the case-probands. The findings in the total SUD group were mostly replicated in the two major subgroups of pure alcohol or multiple substance use disorders.

DISCUSSION:

These findings based on a very large and representative dataset provide additional evidence for the strong family aggregation and further risk factors in SUD. The pattern of risk factors is largely the same for the total group of SUD and the major subgroups of pure alcohol and multiple substance use disorders.

PMCID: PMC5435303 **Free Article**

PMID: 28545101

[Similar articles](#)



3. Bipolar Disord. 2017 May 22. doi: 10.1111/bdi.12495. [Epub ahead of print]

[Psychiatric and physical comorbidities and their impact on the course of bipolar disorder: A prospective, naturalistic 4-year follow-up study.](#)

[Amann BL](#)^{1,2,3,4}, [Radua J](#)^{4,5,6,7}, [Wunsch C](#)⁸, [König B](#)⁸, [Simhandl C](#)⁸.

Author information:

- 1 Institut de Neuropsiquiatria i Addiccions, Centre Fòrum Research Unit, Parc de Salut Mar, Barcelona, Spain.
- 2 IMIM (Hospital del Mar Medical Research Institute), Barcelona, Spain.
- 3 Department of Psychiatry, Autonomous University of Barcelona, Barcelona, Spain.
- 4 CIBERSAM, Madrid, Spain.
- 5

6 FIDMAG Research Foundation Germanes Hospitalàries, Barcelona, Spain.
7 Department of Clinical Neuroscience, Karolinska Institutet, Stockholm, Sweden.
8 Institute of Psychiatry, Psychology and Neuroscience, King's College London,
London, UK.
Bipolar Center Wiener Neustadt, Wiener Neustadt, Vienna, Austria.

Abstract

OBJECTIVES:

The aim of the present study was to increase the available evidence on how physical and psychiatric comorbidities influence the long-term outcome in bipolar I and II disorder.

METHODS:

We examined the prevalence of comorbid physical (metabolic, cardiovascular, thyroid, and neurological) diseases and psychiatric (neurotic, stress-related, somatoform, and personality) disorders and their impact on the risk of relapse in bipolar disorder. A total of 284 consecutively admitted patients with ICD-10 bipolar I (n=161) and II (n=123) disorder were followed up naturalistically over a period of 4 years.

RESULTS:

Globally, 22.0% patients had metabolic, 18.8% cardiovascular, 18.8% thyroid, and 7.6% neurological diseases; 15.5% had neurotic, stress-related, and somatoform disorders; 12.0% had personality disorders; and 52.9% had nicotine dependence. We did not find any effect of comorbid metabolic, cardiovascular or neurological diseases or psychiatric disorders on the relapse risk. However, the presence of thyroid diseases, and especially hypothyroidism, was associated with an increased risk of manic relapse in bipolar disorder I (thyroid disease: hazard ratio [HR]=2.7; P=.003; hypothyroidism: HR=3.7; P<.001). Among patients with hypothyroidism, higher blood levels of baseline thyroid-stimulating hormone (bTSH) were also associated with an increased risk of manic relapse (HR=1.07 per milli-international units per liter; P=.011), whereas blood levels of free triiodothyronine (fT₃) or free thyroxine (fT₄) were not found to have an influence.

CONCLUSIONS:

Our data underline the negative long-term impact of thyroid diseases, and especially hypothyroidism with high blood levels of bTSH, on bipolar disorder with more manic episodes, and the importance of its detection and treatment.



4. *Addiction*. 2017 May 21. doi: 10.1111/add.13876. [Epub ahead of print]

A cluster-randomised controlled trial evaluating the effects of delaying onset of adolescent substance abuse on cognitive development and addiction following a selective, personality-targeted intervention program: The Co-Venture trial.

[O'Leary-Barrett M](#)¹, [Mâsse B](#)^{1,2}, [Pihl R](#)³, [Stewart S](#)⁴, [Séguin JR](#)^{1,5}, [Conrod P](#)^{1,5}.

Author information:

- 1 Research Center, Centre Hospitalier Universitaire Sainte-Justine, Montréal, Canada.
- 2 School of Public Health, Université de Montréal, Montréal, Canada.
- 3 Department of Psychology, McGill University, Montréal, Canada.
- 4 Departments of Psychiatry and Psychology & Neuroscience, Dalhousie University, Halifax, Canada.
- 5 Department of Psychiatry, Université de Montréal, Montréal, Canada.

Abstract

AIMS:

Substance use and binge drinking during early adolescence are associated with neurocognitive abnormalities, mental health problems and an increased risk for future addiction. The trial aims to evaluate the protective effects of an evidence-based substance use prevention program on the onset of alcohol and drug use in adolescence, as well as on cognitive, mental health and addiction outcomes over 5 years.

DESIGN:

Thirty-eight high schools will be recruited, with a final sample of 31 schools assigned to intervention or control conditions (approximately 3800 youth). Brief personality-targeted interventions will be delivered to high-risk youth attending intervention schools during the first year of the trial. Control school participants will receive no intervention above what is offered to them in the regular curriculum by their respective schools.

SETTING:

Public/private French and English high schools in Montreal (Canada).

PARTICIPANTS:

All grade 7 students (12-13 years old) will be invited to participate. High-risk youth will be identified as those scoring one standard deviation or more above the school mean on one of the four personality subscales of the Substance Use Risk Profile Scale [1] (40-45% youth).

MEASUREMENTS:

Self-reported substance use and mental health symptoms, and cognitive functioning measured annually over 5 years. Primary outcomes are the onset of substance use disorders at 4-years post-intervention (year 5). Secondary intermediate outcomes are the onset of alcohol and substance use 2- years post-intervention and neuropsychological functions, namely the protective effects of substance use prevention on cognitive functions generally, and executive functions and reward sensitivity specifically.

COMMENT:

This longitudinal, cluster-randomised controlled trial will investigate the impact of a brief personality-targeted intervention program on reducing the onset of addiction 4 years-post intervention. Results will tease apart the developmental sequences of uptake and growth in substance use and cognitive development in adolescence using developmentally sensitive neuropsychological measures.

This article is protected by copyright. All rights reserved.

PMID: 28544009

[Similar articles](#)



5. PLoS One. 2017 May 24;12(5):e0178542. doi: 10.1371/journal.pone.0178542. eCollection 2017.

Early and late stage processing abnormalities in autism spectrum disorders: An ERP study.

[Wang S](#)¹, [Yang C](#)², [Liu Y](#)¹, [Shao Z](#)², [Jackson T](#)^{1,3}.

Author information:

1

Key Laboratory of Cognition and Personality, Southwest University, Chongqing, China.

2

Rehabilitation Center for Children With Autism, Chongqing Ninth People's Hospital, Chongqing, China.

3

Department of Psychology, University of Macau, Macau, China.

Abstract

This research assessed event-related potentials (ERPs) elicited during the processing of different kinds of visual stimuli among children with Autism Spectrum Disorder (ASD) (n = 15) and typically developing (TD) children (n = 19). Within a simple visual oddball paradigm, participating children passively viewed fruit and vegetable images that were used as standard stimuli in addition to images of these foods with their usual colors modified to create novel stimuli and cartoon depictions of these images (i.e., "deviant" stimuli). Analyses revealed significant main effect differences between the groups for P100, N100 and P300 components; ASD group children showing longer P100 latencies, weaker N100 amplitudes and larger P300 amplitudes than did the TD group. A Group x Hemisphere interaction also emerged for N400 amplitudes but differences were not significant in simple-effects analyses. Together these results suggested children with ASD may be characterized by lower attention resource allocation and engagement during early stages of processing visual stimuli. However, ERPs in later processing stages suggested children with ASD and TD children have similar neural responses in attending to visual images as stimulus presentations continue.

Free Article

PMID: 28542618

[Similar articles](#)



6. J Abnorm Child Psychol. 2017 May 25. doi: 10.1007/s10802-017-0308-3. [Epub ahead of print]

Treatment Effect on Recidivism for Juveniles Who Have Sexually Offended: a Multilevel Meta-Analysis.

[Ter Beek E](#)¹, [Spruit A](#)², [Kuiper CHZ](#)³, [van der Rijken REA](#)⁴, [Hendriks J](#)^{2,5}, [Stams GJJM](#)².

Author information:

1

Horizon Youth Care and Education, Mozartlaan 150, 3055 KM, Rotterdam, The Netherlands. Ellis.terBeek@horizon.eu.

2

University of Amsterdam, Amsterdam, The Netherlands.

3

Horizon Youth Care and Education, Mozartlaan 150, 3055 KM, Rotterdam, The Netherlands.

4

Viersprong Institute for Studies on Personality Disorders, Halsteren, The Netherlands.

5

Forensic Psychotherapeutic Centre de Waag, Amsterdam, The Netherlands.

Abstract

The current study investigated the effect on recidivism of treatment aimed at juveniles who have sexually offended. It also assessed the potential moderating effect of type of recidivism, and several treatment, participant and study characteristics. In total, 14 published and unpublished primary studies, making use of a comparison group and reporting on official recidivism rates, were included in a multilevel meta-analysis. This resulted in the use of 77 effect sizes, and 1726 participants. A three-level meta-analytic model was used to calculate the combined effect sizes (Cohens d) and to perform moderator analyses. Study quality was assessed with the EPHPP Quality Assessment Tool for Quantitative Studies. A moderate effect size was found ($d = 0.37$), indicating that the treatment groups achieved an estimated relative reduction in recidivism of 20.5% as compared to comparison groups. However, after controlling for publication bias, a significant treatment effect was no longer found. Type of recidivism did not moderate the effect of treatment, indicating that treatment groups were equally effective for all types of recidivism. Also, no moderating effects of participant or treatment characteristics were found. Regarding study characteristics, a shorter follow up time showed a trend for larger effect sizes, and the effect size calculation based on proportions yielded larger effect sizes than calculation via mean frequency of offending. Implications for future research and clinical practice are discussed.

PMID: 28540447

[Similar articles](#)

Neurocognitive dysfunction in problem gamblers with co-occurring antisocial personality disorder.

[Blum AW](#)¹, [Leppink EW](#)², [Grant JE](#)².

Author information:

1

Department of Psychiatry & Behavioral Neuroscience, University of Chicago, Pritzker School of Medicine, Chicago, IL, US. Electronic address: ablum@uchicago.edu.

2

Department of Psychiatry & Behavioral Neuroscience, University of Chicago, Pritzker School of Medicine, Chicago, IL, US.

Abstract

OBJECTIVES:

Problem gamblers with symptoms of antisocial personality disorder (ASPD) may represent a distinct problem gambling subtype, but the neurocognitive profile of individuals affected by both disorders is poorly characterized.

METHOD:

Non-treatment-seeking young adults (18-29years) who gambled ≥ 5 times in the preceding year were recruited from the general community. Problem gamblers (defined as those meeting ≥ 1 DSM-5 diagnostic criteria for gambling disorder) with a lifetime history of ASPD (N=26) were identified using the Mini International Neuropsychiatric Interview (MINI) and compared with controls (N=266) using questionnaire-based impulsivity scales and objective computerized neuropsychological tasks. Findings were uncorrected for multiple comparisons. Effect sizes were calculated using Cohen's d.

RESULTS:

Problem gambling with ASPD was associated with significantly elevated gambling disorder symptoms, lower quality of life, greater psychiatric comorbidity, higher impulsivity

questionnaire scores on the Barratt Impulsiveness Scale ($d=0.4$) and Eysenck Impulsivity Questionnaire ($d=0.5$), and impaired cognitive flexibility ($d=0.4$), executive planning ($d=0.4$), and an aspect of decision-making ($d=0.6$). Performance on measures of response inhibition, risk adjustment, and quality of decision making did not differ significantly between groups.

CONCLUSIONS:

These preliminary findings, though in need of replication, support the characterization of problem gambling with ASPD as a subtype of problem gambling associated with higher rates of impulsivity and executive function deficits. Taken together, these results may have treatment implications.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28528231

[Similar articles](#)



8. J Behav Ther Exp Psychiatry. 2017 May 6;57:126-134. doi: 10.1016/j.jbtep.2017.05.004. [Epub ahead of print]

Stability or instability in avoidant personality disorder: Mode fluctuations within schema therapy sessions.

[Peled O](#)¹, [Bar-Kalifa E](#)², [Rafaeli E](#)³.

Author information:

1

Department of Psychology, Bar-Ilan University, Ramat-Gan, 5290002, Israel.

Electronic address: peledofer@gmail.com.

2

Department of Psychology, Bar-Ilan University, Ramat-Gan, 5290002, Israel;

Department of Psychology, Ben-Gurion University of the Negev, P.O.B. 653 Beer-Sheva 8410501 Israel. Electronic address: eran.barkalifa@gmail.com.

3

Department of Psychology, Bar-Ilan University, Ramat-Gan, 5290002, Israel.

Electronic address: eshkol.rafaeli@gmail.com.

Abstract

BACKGROUND AND OBJECTIVES:

Avoidant personality disorder (APD) is among the most prevalent personality disorders, but has received relatively little empirical attention. This study aims to characterize the frequency, intensity, and fluctuation patterns seen in the modes (self-states) of APD clients over the course of schema therapy (ST), a psychotherapy approach developed especially for personality disorders.

METHOD:

The newly-developed client mode rating scale (CMRS) was used to code every 5-min segment (n = 645) of 60 ST sessions. Each segment was coded by two independent raters, achieving adequate reliability.

RESULTS:

The avoidant/detached mode was present in 74% of therapy segments and was the most intense and unstable mode; the vulnerable child mode was present in 58% of segments and was the second most intense and unstable mode; the dysfunctional parent mode was present in 40% of segments, and was the third most intense and unstable mode; the over-compensator, compliant-surrenderer, and healthy adult modes were present in around 33% of segments, but the healthy adult mode was significantly more stable than all others.

LIMITATIONS:

Although 645 segments were coded, they were drawn from only 15 APD clients with no control group. Further studies are needed to establish specificity to APD.

CONCLUSIONS:

This study demonstrates the utility of the mode concept as a lexicon for capturing personality states and their instability. It highlights the use of in-session segment-by-segment ratings to assess client change within psychotherapy. Although DSM5 fails to address instability as a criterion for avoidant personality disorder, the APD clients in the current study were characterized by considerable mode instability.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28527713

[Similar articles](#)



Mating Strategies and Sexual Functioning in Personality Disorders: A Comprehensive Review of Literature.

[Collazzoni A](#)¹, [Ciocca G](#)², [Limoncin E](#)², [Marucci C](#)¹, [Mollaioli D](#)², [Di Sante S](#)³, [Di Lorenzo G](#)², [Niolu C](#)², [Siracusano A](#)², [Maggi M](#)⁴, [Castellini G](#)⁴, [Rossi A](#)¹, [Jannini EA](#)⁵.

Author information:

1

Department of Biotechnological and Applied Clinical Sciences, University of L'Aquila, L'Aquila, Italy.

2

Department of Systems Medicine, University of Rome Tor Vergata, Rome, Italy.

3

Department of Experimental Medicine, Sapienza University of Rome, Rome, Italy.

4

Department of Clinical Physiopathology, University of Florence, Florence, Italy.

5

Department of Systems Medicine, University of Rome Tor Vergata, Rome, Italy.
Electronic address: eajannini@gmail.com.

Abstract

INTRODUCTION:

Personality disorders impair several aspects of intrapsychic and interpersonal life. In particular, mating strategies and sexual functioning could manifest in different and/or dysfunctional ways in people with personality disorders.

AIM:

To describe, through a comprehensive review of the literature, the mating strategies and sexual functioning in patients with personality disorders.

METHODS:

We listed and discussed the principal studies on the relation between mating strategies and sexual functioning in personality disorders. The search strategy used search terms in PubMed for the main studies published from January 2000 to December 2016.

MAIN OUTCOME MEASURES:

We considered two main sections for our selection according to the aim of the present review: mating and sexuality.

RESULTS:

Interesting evidence on mating strategies in personality disorders was found. In particular, the major items were found in the dramatic-unpredictable cluster, with borderline personality disorder being the most studied. In contrast, the bizarre-eccentric cluster had fewer items, with the schizoid personality disorder being the least studied. For sexual behavior, borderline personality seems to be the unique disorder sufficiently studied, with evidence of major histories of child sexual abuse, the presence of sexual dysfunctions, and paraphilic interests.

CONCLUSION:

A large spectrum of mating strategies characterizes different personality disorders, although an inconsistent knowledge about the relation between sexual function and personality disorders emerged from our analysis of the literature. Hence, we invite clinicians and researchers to integrate psychodiagnostic and sexual assessments in psychiatric disciplines for people with personality disorders. Collazzoni A, Ciocca G, Limoncin E, et al. Mating Strategies and Sexual Functioning in Personality Disorders: A Comprehensive Review of Literature. *Sex Med Rev* 2017;X:XX-XX.

Copyright © 2017 International Society for Sexual Medicine. All rights reserved.

PMID: 28526631

[Similar articles](#)



10. Psychopathology. 2017 May 19. doi: 10.1159/000474950. [Epub ahead of print]

Romantic Relationships of People with Borderline Personality: A Narrative Review.

[Navarro-Gómez S¹](#), [Frías Á](#), [Palma C](#).

Author information:

1

Blanquerna Faculty of Psychology, Education and Sports Sciences, University of Ramon-Llull, Barcelona, Spain.

Abstract

BACKGROUND:

Romantic relationships are one of the most interesting areas of interpersonal functioning in people with borderline personality. The aim of this narrative review was to synthesise empirical findings on this issue.

SAMPLING AND METHODS:

The PubMed and PsycINFO databases were searched for pertinent materials published between 1980 and March 2016. Thirty articles met the inclusion criteria.

RESULTS:

Several longitudinal and cross-sectional studies showed that people with borderline personality disorder (BPD) or BPD traits had more - but less prolonged - romantic relationships than people without BPD. The stable relationships of people with BPD or with BPD traits were also less satisfying and more hostile than those of people without BPD. People with BPD or BPD traits had relationships characterised by insecure attachment and passive-aggressive communications. Personality disorders and anxious attachment were more prevalent among the partners of people with BPD or with BPD traits when compared with partners of people without BPD.

CONCLUSION:

Unstable and chaotic romantic relationships are at the core of interpersonal dysfunction in BPD. More longitudinal research is needed to delineate the relationship between BPD symptoms and romantic relationship dysfunction, including the modulating role of the partner's clinical features in such an association.

© 2017 S. Karger AG, Basel.

PMID: 28521314

[Similar articles](#)



11. Emotion. 2017 May 18. doi: 10.1037/emo0000331. [Epub ahead of print]

[Intolerance of Uncertainty Predicts Increased Striatal Volume.](#)

[Kim MJ](#), [Shin J](#), [Taylor JM](#), [Mattek AM](#), [Chavez SJ](#), [Whalen PJ](#).

Abstract

Oversensitivity to uncertain future threat is usefully conceptualized as intolerance of uncertainty (IU). Neuroimaging studies of IU to date have largely focused on its relationship with brain function, but few studies have documented the association between IU and the quantitative properties of brain structure. Here, we examined potential gray and white-matter brain structural correlates of IU from 61 healthy participants. Voxel-based morphometric analysis highlighted a robust positive correlation between IU and striatal volume, particularly the putamen. Conversely, tract-based spatial statistical analysis showed no evidence for a relationship between IU and the structural integrity of white-matter fiber tracts. Current results converge upon findings from individuals with anxiety disorders such as obsessive-compulsive disorder (OCD) or generalized anxiety disorder (GAD), where abnormally increased IU and striatal volume are consistently reported. They also converge with neurobehavioral data implicating the putamen in predictive coding. Most notably, the relationship between IU and striatal volume is observed at a preclinical level, suggesting that the volumetric properties of the striatum reflect the processing of uncertainty per se as it relates to this dimensional personality characteristic. Such a relationship could then potentially contribute to the onset of OCD or GAD, rather than being unique to their pathophysiology. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28517947

[Similar articles](#)

12. Hum Psychopharmacol. 2017 May 18. doi: 10.1002/hup.2578. [Epub ahead of print]

Novel psychoactive substance consumption is more represented in bipolar disorder than in psychotic disorders: A multicenter-observational study.

[Acciavatti T](#)¹, [Lupi M](#)¹, [Santacroce R](#)¹, [Aguglia A](#)², [Attademo L](#)³, [Bandini L](#)⁴, [Ciambrone P](#)⁵, [Lisi G](#)⁶, [Migliarese G](#)⁷, [Pinna F](#)⁸, [Quattrone D](#)⁹, [Ribolsi M](#)⁶, [Signorelli MS](#)¹⁰, [Calò S](#)¹¹, [Schifano F](#)¹², [di Giannantonio M](#)¹, [Martinotti G](#)¹.

Author information:

1

Department of Neuroscience and Imaging, "G. d'Annunzio" University, Chieti, Italy.

2

University of Turin, Turin, Italy.

3

- 4 University of Perugia, Perugia, Italy.
- 5 Department of Biomedical and Neuromotor Sciences DIBINEM, Bologna
University, Bologna, Italy.
- 6 Catanzaro University, Catanzaro, Italy.
- 7 Roma Tor Vergata University, Rome, Italy.
- 8 Department of Neuroscience, Azienda Ospedaliera FateBeneFratelli, Milan, Italy.
- 9 Department of Public Health, Clinical and Molecular Medicine, University of
Cagliari, Cagliari, Italy.
- 10 Section of Psychiatry, Department of Neuroscience, Messina University, Messina,
Italy.
- 11 Department of Clinical and Molecular Biomedicine, University of Catania, Catania,
Italy.
- 12 SPDC, Lecce, Italy.
- School of Life and Medical Sciences, University of Hertfordshire, Hatfield, UK.

Abstract

OBJECTIVE:

Comorbidities between psychiatric diseases and use of traditional substances of abuse are common. Nevertheless, there are few data regarding the use of novel psychoactive substances (NPS) among psychiatric patients. Aim of this multicentre survey is to investigate the consumption of a number of psychoactive substances in a young psychiatric sample.

METHODS:

Between December 2013 and September 2015, a questionnaire was administered in 10 Italian psychiatric care facilities to a sample of 671 patients, aged 18-26 (mean age 22.24; SD 2.87).

RESULTS:

About 8.2% of the sample declared to have used NPS at least once, and 2.2% had consumed NPS in the previous 3 months. The three psychiatric diagnoses most frequently associated with NPS use were bipolar disorder (23.1%), personality disorders (11.8%), and schizophrenia and related disorders (11.6%). In univariate regression analysis, bipolar

disorder was positively associated with NPS consumption, an association that did not reach statistical significance in the multivariate analysis.

CONCLUSIONS:

The use of NPS in a young psychiatric population appears to be frequent, and probably still underestimated. Bipolar disorder shows an association with NPS use. Careful and constant monitoring and an accurate evaluation of possible clinical effects related to NPS use are necessary.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28517032

[Similar articles](#)



13. Drug Alcohol Depend. 2017 May 9;176:28-32. doi: 10.1016/j.drugalcdep.2017.03.008. [Epub ahead of print]

[Drinking despite health problems among individuals with liver disease across the United States.](#)

[Elliott JC](#)¹, [Stohl M](#)², [Hasin DS](#)³.

Author information:

1

Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, Box 123, New York, NY 10032, USA; New York State Psychiatric Institute, 1051 Riverside Drive, Box 123, New York, NY 10032, USA. Electronic address: Jce2130@cumc.columbia.edu.

2

New York State Psychiatric Institute, 1051 Riverside Drive, Box 123, New York, NY 10032, USA.

3

Department of Psychiatry, Columbia University Medical Center, 1051 Riverside Drive, Box 123, New York, NY 10032, USA; New York State Psychiatric Institute, 1051 Riverside Drive, Box 123, New York, NY 10032, USA; Department of Epidemiology, Mailman School of Public Health, Columbia University, 722 W 168th St, New York, NY 10032, USA.

Abstract

BACKGROUND:

Heavy drinking is harmful for individuals with liver disease. However, some of these individuals drink despite knowledge of the risks. The current study aims to identify factors underlying drinking despite health problems among individuals with liver disease.

METHODS:

The current study utilizes a subsample of individuals reporting past-year liver disease and at least one drink in the past year (n=331), taken from the National Epidemiologic Survey on Alcohol and Related Conditions-III (NESARC-III), a large nationally representative survey of the United States. Participants reported on drinking despite health problems, symptoms of psychopathology, and family history of alcohol problems in a cross-sectional survey.

RESULTS:

Drug use disorders (Adjusted Odds Ratio [AOR]=2.68), as well as borderline, antisocial, and schizotypal personality disorders (AORs=2.50-4.10), were associated with increased likelihood of drinking despite health problems among individuals with liver disease, all $p < 0.05$. Any anxiety disorder trended toward significance (AOR=2.22), $p = 0.06$, but major depressive disorder was not associated with increased risk, (AOR=0.99), $p = 0.97$. Individuals with a family history of alcohol problems were also more likely to drink despite health problems (AOR=2.79), $p < 0.05$.

CONCLUSIONS:

Several types of psychopathology, as well as a family history of alcohol problems, increased the likelihood of drinking despite health problems among individuals with liver disease. These findings highlight the need to intervene with heavily drinking individuals with liver disease, who may be drinking due to familial risk and/or comorbid psychopathology.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28514693

[Similar articles](#)



14. J Pers Disord. 2017 May 17:1-17. doi: 10.1521/pedi_2017_31_289. [Epub ahead of print]

Mind the Fathers: Associations of Parental Childhood Adversities With Borderline

Personality Disorder Pathology in Female Adolescents.

[Reichl C](#)^{1,2}, [Brunner R](#)^{1,2}, [Fuchs A](#)², [Holz B](#)¹, [Parzer P](#)³, [Fischer-Waldschmidt G](#)^{1,2,3}, [Resch F](#)³, [Kaess M](#)^{2,3}.

Author information:

1

Section for Disorders of Personality Development, Department of Child and Adolescent Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Heidelberg, Germany.

2

Section for Translational Psychobiology in Child and Adolescent Psychiatry, Department of Child and Adolescent Psychiatry, Center for Psychosocial Medicine, University of Heidelberg.

3

Clinic of Child and Adolescent Psychiatry, Center for Psychosocial Medicine, University of Heidelberg.

Abstract

Previous research revealed significant relations between the experience of childhood adversity (CA) and the development of borderline personality disorder (BPD) in adulthood. However, it is still uncertain whether parental CA could have a transgenerational association with adolescent BPD. We investigated associations between parents' CA (antipathy, neglect, physical abuse) and BPD traits within a clinical adolescent sample and tested for mediating variables. The sample consists of 91 female inpatients, along with 84 mothers and 59 fathers. Adolescent BPD traits were assessed using the BPD module of the Structured Clinical Interview for DSM-IV Disorders (SCID-II). Adolescent and parental CA and parental subclinical BPD traits were measured using validated self-report questionnaires (CECA.Q; PSSI). The findings revealed significant associations between parental CA and adolescent BPD traits, which were partially mediated by parental subclinical BPD traits and by paternal but not maternal CA. The results underline that early intervention of BPD must target the family environment, including fathers.

PMID: 28513351

[Similar articles](#)



Integration in the Psychodynamic Psychotherapy of Severe Personality Disorders: The Conversational Model.

[Haliburn J](#)^{1,2}, [Stevenson J](#)^{1,2}, [Halovic S](#)¹.

Author information:

1

Division of Psychiatry, Sydney Medical School, Parramatta, Australia.

2

V.M.O. Complex Trauma Unit, Western Sydney Health District, Australia.

Abstract

The psychotherapy of commonly occurring severe personality disorders-borderline, narcissistic, avoidant, dependent, obsessive compulsive, and schizoid-presents the therapist with a unique therapeutic challenge, as each personality disorder rarely occurs alone. Integration of what is most useful and what works in each model is being proposed to enable a more successful approach to the diversity of presentations. We describe the conversational model, some outcome research, and descriptive studies to illustrate this. Based in psychoanalytic theory, the conversational model is integrated with trauma theory, findings in memory research, linguistics, neurophysiological data, and, above all, on the observations of clinical experiences. Our emphasis in this article is on the treatment principles, methods, and techniques, along with case examples to illustrate what we mean. Case material is taken from audio recordings for which written informed consent was obtained for presentations and journal articles. Some changes have been made to maintain confidentiality.

PMID: 28513342

[Similar articles](#)



16. Psychother Res. 2017 May 17:1-16. doi: 10.1080/10503307.2017.1325021. [Epub ahead of print]

Juggling thoughts and feelings: How do female patients with borderline symptomology and substance use disorder

experience change in mentalization-based treatment?

[Morken KTE](#)^{1,2}, [Binder PE](#)², [Arefjord N](#)³, [Karterud S](#)⁴.

Author information:

1

a MBT Team , The Bergen Clinic Foundation , Bergen , Norway.

2

c Institute for Clinical Psychology , University of Bergen , Bergen , Norway.

3

b Competence Centre on Drug and Alcohol , The Bergen Clinic Foundation , Bergen , Norway.

4

d Oslo University Hospital , University of Oslo , Oslo , Norway.

Abstract

OBJECTIVE:

The aim of this study was to explore the experience of central psychological change processes for female patients with borderline symptomology and substance use disorder in mentalization-based treatment.

METHOD:

Semi-structured qualitative interviews on experiences from mentalization-based treatment with 13 participants were conducted. The interview material was analysed within a hermeneutical-phenomenological epistemology, with emphasis on researcher reflexivity.

RESULTS:

The following themes regarding central psychological change processes were found: "by feeling the feeling," "by thinking things through," "by walking in your shoes to see myself" and "by stepping outside of own bad feelings in seeing you." Two of these themes dealt with intra-psychic modes of how to relate to own mind-states. First, they had a shift from avoiding emotions into tolerating emotions. Second, they discovered the ability to think mental states through. Two themes dealt with mental stances for dealing with interpersonal situations, where one mode included a self-reflective stance in difficult encounters, and the other mode entailed an empathic reflective stance by exploring others' intentionality.

CONCLUSIONS:

The findings are in line with theoretical assumptions that increasing mentalizing capacity is a central change process for these patients. Furthermore, the findings demonstrate the complex interaction between different modes of mentalizing.

PMID: 28513339

[Similar articles](#)

17. *Anthropol Med.* 2017 May 17:1-15. doi: 10.1080/13648470.2017.1291115. [Epub ahead of print]

'It just opens up their world': autism, empathy, and the therapeutic effects of equine interactions.

[Malcolm R](#)¹, [Ecks S](#)², [Pickersgill M](#)³.

Author information:

1

a Department of Social Anthropology , University of Edinburgh , Edinburgh EH8 9LD , United Kingdom.

2

b Department of Anthropology , University of Edinburgh , Edinburgh , United Kingdom.

3

c Usher Institute for Population Health Sciences and Informatics, Edinburgh Medical School , University of Edinburgh , Edinburgh EH8 9AG , United Kingdom.

Abstract

Experiences of autism-spectrum disorder are now increasingly studied by social scientists. Human-animal relations have also become a major focus of social inquiry in recent years. Examining horse-assisted therapy for autistic spectrum disorders, this is the first paper that brings these fields together. Drawing on participant observation and interviews at a UK horse therapy Centre, this article examines how staff and the parents of riders account for the successes and limitations of equine therapy. To the respondents, horses 'open up' autistic children and make possible interactions that seemed impossible before. Horses were regarded as facilitating the emergence of apparently social behaviours, which included eye contact, pointing, and speech. Three key explanations emerged for therapeutic success: the sensorial, embodied experience of riding the horse; the specific movements and rhythms of the horse; and, the 'personality' of the horse. Equine therapy can be regarded as enabling a form of multispecies intersubjectivity, with the resonance between rider and horse seeming to make possible a new attunement between humans. Practices of equine therapy, and perceptions of its efficacy, serve in turn to attune social scientists to a version of empathy

constituted through lively and sensorial interactions, as opposed to one that is restricted to particular kinds of humans.

PMID: 28513182

[Similar articles](#)



18. Brain Struct Funct. 2017 May 16. doi: 10.1007/s00429-017-1444-9. [Epub ahead of print]

[Amygdala structure and core dimensions of the affective personality.](#)

[Frühholz S](#)^{1,2,3,4}, [Schlegel K](#)^{5,6}, [Grandjean D](#)⁵.

Author information:

1

Department of Psychology, University of Zurich, Binzmühlestrasse 14/18, 8050, Zurich, Switzerland. sascha.fruehholz@uzh.ch.

2

Neuroscience Center Zurich, University of Zurich and ETH Zurich, 8057, Zurich, Switzerland. sascha.fruehholz@uzh.ch.

3

Center for Integrative Human Physiology (ZIHP), University of Zurich, 8057, Zurich, Switzerland. sascha.fruehholz@uzh.ch.

4

Swiss Center for Affective Sciences, University of Geneva, 1202, Geneva, Switzerland. sascha.fruehholz@uzh.ch.

5

Swiss Center for Affective Sciences, University of Geneva, 1202, Geneva, Switzerland.

6

Institute for Psychology, University of Bern, 3012, Bern, Switzerland.

Abstract

While biological models of human personality propose that socio-affective traits and skills are rooted in the structure of the amygdala, empirical evidence remains sparse and inconsistent. Here, we used a comprehensive assessment of the affective personality and tested its association with global, local, and laterality measures of the amygdala structure. Results revealed three broad dimensions of the affective personality that were differentially related to bilateral amygdala structures. Dysfunctional and maladaptive affective traits were associated with a global size and local volume reduction of the amygdala, whereas adaptive emotional skills were linked to an increased size of the left amygdala. Furthermore, reduced

asymmetry in the bilateral global amygdala volume was linked to higher affective instability and might be a potential precursor of psychiatric disorders. This study demonstrates that structural amygdala measures provide a neural basis for all major dimensions of the human personality related to adaptive and maladaptive socio-affective functioning.

PMID: 28512686

[Similar articles](#)



19. J Formos Med Assoc. 2017 May 13. pii: S0929-6646(17)30355-8. doi: 10.1016/j.jfma.2017.04.020. [Epub ahead of print]

Differences in mental health among young adults with borderline personality symptoms of various severities.

[Lu WH](#)¹, [Wang PW](#)², [Ko CH](#)², [Hsiao RC](#)³, [Liu TL](#)⁴, [Yen CF](#)⁵.

Author information:

1

Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; Department of Psychiatry, School of Medicine, and Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan; Ditmanson Medical Foundation Chia-Yi Christian Hospital, Chia-Yi, Taiwan.

2

Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; Department of Psychiatry, School of Medicine, and Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan.

3

Department of Psychiatry and Behavioral Sciences, University of Washington School of Medicine, and Seattle Children's Hospital, Seattle, WA, USA.

4

Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; Department of Psychiatry, School of Medicine, and Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan. Electronic address: dai32155@gmail.com.

5

Department of Psychiatry, Kaohsiung Medical University Hospital, Kaohsiung, Taiwan; Department of Psychiatry, School of Medicine, and Graduate Institute of Medicine, College of Medicine, Kaohsiung Medical University, Kaohsiung, Taiwan. Electronic address: chfaye@cc.kmu.edu.tw.

Abstract

PURPOSE:

This study examined the differences in mental health and behavioral problems among young adults with borderline personality symptoms of various severities.

METHODS:

500 college students participated in this study. Borderline personality symptoms were evaluated using the Taiwanese version of the Borderline Symptom List (BSL-23). Mental health problems were assessed using the Symptom Checklist-90-Revised Scale. Suicidality and other behavioral problems were assessed using questions from the epidemiological version of the Kiddie Schedule for Affective Disorders and Schizophrenia and BSL-23 Supplement. According to the distribution of BSL-23 scores at the 25th, 50th, and 75th percentiles, the participants were divided into 4 groups: No/Mild, Moderate, Severe, and Profound. Analysis of variance and the chi-square test were used to compare mental health and behavioral problems among the 4 groups.

RESULTS:

All mental health problems differed significantly among the 4 groups. The severity of nearly all mental health problems increased with that of borderline personality symptoms. The proportions of most behavioral problems differed significantly among the 4 groups. The Profound group was more likely to have behavioral problems than the other 3 groups.

CONCLUSION:

Young adults who had more severe borderline personality symptoms had more severe mental health and behavioral problems.

Copyright © 2017. Published by Elsevier B.V.

Free Article

PMID: 28511866

[Similar articles](#)



Gene polymorphisms associated with temperament.

[Qiu X](#)^{1,2}, [Martin GB](#)^{2,3}, [Blache D](#)².

Author information:

1

a College of Animal Science and Technology, Southwest University , Chong Qing , PR China.

2

b UWA Institute of Agriculture and School of Animal Biology M082, Faculty of Sciences , University of Western Australia , Crawley , WA , Australia.

3

c Nuffield Department of Obstetrics and Gynecology , University of Oxford , Oxford , UK.

Abstract

When individuals are exposed to stressful environmental challenges, the response varies widely in one or more of three components: psychology, behavior and physiology. This variability among individuals can be defined as temperament. In recent years, an increasing large body of evidence suggests that the dimensions of temperament, as well as personality, psychological disorders and behavioral traits, are influenced by genetic factors, and much of the variation appears to involve variation in genes or gene polymorphisms in the hypothalamic-pituitary-adrenocortical (HPA) axis and the behavior-controlling neurotransmitter networks. Here, we review our current understanding of the probabilistic impact of a number of candidate gene polymorphisms that control temperament, psychological disorders and behavioral traits in animals and human, including the gene polymorphisms related to corticotrophin-releasing hormone (CRH) production and adrenal cortisol production involved in the HPA axis, and a large number of gene polymorphisms in the dopaminergic and serotonergic neurotransmitter networks. It will very likely to assist in diagnosis and treatment of human relevant disorders, and provide useful contributions to our understanding of evolution, welfare and conservation, for animals in the wild and in production systems. Additionally, investigations of gene-gene and gene-environment complex interactions in humans and animals need further clear illustration.

PMID: 28508690

[Similar articles](#)



Core, social and moral disgust are bounded: A review on cognitive and neural bases of repugnance in clinical disorders.

[Vicario CM](#)¹, [Rafal RD](#)², [Martino D](#)³, [Avenanti A](#)⁴.

Author information:

1

Wolfson Centre for Clinical and Cognitive Neuroscience, School of Psychology, Bangor University, Bangor, Wales, United Kingdom; School of Psychology, University of Tasmania, Hobart, Tasmania, Australia. Electronic address: carmelo.vicario@utas.edu.au.

2

Wolfson Centre for Clinical and Cognitive Neuroscience, School of Psychology, Bangor University, Bangor, Wales, United Kingdom.

3

Department of Clinical Neurosciences, Hotchkiss Brain Institute, Calgary, AB, Canada.

4

Department of Psychology and Center for Studies and Research in Cognitive Neuroscience, University of Bologna, Cesena Campus, Cesena, Italy; IRCCS Fondazione Santa Lucia, Rome, Italy.

Abstract

Disgust is a multifaceted experience that might affect several aspects of life. Here, we reviewed research on neurological and psychiatric disorders that are characterized by abnormal disgust processing to test the hypothesis of a shared neurocognitive architecture in the representation of three disgust domains: i) personal experience of 'core disgust'; ii) social disgust, i.e., motor and vocal expressions of disgust; iii) moral disgust, i.e., sensitivity to ethical violations. Our analysis provides some support to the shared neurocognitive hypothesis and suggests that the insula might be the "hub" structure linking the three domains of disgust sensitivity, while other brain regions may subserve specific facets of the multidimensional experience. Our review also suggests a role of monoamines in disgust processing. In particular, 5-HT appears to be implicated in core and moral disgust processing, while DA might be mainly involved in the processing of social disgust. Finally, our results are consistent with "neo-sentimentalist" theories of morality, which posits a causal role of affect in moral judgment.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28506923

22. Int J Environ Res Public Health. 2017 May 15;14(5). pii: E530. doi: 10.3390/ijerph14050530.

Mental Health Problems and Related Factors in Ecuadorian College Students.

[Torres C](#)¹, [Otero P](#)², [Bustamante B](#)³, [Blanco V](#)⁴, [Díaz O](#)⁵, [Vázquez FL](#)⁶.

Author information:

1

Department of Psychology, Universidad Técnica Particular de Loja, Loja 11-01-608, Ecuador. ctorres@utpl.edu.ec.

2

Department of Psychology, University of A Coruña, 15071 A Coruña, Spain. patricia.otero.otero@udc.es.

3

Department of Psychology, Universidad Técnica Particular de Loja, Loja 11-01-608, Ecuador. bfustamante@utpl.edu.ec.

4

Department of Evolutive and Educational Psychology, University of Santiago de Compostela, 15782 Santiago de Compostela, Spain. vanessa.blanco@usc.es.

5

Department of Clinical Psychology and Psychobiology, University of Santiago de Compostela, 15782 Santiago de Compostela, Spain. olga.diaz.fernandez@usc.es.

6

Department of Clinical Psychology and Psychobiology, University of Santiago de Compostela, 15782 Santiago de Compostela, Spain. fernandolino.vazquez@usc.es.

Abstract

Although the mental health problems of college students have been the subject of increasing research, there are no studies about its prevalence in Ecuadorian college students. The aim of this study was to determine the mental health problems and their associated factors in Ecuadorian freshmen university students. A sample of 1092 students (53.7% women; mean age = 18.3 years) were recruited from the Technical Particular University of Loja (Ecuador). Socio-demographic, academic, and clinical characteristics were gathered, as well as information on the participants' mental health through a number of mental health screens. Prevalence of positive screens was 6.2% for prevalence of major depressive episodes, 0.02% for generalized anxiety disorders, 2.2% for panic disorders, 32.0% for eating disorders, 13.1% for suicidal risk. Mental health problems were significantly associated with sex, area

of study, self-esteem, social support, personality and histories of mental health problems. The findings offer a starting point for identifying useful factors to target prevention and intervention strategies aimed at university students.

Free Article

PMID: 28505139

[Similar articles](#)



23. Acta Psychiatr Scand. 2017 May 15. doi: 10.1111/acps.12748. [Epub ahead of print]

[Deriving ICD-11 personality disorder domains from dsm-5 traits: initial attempt to harmonize two diagnostic systems.](#)

[Bach B](#)¹, [Sellbom M](#)², [Kongerslev M](#)^{1,3}, [Simonsen E](#)^{4, 5}, [Krueger RF](#)⁶, [Mulder R](#)⁷.

Author information:

- 1 Center of Excellence on Personality Disorder, Psychiatric Research Unit, Psychiatric Hospital Slagelse, Slagelse, Denmark.
- 2 University of Otago, Dunedin, New Zealand.
- 3 University of Southern Denmark, Odense, Denmark.
- 4 Psychiatric Research Unit, Psychiatric Hospital Slagelse, Slagelse, Denmark.
- 5 University of Copenhagen, Copenhagen, Denmark.
- 6 University of Minnesota, Minneapolis, MN, US.
- 7 University of Otago, Christchurch, New Zealand.

Abstract

OBJECTIVE:

The personality disorder domains proposed for the ICD-11 comprise Negative Affectivity, Detachment, Dissociality, Disinhibition, and Anankastia, which are reasonably concordant

with the higher-order trait domains in the Alternative DSM-5 Model for Personality Disorders.

METHOD:

We examined (i) whether designated DSM-5 trait facets can be used to describe the proposed ICD-11 trait domains, and (ii) how these ICD-11 trait features are hierarchically organized. A mixed Danish derivation sample (N = 1541) of 615 psychiatric out-patients and 925 community participants along with a US replication sample (N = 637) completed the Personality Inventory for DSM-5 (PID-5). Sixteen PID-5 traits were designated to cover features of the ICD-11 trait domains.

RESULTS:

Exploratory structural equation modeling (ESEM) analyzes showed that the designated traits were meaningfully organized in the proposed ICD-11 five-domain structure as well as other recognizable higher-order models of personality and psychopathology. Model fits revealed that the five proposed ICD-11 personality disorder domains were satisfactorily resembled, and replicated in the independent US sample.

CONCLUSION:

The proposed ICD-11 personality disorder domains can be accurately described using designated traits from the DSM-5 personality trait system. A scoring algorithm for the ICD-11 personality disorder domains is provided in appendix.

© 2017 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

PMID: 28504853

[Similar articles](#)



24. J Behav Ther Exp Psychiatry. 2017 May 5;57:103-112. doi: 10.1016/j.jbtep.2017.05.001. [Epub ahead of print]

Induced not just right and incompleteness experiences in OCD patients and non-clinical individuals: An in vivo study.

[Fornés-Romero G¹](#), [Belloch A²](#).

Author information:

1

Department of Personality Psychology, Faculty of Psychology, Research and Treatment Unit for Obsessive-Compulsive and Related Disorders, I'TOC. University of Valencia, Spain. Electronic address: gertrudis.fornes@uv.es.

2

Department of Personality Psychology, Faculty of Psychology, Research and Treatment Unit for Obsessive-Compulsive and Related Disorders, I'TOC. University of Valencia, Spain. Electronic address: amparo.belloch@uv.es.

PMID: 28500953

[Similar articles](#)



25. BMC Psychol. 2017 May 12;5(1):16. doi: 10.1186/s40359-017-0186-z.

[In your face: the biased judgement of fear-anger expressions in violent offenders.](#)

[Wegrzyn M](#)^{1,2}, [Westphal S](#)³, [Kissler J](#)^{3,4}.

Author information:

1

Department of Psychology, Bielefeld University, Postfach 10 01 31, 33501, Bielefeld, Germany. martin.wegrzyn@uni-bielefeld.de.

2

Center of Excellence Cognitive Interaction Technology (CITEC), Bielefeld University, Bielefeld, Germany. martin.wegrzyn@uni-bielefeld.de.

3

Department of Psychology, Bielefeld University, Postfach 10 01 31, 33501, Bielefeld, Germany.

4

Center of Excellence Cognitive Interaction Technology (CITEC), Bielefeld University, Bielefeld, Germany.

Abstract

BACKGROUND:

Why is it that certain violent criminals repeatedly find themselves engaged in brawls? Many inmates report having felt provoked or threatened by their victims, which might be due to a tendency to ascribe malicious intentions when faced with ambiguous social signals, termed hostile attribution bias.

METHODS:

The present study presented morphed fear-anger faces to prison inmates with a history of violent crimes, a history of child sexual abuse, and to matched controls from the general population. Participants performed a fear-anger decision task. Analyses compared both response frequencies and measures derived from psychophysical functions fitted to the data. In addition, a test to distinguish basic facial expressions and questionnaires for aggression, psychopathy and personality disorders were administered.

RESULTS:

Violent offenders present with a reliable hostile attribution bias, in that they rate ambiguous fear-anger expressions as more angry, compared to both the control population and perpetrators of child sexual abuse. Psychometric functions show a lowered threshold to detect anger in violent offenders compared to the general population. This effect is especially pronounced for male faces, correlates with self-reported aggression and presents in absence of a general emotion recognition impairment.

CONCLUSIONS:

The results indicate that a hostile attribution, related to individual level of aggression and pronounced for male faces, might be one mechanism mediating physical violence.

PMCID: PMC5429544 **Free PMC Article**

PMID: 28499409

[Similar articles](#)



26. Personal Disord. 2017 May 11. doi: 10.1037/per0000253. [Epub ahead of print]

Dimensional Conceptualizations of Impulsivity.

[Griffin SA](#), [Lynam DR](#), [Samuel DB](#).

Abstract

Impulsivity is a transdiagnostic dimension of crucial importance to understanding psychopathology, as it is highly relevant to a wide array of maladaptive life outcomes including substance use, criminality, and other risky behaviors. There exist a variety of operationalizations of impulsivity across the literature distinct nomological networks. In fact, research suggests that "impulsivity" is a multifaceted construct comprised of at least 4 distinct traits that have unique pathways to maladaptive behaviors. Those traits are positive

and negative urgency, sensation seeking, premeditation, and perseverance. Thus, it is crucial that any diagnostic system, or model of maladaptive traits, capture the nuances among these impulsogenic traits. The present study investigated the conceptualization of impulsogenic traits within the Diagnostic and Statistical Manual of Mental Disorders (DSM-5; American Psychiatric Association, 2013). Alternative personality disorder model and an alternative trait model to determine how well they captured these variants. This study obtained questionnaire ratings and behavioral task data from 450 community-dwelling adults oversampled for a history of involvement in the legal and/or mental health systems. The results showed that although the DSM-5 trait model captures well a broad conceptualization of impulsivity, some lower-order facets lack specificity. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28493733

[Similar articles](#)

27. Personal Disord. 2017 May 11. doi: 10.1037/per0000251. [Epub ahead of print]

Psychological Flexibility Mitigates Effects of PTSD Symptoms and Negative Urgency on Aggressive Behavior in Trauma-Exposed Veterans.

[Dutra SJ, Sadeh N.](#)

Abstract

Recent literature suggests that posttraumatic stress disorder (PTSD) symptoms can interact with personality factors to predict externalizing behaviors. Engagement in externalizing behaviors such as substance abuse and aggressive behavior may, in turn, increase risk for further trauma exposure and a more chronic course of PTSD. In order to better understand how to intervene on this cycle, the current study aimed to identify factors that could explain risk for externalizing behaviors among trauma-exposed veterans. Moreover, we aimed to identify whether psychological flexibility, a skill drawn from acceptance and commitment therapy (ACT), may mitigate risk for engagement in externalizing behavior. Results indicated that PTSD symptoms indirectly predicted externalizing behavior via negative urgency, or the propensity to act rashly in the context of distress. Moreover, psychological flexibility moderated this relationship such that negative urgency was less strongly associated with aggressive behavior at high levels of psychological flexibility. These results highlight moments of intense distress as important targets for therapeutic intervention, and psychological flexibility as a potentially important therapeutic skill for reducing externalizing behavior among trauma-exposed individuals. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28493732

[Similar articles](#)

28. Clin Psychol Psychother. 2017 May 11. doi: 10.1002/cpp.2091. [Epub ahead of print]

On the relationships between DSM-5 dysfunctional personality traits and social cognition deficits: A study in a sample of consecutively admitted Italian psychotherapy patients.

[Fossati A](#)^{1,2}, [Somma A](#)^{1,2}, [Krueger RF](#)³, [Markon KE](#)⁴, [Borrioni S](#)^{1,2}.

Author information:

1

Vita-Salute San Raffaele University, Milan, Italy.

2

San Raffaele Turro Hospital, Milan, Italy.

3

University of Minnesota, Minneapolis, Minnesota, USA.

4

University of Iowa, Iowa City, Iowa, USA.

Abstract

This study aims at testing the hypothesis that the Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) alternative model of personality disorder (AMPD) traits may be significantly associated with deficits on 2 different social cognition tasks, namely, the Reading the Mind in the Eyes Test and the Movie for the Assessment of Social Cognition, in a sample of consecutively admitted inpatients and outpatients. The sample was composed of 181 consecutively admitted participants (57.5% women; mean age = 38.58 years). Correlation coefficients and partial correlation coefficients were computed in order to assess the associations among social cognition tasks, DSM-5 AMPD traits, and dimensionally assessed DSM-5 Section II personality disorders. Specific maladaptive traits listed in the DSM-5 AMPD were significantly associated with Reading the Mind in the Eyes Test scores and Movie for the Assessment of Social Cognition scores, even when the effect of selected DSM-5 Section II personality disorders was controlled for. Our results support the relevance of studying social cognitive functioning in subjects suffering from personality disorders.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28493518

[Similar articles](#)



29. Chronobiol Int. 2017 May 10:1-13. doi: 10.1080/07420528.2017.1316730. [Epub ahead of print]

Sleep quality, chronotype, temperament and bipolar features as predictors of depressive symptoms among medical students.

[Mokros Ł](#)¹, [Witusik A](#)², [Michalska J](#)³, [Łęzak W](#)⁴, [Panek M](#)⁵, [Nowakowska-Domagala K](#)⁶, [Antczak A](#)⁷, [Pietras T](#)¹.

Author information:

1

a Department of Clinical Pharmacology , Medical University of Lodz , Lodz , Poland.

2

b Department of Psychology , Faculty of Social Sciences, Piotrkow Trybunalski Division, Jan Kochanowski Memorial University of Humanities and Sciences , Piotrkow Trybunalski , Poland.

3

c Clinical Pharmacology Students Scientific Circle , Department of Clinical Pharmacology, Medical University of Lodz , Lodz , Poland.

4

d Department of Pharmacology and Toxicology , Medical University of Lodz , Lodz , Poland.

5

e Department of Internal Medicine , Asthma and Allergy, Medical University of Lodz , Lodz , Poland.

6

f Department of Cognitive Science, Institute of Psychology , Faculty of Educational Sciences, University of Lodz , Lodz , Poland.

7

g Department of General and Oncological Pulmonology , Medical University of Lodz , Lodz , Poland.

Abstract

The assessment of risk factors is a crucial step in the prevention and treatment of affective disorders and should encompass personal dispositions. The aim of this study was to assess the value of chronotype and temperament as independent predictors of depressive symptoms among medical students. The study surveyed 140 students of the Faculty of Medicine with a battery of questionnaires: the Beck Depression Index (BDI), Hypomania Checklist 32 (HCL-32), Pittsburgh Sleep Quality Index (PSQI), Chronotype Questionnaire and Eysenck Personality Questionnaire Revised. The results were tested using Pearson's correlation quotient and general linear model. Ten percent of the participants demonstrated a BDI score suggestive of clinically significant depressive symptoms. BDI score correlated positively with HCL-32 score. A rise in BDI was independently predicted by elevated Neuroticism and PSQI scores and morningness. Those effects were independent from each other and from other parameters of the model. The presence of depressive symptoms might be associated with bipolar features among medical students. Poor sleep quality predicted depressive symptoms, similarly to Neuroticism and independently of temperament and chronotype. Future studies on the associations between personal dispositions and mood disorders among medical students are required to help identify those at greater risk of developing affective illness. Effective prophylaxis and early intervention are warranted to ensure better treatment results.

PMID: 28488895

[Similar articles](#)



30. BMC Psychiatry. 2017 May 10;17(1):173. doi: 10.1186/s12888-017-1339-6.

[The clinical course of trauma-related disorders and personality disorders: study protocol of two-year follow-up based on structured interviews.](#)

[Swart S](#)¹, [Wildschut M](#)², [Draijer N](#)^{3,4}, [Langeland W](#)⁴, [Smit JH](#)^{3,4}.

Author information:

1

GGZ Friesland, Borniastraat 34b, Leeuwarden, 8934 AD, the Netherlands.
sanne.swart@ggzfriesland.nl.

2

GGZ Friesland, Borniastraat 34b, Leeuwarden, 8934 AD, the Netherlands.

3

Department of Psychiatry and EMGO Institute, Vrije University Medical Center/GGZinGeest, Amsterdam, the Netherlands.

4

Department of Research, GGZinGeest, Amsterdam, the Netherlands.

Abstract

BACKGROUND:

Trauma-related disorders and personality disorders are prevalent in survivors of chronic childhood trauma and neglect. Both conditions have serious consequences for patients, their families, society and public health and a high risk of development of chronicity. However, information on the long term course trajectories is lacking and predictors of course outcome in survivors of chronic childhood traumatization are unknown. The first aim of the current study is to identify two-year course trajectories of pathology in patients with trauma-related disorders and personality disorders. The second aim is to examine predictors of the course, including demographics, clinical characteristics and comorbidities.

METHODS/DESIGN:

The study is a naturalistic two-year follow-up of 150 patients consecutively admitted to the trauma treatment program and the personality disorder treatment program respectively at GGZ Friesland, a regular Dutch mental health care center. The only exclusion criterion is insufficient mastery of the Dutch language. Participants will be assessed after 2 years of treatment through measures that have been completed at baseline, including structured clinical interviews to measure childhood histories of trauma and neglect, (symptoms of) trauma-related disorders and personality disorders, and psychological questionnaire measures (e.g., general psychopathology, depressive symptoms and personality features). In addition, participants will complete an evaluation questionnaire to assess medication prescribed and treatment (s) received outside GGZ Friesland between baseline and follow-up. Information about (psychological and pharmacological) treatment received at GGZ Friesland during the follow-up period will be collected from patient files.

DISCUSSION:

This study provides insight in the two-year course of (comorbid) trauma-related disorders and personality disorders. Identifying predictors of the course of trauma-related and personality disorders will allow to differentiate clinical profiles and will offer indicators for treatment.

PMCID: PMC5424424 **Free PMC Article**

PMID: 28486966

[Similar articles](#)

Schizotypy and Cognitive Failures: A Mediating Role for Affect.

[Carrigan N¹](#), [Barkus E.](#)

Author information:

1

School of Psychology, University of Wollongong, Wollongong, NSW, Australia.

Abstract

BACKGROUND:

Cognitive failures are disruptions in cognitive functioning during everyday life. Vulnerability to these failures is increased in a range of psychological disorders, including schizophrenia. In addition, healthy individuals with personality-based psychosis proneness, or schizotypy, often complain of heightened failures. A factor known to exacerbate cognitive failures is negative affect. Negative affectivity is linked to both schizophrenia and schizotypy. It is therefore possible that affect is responsible for the increased everyday cognitive failures in "high schizotypes". This poses 2 possibilities: are cognitive failures only present in high schizotypes who also have negative affect (moderation)? Or does negative affect account for the relationship between schizotypy and cognitive failures (mediation)? We sought to explore whether negative affect mediates or moderates the relationship between schizotypy and cognitive failures in young adults.

SAMPLING AND METHODS:

Healthy young adults from a student and community sample (n = 863, 71% female) aged 18-25 years (mean = 19.5, SD = 1.87) completed online questionnaires measuring self-report schizotypy, negative affect, and cognitive failures. Moderation and mediation analyses were carried out using the PROCESS macro in SPSS to examine how negative affect exerted its effect on the relationship between schizotypy and cognitive failures.

RESULTS:

All 3 factors were positively correlated. Negative affect was not a moderator for the relationship between schizotypy and cognitive failures; however, it did partially mediate this relationship.

CONCLUSIONS:

Our findings suggest that whilst schizotypy and negative affect do not interact to produce cognitive failures, negative affect contributes to (but does not fully account for) the mechanism by which schizotypy increases failures in young adults. Other, as yet unidentified, facets of schizotypy also appear to contribute to cognitive failures. In attempting to address the cognitive complaints of at-risk individuals, clinicians need to be aware of the role of negative affect and other pertinent aspects of schizotypy.

© 2017 S. Karger AG, Basel.

PMID: 28486227

[Similar articles](#)



32. BMC Psychiatry. 2017 May 5;17(1):170. doi: 10.1186/s12888-017-1322-2.

A cross-sectional study about associations between personality characteristics and mental health service utilization in a Korean national community sample of adults with psychiatric disorders.

[Park S](#)¹, [Lee Y](#)², [Seong SJ](#)³, [Chang SM](#)⁴, [Lee JY](#)⁵, [Hahm BJ](#)^{6,7}, [Hong JP](#)⁸.

Author information:

1

Department of Research Planning, Mental Health Research Institute, National Center for Mental Health, Seoul, South Korea.

2

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

3

Department of Psychiatry, Hallym University Medical Center, Seoul, South Korea.

4

Department of Psychiatry, Kyungpook National University School of Medicine, Daegu, South Korea.

5

Department of Psychiatry and Behavioral Science, Seoul National University College of Medicine, Seoul Metropolitan Government-Seoul National University Boramae Medical Center, Seoul, South Korea.

6

Department of Psychiatry and Behavioral Science, College of Medicine, Seoul National University, Seoul, South Korea.

7

Department of Neuropsychiatry, Seoul National University Hospital, Seoul, South Korea.

8

Department of Psychiatry, Samsung Medical Center, Sungkyunkwan University School of Medicine, 81 Irwon-ro Gangnam-gu, Seoul, 06351, Republic of Korea. suhurhong@gmail.com.

Abstract

BACKGROUND:

Personality traits are not only associated with psychiatric symptoms, but also with treatment seeking behavior. Our purpose was to examine the relationship between mental health service utilization and personality characteristics in a nationwide community sample of Korean adults.

METHOD:

Of the 6022 subjects aged 18-74 years who participated in the Korean Epidemiologic Catchment Area study, 1544 (25.6%) with a lifetime diagnosis of any DSM-IV psychiatric disorder were analyzed. Diagnostic assessments were based on the Composite International Diagnostic Interview and personality constructs were measured by Big Five Personality Inventory-10.

RESULTS:

Of the 1544 participants, 275 (17.8%) had used mental health services. Multivariate analyses revealed positive associations between mental health service utilization and both neuroticism and openness, and an inverse association between mental health service utilization and agreeableness.

CONCLUSIONS:

These findings suggest that specific personality traits may have a role in treatment-seeking behaviors for mental health problems independent of the psychiatric disorder.

PMCID: PMC5420157 **Free PMC Article**

PMID: 28476104

[Similar articles](#)



33. Eur Eat Disord Rev. 2017 May 4. doi: 10.1002/erv.2519. [Epub ahead of print]

Short-Term Treatment Outcomes and Dropout Risk in Men and Women with Eating Disorders.

[Agüera Z](#)^{1,2}, [Sánchez I](#)², [Granero R](#)^{1,3}, [Riesco N](#)², [Steward T](#)^{1,2}, [Martín-Romera V](#)⁴, [Jiménez-Murcia S](#)^{1,2,5}, [Romero X](#)², [Caroleo M](#)⁶, [Segura-García C](#)^{6,7}, [Menchon JM](#)^{2,5,8}, [Fernández-Aranda F](#)^{1,2,5}.

Author information:

1

CIBER Fisiología de la Obesidad y Nutrición (CIBERObn), Instituto Salud Carlos III, Madrid, Spain.

2

Department of Psychiatry, University Hospital of Bellvitge - IDIBELL, Barcelona, Spain.

3

Departament de Psicobiologia i Metodologia, Universitat Autònoma de Barcelona, Barcelona, Spain.

4

Departament de Psicologia Clínica i Salut, Universitat Autònoma de Barcelona, Barcelona, Spain.

5

Department of Clinical Sciences, School of Medicine, University of Barcelona, Barcelona, Spain.

6

Department of Health Sciences, University Magna Graecia, Catanzaro, Italy.

7

Ambulatory for Clinical Research and Treatment of Eating Disorders, University Hospital Mater Domini, Catanzaro, Italy.

8

CIBER Salud Mental (CIBERSAM), Instituto Salud Carlos III, Barcelona, Spain.

Abstract

This study compared treatment outcomes between men and women with eating disorders (EDs) and analysed clinical predictors of treatment outcome. Our sample consisted of 131

male and 131 female ED patients who underwent cognitive behavioural therapy treatment. ED severity, personality and psychopathology were assessed using standard instruments. We found that the risk of dropout was higher for men with bulimia nervosa (BN) than for women with BN and that men with BN and other specified feeding and EDs were more likely to obtain full remission in comparison with their female counterparts. Predictive models of treatment outcome indicated that higher scores in novelty seeking were a shared factor associated with higher risk of dropout and not obtaining full remission for both men and women with ED. However, only in men, younger age and lower scores in reward dependence predicted higher dropout. Contrastingly, higher persistence scores were predictors of full remission. This study reinforces the effectiveness of using outpatient cognitive behavioural therapy as treatment as usual for men with ED. Nonetheless, placing greater emphasis on strategies targeting gender-specific issues could enhance outcomes. Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

PMID: 28474473

[Similar articles](#)



34. BMC Psychiatry. 2017 May 4;17(1):163. doi: 10.1186/s12888-017-1317-z.

Risk of re-attempts and suicide death after a suicide attempt: A survival analysis.

[Parra-Uribe I](#)^{1,2,3}, [Blasco-Fontecilla H](#)^{4,5}, [Garcia-Parés G](#)⁶, [Martínez-Naval L](#)⁷, [Valero-Coppin O](#)⁸, [Cebrià-Meca A](#)^{1,3}, [Oquendo MA](#)⁹, [Palao-Vidal D](#)^{10,11,12}.

Author information:

1

Department of Mental Health, Parc Tauli-University Hospital, Parc Taulí 1, 08208, Sabadell, Barcelone, Spain.

2

Department of Psychiatry and Forensic Medicine, Universitat Autònoma de Barcelona, Barcelone, Spain.

3

CIBERSAM, Madrid, Spain.

4

Department of Psychiatry, IDIPHIM-Puerta de Hierro University Hospital, Autonoma University of Madrid, Avenida Manuel de Falla s/n, Madrid, Spain. hmbiasco@yahoo.es.

5

CIBERSAM, Madrid, Spain. hmbiasco@yahoo.es.

6 Department of Mental Health, Meritxell Hospital, Andorra la Vella, Andorra.
7 Institute of Legal Medicine of Catalonia, Barcelone, Spain.
8 Statistical Department, Universitat Autònoma de Barcelona, Barcelona, Spain.
9 Perelman School of Medicine, University of Pennsylvania, Pennsylvania, USA.
10 Department of Mental Health, Parc Tauli-University Hospital, Parc Taulí 1, 08208,
Sabadell, Barcelone, Spain. Dpalao@tauli.cat.
11 Department of Psychiatry and Forensic Medicine, Universitat Autònoma de
Barcelona, Barcelone, Spain. Dpalao@tauli.cat.
12 CIBERSAM, Madrid, Spain. Dpalao@tauli.cat.

Abstract

BACKGROUND:

Suicide is the primary cause of unnatural death in Spain, and suicide re-attempts a major economic burden worldwide. The risk factors for re-attempt and suicide after an index suicide attempt are different. This study aims to investigate risk factors for re-attempt and suicide after an index suicide attempt.

METHODS:

This observational study is part of a one-year telephone management program. We included all first-time suicide attempters evaluated in the emergency department at Parc Taulí-University Hospital (n = 1241) recruited over a five-year period (January 2008 to December 2012). Suicide attempters were evaluated at baseline using standardized instruments. Bivariate logistic regression models were used to identify risk factors. Kaplan-Meier curves were used to compare the time to re-attempt between categorical variables. Comparisons were performed using Log-Rank and Wilcoxon tests. Variables with a p-value lower than 0.2 were included in a multivariate Cox regression model. Bivariate logistic regression models were considered to identify risk factors for suicide. The significance level was set to 0.05.

RESULTS:

Suicide re-attempters were more likely diagnosed with cluster B personality disorders (36.8% vs. 16.6%; $p < 0.001$), and alcohol use disorders (19.8 vs. 13.9; $p = 0.02$). Several [1.2% (15/1241)] of them died by suicide. Attempters who suicide were more likely alcohol users (33.3% vs. 17.2%; $p = 0.047$), and older (50.9 ± 11.9 vs. 40.7 ± 16.0 ; $p = 0.004$).

CONCLUSIONS:

Alcohol use, personality disorders and younger age are risk factors for re-attempting. Older age is a risk factor for suicide among suicide attempters. Current prevention programs of suicidal behaviour should be tailored to the specific profile of each group.

PMCID: PMC5415954 **Free PMC Article**

PMID: 28472923

[Similar articles](#)



35. BMC Psychiatry. 2017 May 3;17(1):159. doi: 10.1186/s12888-017-1332-0.

[Personality traits in bipolar disorder and influence on outcome.](#)

[Sparding T](#)^{1,2}, [Pålsson E](#)³, [Joas E](#)³, [Hansen S](#)⁴, [Landén M](#)^{3,5}.

Author information:

1

Institute of Neuroscience and Physiology, Department of Psychiatry and Neurochemistry, the Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden. timea.sparding@neuro.gu.se.

2

Sahlgrenska University Hospital, Blå Stråket 15, floor 3, SE-413 45, Gothenburg, Sweden. timea.sparding@neuro.gu.se.

3

Institute of Neuroscience and Physiology, Department of Psychiatry and Neurochemistry, the Sahlgrenska Academy, University of Gothenburg, Gothenburg, Sweden.

4

Department of Psychology, University of Gothenburg, Blå Stråket 15, floor 3, SE-413 45, Gothenburg, Sweden.

5

Department of Medical Epidemiology and Biostatistics, Karolinska Institutet, Stockholm, Sweden.

Abstract

BACKGROUND:

The aim was to investigate the personality profile of bipolar disorder I and II, and healthy controls, and to study whether personality influences the course of bipolar disorder.

METHODS:

One hundred ten patients with bipolar disorder I, 85 patients with bipolar disorder II, and 86 healthy individuals had their personality profile assessed using the Swedish universities Scales of Personality (SSP), an instrument developed to explore personality-related vulnerabilities and correlates of psychiatric disorders. Patients were followed prospectively for 2 years. To assess the impact of Neuroticism, Aggressiveness, and Disinhibition on illness course, we performed logistic regressions with the outcome variables mood episodes (depressive, hypo/manic, mixed), suicide attempts, violence, and the number of sick leave days.

RESULTS:

Bipolar disorder I and II demonstrated higher global measures of Neuroticism, Aggressiveness, and Disinhibition as compared with healthy controls. A third of the patients scored ≥ 1 SD above the population-based normative mean on the global neuroticism measure. The two subtypes of bipolar disorder were, however, undistinguishable on all of the personality traits. In the unadjusted model, higher neuroticism at baseline predicted future depressive episodes and suicide attempts/violent behavior, but this association disappeared when adjusting for baseline depressive symptoms as assessed with MADRS.

CONCLUSIONS:

A significant minority of the patients scored ≥ 1 SD above the population mean on the global measures of Neuroticism, Aggressiveness and Disinhibition; scores this high are usually evident clinically. Yet, the personality profile does not seem to have prognostic value over a 2-year period.

PMCID: PMC5415752 [Free PMC Article](#)

PMID: 28468681

[Similar articles](#)



36. Br J Clin Psychol. 2017 May 3. doi: 10.1111/bjc.12134. [Epub ahead of print]

[Psychological traits predict impaired awareness of deficits independently of](#)

neuropsychological factors in chronic traumatic brain injury.

[Belchev Z](#)^{1,2}, [Levy N](#)³, [Berman I](#)³, [Levinzon H](#)³, [Hoofien D](#)^{4,5}, [Gilboa A](#)^{1,2}.

Author information:

1

Department of Psychology, University of Toronto, Ontario, Canada.

2

The Rotman Research Institute at Baycrest, Toronto, Ontario, Canada.

3

Department of Psychology, University of Haifa, Israel.

4

Department of Psychology, Hebrew University of Jerusalem, Israel.

5

The National Institute for the Rehabilitation of the Brain Injured, Tel Aviv, Israel.

Abstract

OBJECTIVES:

To dissociate injury-related factors from psychological contributions to impaired awareness of deficits following traumatic brain injury (TBI); impaired awareness is theorized to partly reflect psychological factors (e.g., denial), but empirical evidence for this theory is scarce.

DESIGN:

We examined how different factors predict awareness in patients undergoing rehabilitation (N = 43). Factors included (1) neurological (injury severity), (2) neuropsychological loss, (3) psychological (denial, projection, identification), and (4) personality (narcissism).

METHODS/MAIN MEASURES:

The Patient Competency Rating Scale, comparing patient with clinician reports on different functional domains; the Thematic Apperception Test, an injury-independent measure of the propensity to mobilize specific defence mechanisms; and the Narcissism Personality Inventory.

RESULTS:

Impaired awareness was not predicted by injury-related and neuropsychological scores but was significantly predicted by use of primitive defence mechanisms (denial and projection).

Patients who underestimate their abilities also demonstrated high denial levels, but contrary to underestimators, this was positively related to depression and negatively to awareness.

CONCLUSIONS:

Primitive defence mechanism use significantly contributes to impaired awareness independent of injury-related factors, particularly in domains associated with self-identity. Well-validated tests of defence mechanism mobilization are needed to support clinical interpretation of and intervention with impaired awareness. More research is needed to understand the psychology of hypersensitivity to deficits.

PRACTITIONER POINTS:

This study provides an empirical demonstration of dissociable contributions of neurological and psychological factors to awareness of deficits in TBI. Trait proclivity to mobilize defence mechanisms in response to anxiety-provoking situations can be measured, and strongly predicts impaired awareness. Importantly, measures of psychological reactions were independent of responses to the neurological deficits themselves, discriminating between psychological and neurological contributions to impaired awareness. The importance of identifying psychological reactions to impaired awareness and hindering rehabilitation success is highlighted, and vital for clinicians to consider during the rehabilitation process. Psychological reactions to TBI can be identified using well-validated, quantitative measures of the use of psychological defences (e.g., Cramer's Thematic Apperception Test scoring system), and the authors suggest this is a critical step to properly characterize and manage awareness in patients during treatment. Although only TBI patients were examined, the results may inform impaired awareness that occur as a result of other disorders and illnesses. The patients in this study were in the chronic stages of the injury, and therefore, the results may not generalize to patients in more acute stages.

© 2017 The British Psychological Society.

PMID: 28467630

[Similar articles](#)



1. Psychiatry Res. 2017 Jun 12;256:312-317. doi: 10.1016/j.psychres.2017.06.023. [Epub ahead of print]

Screening for generalized anxiety disorder in Spanish primary care centers with the GAD-7.

Muñoz-Navarro R¹, Cano-Vindel A², Moriana JA³, Medrano LA⁴, Ruiz-Rodríguez P⁵, Agüero-Gento L⁶, Rodríguez-Enríquez M⁷, Pizà MR⁸, Ramírez-Manent JI⁹.

Author information:

1

Department of Basic Psychology, Faculty of Psychology, University of Valencia, Valencia, Spain. Electronic address: roger.munoz@uv.es.

2

Department of Basic Psychology, Faculty of Psychology, University Complutense of Madrid, Madrid, Spain. Electronic address: canovindel@psi.ucm.es.

3

Department of Personality, Assessment and Psychological Treatments, Faculty of Psychology, University of Córdoba, Córdoba, Spain. Electronic address: jamoriana@uco.es.

4

Faculty of Psychology, University Siglo 21, Córdoba, Argentina. Electronic address: leonardo.medrano@ues21.edu.ar.

5

Castilla La Nueva Primary Care Center, Health Service of Madrid, Madrid, Spain. Electronic address: pruizr@salud.madrid.org.

6

Son Espases University Hospital, Health Service of Balear Islands, Balear Islands, Spain. Electronic address: lauraaguerovento@hotmail.com.

7

Son Espases University Hospital, Health Service of Balear Islands, Balear Islands, Spain. Electronic address: monica.ro.en@gmail.com.

8

Palmanova-Calvià Mental Health Service, Health Service of Balear Islands, Balear Islands, Spain. Electronic address: mrpiza@ibsalut.caib.es.

9

Calvià Primary Care Center, Health Service of Balear Islands, Balear Islands, Spain. Electronic address: iramirez@ibsalut.caib.es.

Abstract

The aim of the study was to determine the criterion validity of a computerized version of the General Anxiety Disorder-7 (GAD-7) questionnaire to detect general anxiety disorder in

Spanish primary care centers. A total of 178 patients completed the GAD-7 and were administered the Composite International Diagnostic Interview (CIDI) for DSM-IV Axis I Disorders, which was used as a reference standard. Sensitivity, specificity, positive and negative predictive values, and positive and negative likelihood ratios were calculated. A cut-off of 10 yielded a sensitivity of .87, a specificity of .78, a positive predictive value of .93, a negative predictive value of .64, a positive likelihood ratio of 3.96 a negative likelihood ratio of .17 and Younden's Index of .65. The GAD-7 performed very well with a cut-off value of 10, the most frequently used cut-off point. Thus, a computerized version of the GAD-7 is an excellent screening tool for detecting general anxiety disorder in Spanish primary care settings.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28666201

2. Cortex. 2017 Jun 7;93:166-177. doi: 10.1016/j.cortex.2017.05.022. [Epub ahead of print]

[Assessing the "social brain" in dementia: Applying TASIT-S.](#)

[Kumfor F](#)¹, [Honan C](#)², [McDonald S](#)³, [Hazelton JL](#)⁴, [Hodges JR](#)⁵, [Piguet O](#)⁵.

Author information:

1

Neuroscience Research Australia, Randwick, Sydney, NSW, Australia; School of Medical Sciences, University of New South Wales, Sydney, NSW, Australia; ARC Centre of Excellence in Cognition and Its Disorders, University of New South Wales, Sydney, NSW, Australia. Electronic address: fiona.kumfor@sydney.edu.au.

2

Discipline of Psychology, School of Medicine, University of Tasmania, Launceston, TAS, Australia.

3

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

4

Neuroscience Research Australia, Randwick, Sydney, NSW, Australia.

5

Neuroscience Research Australia, Randwick, Sydney, NSW, Australia; School of Medical Sciences, University of New South Wales, Sydney, NSW, Australia; ARC Centre of Excellence in Cognition and Its Disorders, University of New South Wales, Sydney, NSW, Australia.

Abstract

The ability to recognise how other people are feeling and make judgements based on their inferred thoughts is essential for successful social interactions, and is thought to depend on a

complex network of brain regions, commonly referred to as the "social brain". These abilities, together referred to as social cognition, are increasingly recognised as being compromised in some dementia syndromes, particularly in behavioural-variant frontotemporal dementia (bvFTD), which is characterised by changes in personality and social conduct. Whether social cognition is impaired in other dementia syndromes, such as Alzheimer's disease (AD), or whether lower performance reflects general cognitive impairment, is less well established. Furthermore, ecologically valid tests with known neurobiological correlates are currently lacking. Here, we investigated performance on a newly devised short version of The Awareness of Social Inference Test (TASIT-S) and associated neural correlates in 25 bvFTD patients, 23 AD patients and 25 healthy controls. On Part 1-Emotion Evaluation, only bvFTD were impaired ($p = .033$) (AD vs.

CONTROLS:

$p = .475$) after controlling for cognitive impairment and education. On Part 2-Social Inference, both bvFTD and AD showed intact ability to interpret sincere exchanges (p values $> .05$). Importantly, however, bvFTD patients were impaired in interpreting sarcasm ($p = .008$), whereas AD performed within normal limits ($p = .477$). Voxel-based morphometry analyses demonstrated correlations between TASIT-S Part 1 performance and integrity of emotion processing brain regions (amygdala, insula, fusiform) and Part 2 performance with theory of mind brain regions (precuneus, temporal pole). These results demonstrate the utility of TASIT-S in identifying social cognition impairment in dementia and reveal that TASIT-S taps into integrity of key regions within the "social brain".

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28662418

[Similar articles](#)

3. Personal Ment Health. 2017 Jun 29. doi: 10.1002/pmh.1373. [Epub ahead of print]

The role of affective temperament as a predictor of relapse in alcohol dependence.

[Paulino S](#)¹, [Pombo S](#)¹, [Ismail F](#)¹, [Figueira ML](#)¹, [Lesch O](#)².

Author information:

1

Department of Psychiatry and Mental Health, Santa Maria University Hospital, Lisbon, Portugal.

2

Department for Psychiatry and Psychotherapy, Medical University of Vienna, Vienna, Austria.

Abstract

BACKGROUND:

Personality traits have been proposed as relapse risk factors in alcohol use disorders. So far, no study has assessed the association between affective temperamental traits and the prospective relapse risk.

METHODS:

This was a 3-month prospective naturalistic study, designed to assess the impact of affective temperaments in relapse. A sample of 61 alcohol-dependent patients was collected from an ambulatory clinical setting. Socio-demographic information, drinking and substance use habits, drinking status, craving and affective temperament traits were assessed.

RESULTS:

Age, age of onset of alcohol abuse and dependence and drug consumption correlate with drinking status. Male alcohol-dependent patients who relapsed presented higher scores on cyclothymic temperament than patients with an alcohol dependence diagnosis who remain sober. Hierarchical logistic regression indicates that cyclothymic temperament predicted relapse in a 3-month follow-up. However, the coefficient was marginally significant after controlling for all potential confounding predictors.

CONCLUSIONS:

Our results provide new insights about the role of affective temperaments in alcohol use disorders, specifically in predicting short-term relapse in detoxified male alcohol-dependent patients. Copyright © 2017 John Wiley & Sons, Ltd.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28660681

[Similar articles](#)

4. Front Psychol. 2017 Jun 13;8:938. doi: 10.3389/fpsyg.2017.00938. eCollection 2017.

Multiplicity: An Explorative Interview Study on Personal Experiences of People with Multiple Selves.

[Ribáry G¹](#), [Lajtai L¹](#), [Demetrovics Z¹](#), [Maraz A¹](#).

Author information:

1

Department of Clinical Psychology and Addiction, Institute of Psychology, Eötvös Loránd University Budapest, Hungary.

Abstract

Background and aims: Personality psychology research relies on the notion that humans have a single self that is the result of the individual's thoughts, feelings, and behaviors that can be reliably described (i.e., through traits). People who identify themselves as "multiple" have a system of multiple or alternative, selves, that share the same physical body. This is the first study to explore the phenomenon of multiplicity by assessing the experiences of people who identify themselves as "multiple." **Methods:** First, an Internet forum search was performed using the terms "multiplicity" and "multiple system." Based on that search, people who identified themselves as multiple were contacted. Interviews were conducted by a consultant psychiatrist, which produced six case vignettes. **Results:** Multiplicity is discussed on Twitter, Tumblr, Google+ and several other personal websites, blogs, and forums maintained by multiples. According to the study's estimates, there are 200-300 individuals who participate in these forums and believe they are multiple. Based on the six interviews, it appears that multiples have several selves who are relatively independent of each other and constitute the personality's system. Each "resident person" or self, has their own unique behavioral pattern, which is triggered by different situations. However, multiples are a heterogeneous group in terms of their system organization, memory functions, and control over switching between selves. **Conclusions:** Multiplicity can be placed along a continuum between identity disturbance and dissociative identity disorder (DID), although most systems function relatively well in everyday life. Further research is needed to explore this phenomenon, especially in terms of the extent to which multiplicity can be regarded as a healthy way of coping.

PMCID: PMC5468408

PMID: 28659840

[Similar articles](#)

5. Span J Psychol. 2017 Jun 27;20:E30. doi: 10.1017/sjp.2017.27.

[Association between Violent Crime and Psychosis in Men Serving Prison Terms.](#)

[Saavedra J](#)¹, [López M](#)², [Trigo ME](#)¹.

Author information:

1

Universidad de Sevilla (Spain).

2

Fundación Pública Andaluza para la Integración de las Personas con Enfermedad Mental (Spain).

Abstract

Psychosis has been associated with committing violent crimes. However, it has been reported that the association is mediated by toxin consumption, personality disorders, and positive symptoms. This study will examine the relationship between different psychological disorders and sociodemographic variables, and violent crime perpetration in a sample of 472 men serving prison terms in Andalusia, Spain. A correlation-based, retrospective study was conducted and data were analyzed through logistic regression. The sample is representative of the Andalusian prison population, with a 95% level of confidence and .02% precision. Inmates were sampled and diagnosed by expert clinicians using the SCID-I and the IPDE-II. We computed bivariate correlations between the aforementioned variables and perpetration of violent crimes (murder, homicide, attempted murder, and injury) to later apply logistic regression and find adjusted odds ratios. We confirmed the association between diagnosis of functional psychoses and violent crime, with a significant adjusted odds ratio in the last model (OR = 3.71; $p = .010$). Other significant variables that acted like risk factors include suicide attempts (OR = 2.04; $p = .046$), having received care at a mental health facility in the year before imprisonment (OR = 3.83; $p = .008$), and more strongly than the psychosis diagnosis, low level of education (OR = 10.32; $p = .029$). Toxin consumption and personality disorders were not significant in the final model.

PMID: 28651657

[Similar articles](#)



6. J Anxiety Disord. 2017 Jun 15;50:103-112. doi: 10.1016/j.janxdis.2017.06.004. [Epub ahead of print]

[Metacognitive therapy versus disorder-Specific CBT for comorbid anxiety disorders: A randomized controlled trial.](#)

[Johnson SU](#)¹, [Hoffart A](#)², [Nordahl HM](#)³, [Wampold BE](#)⁴.

Author information:

1

2 Modum Bad Psychiatric Center, Vikersund, Norway; University of Oslo, Department
of Psychology, Norway. Electronic address: Sverre.Johnson@modum-bad.no.

3 Modum Bad Psychiatric Center, Vikersund, Norway; University of Oslo, Department
of Psychology, Norway. Electronic address: Asle.Hoffart@modum-bad.no.

4 Norwegian University of Science and Technology, Institute of Mental Health,
Norway; St. Olavs Hospital, Div of Psychiatry, Nidaros DPS, 7006 Trondheim.
Electronic address: Hmor-n@online.no.

5 Modum Bad Psychiatric Center, Vikersund, Norway; University of Wisconsin-
Madison, USA. Electronic address: wampold@education.wisc.edu.

Abstract

Few studies have compared the effects of Metacognitive therapy (MCT) and Cognitive behavioral therapy (CBT) for comorbid anxiety disorders. In the current study we compared CBT and MCT for heterogeneous anxiety disorders in a residential setting. Ninety patients with a primary diagnosis of Post Traumatic Stress Disorder, Social Phobia or Panic disorder, with and without Agoraphobia, were randomized to either CBT or MCT. Patients were assessed at pre-treatment, post-treatment and one-year follow-up. Primary outcome measures were Beck Anxiety Inventory and ADIS IV and secondary outcome measures were SCID II, Beck Depression Inventory, Penn State Worry Questionnaire, The Symptom Checklist-90 and the Inventory of Interpersonal Problems-64. Treatment fidelity was satisfactory and therapist credibility was equal in both treatments. There was a significant difference in the level of anxiety favouring MCT at post-treatment ($d=0.7$), but there were no differences at one-year follow-up, mainly due to a further improvement in the CBT group during the follow-up period. Both treatments were efficacious. No differences in effect on comorbid diagnoses and symptoms were found, but MCT produced larger change in personality problems. MCT seems to have a more rapid effect on anxiety symptoms, but there were no significant differences in the long term for patients with comorbid anxiety disorders.

Copyright © 2017 The Authors. Published by Elsevier Ltd.. All rights reserved.

PMID: 28651207

[Similar articles](#)



7. J Affect Disord. 2017 Jun 19;221:184-191. doi: 10.1016/j.jad.2017.06.042. [Epub ahead of print]

[A combined marker of early non-improvement and the occurrence of](#)

melancholic features improve the treatment prediction in patients with Major Depressive Disorders.

[Wagner S](#)¹, [Tadić A](#)², [Roll SC](#)³, [Engel A](#)², [Dreimüller N](#)², [Engelmann J](#)², [Lieb K](#)².

Author information:

1

Department of Psychiatry and Psychotherapy, University Medical Center Mainz, Germany. Electronic address: stefwagn@uni-mainz.de.

2

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

3

Department of Psychiatry and Psychotherapy, Vitos Rheingau, Eltville, Germany.

Abstract

BACKGROUND:

Early Improvement of depressive symptoms within two weeks of antidepressant treatment is a highly sensitive but less specific predictor of later treatment outcome. The aim of this study was to identify clinical features at treatment initiation which are associated with early improvement and non-improvement as well as to identify variables predicting non-remission in patients showing an early improvement.

METHODS:

889 patients with a major depressive episode according to DSM-IV who had participated in an antidepressant treatment trial served as study sample. Clinical predictors (demographic variables, psychopathology, comorbid disorders) were analysed in 698 (79%) early improver (Hamilton Depression Rating Scale reduction > 20% after 14 days of treatment) compared to 191 (21%) non-improver. Furthermore, clinical predictors for later remission and non-remission were analysed in the 698 patients showing an early improvement.

RESULTS:

Patients with more severe depression and suicidality were more likely to become non-improver, and also non-remitter after 8 weeks of treatment in case of early improvement. Early improver with melancholic, anxious or atypical depression as well as with comorbid social phobia or avoidant personality disorder had an increased risk for non-remission at study

end. The combined marker of early non-improvement and the occurrence of melancholic features increased the specificity of treatment prediction from 30% to 90%.

LIMITATIONS:

Comorbid disorders were only assessed at baseline.

CONCLUSIONS:

Patients with early non-improvement and melancholic features at treatment initiation have a particularly high risk of later non-remission. This group of patients should be considered more attention in treatment decisions.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28647668

[Similar articles](#)



8. BMC Public Health. 2017 Jun 23;17(1):593. doi: 10.1186/s12889-017-4504-4.

Labour-market marginalisation after mental disorders among young natives and immigrants living in Sweden.

[Helgesson M](#)¹, [Tinghög P](#)^{2,3}, [Niederkrotenthaler T](#)⁴, [Saboonchi F](#)^{2,3}, [Mittendorfer-Rutz E](#)².

Author information:

1

Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet, SE-171 77, Stockholm, Sweden. magnus.helgesson@ki.se.

2

Division of Insurance Medicine, Department of Clinical Neuroscience, Karolinska Institutet, SE-171 77, Stockholm, Sweden.

3

Red cross University, College, Stockholm, Box, 1059 141 21, Huddinge, Sweden.

4

Department of Social and Preventive Medicine, Medical University Vienna, Center for Public Health, Spitalgasse 23, 1090, Vienna, Austria.

Abstract

BACKGROUND:

The aim was to investigate the associations between mental disorders and three different measures of labour-market marginalisation, and differences between native Swedes and immigrants.

METHODS:

The study comprised 1,753,544 individuals, aged 20-35 years, and resident in Sweden 2004. They were followed 2005-2011 with regard to disability pension, sickness absence (≥ 90 days) and unemployment (≥ 180 days). Immigrants were born in Western countries (Nordic countries, EU, Europe outside EU or North-America/Oceania), or in non-Western countries (Africa, Asia or South-America). Mental disorders were grouped into seven subgroups based on a record of in- or specialised outpatient health care 2001-2004. Hazard ratios (HRs) with 95% confidence intervals (CIs) were computed by Cox regression models with both fixed and time-dependent covariates and competing risks. We also performed stratified analyses with regard to labour-market attachment.

RESULTS:

Individuals with mental disorders had a seven times higher risk of disability pension, a two times higher risk of sickness absence, and a 20% higher risk of unemployment than individuals without mental disorders. Individuals with personality disorders and schizophrenia/non-affective psychoses had highest risk estimates for having disability pension and long-term sickness absence, while the risk estimates of long-term unemployment were similar among all subgroups of mental disorders. Among persons with mental disorders, native Swedes had higher risk estimates for disability pension (HR:6.6; 95%CI:6.4-6.8) than Western immigrants (4.8; 4.4-5.2) and non-Western immigrants (4.8; 4.4-5.1), slightly higher risk estimates for sickness absence (2.1;2.1-2.2) than Western (1.9;1.8-2.1), and non-Western (1.9;1.7-2.0) immigrants but lower risk estimates for unemployment (1.4;1.3-1.4) than Western (1.8;1.7-1.9) and non-Western immigrants (2.0;1.9-2.1). There were similar risk estimates among sub-regions within both Western and non-Western countries. Stratification by labour-market attachment showed that the risk estimates for immigrants were lower the more distant individuals were from gainful employment.

CONCLUSIONS:

Mental disorders were associated with all three measures of labour-market marginalisation, strongest with subsequent disability pension. Native Swedes had higher risk estimates for both disability pension and sickness absence, but lower risk estimates for unemployment than immigrants. Previous labour-market attachment explained a great part of the association between immigrant status and subsequent labour-market marginalisation.

Free PMC Article

PMID: 28645250

[Similar articles](#)

9. Psychiatry Res. 2017 Jun 15;256:169-175. doi: 10.1016/j.psychres.2017.06.045. [Epub ahead of print]

Does reflective functioning mediate the relationship between attachment and personality?

[Nazzaro MP](#)¹, [Boldrini T](#)¹, [Tanzilli A](#)¹, [Muzi L](#)¹, [Giovanardi G](#)¹, [Lingiardi V](#)².

Author information:

1

Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Via degli Apuli, 1, 00185 Rome, Italy.

2

Department of Dynamic and Clinical Psychology, Faculty of Medicine and Psychology, Sapienza University of Rome, Via degli Apuli, 1, 00185 Rome, Italy.
Electronic address: vittorio.lingiardi@uniroma1.it.

Abstract

Mentalization, operationalized as reflective functioning (RF), can play a crucial role in the psychological mechanisms underlying personality functioning. This study aimed to: (a) study the association between RF, personality disorders (cluster level) and functioning; (b) investigate whether RF and personality functioning are influenced by (secure vs. insecure) attachment; and (c) explore the potential mediating effect of RF on the relationship between attachment and personality functioning. The Shedler-Westen Assessment Procedure (SWAP-200) was used to assess personality disorders and levels of psychological functioning in a clinical sample (N = 88). Attachment and RF were evaluated with the Adult Attachment Interview (AAI) and Reflective Functioning Scale (RFS). Findings showed that RF had significant negative associations with cluster A and B personality disorders, and a significant positive association with psychological functioning. Moreover, levels of RF and personality functioning were influenced by attachment patterns. Finally, RF completely mediated the relationship between (secure/insecure) attachment and adaptive psychological features, and thus accounted for differences in overall personality functioning. Lack of mentalization seemed strongly associated with vulnerabilities in personality functioning, especially in patients with cluster A and B personality disorders. These findings provide support for the development of therapeutic interventions to improve patients' RF.

PMID: 28645076

[Similar articles](#)



10. Mov Disord. 2017 Jun 23. doi: 10.1002/mds.27065. [Epub ahead of print]

Personality, dopamine, and Parkinson's disease: Insights from subthalamic stimulation.

[Lhommée E](#)^{1,2,3}, [Boyer F](#)¹, [Wack M](#)^{4,5}, [Péllissier P](#)^{1, 2,3}, [Klinger H](#)^{6,7,8}, [Schmitt E](#)^{1,2,3}, [Bichon A](#)^{1,2,3}, [Fraix V](#)^{1,2,3}, [Chabardès S](#)^{2,3,9}, [Mertens P](#)^{7,10}, [Castrìoto A](#)^{1,2,3}, [Kistner A](#)^{1,2,3}, [Broussolle E](#)^{6,7,8}, [Thobois S](#)^{6,7,8}, [Krack P](#)^{1,2,3,11}.

Author information:

1

Movement Disorders Unit, Department of Psychiatry Neurology and Neurological Rehabilitation, CHU Grenoble Alpes, Grenoble, France.

2

Univ. Grenoble Alpes, Grenoble Institut des Neurosciences, GIN, Grenoble, France.

3

Inserm, U1216, Grenoble, France.

4

Faculté de Médecine, Université de Lorraine, Vandœuvre-lès-Nancy, France.

5

Service d'épidémiologie et évaluation cliniques, CHU de Nancy, Vandœuvre-lès-Nancy, France.

6

Hospices Civils de Lyon, Hôpital Neurologique, Neurologie C, Lyon, France.

7

Faculté de Médecine et de Maïeutique Lyon Sud Charles Mérieux, Université de Lyon 1, Lyon, France.

8

CNRS, UMR 5229, Centre de Neurosciences Cognitives, Bron, France.

9

Department of neurosurgery, CHU Grenoble Alpes, Grenoble, France.

10

Hospices Civils de Lyon, Hôpital Neurologique, Neurochirurgie A, Lyon, France.

11

Present address: Department of Clinical Neuroscience, Hôpitaux Universitaires de Genève, Faculty University of Geneva, Switzerland.

Abstract

BACKGROUND:

Subthalamic stimulation improves the motor and neuropsychiatric symptoms of Parkinson's disease. However, the impact of this treatment on impulse control and personality is the subject of heavy debate. The objective of this study was to investigate personality changes after subthalamic stimulation.

METHODS:

Using Cloninger's biosocial model, we assessed personality in 73 Parkinson's disease patients before and 12 months after subthalamic stimulation accompanied by a drastic reduction in dopaminergic medication. Changes in psychobehavioral symptoms were measured using a battery of validated clinical scales (apathy, depression, anxiety, hyperemotionality, mania, psychosis, punning, and impulse control behaviors).

RESULTS:

One year after surgery, the harm avoidance personality domain total score increased compared with the baseline (+2.8; 34 patients; $P < 0.001$), as did 3 of its 4 subdomains: anticipatory worry (+0.7; 10 patients; $P = 0.005$), shyness (+0.6; 7 patients; $P = 0.03$), and fatigability (+1.1; 10 patients; $P = 0.0014$). Evolution of the shyness personality trait correlated with the decrease in dopaminergic medication. Total scores in the other personality domains remained unchanged, except for extravagance, a subdomain of novelty seeking, and persistence, a subdomain of reward dependence, which both decreased following surgery (-0.3; 7 patients; and -0.6; 9 patients; $P = 0.03$ and $P = 0.0019$, respectively). Although apathy increased, other psychobehavioral symptoms, including impulse control behaviors and neuropsychiatric nonmotor fluctuations, improved. Depression and anhedonia remained stable. Scores in hypodopaminergia and neuropsychiatric nonmotor OFF correlated with harm avoidance. Scores in hyperdopaminergia and neuropsychiatric nonmotor ON correlated with novelty seeking.

CONCLUSIONS:

When subthalamic stimulation is applied in Parkinson's disease, significant changes in personality traits are observed, which may be related to postoperative tapering of dopaminergic treatment. © 2017 International Parkinson and Movement Disorder Society.

© 2017 International Parkinson and Movement Disorder Society.

PMID: 28643887

[Similar articles](#)



Recovery from eating disorder 1 year after start of treatment is related to better mentalization and strong reduction of sensitivity to others.

[Kuipers GS](#)¹, [Hollander SD](#)², [van der Ark LA](#)³, [Bekker MHJ](#)⁴.

Author information:

1

Unit for Eating Disorders, GGZ Breburg, PO Box 770, 5000 AT, Tilburg, The Netherlands. g.kuipers@ggzbreburg.nl.

2

Den Hollander Van den Broek, Piacenzastraat 19, 5262 EN, Vught, The Netherlands.

3

Research Institute of Child Development and Education, University of Amsterdam, PO Box 15776, 1001 NG, Amsterdam, The Netherlands.

4

Department of Medical and Clinical Psychology, Tilburg University, PO Box 90153, 5000 LE, Tilburg, The Netherlands.

Abstract

PURPOSE:

To investigate whether recovery from an eating disorder is related to pre-treatment attachment and mentalization and/or to improvement of attachment and mentalization during treatment.

METHOD:

For a sample of 38 anorexia nervosa (AN) and bulimia nervosa (BN) patients receiving treatment the relations between attachment security, mentalization, comorbidity and recovery status after 12 months (not recovered or recovered), and after 18 months (persistently ill, relapsed, newly recovered, or persistently recovered) were investigated. Attachment security and mentalization were assessed by the Adult Attachment Interview at the start of the treatment and after 12 months. Besides assessing co-morbidity-for its effect on treatment outcome-we measured psycho-neuroticism and autonomy because of their established relations to both eating disorder symptoms and to attachment security.

RESULTS:

Recovery both at 12 months and at 18 months was related to higher levels of mentalization; for attachment, no significant differences were found between recovered and unrecovered patients. Patients who recovered from AN or BN also improved on co-morbid symptoms: whereas pre-treatment symptom severity was similar, at 12 months recovered patients scored lower on co-morbid personality disorders, anxiety, depression, self-injurious behaviour and psycho-neuroticism than unrecovered patients. Improvement on autonomy (reduced sensitivity to others; greater capacity to manage new situations) in 1 year of treatment was significantly higher in recovered than in unrecovered patients.

CONCLUSION:

A focus on enhancing mentalization in eating disorder treatment might be useful to increase the chances of successful treatment. Improvement of autonomy might be the mechanism of change in recovering from AN or BN.

LEVEL OF EVIDENCE:

Level III cohort study.

PMID: 28643289

[Similar articles](#)



12. Stress Health. 2017 Jun 22. doi: 10.1002/smi.2767. [Epub ahead of print]

[Resilience dimensions and mental health outcomes in bipolar disorder in a follow-up study.](#)

[Echezarraga A](#)¹, [Calvete E](#)¹, [González-Pinto AM](#)², [Las Hayas C](#)¹.

Author information:

1

Department of Personality, Psychological Assessment and Treatment, University of Deusto, Bilbao, Spain.

2

Psychiatry Department, University Hospital Santiago Apostol, Vitoria-Gasteiz, Spain.

Abstract

The individual process of resilience has been related to positive outcomes in mental disorders. We aimed (a) to identify the resilience domains from the Resilience Questionnaire for Bipolar Disorder that are associated cross sectionally and longitudinally with mental health outcomes in bipolar disorder (BD) and (b) to explore cross-lagged associations among resilience factors. A clinical adult sample of 125 patients diagnosed with BD (62.10% female, mean age = 46.13, SD = 10.89) gave their informed consent and completed a battery of disease-specific tools on resilience, personal recovery, symptomatology, psychosocial functioning, and quality of life, at baseline and at follow-up (n = 63, 58.10% female, mean age = 45.13, SD = 11.06, participation rate = 50.40%). Resilience domains of self-management of BD, turning point, self-care, and self-confidence were significantly associated with mental health indicators at baseline. In addition, self-confidence at baseline directly predicted an increase in personal recovery at follow-up, and self-confidence improvement mediated the relationship between interpersonal support and self-care at baseline and personal recovery at follow-up. These findings highlight that resilience domains are significantly associated with positive mental health outcomes in BD and that some predict personal recovery at follow-up. Moreover, some resilience factors improve other resilience factors over time.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28639427

[Similar articles](#)



13. *Epidemiol Psychiatr Sci.* 2017 Jun 22:1-10. doi: 10.1017/S2045796017000269. [Epub ahead of print]

[Mental health morbidity among people subject to immigration detention in the UK: a feasibility study.](#)

[Sen P](#)¹, [Arugnanaseelan J](#)¹, [Connell E](#)², [Katona C](#)³, [Khan AA](#)², [Moran P](#)⁴, [Robjant K](#)³, [Slade K](#)⁵, [Tan J](#)¹, [Widyaratna K](#)¹, [Youd J](#)¹, [Forrester A](#)⁶.

Author information:

1

Department of Forensic and Neurodevelopmental Sciences, Institute of Psychiatry, Psychology and Neuroscience, King's College, London, UK.

2

- 3 Oxleas NHS Foundation Trust,London,UK.
- 4 Helen Bamber Foundation,Bruges Place,15-20 Baynes Street,London,NW1 0TF,UK.
- 5 Centre for Academic Mental Health,School of Social & Community
Medicine,University of Bristol,Oakfield House,Oakfield Grove,Clifton,Bristol BS8
2BN,UK.
- 6 Division of Psychology,Rm 4113 Chaucer Building,Nottingham Trent
University,Nottingham,NG1 4BU,UK.
- 7 Division of Psychology and Mental Health,Faculty of Biology,Medicine and
Health,2.304 Jean McFarlane Building,The University of Manchester,Oxford
Road,Manchester M13 9PL,UK.

Abstract

AIMS:

The UK has one of the largest systems of immigration detention in Europe.. Those detained include asylum-seekers and foreign national prisoners, groups with a higher prevalence of mental health vulnerabilities compared with the general population. In light of little published research on the mental health status of detainees in immigration removal centres (IRCs), the primary aim of this study was to explore whether it was feasible to conduct psychiatric research in such a setting. A secondary aim was to compare the mental health of those seeking asylum with the rest of the detainees.

METHODS:

Cross-sectional study with simple random sampling followed by opportunistic sampling. Exclusion criteria included inadequate knowledge of English and European Union nationality. Six validated tools were used to screen for mental health disorders including developmental disorders like Personality Disorder, Attention Deficit Hyperactivity Disorder (ADHD), Autistic Spectrum Disorder (ASD) and Intellectual Disability, as well as for needs assessment. These were the MINI v6, SAPAS, AQ-10, ASRS, LDSQ and CANFOR. Demographic data were obtained using a participant demographic sheet. Researchers were trained in the use of the screening battery and inter-rater reliability assessed by joint ratings.

RESULTS:

A total of 101 subjects were interviewed. Overall response rate was 39%. The most prevalent screened mental disorder was depression (52.5%), followed by personality disorder (34.7%) and post-traumatic stress disorder (20.8%). 21.8% were at moderate to high suicidal risk. 14.9 and 13.9% screened positive for ASD and ADHD, respectively. The greatest unmet needs were in the areas of intimate relationships (76.2%), psychological distress (72.3%) and

sexual expression (71.3%). Overall presence of mental disorder was comparable with levels found in prisons. The numbers in each group were too small to carry out any further analysis.

CONCLUSION:

It is feasible to undertake a psychiatric morbidity survey in an IRC. Limitations of the study include potential selection bias, use of screening tools, use of single-site study, high refusal rates, the lack of interpreters and lack of women and children in study sample. Future studies should involve the in-reach team to recruit participants and should be run by a steering group consisting of clinicians from the IRC as well as academics.

PMID: 28637536

[Similar articles](#)



14. Aust N Z J Psychiatry. 2017 Jul;51(7):658-659. doi: 10.1177/0004867417716782.

[Personality disorders: A Retrospective.](#)

[Bassett D](#)^{1,2,3}.

Author information:

1

1 University of Notre Dame, Fremantle, WA, Australia.

2

2 The University of Western Australia, Nedlands, WA, Australia.

3

3 Hollywood Specialist Centre, Nedlands, WA, Australia.

PMID: 28633575

[Similar articles](#)



15. Psychiatry Res. 2017 Jun 15;256:144-149. doi: 10.1016/j.psychres.2017.06.021. [Epub ahead of print]

[Face-related visual search deficits in first-episode schizophrenia.](#)

[She S](#)¹, [Zhang B](#)¹, [Li X](#)¹, [Zhang X](#)¹, [Li R](#)¹, [Li J](#)¹, [Bi T](#)², [Zheng Y](#)³.

Author information:

1

Department of Psychiatry, The Affiliated Brain Hospital of Guangzhou Medical University (Guangzhou Huiai Hospital), National Clinical Research Center on Mental Disorders (Changsha), Guangzhou 510370, China.

2

Key Laboratory of Cognition and Personality (SWU), Ministry of Education, Chongqing 400715, China; Faculty of Psychology, Southwest University, Chongqing 400715, China; School of Management, Zunyi Medical University, Guizhou 563000, China. Electronic address: bitaiyong@swu.edu.cn.

3

Department of Psychiatry, The Affiliated Brain Hospital of Guangzhou Medical University (Guangzhou Huiai Hospital), National Clinical Research Center on Mental Disorders (Changsha), Guangzhou 510370, China. Electronic address: brainzheng@163.com.

Abstract

Schizophrenia is considered a complex illness with multiple cognitive dysfunctions, including a deficit in visual processing. However, whether the deficiency of visual processing in schizophrenia is general across stimuli or stimulus-specific remains the subject of debate. In the current study, eighteen first-episode schizophrenic patients and eighteen healthy controls participated in three visual search tasks in which they were asked to search a specific target of a triangle, face identity or facial affect. The results showed that, compared to healthy controls, the accuracies for face identity and facial affect searches were significantly lower in schizophrenic patients, while the performance of the triangle search was the same. Furthermore, the accuracy of the facial affect search was negatively correlated to negative symptoms in schizophrenia. These results revealed a face-related deficit in schizophrenia and suggest that visual processing deficits in schizophrenia were stimuli-specific.

Copyright © 2017. Published by Elsevier B.V.

PMID: 28633055

[Similar articles](#)



16. Transl Psychiatry. 2017 Jun 20;7(6):e1155. doi: 10.1038/tp.2017.115.

[Genome-wide association study of borderline personality disorder reveals](#)

genetic overlap with bipolar disorder, major depression and schizophrenia.

[Witt SH](#)¹, [Streit F](#)¹, [Jungkunz M](#)^{2,3}, [Frank J](#)¹, [Awasthi S](#)⁴, [Reinbold CS](#)⁵, [Treutlein J](#)¹, [Degenhardt F](#)^{6,7}, [Forstner AJ](#)^{5,6,7,8}, [Heilmann-Heimbach S](#)⁶, [Dietl L](#)⁹, [Schwarze CE](#)¹⁰, [Schendel D](#)¹, [Strohmaier J](#)¹, [Abdellaoui A](#)¹¹, [Adolfsson R](#)¹², [Air TM](#)¹³, [Akil H](#)¹⁴, [Alda M](#)¹⁵, [Alliey-Rodriguez N](#)¹⁶, [Andreassen OA](#)^{17,18}, [Babadjanova G](#)¹⁹, [Bass NJ](#)²⁰, [Bauer M](#)²¹, [Baune BT](#)¹³, [Bellivier F](#)²², [Bergen S](#)²³, [Bethell A](#)²⁴, [Biernacka JM](#)²⁵, [Blackwood DHR](#)²⁶, [Boks MP](#)²⁷, [Boomsma DI](#)¹¹, [Børglum AD](#)^{28,29,30}, [Borrmann-Hassenbach M](#)³¹, [Brennan P](#)³², [Budde M](#)^{33,34}, [Buttenschøn HN](#)³⁵, [Byrne EM](#)³⁶, [Cervantes P](#)³⁷, [Clarke TK](#)²⁶, [Craddock N](#)³⁸, [Cruceanu C](#)³⁹, [Curtis D](#)^{40,41}, [Czerski PM](#)⁴², [Dannlowski U](#)^{43,44}, [Davis T](#)¹³, [de Geus EJC](#)¹¹, [Di Florio A](#)³⁸, [Djurovic S](#)^{45,46}, [Domenici E](#)⁴⁷, [Edenberg HJ](#)^{48,49}, [Etain B](#)⁵⁰, [Fischer SB](#)⁵, [Forty L](#)³⁸, [Fraser C](#)³⁸, [Frye MA](#)⁵¹, [Fullerton JM](#)^{52,53}, [Gade K](#)^{33,34}, [Gershon ES](#)¹⁶, [Giegling I](#)⁵⁴, [Gordon SD](#)⁵⁵, [Gordon-Smith K](#)⁵⁶, [Grabe HJ](#)⁵⁷, [Green EK](#)⁵⁸, [Greenwood TA](#)⁵⁹, [Grigoriou-Serbanescu M](#)⁶⁰, [Guzman-Parra J](#)⁶¹, [Hall LS](#)^{26,62}, [Hamshere M](#)³⁸, [Hauser J](#)⁴², [Hautzinger M](#)⁶³, [Heilbronner U](#)³⁴, [Herms S](#)^{5,6,7}, [Hitturlingappa S](#)¹³, [Hoffmann P](#)^{5,6,7}, [Holmans P](#)³⁸, [Hottenga JJ](#)¹¹, [Jamain S](#)^{50,64}, [Jones I](#)²⁴, [Jones LA](#)⁵⁶, [Juréus A](#)²³, [Kahn RS](#)⁶⁵, [Kammerer-Ciernioch J](#)⁶⁶, [Kirov G](#)³⁸, [Kittel-Schneider S](#)⁶⁷, [Kloiber S](#)^{68,69,70}, [Knott SV](#)⁵⁶, [Kogevinas M](#)⁷¹, [Landén M](#)^{23,72}, [Leber M](#)⁷³, [Leboyer M](#)⁷⁴, [Li QS](#)⁷⁵, [Lissowska J](#)⁷⁶, [Lucae S](#)⁷⁰, [Martin NG](#)^{55,77}, [Mayoral-Cleries F](#)⁶¹, [McElroy SL](#)⁷⁸, [McIntosh AM](#)^{26,79}, [McKay JD](#)⁸⁰, [McQuillin A](#)²⁰, [Medland SE](#)⁵⁵, [Middeldorp CM](#)¹¹, [Milaneschi Y](#)⁸¹, [Mitchell PB](#)^{82,83}, [Montgomery GW](#)⁸⁴, [Morken G](#)^{85,86}, [Mors O](#)^{87,88}, [Mühleisen TW](#)^{89,90}, [Müller-Myhsok B](#)^{39,91,92}, [Myers RM](#)⁹³, [Nievergelt CM](#)⁵⁹, [Nurnberger JI](#)⁹⁴, [O'Donovan MC](#)⁹⁵, [Loohuis LMO](#)⁹⁶, [Ophoff R](#)⁹⁷, [Oruc L](#)⁹⁸, [Owen MJ](#)⁹⁵, [Paciga SA](#)⁹⁹, [Penninx BWJH](#)⁸¹, [Perry A](#)⁵⁶, [Pfennig A](#)²¹, [Potash JB](#)¹⁰⁰, [Preisig M](#)¹⁰¹, [Reif A](#)⁶⁷, [Rivas F](#)⁶¹, [Rouleau GA](#)^{102,103}, [Schofield PR](#)^{52,53}, [Schulze TG](#)^{1,33,34,104,105}, [Schwarz M](#)¹⁰⁶, [Scott L](#)¹⁰⁷, [Sinnamon GCB](#)¹⁰⁸, [Stahl EA](#)^{109,110}, [Strauss J](#)⁶⁸, [Turecki G](#)³⁷, [Van der Auwera S](#)⁵⁷, [Vedder H](#)¹⁰⁶, [Vincent JB](#)¹¹¹, [Willemsen G](#)¹¹, [Witt CC](#)¹¹², [Wray NR](#)^{36,113}, [Xi HS](#)¹¹⁴, [Bipolar Disorders Working Group of the Psychiatric Genomics Consortium](#); [Major Depressive Disorder Working Group of the Psychiatric Genomics Consortium](#); [Schizophrenia Working Group of the Psychiatric Genomics Consortium](#), [Tadic A](#)^{115,116}, [Dahmen N](#)¹¹⁶, [Schott BH](#)^{4,117}, [Cichon S](#)^{6,89,90,118}, [Nöthen MM](#)^{6,7}, [Ripke S](#)^{4,119,120}, [Mobascher A](#)¹¹⁶, [Rujescu D](#)⁵⁴, [Lieb K](#)¹¹⁶, [Roepke S](#)⁹, [Schmahl C](#)², [Bohus M](#)³, [Rietschel M](#)¹.

Author information:

1

Central Institute of Mental Health, Department of Genetic Epidemiology in Psychiatry, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

2

Central Institute of Mental Health, Clinic of Psychosomatic and Psychotherapeutic Medicine, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

3

- Central Institute of Mental Health, Institute for Psychiatric and Psychosomatic Psychotherapy (IPPP)/Psychosomatic Medicine and Psychotherapy, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.
- 4 Department of Psychiatry and Psychotherapy, Charité Universitätsmedizin Berlin, Campus Mitte, Berlin, Germany.
- 5 Human Genomics Research Group, Department of Biomedicine, University of Basel, Basel, Switzerland.
- 6 Institute of Human Genetics, University of Bonn, Bonn, Germany.
- 7 Life and Brain Center, Department of Genomics, University of Bonn, Bonn, Germany.
- 8 Department of Psychiatry (UPK), University of Basel, Basel, Switzerland.
- 9 Department of Psychiatry, Charité-Universitätsmedizin Berlin, Campus Benjamin Franklin, Berlin, Germany.
- 10 Department of Clinical Psychology and Psychotherapy, University of Heidelberg, Heidelberg, Germany.
- 11 Department of Biological Psychology, Vrije Universiteit Amsterdam, Amsterdam, The Netherlands.
- 12 Department of Clinical Sciences, Psychiatry, Umeå University, Umeå, Sweden.
- 13 Discipline of Psychiatry, University of Adelaide, Adelaide, SA, Australia.
- 14 Molecular and Behavioral Neuroscience Institute, University of Michigan, Ann Arbor, MI, USA.
- 15 Department of Psychiatry, Dalhousie University, Halifax, NS, Canada.
- 16 Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL, USA.
- 17 Division Mental Health and Addiction, Oslo University Hospital, Oslo, Norway.
- 18 NORMENT, University of Oslo, Oslo, Norway.
- 19 Institute of Pulmonology, Russian State Medical University, Moscow, Russian Federation.
- 20 Division of Psychiatry, University College London, London, UK.

21 Department of Psychiatry and Psychotherapy, University Hospital Carl Gustav Carus,
Dresden, Germany.

22 Inserm, U1144, AP-HP, GH Saint-Louis, Département de Psychiatrie et de Médecine
Addictologique, Paris, France.

23 Department of Medical Epidemiology and Biostatistics, Karolinska Institutet,
Stockholm, Sweden.

24 National Center for Mental Health, Cardiff University, Cardiff, UK.

25 Health Sciences Research, Mayo Clinic, Rochester, MN, USA.

26 Division of Psychiatry, University of Edinburgh, Edinburgh, UK.

27 Urain Center Rudolf Magnus, Department of Psychiatry, University Medical Center
Utrecht, Utrecht, The Netherlands.

28 Department of Biomedicine, Aarhus University, Aarhus, Denmark.

29 iSEQ, Centre for Integrative Sequencing, Aarhus University, Aarhus, Denmark.

30 iPSYCH, The Lundbeck Foundation Initiative for Integrative Psychiatric Research,
Aarhus, Denmark.

31 Medical and Quality Assurance, Clinics of Upper Bavaria, Munich, Germany.

32 Genetic Epidemiology Group, International Agency for Research on Cancer, Lyon,
France.

33 Department of Psychiatry and Psychotherapy, University Medical Center Göttingen,
Goettingen, Germany.

34 Medical Center of the University of Munich, Campus Innenstadt, Institute of
Psychiatric Phenomics and Genomics (IPPG), Munich, Germany.

35 Translational Neuropsychiatry Unit, Department of Clinical Medicine, Aarhus
University, Aarhus, Denmark.

36 Queensland Brain Institute, The University of Queensland, Brisbane, QLD, Australia.

37 Department of Psychiatry, McGill University, Montreal, QC, Canada.

38 Division of Psychological Medicine and Clinical Neurosciences, Cardiff University,
Cardiff, UK.

- 39 Department of Translational Research in Psychiatry, Max Planck Institute of
Psychiatry, Munich, Germany.
- 40 Centre for Psychiatry, Queen Mary University of London, London, UK.
- 41 UCL Genetics Institute, University College London, London, UK.
- 42 Laboratory of Psychiatric Genetics, Department of Psychiatry, Poznan University of
Medical Sciences, Poznan, Poland.
- 43 Department of Psychiatry, University of Marburg, Marburg, Germany.
- 44 Department of Psychiatry, University of Münste, Münster, Germany.
- 45 Department of Medical Genetics, Oslo University Hospital Ullevål, Oslo, Norway.
- 46 NORMENT, KG Jebsen Centre for Psychosis Research, Department of Clinical
Science, University of Bergen, Bergen, Norway.
- 47 Centre for Integrative Biology, Università degli Studi di Trento, Trento, Italy.
- 48 Indiana University School of Medicine, Department of Biochemistry and Molecular
Biology, Indianapolis, IN, USA.
- 49 Indiana University School of Medicine, Department of Medical and Molecular
Genetics, Indianapolis, IN, USA.
- 50 Faculté de Médecine, Université Paris Est, Créteil, France.
- 51 Department of Psychiatry and Psychology, Mayo Clinic, Rochester, MN, USA.
- 52 School of Medical Sciences, University of New South Wales, Sydney, NSW,
Australia.
- 53 Neuroscience Research Australia, Sydney, NSW, Australia.
- 54 Department of Psychiatry, University of Halle, Halle, Germany.
- 55 Genetics and Computational Biology, QIMR Berghofer Medical Research Institute,
Brisbane, QLD, Australia.
- 56 Department of Psychological Medicine, University of Worcester, Worcester, UK.
- 57 Department of Psychiatry and Psychotherapy, University Medicine Greifswald,
Greifswald, Germany.

58 School of Biomedical and Healthcare Sciences, Plymouth University Peninsula
Schools of Medicine and Dentistry, Plymouth, UK.

59 Department of Psychiatry, University of California San Diego, La Jolla, CA, USA.

60 Biometric Psychiatric Genetics Research Unit, Alexandru Obregia Clinical
Psychiatric Hospital, Bucharest, Romania.

61 Mental Health Department, Biomedicine Institute, University Regional Hospital,
Málaga, Spain.

62 Institute of Genetic Medicine, Newcastle University, Newcastle upon Tyne, UK.

63 Department of Psychology, Eberhard Karls Universität Tübingen, Tübingen,
Germany.

64 Inserm U955, Psychiatrie Translationnelle, Créteil, France.

65 University Medical Center Utrecht, Division of Neuroscience, Department of
Psychiatry, Utrecht, The Netherlands.

66 Center of Psychiatry Weinsberg, Weinsberg, Germany.

67 Department of Psychiatry, Psychosomatic Medicine and Psychotherapy, University
Hospital Frankfurt am Main, Frankfurt am Main, Germany.

68 Centre for Addiction and Mental Health, Toronto, ON, Canada.

69 Department of Psychiatry, University of Toronto, Toronto, ON, Canada.

70 Max Planck Institute of Psychiatry, Munich, Germany.

71 Center for Research in Environmental Epidemiology (CREAL), Barcelona, Spain.

72 Institute of Neuroscience and Physiology, University of Gothenburg, Gothenburg,
Sweden.

73 Clinic for Psychiatry and Psychotherapy, University Hospital Cologne, Cologne,
Germany.

74 Inserm U955, Translational Psychiatry Laboratory, AP-HP, DHU PePSY,
Department of Psychiatry, Université Paris Est, Créteil, France.

75 Janssen Research and Development, LLC, Neuroscience Therapeutic Area,
Titusville, NJ, USA.

76 M. Sklodowska-Curie Cancer Center and Institute of Oncology, Cancer
Epidemiology and Prevention, Warsaw, Poland.

77 School of Psychology, The University of Queensland, Brisbane, QLD, Australia.

78 Lindner Center of HOPE, Research Institute, Mason, OH, USA.

79 Centre for Cognitive Ageing and Cognitive Epidemiology, University of Edinburgh,
Edinburgh, UK.

80 Genetic Cancer Susceptibility Group, International Agency for Research on Cancer,
Lyon, France.

81 VU University Medical Center and GGZ inGeest, Department of Psychiatry,
Amsterdam, The Netherlands.

82 School of Psychiatry, University of New South Wales, Sydney, NSW, Australia.

83 Black Dog Institute, Sydney, NSW, Australia.

84 Institute for Molecular Biology, University of Queensland, Brisbane, QLD, Australia.

85 Department of Neuroscience, Norwegian University of Science and Technology,
Trondheim, Norway.

86 Department of Psychiatry, St Olavs University Hospital, Trondheim, Norway.

87 Risskov, Psychosis Research Unit, Aarhus University Hospital, Aarhus, Denmark.

88 iPSYCH, The Lundbeck Foundation Initiative for Integrative Psychiatric Research,
Department of Clinical Medicine, Aarhus University, Aarhus, Denmark.

89 Research Center Juelich, Institute of Neuroscience and Medicine (INM-1), Juelich,
Germany.

90 Division of Medical Genetics, University of Basel, Basel, Switzerland.

91 Munich Cluster for Systems Neurology (SyNergy), Munich, Germany.

92 University of Liverpool, Liverpool, UK.

93 HudsonAlpha Institute for Biotechnology, Huntsville, AL, USA.

94 Department of Psychiatry, Indiana University School of Medicine, Indianapolis, IN,
USA.

- 95 MRC Centre for Neuropsychiatric Genetics and Genomics, Cardiff University, Cardiff, UK.
- 96 Center for Neurobehavioral Genetics, University of California Los Angeles, Los Angeles, CA, USA.
- 97 University Medical Center Utrecht, Division of Brain Research, Utrecht, The Netherlands.
- 98 Psychiatry Clinic, Clinical Center University of Sarajevo, Sarajevo, Bosnia-Herzegovina.
- 99 Pfizer Global Research and Development, Human Genetics and Computational Biomedicine, Groton, CT, USA.
- 100 Department of Psychiatry, University of Iowa, Iowa City, IA, USA.
- 101 Department of Psychiatry, Psychiatric University Hospital of Lausanne, Lausanne, Switzerland.
- 102 Department of Neurology and Neurosurgery, Faculty of Medicine, McGill University, Montreal, QC, Canada.
- 103 Montreal Neurological Institute and Hospital, Montreal, QC, Canada.
- 104 Department of Psychiatry and Behavioral Sciences, Johns Hopkins University, Baltimore, MD, USA.
- 105 NIMH Division of Intramural Research Programs, Human Genetics Branch, Bethesda, MD, USA.
- 106 Psychiatric Center Nordbaden, Wiesloch, Germany.
- 107 Center for Statistical Genetics, Department of Biostatistics, University of Michigan, Ann Arbor, MI, USA.
- 108 School of Medicine and Dentistry, James Cook University, Townsville, QLD, Australia.
- 109 Broad Institute of MIT and Harvard, Medical and Population Genetics, Cambridge, MA, USA.
- 110 Division of Psychiatric Genomics, Icahn School of Medicine at Mount Sinai, New York, NY, USA.
- 111

- Centre for Addiction and Mental Health, Molecular Neuropsychiatry and
Development Laboratory, Toronto, ON, Canada.
- 112 Department of Anaesthesiology and Operative Intensive Care, University Hospital
Mannheim, Medical Faculty Mannheim/Heidelberg University, Mannheim,
Germany.
- 113 Institute for Molecular Bioscience, The University of Queensland, Brisbane, QLD,
Australia.
- 114 Pfizer Global Research and Development, Computational Sciences Center of
Emphasis, Cambridge, MA, USA.
- 115 AGAPLESION Elisabethenstift gGmbH, Department of Psychiatry, Psychosomatics
and Psychotherapy, Darmstadt, Germany.
- 116 University Medical Center, Department of Psychiatry and Psychotherapy, Mainz,
Germany.
- 117 Leibniz Institute for Neurobiology, Magdeburg, Germany.
- 118 Department of Biomedicine, University of Basel, Basel, Switzerland.
- 119 Stanley Center for Psychiatric Research and Medical and Population Genetics
Program, Broad Institute of MIT and Harvard, Cambridge, MA, USA.
- 120 Analytic and Translational Genetics Unit, Department of Medicine, Harvard Medical
School, Massachusetts General Hospital, Boston, MA, USA.

Abstract

Borderline personality disorder (BOR) is determined by environmental and genetic factors, and characterized by affective instability and impulsivity, diagnostic symptoms also observed in manic phases of bipolar disorder (BIP). Up to 20% of BIP patients show comorbidity with BOR. This report describes the first case-control genome-wide association study (GWAS) of BOR, performed in one of the largest BOR patient samples worldwide. The focus of our analysis was (i) to detect genes and gene sets involved in BOR and (ii) to investigate the genetic overlap with BIP. As there is considerable genetic overlap between BIP, major depression (MDD) and schizophrenia (SCZ) and a high comorbidity of BOR and MDD, we also analyzed the genetic overlap of BOR with SCZ and MDD. GWAS, gene-based tests and gene-set analyses were performed in 998 BOR patients and 1545 controls. Linkage disequilibrium score regression was used to detect the genetic overlap between BOR and these disorders. Single marker analysis revealed no significant association after correction for multiple testing. Gene-based analysis yielded two significant genes: DPYD ($P=4.42 \times 10^{-7}$) and PKP4 ($P=8.67 \times 10^{-7}$); and gene-set analysis yielded a significant finding for exocytosis (GO:0006887, $P_{FDR}=0.019$; FDR, false discovery rate). Prior studies have

implicated DPYD, PKP4 and exocytosis in BIP and SCZ. The most notable finding of the present study was the genetic overlap of BOR with BIP ($r_g=0.28$ [$P=2.99 \times 10^{-3}$]), SCZ ($r_g=0.34$ [$P=4.37 \times 10^{-5}$]) and MDD ($r_g=0.57$ [$P=1.04 \times 10^{-3}$]). We believe our study is the first to demonstrate that BOR overlaps with BIP, MDD and SCZ on the genetic level. Whether this is confined to transdiagnostic clinical symptoms should be examined in future studies.

PMID: 28632202

[Similar articles](#)



17. Mol Psychiatry. 2017 Jun 20. doi: 10.1038/mp.2017.115. [Epub ahead of print]

Rare disruptive variants in the DISC1 Interactome and Regulome: association with cognitive ability and schizophrenia.

[Teng S](#)^{1,2}, [Thomson PA](#)^{3,4}, [McCarthy S](#)¹, [Kramer M](#)¹, [Muller S](#)¹, [Lihm J](#)¹, [Morris S](#)³, [Soares DC](#)³, [Hennah W](#)⁵, [Harris S](#)^{3,4}, [Camargo LM](#)⁶, [Malkov V](#)⁷, [McIntosh AM](#)⁸, [Millar JK](#)³, [Blackwood DH](#)⁸, [Evans KL](#)⁴, [Deary IJ](#)^{4,9}, [Porteous DJ](#)^{3,4}, [McCombie WR](#)¹.

Author information:

1

Stanley Institute for Cognitive Genomics, Cold Spring Harbor Laboratory, Cold Spring Harbor, NY, USA.

2

Department of Biology, Howard University, Washington DC, USA.

3

Centre for Genomic and Experimental Medicine, MRC/University of Edinburgh Institute of Genetics & Molecular Medicine, Western General Hospital, Edinburgh, UK.

4

Centre for Cognitive Ageing and Cognitive Epidemiology, Edinburgh, UK.

5

Institute for Molecular Medicine, Finland FIMM, University of Helsinki, Helsinki, Finland.

6

UCB New Medicines, One Broadway, Cambridge, MA, USA.

7

Genetics and Pharmacogenomics, MRL, Merck & Co, Boston, MA, USA.

8

Division of Psychiatry, University of Edinburgh, Royal Edinburgh Hospital, Edinburgh, UK.

Abstract

Schizophrenia (SCZ), bipolar disorder (BD) and recurrent major depressive disorder (rMDD) are common psychiatric illnesses. All have been associated with lower cognitive ability, and show evidence of genetic overlap and substantial evidence of pleiotropy with cognitive function and neuroticism. Disrupted in schizophrenia 1 (DISC1) protein directly interacts with a large set of proteins (DISC1 Interactome) that are involved in brain development and signaling. Modulation of DISC1 expression alters the expression of a circumscribed set of genes (DISC1 Regulome) that are also implicated in brain biology and disorder. Here we report targeted sequencing of 59 DISC1 Interactome genes and 154 Regulome genes in 654 psychiatric patients and 889 cognitively-phenotyped control subjects, on whom we previously reported evidence for trait association from complete sequencing of the DISC1 locus. Burden analyses of rare and singleton variants predicted to be damaging were performed for psychiatric disorders, cognitive variables and personality traits. The DISC1 Interactome and Regulome showed differential association across the phenotypes tested. After family-wise error correction across all traits ($\text{FWER}_{\text{across}}$), an increased burden of singleton disruptive variants in the Regulome was associated with SCZ ($\text{FWER}_{\text{across}}$ $P=0.0339$). The burden of singleton disruptive variants in the DISC1 Interactome was associated with low cognitive ability at age 11 ($\text{FWER}_{\text{across}}$ $P=0.0043$). These results identify altered regulation of schizophrenia candidate genes by DISC1 and its core Interactome as an alternate pathway for schizophrenia risk, consistent with the emerging effects of rare copy number variants associated with intellectual disability. *Molecular Psychiatry* advance online publication, 20 June 2017; doi:10.1038/mp.2017.115.

PMID: 28630456

[Similar articles](#)



18. Personal Disord. 2017 Jun 19. doi: 10.1037/per0000257. [Epub ahead of print]

[Predictors of Substance Use in Youth With Borderline Personality Disorder.](#)

[Scalzo F](#), [Hulbert CA](#), [Betts JK](#), [Cotton SM](#), [Chanen AM](#).

Abstract

Concomitant substance misuse in adults with borderline personality disorder (BPD) is associated with a more severe course of illness and poorer outcomes. Previous research has found an association between the number of borderline personality features and substance misuse in community samples. This study examined the relationship between substance use

and severity of BPD in youth presenting for the first time for treatment (first presentation) of BPD. Participants were 117 help-seeking youth aged 15-25 years (93 females; Mage = 19.0 years, SD = 2.8) with BPD. Hierarchical logistic regression was used to investigate whether the severity of BPD predicted substance use. After adjusting for demographic factors and concurrent mental state pathology, BPD independently predicted alcohol dependence, amphetamine use in the previous month, or use of 2 or more illicit substances in the previous month but not daily tobacco use or cannabis use in the previous month. BPD might increase the probability that an individual will engage in higher-risk behaviors, such as amphetamine and polysubstance use, or problematic alcohol use. These findings support the need for assessment of youth with BPD for alcohol, amphetamine, and polysubstance use along with the need for routine screening in drug and alcohol services for BPD features. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28627903

[Similar articles](#)

19. Personal Disord. 2017 Jun 19. doi: 10.1037/per0000252. [Epub ahead of print]

[Responses to Dominance Challenge Are a Function of Psychopathy Level: A Multimethod Study.](#)

[Lobbestael J](#), [Arntz A](#), [Voncken M](#), [Potegal M](#).

Abstract

This study assesses the relationship between psychopathy and dominance, both as a trait level and in 2 interpersonal contexts. Following the interpersonal circumplex model, we expected that interacting with a dominant interviewer would reduce dominance displays by low psychopathy participants (interpersonal complementarity) but might increase such displays in those with higher psychopathy (anticomplementarity). Psychopathic traits and dominance were assessed in a community sample (N = 91) using multiple dominance indicators: self-reported overall dominance level, job preference, dominance displays observed during identical interviews with a subordinate and dominant interviewer, and baseline and postinterview measures of personal space and testosterone level. Psychopathic traits were positively related to dominance on both trait measures and in the interviews. As a trait, higher self-reported psychopathy scores were associated with higher levels of self-reported dominance and preference for supervisory job positions. Higher Factor 1 psychopathy scores were associated with increased dominance display in interaction with the dominant interviewer. Higher Factor 2 scores were associated with allowing the dominant interviewer to approach more closely (reduced physical distancing). Psychopathy was partly related to a delayed increase in testosterone levels after interaction. Psychopathic traits may include a general tendency to dominate, a tendency which increases when interacting with a

dominant other. The emotional/interpersonal psychopathy factor is specifically related to increased dominance displays when interacting with a dominant individual, while the behavioral factor of psychopathy is related to reduced physical distancing of a dominant partner. At higher psychopathy levels the general rule of dominant-subordinate reciprocity during social interaction is reversed. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28627902

[Similar articles](#)

20. Personal Disord. 2017 Jun 19. doi: 10.1037/per0000258. [Epub ahead of print]

Cone of Gaze in Positive Schizotypy: Relationship to Referential Thinking and Social Functioning.

[Wastler HM](#), [Lenzenweger MF](#).

Abstract

Eye contact is an essential means of nonverbal communication, providing information about attention, emotion, mental state, facial expressions, and identity/gender (Itier & Batty, 2009). Although studies suggest that patients with schizophrenia endorse direct gaze more often than controls in ambiguous gaze circumstances, gaze perception in schizotypy remains unstudied. This study investigated whether individuals with positive schizotypic features incorrectly perceive that others are looking at them and whether this is related to referential thinking and psychosocial functioning. Schizotypic individuals (n = 33) and controls (n = 29) completed a newly developed measure of gaze perception, a cone of gaze task (Gamer & Hecht, 2007). Results reveal that individuals in the schizotypy group report feeling as though they are being looked at across a wider range of angles than controls. Consistent with our hypotheses, this wider cone of gaze is associated with increased referential thinking and poorer psychosocial functioning. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28627901

[Similar articles](#)

21. Psychiatry Res. 2017 Jun 15;256:66-70. doi: 10.1016/j.psychres.2017.06.011. [Epub ahead of print]

Investigating the association between emotion regulation and distress in adults with psychotic-like experiences.

[Osborne KJ](#)¹, [Willroth EC](#)², [DeVylder JE](#)³, [Mittal VA](#)⁴, [Hilimire MR](#)⁵.

Author information:

1

College of William & Mary, Department of Psychology, Williamsburg, VA, USA; Northwestern University, Department of Psychology, Evanston, Chicago, IL, USA.

2

College of William & Mary, Department of Psychology, Williamsburg, VA, USA; University of California, Berkeley, Department of Psychology, Institute for Personality and Social Research, Berkeley, CA, USA. Electronic address: ecwillroth@berkeley.edu.

3

University of Maryland, Baltimore, School of Social Work, Baltimore, MD, USA.

4

Northwestern University, Department of Psychology, Evanston, Chicago, IL, USA; Northwestern University, Department of Psychiatry, Institute for Policy Research, Department of Medical Social Sciences, Evanston, Chicago, IL, USA.

5

College of William & Mary, Department of Psychology, Williamsburg, VA, USA.

Abstract

Many individuals in the general population experience psychotic-like experiences in the absence of a psychotic disorder. The degree of psychological distress associated with these experiences is a key predictor of clinical outcomes. One factor that may influence the degree of distress from psychotic-like experiences is emotion regulation. Although it has been demonstrated that emotion regulation deficits are present in psychotic disorders, the association between emotion regulation and subclinical psychotic-like experiences is not well understood. Here, we examined the associations between frequency of and distress from psychotic-like experiences and several key components of emotion regulation: difficulties with emotion regulation; emotion regulation self-efficacy; and emotion regulation strategy use. Difficulties with emotion regulation and maladaptive patterns of emotion regulation strategy use were associated with the frequency of both positive and negative psychotic-like experiences. In addition, results suggest that habitual acceptance use and reappraisal self-efficacy may serve as protective factors against the distress associated with psychotic-like experiences.

Published by Elsevier B.V.

PMID: 28624674

[Similar articles](#)



22. BMC Psychiatry. 2017 Jun 15;17(1):221. doi: 10.1186/s12888-017-1383-2.

Borderline personality disorder and childhood trauma: exploring the affected biological systems and mechanisms.

[Cattane N](#)¹, [Rossi R](#)², [Lanfredi M](#)², [Cattaneo A](#)^{3,4,5} .

Author information:

1

Biological Psychiatry Unit, IRCCS Istituto Centro San Giovanni di Dio - Fatebenefratelli, via Pilastroni 4, Brescia, Italy.

2

Psychiatry Unit, IRCCS Istituto Centro San Giovanni di Dio - Fatebenefratelli, via Pilastroni 4, Brescia, Italy.

3

Biological Psychiatry Unit, IRCCS Istituto Centro San Giovanni di Dio - Fatebenefratelli, via Pilastroni 4, Brescia, Italy. annamaria.cattaneo@kcl.ac.uk.

4

Stress, Psychiatry and Immunology Laboratory, Department of Psychological Medicine, Institute of Psychiatry, King's College London, 125 Coldharbour Lane, London, SE5 9NU, UK. annamaria.cattaneo@kcl.ac.uk.

5

Department of Psychological Medicine, Institute of Psychiatry, Psychology and Neuroscience, King's College London, 125 Coldharbour Lane, London, SE5 9NU, UK. annamaria.cattaneo@kcl.ac.uk.

Abstract

BACKGROUND:

According to several studies, the onset of the Borderline Personality Disorder (BPD) depends on the combination between genetic and environmental factors (GxE), in particular between biological vulnerabilities and the exposure to traumatic experiences during childhood. We have searched for studies reporting possible alterations in several biological processes and brain morphological features in relation to childhood trauma experiences and

to BPD. We have also looked for epigenetic mechanisms as they could be mediators of the effects of childhood trauma in BPD vulnerability.

DISCUSSION:

We prove the role of alterations in Hypothalamic-Pituitary-Adrenal (HPA) axis, in neurotransmission, in the endogenous opioid system and in neuroplasticity in the childhood trauma-associated vulnerability to develop BPD; we also confirm the presence of morphological changes in several BPD brain areas and in particular in those involved in stress response. Not so many studies are available on epigenetic changes in BPD patients, although these mechanisms are widely investigated in relation to stress-related disorders. A better comprehension of the biological and epigenetic mechanisms, affected by childhood trauma and altered in BPD patients, could allow to identify "at high risk" subjects and to prevent or minimize the development of the disease later in life.

PMCID: PMC5472954 **Free PMC Article**

PMID: 28619017

[Similar articles](#)



23. J Pers Assess. 2017 Jul-Aug;99(4):448. doi: 10.1080/00223891.2017.1329409.

The Alternative Model for Personality Disorders.

[No authors listed]

PMID: 28617142

[Similar articles](#)

24. J Hum Genet. 2017 Jun 15. doi: 10.1038/jhg.2017.61. [Epub ahead of print]

Meta-analysis of genome-wide SNP- and pathway-based associations for facets of neuroticism.

[Kim SE](#)¹, [Kim HN](#)¹, [Yun YJ](#)¹, [Heo SG](#)¹, [Cho J](#)^{2,3,4}, [Kwon MJ](#)^{2,5}, [Chang Y](#)^{2,6}, [Ryu S](#)^{2,6}, [Shin H](#)⁷, [Shin C](#)⁸, [Cho NH](#)⁹, [Sung YA](#)¹⁰, [Kim HL](#)¹.

Author information:

- 1 Department of Biochemistry, School of Medicine, Ewha Womans University, Seoul, Korea.
- 2 Center for Cohort Studies, Total Healthcare Center, Kangbuk Samsung Hospital, School of Medicine, Sungkyunkwan University, Seoul, Korea.
- 3 Biostatistics and Clinical Epidemiology Center, Research Institute for Future Medicine, Samsung Medical Center, School of Medicine, Sungkyunkwan University, Seoul, Korea.
- 4 Department of Health, Behavior and Society and Epidemiology, Johns Hopkins Bloomberg School of Public Health, Baltimore, MD, USA.
- 5 Department of Laboratory Medicine, Kangbuk Samsung Hospital, School of Medicine, Sungkyunkwan University, Seoul, Korea.
- 6 Department of Occupational Medicine, Kangbuk Samsung Hospital, School of Medicine, Sungkyunkwan University, Seoul, Korea.
- 7 Department of Family Medicine and Health Screening Center, Kangbuk Samsung Hospital, School of Medicine, Sungkyunkwan University, Seoul, Korea.
- 8 Division of Pulmonary and Critical Care Medicine, Department of Internal Medicine, Korea University Ansan Hospital, Ansan, Korea.
- 9 Department of Preventive Medicine, School of Medicine, Ajou University, Suwon, Korea.
- 10 Department of Internal Medicine, School of Medicine, Ewha Womans University, Seoul, Korea.

Abstract

Neuroticism is a heritable personality trait that is comprised of distinct sub-factors, or facets. Sub-factors of neuroticism are linked to different emotional states or psychiatric symptoms and studying the genetic variants associated with these facets may help reveal the biological mechanisms underlying psychiatric disorders. In the present study, a meta-analysis of genome-wide association studies for six facets of neuroticism was performed in 5584 participants from three cohorts. Additionally, a Gene Set Enrichment Analysis was conducted to find biological pathways associated with each facet. Six neuroticism facets (N1: anxiety, N2: angry hostility, N3: depression, N4: self-consciousness, N5: impulsivity and N6: vulnerability) were assessed using the Korean version of the Revised NEO Personality Inventory. In the single-nucleotide polymorphism-based analysis, results showed genome-wide significance for N2 within the MIR548H3 gene (rs1360001, $P=4.14 \times 10^{-9}$). Notable genes with suggestive associations ($P<1.0 \times 10^{-6}$) were ITPR1 for N1, WNT7A for

N2, FGF10 and FHIT for N3, DDR1 for N4, VGLL4 for N5 and PTPRD for N6. In the pathway-based analysis, the axon guidance pathway was identified to be associated with multiple facets of neuroticism (N2, N4 and N6). The focal adhesion and extracellular matrix receptor interaction pathways were significantly associated with N2 and N3. Our findings revealed genetic influences and biological pathways that are associated with facets of neuroticism. *Journal of Human Genetics* advance online publication, 15 June 2017; doi:10.1038/jhg.2017.61.

PMID: 28615674

[Similar articles](#)



25. *Trends Psychiatry Psychother.* 2017 Jun 12:0. doi: 10.1590/2237-6089-2016-0016. [Epub ahead of print]

[Personality characteristics and bariatric surgery outcomes: a systematic review.](#)

[Bordignon S](#)¹, [Aparício MJG](#)¹, [Bertoletti J](#)¹, [Trentini CM](#)¹.

Author information:

1

Instituto de Psicologia, Programa de Pós-Graduação em Psicologia, Universidade Federal do Rio Grande do Sul (UFRGS), Porto Alegre, RS, Brazil.

Abstract

Introduction::

Numerous studies have focused on psychological assessment of bariatric surgery candidates, aiming to identify which psychological variables, including personality characteristics, are related to successful surgical prognosis.

Objective::

To analyze, by means of a systematic literature review, longitudinal studies that investigated personality traits and disorders as possible predictors of outcomes in bariatric surgery.

Method::

PsycInfo, PubMed, and Scopus databases were searched for studies published between 2005 and 2015, using the keywords "bariatric" AND "personality." Quantitative longitudinal

studies in English, Portuguese, or Spanish were selected for review if they assessed personality as an outcome predictor of BS in people aged 18 years or older.

Results::

Sixteen articles were analyzed. The results of this review suggest that externalizing dysfunctions might be associated with less weight reduction, while internalizing dysfunctions appear to be associated with somatic concerns and psychological distress. The persistence dimension (of temperament in Cloninger's model) was positively associated with greater weight loss, while neuroticism (Five Factor Model) and the occurrence of personality disorders were not predictive of weight loss. Furthermore, the results indicate a tendency towards a reduction in personality disorders and neuroticism scores, and an increase in extroversion scores, after BS.

Conclusions::

Assessment of personality characteristics, whether to identify their predictive power or to detect changes during the BS process, is important since it can provide grounds for estimating surgical prognosis and for development of interventions targeting this population.

Free Article

PMID: 28614435

[Similar articles](#)

free full text
available at 

26. Psych J. 2017 Jun 14. doi: 10.1002/pchj.169. [Epub ahead of print]

[A pilot study on the Chinese Minnesota Multiphasic Personality Inventory-2 in detecting feigned mental disorders: Simulators classified by using the Structured Interview of Reported Symptoms.](#)

[Chang YT](#)¹, [Tam WC](#)², [Shiah YJ](#)³, [Chiang SK](#)⁴.

Author information:

- Department of Clinical Psychology, Taipei Veterans General Hospital, Yuli Branch, Yuli, Taiwan.
- 2 Department of Psychology, Chung Yuan Christian University, Chungli, Taiwan.
- 3 Graduate Institute of Counseling Psychology and Rehabilitation Counseling, National Kaohsiung Normal University, Kaohsiung, Taiwan.
- 4 Department of Counseling and Clinical Psychology, National Dong Hua University, Shoufeng, Taiwan.

Abstract

The Minnesota Multiphasic Personality Inventory-2 (MMPI-2) is often used in forensic psychological/psychiatric assessment. This was a pilot study on the utility of the Chinese MMPI-2 in detecting feigned mental disorders. The sample consisted of 194 university students who were either simulators (informed or uninformed) or controls. All the participants were administered the Chinese MMPI-2 and the Structured Interview of Reported Symptoms-2 (SIRS-2). The results of the SIRS-2 were utilized to classify the participants into the feigning or control groups. The effectiveness of eight detection indices was investigated by using item analysis, multivariate analysis of covariance (MANCOVA), and receiver operating characteristic (ROC) analysis. Results indicated that informed-simulating participants with prior knowledge of mental disorders did not perform better in avoiding feigning detection than uninformed-simulating participants. In addition, the eight detection indices of the Chinese MMPI-2 were effective in discriminating participants in the feigning and control groups, and the best cut-off scores of three of the indices were higher than those obtained from the studies using the English MMPI-2. Thus, in this sample of university students, the utility of the Chinese MMPI-2 in detecting feigned mental disorders was tentatively supported, and the Chinese Infrequency Scale (ICH), a scale developed specifically for the Chinese MMPI-2, was also supported as a valid scale for validity checking.

© 2017 The Institute of Psychology, Chinese Academy of Sciences and John Wiley & Sons Australia, Ltd.

PMID: 28613018

[Similar articles](#)



27. Psychometrika. 2017 Jun;82(2):308-328. doi: 10.1007/s11336-017-9565-x. Epub 2017 Jun 13.

Properties of Ideal Point Classification Models for Bivariate Binary Data.

[Worku HM](#)¹, [De Rooij M](#)².

Author information:

1

Psychological Institute, Faculty of Social Sciences, Leiden University, PO Box 9555, 2330 RB, Leiden, The Netherlands. h.m.worku@fsw.leidenuniv.nl.

2

Psychological Institute, Faculty of Social Sciences, Leiden University, PO Box 9555, 2330 RB, Leiden, The Netherlands.

Abstract

The ideal point classification (IPC) model was originally proposed for analysing multinomial data in the presence of predictors. In this paper, we studied properties of the IPC model for analysing bivariate binary data with a specific focus on three quantities: (1) the marginal probabilities; (2) the association structure between the two binary responses; and (3) the joint probabilities. We found that the IPC model with a specific class point configuration represents either the marginal probabilities or the association structure. However, the IPC model is not able to represent both quantities at the same time. We then derived a new parametrization of the model, the bivariate IPC (BIPC) model, which is able to represent both the marginal probabilities and the association structure. Like the standard IPC model, the results of the BIPC model can be displayed in a biplot, from which the effects of predictors on the binary responses and on their association can be read. We will illustrate our findings with a psychological example relating personality traits to depression and anxiety disorders.

PMID: 28612289

[Similar articles](#)

28. Clin Psychol Psychother. 2017 Jun 13. doi: 10.1002/cpp.2096. [Epub ahead of print]

Does the severity of psychopathology of Italian students receiving counselling services increase over time? A 5-year

analysis and a comparison with a clinical and non-clinical sample.

[Streparava MG](#)^{1,2}, [Bani M](#)^{1,2}, [Zorzi F](#)¹, [Mazza U](#)², [Barile F](#)², [Rezzonico G](#)¹.

Author information:

1

Department of Medicine and Surgery, University of Milano-Bicocca, Milan, Italy.

2

Clinical Psychology, ASST S. Gerardo Hospital, Monza, Italy.

Abstract

Psychological problems-from the most minor such as exams anxiety to the more severe such as personality disorders-are not rare in young adults. University Counselling Services often present the only opportunity for undergraduates to meet health professionals and to be confronted with their difficulties in a non-clinical setting or-in cases of more severe psychopathology-to be referred to mental health services. Recent research attests to the increasing severity of psychological problems among undergraduate and graduate university students. The question necessarily arises as to whether this trend is replicated in the general population being referred to mental health services and, if such is the case, whether there are differences between the two populations. This paper analyses the change in the severity of self-reported symptoms in a sample of 194 students attending a University Counselling Service over a course of 5 years (2010-2014). Clinical severity was assessed in both groups by Symptoms Check List 90-Revised, Clinical Outcome in Routine Evaluation-Outcome Measure, and Emotion Regulation Questionnaire scores. Results show a substantial stability in severity level across time, and a comparison with an age-matched sample of patients referred to a public hospital clinical psychology service shows overlapping data with respect to disease severity level. As the mental health of university students is an important public health issue, the implications for the organization and structure of university counselling services and the connection with public mental health hospital centres are discussed. Key Practitioner Message The severity of distress and symptoms in Italian students who access psychological counselling service remained stable across a 5-year period. The level of severity of distress and symptoms in students who access psychological counselling service was higher and similar to that of a mental health service. The results suggest to develop multilevel interventions to address the broader well-being needs of university students providing both low- and high-intensity interventions and develop a network with mental health services.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28608402

[Similar articles](#)

Clinician Perspectives of Antisocial and Borderline Personality Disorders Using DSM-5 Section III Dimensional Personality Traits.

[Anderson JL](#)¹, [Sellbom M](#)², [Shealy RC](#)¹.

Author information:

1

Department of Psychology, University of Alabama.

2

Department of Psychology, University of Otago.

Abstract

The DSM-5 includes an alternative model for the diagnosis of personality disorders (PDs). Although there has been growing support for this model, there has been little investigation into how it will be utilized by clinicians. The current study evaluated clinician perspectives of a "prototypical" individual with antisocial and borderline PD using Section III traits in a sample of 105 mental health professionals. Results showed that clinicians' perspectives of these disorders were generally consistent with the Section III trait operationalizations. Indeed, clinicians rated each trait facet as more prototypical than nonproposed facets. Similarly, they rated nonproposed facets as less prototypical than included facets for both disorders, with some exceptions for borderline PD. Furthermore, the authors found that these ratings were generally in statistical agreement with empirical associations between Section III traits and Section II PDs found in previous studies. Overall, results suggest support for the trait operationalizations of these disorders by clinicians.

PMID: 28604276

[Similar articles](#)



The Italian Version of the Borderline Personality Disorder Severity Index IV: Psychometric Properties, Clinical Usefulness, and Possible Diagnostic Implications.

[di Giacomo E](#)^{1,2,3}, [Arntz A](#)⁴, [Fotiadou M](#)⁵, [Aguglia E](#)⁶, [Barone L](#)⁷, [Bellino S](#)⁸, [Carpiniello B](#)⁹, [Colmegna F](#)², [Lazzari M](#)², [Loretto L](#)¹⁰, [Pinna F](#)⁹, [Sicaro A](#)², [Signorelli MS](#)⁶; [BRT Group](#), [Clerici M](#)^{1,2}.

Author information:

1

School of Medicine and Surgery, University of Milan, Bicocca, Italy.

2

Psychiatric Department, S. Gerardo Health Care Trust, Monza, Italy.

3

PhD Program in Neuroscience, Doctorate School, University of Milan, Bicocca.

4

Department of Clinical Psychology, University of Amsterdam, the Netherlands.

5

Female Medium Secure Forensic Service, South London, and the Maudsley NHS Foundation Trust, Bethlem Royal Hospital, Beckenham, UK.

6

Department of Clinical and Molecular Biomedicine, University of Catania, Italy.

7

Psychology Section, Department of Brain and Behavioral Science, University of Pavia, Pavia, Italy.

8

Center for Personality Disorders, Psychiatric Clinic, Department of Neuroscience, University of Turin, Italy.

9

Department of Public Health, Clinical and Molecular Medicine, Psychiatric Unit, University of Cagliari, Italy.

10

Psychiatric Clinic, Department of Biomedical Science, University of Sassari, Italy.

Abstract

Borderline personality disorder (BPD) has a core embodied in affective and behavioral dysregulations, impulsivity, and relational disturbance. Clinical presentation might be heterogeneous due to a combination of different symptoms listed in the DSM-5. Clinical diagnosis and assessment of the severity of manifestations might be improved through the administration of structured interviews such as the Borderline Personality Disorder Severity Index, 4th edition (BPDSI-IV). The psychometric properties of the Italian version of the BPDSI-IV were examined for the first time in 248 patients affected by BPD and 113 patients affected by bipolar disorder, proving to be a valid and accurate instrument with good internal consistency and high accuracy. The Italian version also demonstrates significant validity in the discrimination between these clinical groups ($p < .001$).

PMID: 28604275

[Similar articles](#)



31. J Affect Disord. 2017 Jun 2;220:72-78. doi: 10.1016/j.jad.2017.05.046. [Epub ahead of print]

[Explicating the structure and relations of the Mood Disorder Questionnaire: Implications for screening for bipolar and related disorders.](#)

[Stanton K](#)¹, [Watson D](#)².

Author information:

1

Department of Psychology, University of Notre Dame, 118 Haggard Hall, Notre Dame, IN 46556, United States. Electronic address: kstanto1@nd.edu.

2

Department of Psychology, University of Notre Dame, 118 Haggard Hall, Notre Dame, IN 46556, United States. Electronic address: db.watson@nd.edu.

Abstract

BACKGROUND:

The Mood Disorder Questionnaire (MDQ; Hirschfeld et al., 2000) is a widely used screening measure in bipolar disorder research. Although this measure assesses a heterogeneous range of content, only limited prior research utilizing relatively small sample sizes has examined its factor structure.

METHODS:

The MDQ's structure was examined in 700 participants reporting current psychiatric treatment. We extended prior structural work on the MDQ by explicating relations between factors and a wide range of psychopathology and personality measures.

RESULTS:

The MDQ items were best captured by a two-factor structure consisting of dimensions labeled Positive Activation and Negative Activation. These two factors showed very different patterns of associations with personality, other psychopathology, and ratings of significant impairment, the last of which is a requirement for a positive MDQ screen using traditional scoring methods.

LIMITATIONS:

Our study did not include clinician or informant ratings of bipolar disorder, preventing us from examining associations with such scores.

CONCLUSIONS:

Our findings indicate that although the MDQ items cohere to define a total score, their structure is best modeled by meaningful Positive Activation and Negative Activation factors. Researchers and clinicians should be aware of these distinct sets of MDQ content, as high scorers on Positive Activation are less likely to identify past symptoms as problematic and show distinct clinical profiles from high scorers on Negative Activation.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28600930

[Similar articles](#)



32. J Nerv Ment Dis. 2017 Jul;205(7):517-524. doi: 10.1097/NMD.0000000000000697.

The Rate of Improvement in Long-Term Dynamic Psychotherapy For Borderline Personality Disorder.

[Perry JC¹](#), [Bond M](#), [Békés V](#).

Author information:

1

McGill University at the Institute of Community and Family Psychiatry, Jewish General Hospital, Montréal, Québec, Canada.

Abstract

Controlled trials of psychotherapy and follow-up studies of borderline personality disorder (BPD) have shown significant, but usually limited, improvement. We examined the hypothesis that BPD changes more slowly than nonborderline disorders. In a study of long-term dynamic psychotherapy, 16 subjects with BPD and 35 with non-BPD disorders were treated for a median of 3 years with a follow-up of 5 years. From periodic assessments, we calculated the rate of change for each subject over the course of the study on each measure of symptoms and functioning. At intake, borderline psychopathology was associated with higher levels on 76% of 17 measures of comorbid axis I disorders, symptoms, and functioning. BPD psychopathology was associated with faster (not slower) rates of improvement on three measures, but after controlling for the initial level of each measure, there were no significant associations. These findings counsel both optimism and patience in the long-term treatment of patients with BPD.

PMID: 28598956

[Similar articles](#)



33. J Pers Disord. 2017 Jun 8;1-7. doi: 10.1521/pedi_2017_31_302. [Epub ahead of print]

High Prevalence of Physical Pain Among Treatment-Seeking Individuals With Borderline Personality Disorder.

[Heath LM](#)^{1,2}, [Paris J](#)^{1,3}, [Laporte L](#)^{1,3,4}, [Gill KJ](#)^{1,2,4}.

Author information:

1

Department of Psychiatry, McGill University.

2

Addictions Unit, McGill University Health Centre.

3

Personality Disorders Program, McGill University Health Centre.

4

Research Institute, McGill University Health Centre, Montreal, Quebec, Canada.

Abstract

Research has demonstrated that about 30% of chronic pain patients suffer from borderline personality disorder (BPD), yet pain is not often discussed in research on the treatment of BPD. Sixty-five patients entering outpatient treatment for BPD were assessed at baseline for the prevalence of DSM-IV lifetime pain disorder, current medical problems, and the experience of current pain as measured by the McGill Pain Questionnaire. DSM-IV lifetime pain disorder diagnosis was present in 65% of patients. Current pain was experienced by 89% of participants, with intensity ranging from mild (19%) to excruciating (2%). Some individuals (21.5%) also reported experiencing daily medical problems in the past month prior to entering treatment. Physical pain is highly prevalent among treatment-seeking individuals with BPD. This pain phenomenon should be considered during treatment to help prevent a lifetime of functional impairment, including the possibility of abusing substances as a maladaptive coping mechanism.

PMID: 28594632

[Similar articles](#)



34. J Pers Disord. 2017 Jun 8:1-21. doi: 10.1521/pedi_2017_31_297. [Epub ahead of print]

Adverse Effects of Outcome Monitoring Feedback in Patients With Personality Disorders: A Randomized Controlled Trial in Day Treatment and Inpatient Settings.

[de Jong K](#)^{1,2}, [Segaar J](#)³, [Ingenhoven T](#)⁴, [van Busschbach J](#)^{2,5}, [Timman R](#)².

Author information:

1

Institute of Psychology, Leiden University, Leiden, The Netherlands.

2

Department of Psychiatry, Erasmus University Medical Center, Rotterdam, The Netherlands.

3

GGZ Centraal, Expertise Centre for Personality Disorders.

4

Pro Persona, Center for Psychotherapy, Amersfoort, The Netherlands.

5

De Viersprong Institute for Studies on Personality Disorders, Halsteren, The Netherlands.

Abstract

This study aimed to evaluate the differential effect of outcome monitoring feedback to therapists and to patients on outcomes in cluster B, cluster C, and personality disorder not otherwise specified (PD-NOS) patients. Day treatment patients (n = 112) and inpatients (n = 94) were randomly assigned to a feedback to therapist (FbT), feedback to therapist and patient (FbTP), or no feedback (NFb) condition. Feedback was based on weekly administrations of the Outcome Questionnaire-45 (OQ-45). In cluster B and PD-NOS patients FbTP resulted in increased OQ-45 scores during the first 6 months of therapy for not on track (NOT) patients. In cluster C patients, no adverse effects of feedback were found. These results suggest that for certain personality disorder patient groups, providing feedback during treatment may not always be beneficial, although more research is needed to further assess these effects.

PMID: 28594629

[Similar articles](#)



35. Soc Neurosci. 2017 Jun 14:1-10. doi: 10.1080/17470919.2017.1340335. [Epub ahead of print]

[Perceiving rejection by others: Relationship between rejection sensitivity and the spontaneous neuronal activity of the brain.](#)

[Sun J](#)^{1,2}, [Zhuang K](#)^{1,2}, [Li H](#)³, [Wei D](#)^{1,2}, [Zhang Q](#)^{1,2}, [Qiu J](#)^{1,2}.

Author information:

1

a Key Laboratory of Cognition and Personality (SWU) , Ministry of Education , Chongqing , China.

2

b Faculty of Psychology , Southwest University , Chongqing , China.

3

c Department of Psychology , Shanghai Normal University , Shanghai , China.

Abstract

Rejection sensitivity (RS) can be defined as the disposition of a person to anxiously expect, readily perceive, and intensely react to rejection. Individuals with high RS are likely to suffer from mental disorders. The association between individual differences in RS and spontaneous neuronal activity at resting state has not yet been investigated. In this study, resting state data were used to investigate the relationship between RS and spontaneous neuronal activity in a large sample of healthy men (137) and women (172). The participants completed the rejection sensitivity questionnaire and underwent resting-state magnetic resonance imaging scan. Multiple regression analysis was conducted to examine the correlation between the regional amplitude of low-frequency fluctuations (ALFF) and rejection sensitivity scores adjusted for age and sex. Results showed that the ALFF value in the subgenual anterior cingulate cortex (sgACC) was positively associated with RS. Furthermore, functional connectivity with the middle frontal gyrus was negatively correlated with RS when sgACC was used as the seed region. These findings suggest that the spontaneous neuronal activity of sgACC and its functional connectivity with the lateral prefrontal cortex which are involved in experiencing social exclusion and regulating negative emotions are associated with individual differences in RS.

PMID: 28592189

[Similar articles](#)

36. Psychodyn Psychiatry. 2017 Summer;45(2):187-215. doi: 10.1521/pdps.2017.45.2.187.

[Differentiation Between Schizophreniform Configurations and Psychotic Personality Structures.](#)

[Dauphin J](#)¹.

Author information:

1

Institut universitaire en santé mentale de Montréal (Programme des troubles psychotiques), Montréal (Québec), Canada.

Abstract

The symptom overlap between primary psychotic and severe personality disorders renders timely diagnosis challenging, which often results in ambiguous treatment and poorly defined outcomes. Kernberg's (1984) structural model of personality, treating symptoms as a non-pathognomonic higher order construct, has much contributed to our understanding of the nature of some severe disorders, highlighting fundamental facets of personality function. However, the model's main focus is on borderline personality organization and thus offers an incomplete formulation of psychotic structure. With regard to the psychotic structure, two distinct pathological disorders are currently confounded and need to be distinguished: (1) the authentic psychotic structures, mainly resulting from failures in early relational and affective

development, and (2) schizophreniform configurations, mostly derived from a neurodevelopmental etiology. This differentiation, while specifying the notion of psychotic personality structure, takes into consideration: (a) the role of temperament bias, hypersensitivity in particular; (b) dissimilar productions in response to projective testing, such as the Rorschach inkblot test; (c) differential processes in response to psychotherapy, including typical transference manifestations; (d) differential symptom presentation. Key criteria to facilitate the differential diagnosis with severely regressed borderline structures are suggested. Clinical material illustrates the application of the proposed revised model. Therapeutic implications are discussed.

PMID: 28590204

[Similar articles](#)



37. J Autism Dev Disord. 2017 Jun 6. doi: 10.1007/s10803-017-3185-2. [Epub ahead of print]

[Screening of Autism Spectrum Disorders in Geriatric Psychiatry.](#)

[Heijnen-Kohl SMJ](#)¹, [Kok RM](#)², [Wilting RMHJ](#)³, [Rossi G](#)⁴, [van Alphen SPJ](#)^{5,4}.

Author information:

1

Department of Old Age Psychiatry, Mondriaan Hospital, Kloosterkensweg 10, Postbus 4436, 6401 CX, Heerlen-Maastricht, The Netherlands.
s.heijnen@mondriaan.eu.

2

Department of Old Age Psychiatry, Parnassia Psychiatric Institute, The Hague, The Netherlands.

3

Department of Old Age Psychiatry, GGzE, Eindhoven, The Netherlands.

4

Department of Clinical and Lifespan Psychology, Vrije Universiteit Brussel (VUB), Brussels, Belgium.

5

Department of Old Age Psychiatry, Mondriaan Hospital, Kloosterkensweg 10, Postbus 4436, 6401 CX, Heerlen-Maastricht, The Netherlands.

Abstract

Autism spectrum disorders (ASD) are difficult to detect in old age. This study examined if ASD symptoms in older adults (age > 60) can be detected with the Dutch informant personality questionnaire, (Hetero-Anamnestiche Persoonlijkheidsvragenlijst, HAP) in a

mental health setting. Patients with ASD (N = 40) were compared to patients with a different psychiatric diagnosis (N = 43; personality disorders excluded). The ASD group had significant higher scores on the scales 'Socially avoidant behavior', 'Rigid behavior' and 'Unpredictable and impulsive behavior'. These scales were able to discriminate between individuals with or without ASD. The HAP can thus be used as a screening instrument for ASD symptoms in elderly patients. Further research is needed to clarify what items have the best predictive validity for ASD symptoms.

PMID: 28589496

[Similar articles](#)



38. Eat Weight Disord. 2017 Jun 6. doi: 10.1007/s40519-017-0402-0. [Epub ahead of print]

Catching the moving target of adolescent personality and its disorders. A commentary on the article (doi:10.1007/s40519-017-0368-y) by Gaudio and Dakanalis: What about the assessment of personality disturbance in adolescents with eating disorders?

[Rosenvinge JH](#)¹, [Friborg O](#)², [Kaiser S](#)³, [Martinussen M](#)³.

Author information:

1

Department of Psychology, UiT-The Arctic University of Norway, 9037, Tromsø, Norway. jan.rosenvinge@uit.no.

2

Department of Psychology, UiT-The Arctic University of Norway, 9037, Tromsø, Norway.

3

Regional Center for Child and Youth Mental Health and Child Welfare, UiT-The Arctic University of Norway, Tromsø, Norway.

PMID: 28589471

[Similar articles](#)



Emotion dysregulation, symptoms, and interpersonal problems as independent predictors of a broad range of personality disorders in an outpatient sample.

[Dimaggio G](#)¹, [Popolo R](#)^{1,2}, [Montano A](#)³, [Velotti P](#)⁴, [Perrini F](#)³, [Buonocore L](#)¹, [Garofalo C](#)⁵, [D'Aguanno M](#)⁶, [Salvatore G](#)¹.

Author information:

1

Center for Metacognitive Interpersonal Therapy, Rome, Italy.

2

Studi Cognitivi, Milan, Italy.

3

Istituto A.T. Beck, Rome, Italy.

4

Department of Educational Sciences, University of Genoa, Italy.

5

Department of Developmental Psychology, Tilburg University, The Netherlands.

6

Department of Dynamic and Clinical Psychology, Sapienza University of Rome, Italy.

Abstract

Emotion dysregulation (ED) is considered a hallmark of borderline personality disorder and is prominent in other personality disorders (PDs). Its presence and contribution to personality pathology need to be explored in the whole range of PDs. In this study, we investigated the association of ED with the whole range of PD traits, symptoms, and interpersonal problems and then investigated whether ED had a unique contribution in predicting the different PDs. A sample of 478 treatment-seeking outpatients was interviewed with the SCID-II. The patients were then tested for symptoms (SCL-90-R), interpersonal problems (IIP-32), and ED (DERS).

RESULTS:

ED correlated with the large majority of PDs and with symptoms and interpersonal problems. Regression showed how ED explained a unique part of the variance for many

PDs. ED appears to be a relevant feature of pathology in many PDs; with replication, it can be considered a treatment target in this population.

PRACTITIONER POINTS:

Emotion dysregulation is present in many personality disorders. Emotion dysregulation is not just explained by heightened symptoms and interpersonal problems in personality disorders. Emotion dysregulation could be considered a treatment target in personality disorders other than borderline.

© 2017 The British Psychological Society.

PMID: 28585718

[Similar articles](#)



40. Chin Med J (Engl). 2017 Jun 20;130(12):1424-1428. doi: 10.4103/0366-6999.207482.

Decision-making Impairments in Primary Angle-closure Glaucoma Patients.

[Pu H](#)¹, [Wang Y](#)², [Wei Q](#)³, [Ma HJ](#)³, [Hu PP](#)³, [Li SL](#)², [Pang HB](#)⁴, [Tian YH](#)³, [Wang K](#)³.

Author information:

1

Department of Neurology, The Second People's Hospital of Wuhu, Wuhu, Anhui 241000; Department of Neurology, The First Hospital of Anhui Medical University, Hefei, Anhui 230032; Anhui Province Key Laboratory of Cognition and Neuropsychiatric Disorders, Hefei, Anhui 230032, China.

2

Department of Ophthalmology, The First Hospital of Anhui Medical University, Hefei, Anhui 230032, China.

3

Department of Neurology, The First Hospital of Anhui Medical University, Hefei, Anhui 230032; Anhui Province Key Laboratory of Cognition and Neuropsychiatric Disorders, Hefei, Anhui 230032, China.

4

Department of Neurology, The Second People's Hospital of Wuhu, Wuhu, Anhui 241000, China.

Abstract

BACKGROUND:

Primary angle-closure glaucoma (PACG) is a common eye disease and a common cause of blindness. Inappropriate medical decisions severely affect the prognosis. This study investigated decision-making under risk in PACG patients.

METHODS:

Thirty patients with first acute attack of PACG before surgery and thirty healthy controls were included in the study. Decision-making under risk was evaluated with the game of dice task (GDT). The results of Eysenck Personality Questionnaire (EPQ) and GDT between PACG patients and healthy controls were compared.

RESULTS:

Risky decisions in PACG patients were more than those in healthy controls as measured by mean score of GDT (12.47 ± 5.72 vs. 4.33 ± 3.30 , $P < 0.001$). Higher neuroticism score in EPQ was found in PACG patients compared to healthy controls (14.97 ± 3.93 vs. 9.90 ± 4.49 , $P < 0.001$). Neuroticism scores in EPQ were associated with decision-making performance ($r = 0.417$, $P = 0.001$).

CONCLUSIONS:

Neuroticism positively correlated with risky decisions. Decision-making might be influenced by neuroticism. Future studies will show whether therapy compliance will be improved by emotional management and psychological intervention in PACG patients.

PMCID: PMC5463471 [Available on 2017-06-20] **Free PMC Article**

PMID: 28584204

[Similar articles](#)



41. Psychol Med. 2017 Jun 6:1-11. doi: 10.1017/S0033291717001246. [Epub ahead of print]

[Impact of dysfunctional maternal personality traits on risk of offspring depression, anxiety and self-harm at age 18 years: a population-based longitudinal study.](#)

[Pearson RM](#)¹, [Campbell A](#)¹, [Howard LM](#)², [Bornstein MH](#)³, [O'Mahen H](#)⁴, [Mars B](#)¹, [Moran P](#)¹.

Author information:

1

Centre for Academic Mental Health, School of Social and Community Based Medicine, University of Bristol, Bristol, UK.

2

Women's Mental Health, Kings College London, London, UK.

3

Eunice Kennedy Shriver National Institute of Child Health and Human Development, Bethesda, MD, USA.

4

Mood Disorders Centre, University of Exeter, Exeter, UK.

Abstract

BACKGROUND:

The impact of underlying parental psychological vulnerability on the future mental health of offspring is not fully understood. Using a prospective cohort design, we investigated the association between dysfunctional parental personality traits and risks of offspring self-harm, depression and anxiety.

METHODS:

The association between dysfunctional parental personality traits (monotony avoidance, impulsivity, anger, suspicion, and detachment), measured in both mothers and fathers when offspring were age 9 years, and risk of offspring depression, anxiety and self-harm at age 18 years, was investigated in a population-based cohort (ALSPAC) from over 8000 parents and children.

RESULTS:

Higher levels of dysfunctional maternal, but not paternal, personality traits were associated with an increased risk of self-harm, depression, and anxiety in offspring. Maternal associations were best explained by the accumulation of dysfunctional traits. Associations were strongest for offspring depression: Offspring of mothers with three or more dysfunctional personality traits were 2.27 (1.45-3.54, $p < 0.001$) times as likely to be depressed, compared with offspring of mothers with no dysfunctional personality traits, independently of maternal depression and other variables.

CONCLUSIONS:

The accumulation of dysfunctional maternal personality traits is associated with the risk of self-harm, depression, anxiety in offspring independently of maternal depression and other

confounding variables. The absence of associations for equivalent paternal traits makes a genetic explanation for the findings unlikely. Further research is required to elucidate the underlying mechanism. Mothers with high levels of dysfunctional personality traits may benefit from additional support to reduce the risk of adverse psychological outcomes occurring in their offspring.

PMID: 28583221

[Similar articles](#)



42. BMC Psychiatry. 2017 Jun 5;17(1):210. doi: 10.1186/s12888-017-1365-4.

[Contours of a causal feedback mechanism between adaptive personality and psychosocial function in patients with personality disorders: a secondary analysis from a randomized clinical trial.](#)

[Klungsoyr O](#)¹, [Antonsen B](#)^{2,3}, [Wilberg T](#)^{3,4}.

Author information:

1

Oslo Centre for Biostatistics and Epidemiology, Section for treatment research, Department for Research and Education, Division of Mental Health and Addiction, Oslo University Hospital, PO Box 4959, Nydalen, 0424, Oslo, Norway.
ole.klungsoyr@medisin.uio.no.

2

Department for Personality Psychiatry, Division of Mental Health and Addiction, Oslo University Hospital, Oslo, Norway.

3

Institute for Clinical Medicine, University of Oslo, Oslo, Norway.

4

Section for treatment research, Department for Research and Education, Division for Mental Health and Addiction, Oslo University Hospital, Oslo, Norway.

Abstract

BACKGROUND:

Patients with personality disorders commonly exhibit impairment in psychosocial function that persists over time even with diagnostic remission. Further causal knowledge may help to identify and assess factors with a potential to alleviate this impairment. Psychosocial function is associated with personality functioning which describes personality disorder severity in DSM-5 (section III) and which can reportedly be improved by therapy.

METHODS:

The reciprocal association between personality functioning and psychosocial function was assessed, in 113 patients with different personality disorders, in a secondary longitudinal analysis of data from a randomized clinical trial, over six years. Personality functioning was represented by three domains of the Severity Indices of Personality Problems: Relational Capacity, Identity Integration, and Self-control. Psychosocial function was measured by Global Assessment of Functioning. The marginal structural model was used for estimation of causal effects of the three personality functioning domains on psychosocial function, and vice versa. The attractiveness of this model lies in the ability to assess an effect of a time - varying exposure on an outcome, while adjusting for time - varying confounding.

RESULTS:

Strong causal effects were found. A hypothetical intervention to increase Relational Capacity by one standard deviation, both at one and two time-points prior to assessment of psychosocial function, would increase psychosocial function by 3.5 standard deviations (95% CI: 2.0, 4.96). Significant effects of Identity Integration and Self-control on psychosocial function, and from psychosocial function on all three domains of personality functioning, although weaker, were also found.

CONCLUSION:

This study indicates that persistent impairment in psychosocial function can be addressed through a causal pathway of personality functioning, with interventions of at least 18 months duration.

PMCID: PMC5460464 **Free PMC Article**

PMID: 28583098

[Similar articles](#)



Diagnosis-specific self-image predicts longitudinal suicidal ideation in adult eating disorders.

[Andersén M¹](#), [Birgegård A¹](#).

Author information:

1

Centre for Psychiatry Research, Department of Clinical Neuroscience, Karolinska Institutet, & Stockholm Health Care Services, Stockholm County Council, Stockholm, Sweden.

Abstract

OBJECTIVE:

Eating disorders (ED) are prevalent, serious illnesses with elevated mortality, mainly attributable to suicide. Predictors of suicidality include binge/purge symptomatology, impulsivity, and psychiatric comorbidity, as well as personality factors. Recent research has also shown self-image (the Structural Analysis of Social Behavior, SASB, model) to predict manifest suicide attempts in ED, and the study explored suicide risk prediction to increase knowledge of warning signs and intervention targets.

METHOD:

Participants were adult ED patients registered in the Stepwise clinical database (N = 1537) with anorexia nervosa (AN), bulimia nervosa (BN), binge-eating disorder (BED), or other specified feeding and eating disorder (OSFED). The SASB self-image questionnaire was used in stepwise regressions to predict 12-month suicidal ideation, both self- and clinician-rated, in models both excluding and including baseline clinical variables.

RESULTS:

Validation analyses showed fair correspondence between outcome variables as well as with suicide attempts. Different variables predicted suicidality in different diagnoses, over and above baseline clinical variables in all but one regression model. Low Self-protection was important in AN and BN, high Self-control in AN, and high Letting go of the self in BN. For BED, self-blame explained variance, and in OSFED, lack of self-love.

DISCUSSION:

Findings are in line with research showing differential self-image-based prediction of important outcomes in ED, with noteworthy consistencies across diagnoses and suicidality variables. Strengths included the large sample, and limitations pertained to measures, attrition and Type II error risk. Replication is needed, but findings are consistent with some previous work and offers clinical and research implications.

© 2017 Wiley Periodicals, Inc.

PMID: 28580647

[Similar articles](#)



44. Behav Sleep Med. 2017 Jul-Aug;15(4):318-329. doi: 10.1080/15402002.2015.1133419. Epub 2016 Apr 18.

[Control Over Anxiety and Dispositional Coping Tendencies Are Associated With Presleep Arousal Among Children Referred for Anxiety Problems.](#)

[Parker JH](#)¹, [Van Lenten SA](#)¹, [Pina AA](#)¹.

Author information:

1

a Department of Psychology , Arizona State University , Tempe , Arizona.

Abstract

Anxious youth typically experience sleep-related difficulties, but little is known about the role children's coping and perceived control over anxiety may play in these relations. We examined children's perceived levels of control over external anxiety-provoking events and internal anxious emotional reactions, as well as two dispositional coping tendencies (avoidant, support-seeking), and whether these were associated with anxious children's (N = 86) presleep arousal. Low perceived control over anxiety was significantly associated with high levels of presleep arousal. For children with low perceived control, higher avoidance was associated with greater presleep arousal, whereas lower avoidance was associated with lower presleep arousal levels. Findings suggest that efforts to avoid stressful life events may contribute to presleep arousal, especially under conditions where anxious arousal seems uncontrollable.

PMID: 27088561 [Indexed for MEDLINE]

[Similar articles](#)



1. Am J Psychoanal. 2017 Jul 27. doi: 10.1057/s11231-017-9104-7. [Epub ahead of print]

[Ferenczi's Revolutionary Therapeutic Approach.](#)

[Mucci C](#)¹.

Author information:

1

D'Annunzio University , Chieti, Italy. cmucci@unich.it.

Abstract

Many of the revolutionary principles introduced by Ferenczi in his clinical practice have now been widely accepted especially in the field of trauma and trauma therapy. Examples of these innovative views include his emphasis on empathy as opposed to technical neutrality and his stress on the real conditions of child caring and family environmental deficits and on the consequences of interpersonal violence and abuse that lead to "identification with the aggressor" by the victim thereby resulting in the internalization of both aggressiveness and guilt (the split guilt of the abuser). The resulting "fragmentation" of the personality, which is now considered dissociation (instead of Freud's "repression"), is at the root of several severe disorders, characterized by distortion of reality, loss of touch with one's body and loss of trust in the other. Therefore "abreaction is not enough". A new, positive relational experience must be re-inscribed at the level of implicit memory.

PMID: 28751659

[Similar articles](#)



2. Hum Psychopharmacol. 2017 Jul 27. doi: 10.1002/hup.2625. [Epub ahead of print]

[Multiple DSM-5 substance use disorders: A national study of US adults.](#)

[McCabe SE](#)^{1,2}, [West BT](#)³, [Jutkiewicz EM](#)⁴, [Boyd CJ](#)^{1,5,6}.

Author information:

1

Institute for Research on Women and Gender, University of Michigan, Ann Arbor, Michigan, USA.

2

Substance Abuse Research Center, University of Michigan, Ann Arbor, Michigan, USA.

3

Survey Research Center, Institute for Social Research, University of Michigan, Ann Arbor, Michigan, USA.

4

Department of Pharmacology, University of Michigan, Ann Arbor, Michigan, USA.

5

School of Nursing, University of Michigan, Ann Arbor, Michigan, USA.

6

Addiction Center, Department of Psychiatry, University of Michigan, Ann Arbor, Michigan, USA.

Abstract

OBJECTIVE:

Our aim is to determine the lifetime and past-year prevalence estimates of multiple Diagnostic and Statistical Manual of Mental Disorders fifth edition (DSM-5) substance use disorders (SUDs) among U.S. adults.

METHODS:

The 2012-2013 National Epidemiologic Survey on Alcohol and Related Conditions featured in-person interviews with a nationally representative sample of adults aged 18 and older.

RESULTS:

The majority of past-year nonalcohol DSM-5 SUDs had at least 1 other co-occurring past-year SUD, ranging from 56.8% (SE = 3.4) for past-year prescription opioid use disorder to 97.5% (SE = 2.7) for past-year hallucinogen use disorder. In contrast, only 15.0% (SE = 0.6) of past-year alcohol use disorders had a co-occurring past-year SUD. The odds of past-year multiple SUDs were greater among males, younger adults, African-Americans, and those with mood, personality, posttraumatic stress, or multiple psychiatric disorders.

CONCLUSIONS:

Assessment, diagnosis, and treatment often focus on individual substance-specific SUDs rather than multiple SUDs, despite evidence for substantial rates of polysubstance use in

clinical and epidemiological studies. There are notable differences in the prevalence of multiple SUDs between alcohol use disorders and other nonalcohol SUDs that have important clinical implications; for example, multiple SUDs are more persistent than individual SUDs. These findings suggest that clinical assessment and diagnosis should screen for multiple SUDs, especially among adults with nonalcohol DSM-5 SUDs.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28750478

[Similar articles](#)



3. Psychiatry Res. 2017 Jul 17;257:111-117. doi: 10.1016/j.psychres.2017.07.035. [Epub ahead of print]

Childhood trauma is not a confounder of the overlap between autistic and schizotypal traits: A study in a non-clinical adult sample.

[Gong JB](#)¹, [Wang Y](#)², [Lui SSY](#)³, [Cheung EFC](#)⁴, [Chan RCK](#)⁵.

Author information:

1

Neuropsychology and Applied Cognitive Neuroscience Laboratory, CAS Key Laboratory of Mental Health, Institute of Psychology, Beijing, China; Department of Applied Psychology, Hunan University of Chinese Medicine, Changsha, China.

2

Neuropsychology and Applied Cognitive Neuroscience Laboratory, CAS Key Laboratory of Mental Health, Institute of Psychology, Beijing, China.

3

Neuropsychology and Applied Cognitive Neuroscience Laboratory, CAS Key Laboratory of Mental Health, Institute of Psychology, Beijing, China; Castle Peak Hospital, Hong Kong Special Administrative Region, China.

4

Castle Peak Hospital, Hong Kong Special Administrative Region, China.

5

Neuropsychology and Applied Cognitive Neuroscience Laboratory, CAS Key Laboratory of Mental Health, Institute of Psychology, Beijing, China; Department of Psychology, University of Chinese Academy of Sciences, Beijing, China. Electronic address: rckchan@psych.ac.cn.

Abstract

Childhood trauma has been shown to be a robust risk factor for mental disorders, and may exacerbate schizotypal traits or contribute to autistic trait severity. However, little is known whether childhood trauma confounds the overlap between schizotypal traits and autistic traits. This study examined whether childhood trauma acts as a confounding variable in the overlap between autistic and schizotypal traits in a large non-clinical adult sample. A total of 2469 participants completed the Autism Spectrum Quotient (AQ), the Schizotypal Personality Questionnaire (SPQ), and the Childhood Trauma Questionnaire-Short Form. Correlation analysis showed that the majority of associations between AQ variables and SPQ variables were significant ($p < 0.05$). In the multiple regression models predicting scores on the AQ total, scores on the three SPQ subscales were significant predictors ($P_s < 0.05$). Scores on the Positive schizotypy and Negative schizotypy subscales were significant predictors in the multiple regression model predicting scores on the AQ Social Skill, AQ Attention Switching, AQ Attention to Detail, AQ Communication, and AQ Imagination subscales. The association between autistic and schizotypal traits could not be explained by shared variance in terms of exposure to childhood trauma. The findings point to important overlaps in the conceptualization of ASD and SSD, independent of childhood trauma.

Copyright © 2017 Elsevier Ireland Ltd. All rights reserved.

PMID: 28750214

[Similar articles](#)



4. Adicciones. 2017 Jul 14;0(0):909. doi: 10.20882/adicciones.909. [Epub ahead of print]

[Adaptation to the Spanish population of the Substance Use Risk Profile Scale \(SURPS\) and psychometric properties.](#)

[Article in English, Spanish; Abstract available in Spanish from the publisher]

[Fernández-Calderón F¹](#), [Díaz-Batanero C](#), [Rojas-Tejada AJ](#), [Castellanos-Ryan N](#), [Lozano-Rojas ÓM](#).

Author information:

1

Departamento de Psicología Clínica. Universidad de Huelva.
fermin.fernandez@dpces.uhu.es.

Abstract

The identification of different personality risk profiles for substance misuse is useful in preventing substance-related problems. This study aims to test the psychometric properties of a new version of the Substance Use Risk Profile Scale (SURPS) for Spanish college students. Cross-sectional study with 455 undergraduate students from four Spanish universities. A new version of the SURPS, adapted to the Spanish population, was administered with the Beck Hopelessness Scale, the UPPS-P Impulsive Behavior Scale, the State-Trait Anxiety Inventory (STAI) and the Alcohol Use Disorders Identification Test (AUDIT). Internal consistency reliability ranged between 0.652 and 0.806 for the four SURPS subscales, while reliability estimated by split-half coefficients varied from 0.686 to 0.829. The estimated test-retest reliability ranged between 0.733 and 0.868. The expected four-factor structure of the original scale was replicated. As evidence of convergent validity, we found that the SURPS subscales were significantly associated with other conceptually-relevant personality scales and significantly associated with alcohol use measures in theoretically-expected ways. This SURPS version may be a useful instrument for measuring personality traits related to vulnerability to substance use and misuse when targeting personality with preventive interventions.

Free Article

PMID: 28749526

[Similar articles](#)



5. Clin Psychol Psychother. 2017 Jul 26. doi: 10.1002/cpp.2109. [Epub ahead of print]

[Four years comparative follow-up evaluation of community-based, step-down, and residential specialist psychodynamic programmes for personality disorders.](#)

[Chiesa M](#)^{1,2}, [Cirasola A](#)³, [Fonagy P](#)¹.

Author information:

1

Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

2

Formerly Consultant Psychiatrist, The Cassel Hospital, Richmond, UK.

Abstract

Although the fulcrum of service provision for personality disorder (PD) has shifted from hospital-based to psychodynamically- and cognitively-oriented outpatient programmes, very few studies have attempted to compare specialist moderate intensity outpatient programmes with specialist high-intensity residential models, or to explore whether a period of inpatient treatment may be necessary to improve outcome and prognosis. In this article, we prospectively compare changes over a 4-year period in 3 groups of patients with personality disorders (N = 162) treated in a specialist community-based (CBP, N = 30), a step-down (RT-CBP, N = 87), and a specialist residential programme (RT, N = 45) in psychiatric distress, deliberate self-injury, and suicide attempt using multilevel modelling and multivariate logistic regression analyses. The results showed that percentages of early-dropout were significantly different ($p = .0001$) for the 3 programmes (CBP = 13.4%, RT-CBP = 10.2%, and RT = 41.4%). A significant interaction between treatment model and time was found for psychiatric distress ($p = .001$), with CBP and RT-CBP achieving more marked changes ($g = 1.20$ and $g = 0.68$, respectively) compared to RT ($g = 0.30$) at 48-month follow-up. CBP and RT-CBP were found to significantly reduce impulsive behaviour (deliberate self-injury and suicide attempt) compared to RT. Severity of presentation was not found to be a significant predictor of outcome. Long-term RT showed no advantage over long-term CBP, either as stand-alone or as step-down treatment. Replication may be needed to confirm generalizability of results, and a number of limitations in the study design may moderate the inferences that can be drawn from the results.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28748608

[Similar articles](#)



6. Bull Menninger Clin. 2017 Jul 26:1-17. doi: 10.1521/bumc_2017_81_04. [Epub ahead of print]

[Mentalization-based treatment for borderline personality disorder in adults and adolescents: For whom, when, and how?](#)

[Feenstra DJ](#)¹, [Luyten P](#)^{1,2,3,4}, [Bales DL](#)¹.

Author information:

1

Viersprong Institute for Studies on Personality Disorders (VISPD), Bergen op Zoom, The Netherlands.

2

Faculty of Psychology and Educational Sciences, University of Leuven, Leuven, Belgium.

3

Research Department of Clinical, Educational, and Health Psychology, University College London, London, UK.

4

MBT Netherlands, Bergen op Zoom, The Netherlands.

Abstract

Borderline personality disorder (BPD) is common in clinical practice. Psychotherapy is the treatment of choice, and mentalization-based treatment (MBT) is one of the empirically supported treatments that are currently available. For adults, two variants of MBT (MBT day hospital [MBT-DH] and MBT intensive outpatient [MBT-IOP]) have been developed and empirically evaluated. The authors review research on the development, efficacy, and implementation of MBT. In conclusion, the authors focus on the implementation of treatment programs for BPD patients. Although there are now different effective treatments, their implementation in routine clinical practice has proven to be much more complex than initially thought. In addition, treatments such as MBT are multimodal and long term. Both societal pressures to increase the cost-effectiveness of treatments and new theoretical insights into the role of social learning and salutogenesis in the development of BPD force a reconsideration of some assumptions concerning the nature of treatment for individuals with BPD.

PMID: 28745946

[Similar articles](#)



7. Acta Psychiatr Scand. 2017 Jul 25. doi: 10.1111/acps.12777. [Epub ahead of print]

[Aggressiveness in depression: a neglected symptom possibly associated with bipolarity and mixed features.](#)

[Verdolini N](#)^{1,2}, [Perugi G](#)³, [Samalin L](#)^{1,4,5}, [Murru A](#)¹, [Angst J](#)⁶, [Azorin JM](#)⁷, [Bowden CL](#)⁸, [Mosolov S](#)⁹, [Young AH](#)¹⁰, [Barbuti M](#)^{1,3}, [Guiso G](#)^{1,11}, [Popovic D](#)^{1,12}, [Vieta E](#)¹, [Pacchiarotti I](#)¹; BRIDGE-II-Mix Study Group.

Author information:

1

Bipolar Disorders Unit, Hospital Clinic, Institute of Neurosciences, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Catalonia, Spain.

2

Division of Psychiatry, Clinical Psychology and Rehabilitation, Department of Medicine, University of Perugia, Santa Maria della Misericordia Hospital, Perugia, Italy.

3

Department of Experimental and Clinic Medicine, Section of Psychiatry, University of Pisa, Pisa, Italy.

4

Department of Psychiatry, CHU Clermont-Ferrand, University of Auvergne, EA 7280, Clermont-Ferrand, France.

5

Fondation FondaMental, Hôpital Albert Chenevier, Pôle de Psychiatrie, Créteil, France.

6

Psychiatric Hospital, University of Zurich, Zurich, Switzerland.

7

AP HM, Psychiatric Pole, Sainte Marguerite, Marseille, France.

8

Department of Psychiatry, University of Texas Health Science Center at San Antonio, San Antonio, TX, USA.

9

Department for Therapy of Mental Disorders, Moscow Research Institute of Psychiatry, Moscow, Russia.

10

Centre for Affective Disorders, Department of Psychological Medicine, Institute of Psychiatry, Psychology & Neuroscience, King's College London, London, UK.

11

Department of Medical Sciences and Public Health, University of Cagliari and Psychiatric Clinic, University Hospital, Cagliari, Italy.

12

Psychiatry B, The Chaim Sheba Medical Center, Ramat-Gan, Israel.

Abstract

OBJECTIVE:

To evaluate aggressiveness during a major depressive episode (MDE) and its relationship with bipolar disorder (BD) in a post hoc analysis of the BRIDGE-II-MIX study.

METHOD:

A total of 2811 individuals were enrolled in this multicenter cross-sectional study. MDE patients with (MDE-A, n = 399) and without aggressiveness (MDE-N, n = 2412) were compared through chi-square test or Student's t-test. A stepwise backward logistic regression model was performed.

RESULTS:

MDE-A group was more frequently associated with BD ($P < 0.001$), while aggressiveness was negatively correlated with unipolar depression ($P < 0.001$). At the logistic regression, aggressiveness was associated with the age at first depressive episode ($P < 0.001$); the severity of mania ($P = 0.03$); the diagnosis of BD ($P = 0.001$); comorbid borderline personality disorder (BPD) ($P < 0.001$) but not substance abuse ($P = 0.63$); no current psychiatric treatment ($P < 0.001$); psychotic symptoms ($P = 0.007$); the marked social/occupational impairment ($P = 0.002$). The variable most significantly associated with aggressiveness was the presence of DSM-5 mixed features ($P < 0.001$, OR = 3.815). After the exclusion of BPD, the variable of lifetime suicide attempts became significant ($P = 0.013$, OR = 1.405).

CONCLUSION:

Aggressiveness seems to be significantly associated with bipolar spectrum disorders, independently from BPD and substance abuse. Aggressiveness should be considered as a diagnostic criterion for the mixed features specifier and a target of tailored treatment strategy.

© 2017 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

PMID: 28741646

[Similar articles](#)



8. Alcohol Clin Exp Res. 2017 Jul 24. doi: 10.1111/acer.13440. [Epub ahead of print]

[Is Personality Associated with Secondhand Harm from Drinking?](#)

[Davis MacNevin](#) ¹, [Thompson K](#) ², [Teehan M](#) ³, [Stuart H](#) ⁴, [Stewart S](#) ^{1,3,5}.

Author information:

1

Department of Psychology and Neuroscience, Dalhousie University, Halifax, Nova Scotia, Canada.

2

Department of Psychology, St. Francis Xavier University, Antigonish, Nova Scotia, Canada.

3

Department of Psychiatry, Dalhousie University, Halifax, Nova Scotia, Canada.

4

Department of Public Health Sciences, Queens University, Kingston, Ontario, Canada.

5

Department of Community Health and Epidemiology, Dalhousie University, Halifax, Nova Scotia, Canada.

Abstract

BACKGROUND:

Prior research suggests more than 70% of undergraduates have experienced harm from other students' drinking. This study built on the literature by, first, investigating whether secondhand harm cluster into latent factors that reflect distinct but related types of harm. Second, given the paucity of research examining factors that increase students' vulnerability to secondhand harm, we examined dimensions from Castellanos-Ryan and Conrod's 4-factor personality model for alcohol disorders (impulsivity [IMP], sensation seeking [SS], hopelessness [HOP], anxiety sensitivity [AS]) as predictors of secondhand harm exposure. We also investigated the possible mediating role of students' own problematic alcohol use in explaining personality-secondhand harm relationships.

METHODS:

An online survey was administered to 1,537 first-year Canadian undergraduates (68% women). Problematic alcohol use was measured by the Alcohol Use Disorders Identification Test, and personality was measured by the Substance Use Risk Profile Scale. Eleven secondhand harm items were included.

RESULTS:

The secondhand harm clustered into 3 distinct but related factors: "strains" (e.g., interruption of sleep or study), "threats" (e.g., harassment or assault), and "interpersonal harm" (e.g., arguments with peers). Sixty-eight percent of respondents reported strains, 44% threats, and 64% interpersonal harm, and 35% reported experiencing all 3 types of harm, in the last term. All 4 personality dimensions were independently associated with greater secondhand harm exposure. HOP was directly associated with threats and interpersonal harm, and AS was directly associated with all 3 types of harm. SS and IMP were both indirectly associated with all 3 types of harm through students' own problematic alcohol use. In addition, IMP was directly related to threats.

CONCLUSIONS:

The prevalence of secondhand harm from alcohol is high among undergraduates. Findings suggest that distinct personality risks may predispose students to experience secondhand harm, albeit perhaps through different mechanisms. Implications for future research, prevention, and policy development are discussed.

Copyright © 2017 by the Research Society on Alcoholism.

PMID: 28741291

[Similar articles](#)



9. CNS Drugs. 2017 Jul 24. doi: 10.1007/s40263-017-0458-4. [Epub ahead of print]

[Efficacy and Tolerability of Asenapine Compared with Olanzapine in Borderline Personality Disorder: An Open-Label Randomized Controlled Trial.](#)

[Bozzatello P](#)¹, [Rocca P](#)², [Uscinska M](#)¹, [Bellino S](#)³.

Author information:

1

Centre for Personality Disorders, Department of Neuroscience, University of Turin, Via Cherasco 11, 10126, Turin, Italy.

2

Department of Neuroscience, University of Turin, Turin, Italy.

3

Centre for Personality Disorders, Department of Neuroscience, University of Turin, Via Cherasco 11, 10126, Turin, Italy. silvio.bellino@unito.it.

Abstract

BACKGROUND:

Asenapine is a new second-generation antipsychotic that is understudied in borderline personality disorder (BPD). Only one study investigating the use of the drug in this indication (an open-label pilot study) has been conducted to date.

OBJECTIVE:

The present open-label, randomized, controlled trial aimed to evaluate the efficacy and tolerability of asenapine in comparison with olanzapine, the most broadly studied antipsychotic in BPD.

METHODS:

A total of 51 outpatients aged between 18 and 50 years with a diagnosis of BPD based on Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition (DSM-5) criteria were assigned for 12 weeks to asenapine (5-10 mg/day) or olanzapine (5-10 mg/day). Participants were assessed at baseline and after 12 weeks with the following instruments: the Clinical Global Impression Scale, Severity item (CGI-S), Hamilton Depression Rating Scale (HAM-D), Hamilton Anxiety Rating Scale (HAM-A), Social Occupational Functioning Assessment Scale (SOFAS), Borderline Personality Disorder Severity Index (BPDSI), Barratt Impulsiveness Scale, version 11 (BIS-11), Modified Overt Aggression Scale (MOAS), Self-Harm Inventory (SHI), and Dosage Record and Treatment Emergent Symptom Scale (DOTES). Analysis of variance repeated measures was performed. Intention-to-treat analysis with last observation carried forward was conducted.

RESULTS:

There were 11 drop-outs (21.57%): six patients taking asenapine and five patients receiving olanzapine. Two patients who received asenapine stopped the drug, one due to oral hypoesthesia and the other due to moderate anxiety. Two patients receiving olanzapine discontinued the treatment because of significant weight gain (≥ 3 kg). The remaining seven drop-outs resulted from the lack of compliance with the trial prescription. Forty out of the 51 patients (78%) completed the trial: 19 patients received asenapine, while 21 patients received olanzapine. We found a significant within-subject effect (trial duration) for all rating scales, except from the HAM-D, the MOAS, and two items of the BPDSI, namely, "identity disturbance" and "parasuicidal behaviors." A significant effect between subjects was found for the two items of the BPDSI "affective instability" and "dissociation/paranoid ideation." Asenapine was found superior to olanzapine in reducing the affective instability score ($P = 0.001$), whereas olanzapine was found superior to asenapine in reducing dissociation/paranoid ideation ($P = 0.012$). However, the study was found to be underpowered to detect a difference between the drugs on the dissociation/paranoid ideation item of the BPDSI. Two patients receiving asenapine experienced akathisia and another two restlessness/anxiety, while three patients receiving olanzapine reported somnolence and two fatigue.

CONCLUSIONS:

Asenapine and olanzapine were demonstrated to have a similar efficacy. While asenapine was found to be more efficacious than olanzapine in treating affective instability, olanzapine was superior to asenapine in treating paranoid ideation and dissociation. However, the study was underpowered to detect a difference between groups on the dissociation/paranoid ideation item. Both medications were well tolerated, with asenapine being related to a higher frequency of oral hypoesthesia and akathisia, and olanzapine being prone to induce weight

gain. The open-label study design, lack of a placebo group, and small sample size constitute major limitations of this trial. Our findings need to be replicated in further studies. Clinical Trials Registry code: ACTRN12614000551695.

PMID: 28741044

[Similar articles](#)



10. Breast Cancer (Dove Med Press). 2017 Jul 6;9:473-485. doi: 10.2147/BCTT.S111101. eCollection 2017.

[A systematic literature review exploring the prevalence of post-traumatic stress disorder and the role played by stress and traumatic stress in breast cancer diagnosis and trajectory.](#)

[Arnaboldi P](#)¹, [Riva S](#)², [Crico C](#)², [Pravettoni G](#)¹.

Author information:

1

Applied Research Division for Cognitive and Psychological Science, European Institute of Oncology.

2

Department of Oncology and Hemato-Oncology, University of Milan, Milan, Italy.

Abstract

Stress has been extensively studied as a psychosomatic factor associated with breast cancer. This study aims to review the prevalence of post-traumatic stress disorder (PTSD), its associated risk factors, the role of predicting factors for its early diagnosis/prevention, the implications for co-treatment, and the potential links by which stress could impact cancer risk, by closely examining the literature on breast cancer survivors. The authors systematically reviewed studies published from 2002 to 2016 pertaining to PTSD, breast cancer and PTSD, and breast cancer and stress. The prevalence of PTSD varies between 0% and 32.3% mainly as regards the disease phase, the stage of disease, and the instruments adopted to detect prevalence. Higher percentages were observed when the Clinician Administered PTSD Scale was administered. In regard to PTSD-associated risk factors, no consensus has been reached to date; younger age, geographic provenance with higher prevalence in the Middle East, and the presence of previous cancer diagnosis in the family or

relational background emerged as the only variables that were unanimously found to be associated with higher PTSD prevalence. Type C personality can be considered a risk factor, together with low social support. In light of the impact of PTSD on cognitive, social, work-related, and physical functioning, co-treatment of cancer and PTSD is warranted and a multidisciplinary perspective including specific training for health care professionals in communication and relational issues with PTSD patients is mandatory. However, even though a significant correlation was found between stressful life events and breast cancer incidence, an unequivocal implication of distress in breast cancer is hard to demonstrate. For the future, overcoming the methodological heterogeneity represents one main focus. Efficacy studies could help when evaluating the effect of co-treating breast cancer and post-traumatic stress symptoms, even if all the criteria for a Diagnostic and Statistical Manual of Mental Disorders diagnosis are not fulfilled.

PMCID: PMC5505536 **Free PMC Article**

PMID: 28740430

[Similar articles](#)



Conflict of interest statement

Disclosure The authors report no conflicts of interest in this work.

11. BMJ Case Rep. 2017 Jul 24;2017. pii: bcr-2017-220297. doi: 10.1136/bcr-2017-220297.

Unusual genitourinary tract activity.

[MacCraith E](#)¹, [Davis NF](#)¹, [Forde J](#)¹.

Author information:

1

Department of Urology, Beaumont Hospital, Dublin, Ireland.

Abstract

A 23-year-old woman presented to the emergency department after manually inserting foreign bodies into the urinary bladder through her urethra. A plain abdominal film of the kidneys, ureters and bladder confirmed three radio-opaque densities in the urinary bladder. She was taken to the operating room where cystourethroscopy was performed. At cystoscopy 2 'corn-on-the-cob' skewers and 1 battery were identified but were too large to be retrieved safely with a grasper through the protective sheath. The objects were grasped with a 'sponge-holding forceps' (placed alongside the cystoscope) and extracted one at a time. A psychiatric consultation was sought and the patient was diagnosed and treated for borderline personality disorder. Unusual genitourinary activity (UGUA) has been described for several centuries and is characterised by the deposition of foreign objects in the genitalia. ¹ The most common

incentive for UGUA is sexual stimulation, but psychiatric disorders and intoxication are also associated.² Management involves retrieval of foreign bodies and evaluation of psychosocial factors.

© BMJ Publishing Group Ltd (unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

PMID: 28739565

[Similar articles](#)



Conflict of interest statement

Competing interests: None declared.

12. Ann Clin Psychiatry. 2017 Aug 1;29(3):173-181.

Impact of obsessive-compulsive personality disorder symptoms in Internet users.

[Chamberlain SR](#)¹, [Redden SA](#), [Stein DJ](#), [Lochner C](#), [Grant JE](#).

Author information:

1

Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Pritzker School of Medicine, Chicago, IL, USA E-mail: jongrant@uchicago.edu.

Abstract

BACKGROUND:

Internet use is pervasive in many cultures. Little is known about the impact of obsessive-compulsive personality disorder (OCPD) symptoms on impulsive and compulsive psychopathologies in people who use the Internet.

METHODS:

Adult Internet users (N = 1,323) completed an online questionnaire quantifying OCPD symptoms, likely occurrence of select mental disorders (obsessive-compulsive disorder, attention-deficit/hyperactivity disorder [ADHD], problematic Internet use, generalized anxiety disorder), and personality questionnaires of impulsivity and compulsivity. Predictors of the presence of OCPD symptoms (endorsement of at least 4 of 8 DSM-5 criteria) were identified using binary logistic regression.

RESULTS:

In regression ($P < .001$, area under the curve, 0.77), OCPD symptoms were significantly associated with (in order of decreasing effect size) lower non-planning impulsivity, higher ADHD symptoms, problematic Internet use, avoidant personality disorder, female sex, generalized anxiety disorder, and some types of compulsions (checking, dressing/washing).

CONCLUSIONS:

These data suggest that OCPD symptoms, defined in terms of at least 4 of 8 DSM criteria being met, are common in Internet users. OCPD symptoms were associated with considerably higher levels of psychopathology relating to both impulsive (ADHD) and compulsive (OCD-related and problematic Internet use) disorders. These data merit replication and extension using standard in-person clinical assessments, because the current study relied on self-report over the Internet.

PMID: 28738097

[Similar articles](#)

13. Psychotherapy (Chic). 2017 Jul 24. doi: 10.1037/pst0000117. [Epub ahead of print]

Behavioral Activation as a Common Mechanism of Change Across Different Orientations and Disorders.

[Dimaggio G](#), [Shahar G](#).

Abstract

Behavioral activation is an effective treatment for depression, based on targeting deprivation of positive rewards. It becomes more and more evident that many forms of mental disorders and psychological suffering involve reduction of goal-driven and pleasant activities. This reduction leaves negative mental states free to take the center of consciousness, without being counterbalanced by positive feelings, memories, and experiences of agency, self-efficacy, competence, relaxation, energy, and satisfaction. Reduced activity can be found in disorders ranging from chronic pain to personality disorders and schizophrenia. We believed that the time was ripe to reason that behavioral activation, more than a treatment in itself, can be considered a fundamental mechanism of change in the psychotherapy for a wide range of dysfunctions, irrespective of the clinician's preferred orientation. In this special issue, authors from diverse orientations describe how they integrate behavioral activation in their clinical practice, while providing rich and detailed clinical illustrations. We reflect that behavioral activation needs to be implemented in many forms of psychotherapy and for a wide range of disorders. Moreover, it has the potential to make treatment faster and maximize outcomes, as

long as it is delivered under careful consideration of the therapy relationship. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 28737419

[Similar articles](#)

14. Psychol Psychother. 2017 Jul 24. doi: 10.1111/papt.12134. [Epub ahead of print]

Concordance between self-reported and observer-rated anxiety severity in outpatients with anxiety disorders: The Leiden routine outcome monitoring study.

[Schat A](#)¹, [van Noorden MS](#)¹, [Giltay EJ](#)¹, [Noom MJ](#)^{2,3}, [Vermeiren RRJM](#)⁴, [Zitman FG](#)¹.

Author information:

1

Department of Psychiatry, Leiden University Medical Center, The Netherlands.

2

Department of Psychiatry, Zaan Medisch Centrum, The Netherlands.

3

Department of Child Development and Education, University of Amsterdam, Amsterdam, The Netherlands.

4

Department of Child and Adolescent Psychiatry, Curium-Leiden University Medical Center, Oegstgeest, The Netherlands.

Abstract

OBJECTIVES:

Anxiety severity measures can be self-report or observer-rated. Although mostly these measures concur, they can diverge markedly. We examined concordance between two anxiety scales: the observer-rated Brief Anxiety Scale (BAS) and the self-report Brief Symptom Inventory 12-item version (BSI-12), and described associations between patient characteristics and discordance.

DESIGN:

The study used an observational design, using prospective data from 2,007 outpatients with DSM-IV-TR panic disorder with or without agoraphobia, agoraphobia without panic, social phobia, and/or generalized anxiety disorder.

METHODS:

Overall agreement was described using Pearson's product-moment correlation coefficient. Associations between patient characteristics and discordance (defined as $|Z\text{-BAS} - Z\text{-BSI-12}| \geq 1$) were evaluated with univariable and multivariable multinomial logistic regression analyses.

RESULTS:

Overall correlation between BAS and BSI-12 was positive and strong ($r = .59$). Discordance occurred in 24.8% of patients ($[Z\text{-BAS} \geq Z\text{-BSI-12} + 1] = 12.2\%$; $[Z\text{-BAS} \leq Z\text{-BSI-12} - 1] = 12.6\%$). Patients with higher observed than self-reported anxiety severity did not differ from concordant patients. Patients with lower observed than self-reported anxiety severity more often had panic disorder, less often had social phobia, and had higher scores on cluster B and C personality characteristics than concordant patients. Lower observed than self-reported anxiety severity was best predicted by panic disorder, social phobia, and affective lability.

CONCLUSIONS:

Results demonstrate that the use of a single source of information gives a one-sided view of pathology. A multimethod approach is highly preferable, as this allows for assessment across different domains and through multiple sources of information, and as such, provides clinicians with vital information.

PRACTITIONER POINTS:

When assessing anxiety severity, the use of self-report measures provides additional information to observer-rated measures. In patients who have strong cluster B and C personality traits, anxiety severity might be overlooked, even by trained observers. The use of a multimethod assessment strategy is preferable in anxiety severity assessment.

© 2017 The British Psychological Society.

PMID: 28737269

[Similar articles](#)



15. Compr Psychiatry. 2017 Jul 3. pii: S0010-440X(17)30076-7. doi: 10.1016/j.comppsy.2017.06.014. [Epub ahead of print]

Interpersonal problems across levels of the psychopathology hierarchy.

[Girard JM](#)¹, [Wright AGC](#)², [Beeney JE](#)³, [Lazarus SA](#)³, [Scott LN](#)³, [Stepp SD](#)³, [Pilkonis PA](#)³.

Author information:

1

Department of Psychology, University of Pittsburgh, Pittsburgh, PA, United States.
Electronic address: j.girard@pitt.edu.

2

Department of Psychology, University of Pittsburgh, Pittsburgh, PA, United States.
Electronic address: aidan@pitt.edu.

3

Department of Psychiatry, University of Pittsburgh School of Medicine, Pittsburgh, PA, United States.

Abstract

We examined the relationship between psychopathology and interpersonal problems in a sample of 825 clinical and community participants. Sixteen psychiatric diagnoses and five transdiagnostic dimensions were examined in relation to self-reported interpersonal problems. The structural summary method was used with the Inventory of Interpersonal Problems Circumplex Scales to examine interpersonal problem profiles for each diagnosis and dimension. We built a structural model of mental disorders including factors corresponding to detachment (avoidant personality, social phobia, major depression), internalizing (dependent personality, borderline personality, panic disorder, posttraumatic stress, major depression), disinhibition (antisocial personality, drug dependence, alcohol dependence, borderline personality), dominance (histrionic personality, narcissistic personality, paranoid personality), and compulsivity (obsessive-compulsive personality). All dimensions showed good interpersonal prototypicality (e.g., detachment was defined by a socially avoidant/nonassertive interpersonal profile) except for internalizing, which was diffusely associated with elevated interpersonal distress. The findings for individual disorders were largely consistent with the dimension that each disorder loaded on, with the exception of the internalizing and dominance disorders, which were interpersonally heterogeneous. These results replicate previous findings and provide novel insights into social dysfunction in psychopathology by wedding the power of hierarchical (i.e., dimensional) modeling and interpersonal circumplex assessment.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28735709

[Similar articles](#)

Prediction of alcohol use disorder using personality disorder traits: a twin study.

[Rosenström T](#)¹, [Torvik FA](#)^{1,2}, [Ystrom E](#)^{1,2,3}, [Czajkowski NO](#)^{1, 2}, [Gillespie NA](#)⁴, [Aggen SH](#)⁴, [Krueger RF](#)⁵, [Kendler KS](#)^{4,6,7}, [Reichborn-Kjennerud T](#)^{1,8}.

Author information:

1

Department of Mental Disorders, Norwegian Institute of Public Health, Oslo, Norway.

2

Department of Psychology, University of Oslo, Norway.

3

PharmacoEpidemiology and Drug Safety Research Group, School of Pharmacy, University of Oslo, Norway.

4

Department of Psychiatry, Virginia Institute for Psychiatric and Behavioral Genetics, Virginia Commonwealth University, Richmond, VA, USA.

5

Department of Psychology, University of Minnesota, USA.

6

Department of Human and Molecular Genetics, Virginia Commonwealth University, Richmond, VA, USA.

7

Department of Psychiatry, Virginia Commonwealth University, Richmond, VA, USA.

8

Institute of Clinical Medicine, University of Oslo, Norway.

Abstract

BACKGROUND AND AIMS:

The DSM-IV Personality Disorders (PDs) are comorbid with Alcohol Use Disorder (AUD) and with each other. It remains unclear which PD criteria are most likely to drive onset and recurrence of AUD and which are merely confounded with those criteria. We determine which individual PD criteria predict AUD and the degree of underlying genetic and/or environmental etiology.

DESIGN:

A prospective observational twin study.

SETTING:

Norway 1999-2011.

PARTICIPANTS:

Altogether 2528 and 2275 Norwegian adult twins in wave 1 and 2 variable-selection analyses, and 2785 in biometric analyses.

MEASUREMENTS:

DSM-IV PDs and their 80 criteria were assessed using a structured personal interview, and AUD using WHO's Composite International Diagnostic Interview.

FINDINGS:

In a variable-selection analysis, two PD criteria were associated with AUD even after taking all the other criteria into account: criterion #8 of antisocial PD (childhood conduct disorder) and criterion #4 of borderline PD (self-damaging impulsive behaviors). Adjusting for each other, their respective odds ratios were 3.4 (CI = 2.1-5.4) and 5.0 (CI = 3.3-7.7). Endorsement strength of the criteria was associated with AUD in a dose-response manner and they explained 5.5% of variation in AUD risk-more than the full diagnoses of antisocial and borderline PDs together (0.5%). The association between borderline criterion #4 and AUD 10 years later derived mainly from their overlapping genetic factors, whereas the association between antisocial criterion #8 and AUD 10 years later was due to both genetic and non-genetic factors.

CONCLUSIONS:

Conduct disorder and self-harming impulsivity are the foremost risk traits for alcohol use disorder (AUD) among the 80 personality disorder criteria of DSM-IV, predicting AUD better than personality disorder diagnoses. The twin-study analysis suggested that conduct disorder represents a joint genetic and developmental risk for alcohol use disorder and that impulsivity is a genetic risk.

This article is protected by copyright. All rights reserved.

PMID: 28734091

[Similar articles](#)



17. Contemp Clin Trials. 2017 Jul 18;61:29-32. doi: 10.1016/j.cct.2017.07.014. [Epub ahead of print]

[Effects of narrator empathy in a computer delivered brief intervention for alcohol use.](#)

[Ellis JD](#)¹, [Grekin ER](#)², [Beatty JR](#)³, [McGoron L](#)³, [LaLiberte BV](#)², [Pop DE](#)², [Kostecki AP](#)², [Ondersma SJ](#)³.

Author information:

1

Department of Psychology, Wayne State University, United States. Electronic address: jennifer.ellis2@wayne.edu.

2

Department of Psychology, Wayne State University, United States.

3

Merrill-Palmer Skillman Institute, Department of Psychiatry & Behavioral Neuroscience, Wayne State University, United States.

Abstract

Computer-delivered, brief interventions (CDBIs) have been an increasingly popular way to treat alcohol use disorders; however, very few studies have examined which characteristics of CDBIs maximize intervention effectiveness. The literature has consistently demonstrated that therapist empathy is associated with reduced substance use in in-person therapy; however, it is unclear whether this principle applies to CDBIs. Therefore, the study aimed to examine whether the presence of an empathic narrator increased intentions to reduce heavy drinking in a CDBI. Results suggest that the presence of empathy increases motivation to reduce drinking, and makes participants feel more supported and less criticized.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28732758

[Similar articles](#)



18. Personal Ment Health. 2017 Jul 21. doi: 10.1002/pmh.1379. [Epub ahead of print]

[Measuring the contribution of art therapy in multidisciplinary treatment of](#)

personality disorders: The construction of the Self-expression and Emotion Regulation in Art Therapy Scale (SERATS).

[Haeyen S](#)^{1,2,3}, [van Hooren S](#)^{3,4,5}, [van der Veld WM](#)⁶, [Hutschemaekers G](#)^{6,7}.

Author information:

1

Centre for Mental Health, Expert Centre for Personality Disorders, GGNet Scelta, Apeldoorn PO Box 2003, 7230GC, Warnsveld, The Netherlands.

2

HAN University of Applied Sciences, PO Box 6960, 6503GL, Nijmegen, The Netherlands.

3

KenVaK, Research Centre for the Arts Therapies, PO Box 550, 6400AN, Heerlen, The Netherlands.

4

Faculty of Healthcare, Zuyd University of Applied Sciences, PO Box 550, 6400AN, Heerlen, The Netherlands.

5

Faculty of Psychology and Educational Sciences, Open University, PO Box 2960, 6401DL, Heerlen, The Netherlands.

6

Radboud University, PO Box 9401, 6500HE, Nijmegen, The Netherlands.

7

Centre for Mental Health, Pro Persona, PO Box 27, 6870AA, Renkum, The Netherlands.

Abstract

Despite the use of art therapy in clinical practice, its appreciation and reported beneficial results, no instruments are available to measure specific effects of art therapy among patients with personality disorders cluster B/C in multidisciplinary treatment. In the present study, we described the development and psychometric evaluation of the Self-expression and Emotion Regulation in Art Therapy Scale (SERATS). Structural validity (exploratory and confirmatory factor analysis), reliability, construct validity and sensitivity to change were examined using two independent databases (n = 335; n = 34) of patients diagnosed with personality disorders cluster B/C. This resulted in a nine-item effect scale with a single factor with a high internal reliability and high test-retest reliability; it demonstrated discriminant validity and sensitivity to change. In conclusion, the SERATS is brief and content-valid and

offers objective and reliable information on self-expression and emotion regulation in art therapy among patients with personality disorders cluster B/C. Although more research on construct validity is needed, the SERATS is a promising tool to be applied as an effect scale and as a monitoring tool during art therapy treatment. © 2017 The Authors Personality and Mental Health Published by John Wiley & Sons Ltd.

© 2017 The Authors Personality and Mental Health Published by John Wiley & Sons Ltd.
PMID: 28730717

[Similar articles](#)



19. BMJ Open. 2017 Jul 20;7(7):e011249. doi: 10.1136/bmjopen-2016-011249.

Effectiveness of the management of major depressive episodes/disorder in adults with comorbid chronic physical diseases: a protocol for a systematic review and meta-analysis.

[Martínez P](#)^{1,2,3,4}, [Castro A](#)⁵, [Alonso D](#)⁵, [Vöhringer PA](#)^{1,3,6}, [Rojas G](#)^{1,3}.

Author information:

- 1 Department of Psychiatry and Mental Health, Clinical Hospital, Universidad de Chile, Santiago de Chile, Chile.
- 2 Information Technology Innovation Centre for Social Applications (CITIAPS), Universidad de Santiago de Chile, Santiago, Chile.
- 3 Millennium Institute for Depression and Personality Research (MIDAP), Santiago, Chile.
- 4 School of Psychology, Faculty of Humanities, Universidad de Santiago de Chile, Santiago, Chile.
- 5 School of Medicine, Faculty of Medicine, Universidad de Chile, Santiago, Chile.
- 6 Mood Disorders Program, Tufts Medical Center, Tufts University, Boston, Massachusetts, USA.

Abstract

INTRODUCTION:

Depression is a global-scale public health problem, and a significant association has been established between depression and chronic physical diseases. This growing comorbidity poses a challenge to healthcare systems. We aim to assess the effectiveness of the management of major depressive episodes/disorder in adults with comorbid chronic physical diseases.

METHODS AND ANALYSIS:

We will conduct a systematic review and meta-analysis of randomised clinical trials. Two databases MEDLINE and Cochrane Library (Cochrane Database for Systematic Reviews and CENTRAL), as well as the reference lists of the included articles, will be searched for studies either in English or Spanish with published results within the 2005-2015 period. Studies must fulfil the following conditions: (1) participants aged 18 years or older, diagnosed as having a major depressive episodes/disorder according to standardised criteria and chronic physical diseases; (2) interventions (be it pharmacological, psychological, psychosocial or a combination) must be compared with control conditions (other 'active' intervention, treatment as usual, waiting list or placebo); (3) and must report reduction in depressive symptoms after treatment, response to treatment, remission of major depressive episodes/disorder and significant improvement in quality of life. Data extraction, risk of bias evaluation, results summarisation and quality of the evidence (GRADE) will be performed as recommended by the Cochrane Collaboration. A qualitative synthesis and a random effects meta-analysis will be carried out. Effect sizes will be calculated (relative risk and Cohen's d), I^2 and Q statistics will be employed to study heterogeneity and publication bias analysis will be performed. Subgroup analyses and meta-regression will be carried out.

ETHICS AND DISSEMINATION:

Results are expected to be published in specialised peer-reviewed journals (preferred topics: Mental Health, Psychology, Psychiatry and/or Systematic Reviews) and dissemination activities will be targeted to all the healthcare providers.

TRIAL REGISTRATION NUMBER:

International Prospective Register of Systematic Reviews (CRD42016029166) submitted on 11 January 2016.

© Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

Free Article

PMID: 28729304

[Similar articles](#)



Conflict of interest statement

Competing interests: None declared.

20. Emerg Med J. 2017 Jul 18. pii: emermed-2015-205214. doi: 10.1136/emered-2015-205214. [Epub ahead of print]

[Predictors of repeat visits to hospital psychiatric emergency departments in Malaga \(Spain\) and in Lisbon \(Portugal\).](#)

[Moreno-Küstner B](#)^{1,2}, [Warnke I](#)³, [Nordt C](#)⁴, [Fernandez G](#)⁵, [Ramos J](#)⁶, [Paulino-Matos P](#)⁵, [Rössler W](#)^{7,8,9}, [Cardoso G](#)¹⁰.

Author information:

1

Department of Personality, Assessment and Treatment, Faculty of Psychology, University of Malaga, Malaga, Spain.

2

Maristã;n Network, Institute of Biomedical Research of Malaga, Malaga, Spain.

3

Department of Forensic Psychiatry, Institute of Forensic Medicine, University of Bern, Bern, Switzerland.

4

Department for Psychiatry, Psychotherapy and Psychosomatics, University Hospital of Psychiatry, Zurich, Switzerland.

5

Mental Health Unit North, Malaga University Regional Hospital, Malaga, Spain.

6

Department of Psychiatry, Hospital Fernando Fonseca, Amadora, Portugal.

7

University of Zurich, Zurich, Switzerland.

8

Institute of Psychiatry, Universidad de Sao Paulo, Sao Paulo, Brazil.

9

Laboratory of Neuroscience, University of SÃ£o Paulo, Sao Paulo, Brazil.

10

Chronic Diseases Research Center (CEDOC), NOVA Medical School Faculdade de Ciências Medicas, Universidade Nova de Lisboa. Maristın Network, Lisbon, Portugal.

Abstract

OBJECTIVE:

This study describes the profile of people with mental disorders attending emergency departments (EDs) in two countries and to identify specific mental disorders associated with repeat emergency visits.

METHODS:

Retrospective analyses of 1year of EDs data from two hospitals with psychiatric departments, one in Amadora/Sintra (Lisbon, Portugal, 2008) and the other in Malaga (Spain, 2009), were carried out. To determine which mental disorders were associated with repeat visits in each setting, negative binomial models were calculated.

RESULTS:

There were 5141 visits for a mental disorder made by 3667 patients. Patients with affective disorder were the most frequent (32.2%). Among all mental health patients, 19.9% had at least one repeat visit during the year. For the two EDs setting combined, patients with personality disorders (incidence rate ratio (IRR)=3.79, 95% CI: 2.39 to 6.02) and psychotic disorders (IRR=1.46, 95% CI: 1.13 to 1.89) were more likely to have repeat visits compared with patients with affective disorders, whereas mental disorders due to psychoactive substance use (IRR=0.52, 95% CI: 0.37 to 0.73) was associated with lower likelihood of repeat visits. Nearly all significant differences were attributable to the Malaga sample, where patients with personality disorders were four times more likely to have repeat EDs visits compared with patients with affective disorders. However, at both sites, patients with mental disorders due to psychoactive substance use were less likely to have repeat visits.

CONCLUSIONS:

Certain mental disorders may be predictive of more frequent ED visits. The different results for each country suggest that further studies might focus not only on the characteristics of patients, but also on local healthcare organisation.

 Article author(s) (or their employer(s) unless otherwise stated in the text of the article) 2017. All rights reserved. No commercial use is permitted unless otherwise expressly granted.

PMID: 28720721

[Similar articles](#)

Conflict of interest statement

Competing interests: None declared.

21. Eur Eat Disord Rev. 2017 Jul 18. doi: 10.1002/erv.2534. [Epub ahead of print]

Subtypes of Personality and 'Locus of Control' in Bariatric Patients and their Effect on Weight Loss, Eating Disorder and Depressive Symptoms, and Quality of Life.

[Peterhänsel C](#)^{1,2}, [Linde K](#)¹, [Wagner B](#)³, [Dietrich A](#)^{2,4}, [Kersting A](#)^{1,2}.

Author information:

1

Department of Psychosomatic Medicine and Psychotherapy, University Hospital Leipzig, Leipzig, Germany.

2

Integrated Research and Treatment Center (IFB) Adiposity Diseases, Leipzig University Medical Center, Leipzig, Germany.

3

MSB Medical School Berlin, Germany.

4

Department of Surgery, Clinic for Visceral, Transplantation, Thoracic and Vascular Surgery, University Hospital Leipzig, Leipzig, Germany.

Abstract

The present study subdivided personality types in a bariatric sample and investigated their impact on weight loss and psychopathology 6 and 12 months after surgery. One hundred thirty participants answered questionnaires on personality (NEO-FFI), 'locus of control' (IPC), depression severity (BDI-II), eating disorder psychopathology (EDE-Q), and health-related quality of life (HRQoL; SF-12). K-means cluster analyses were used to identify subtypes. Two subtypes emerged: an 'emotionally dysregulated/undercontrolled' cluster defined by high neuroticism and external orientation and a 'resilient/high functioning' cluster with the reverse pattern. Prior to surgery, the first subtype reported more eating disorder and depressive symptoms and less HRQoL. Differences persisted regarding depression and mental HRQoL until 12 months after surgery, except in the areas weight loss and eating disorders. Personality seems to influence the improvement or maintenance of psychiatric

symptoms after bariatric surgery. Future research could elucidate whether adapted treatment programmes could have an influence on the improvement of procedure outcomes. Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

Copyright © 2017 John Wiley & Sons, Ltd and Eating Disorders Association.

PMID: 28719083

[Similar articles](#)



22. Early Interv Psychiatry. 2017 Jul 18. doi: 10.1111/eip.12449. [Epub ahead of print]

Tracking salience in young people: A psychometric field test of the Aberrant Salience Inventory (ASI).

[Raballo A](#)^{1,2}, [Cicero DC](#)³, [Kerns JG](#)⁴, [Sanna S](#)⁵, [Pintus M](#)^{5,6}, [Agartz I](#)^{1,7}, [Pintus E](#)^{5,6}, [Corrias I](#)^{5,6}, [Lai V](#)⁵, [Petretto DR](#)⁵, [Carta MG](#)⁶, [Preti A](#)^{5,6,8}.

Author information:

1

Norwegian Centre for Mental Disorders Research (NORMENT), KG Jebsen Centre for Psychosis Research, Division of Mental Health and Addiction, University of Oslo and Diakonjemmet Hospital, Oslo, Norway.

2

Department of Mental Health, Reggio Emilia, Reggio Emilia, Italy.

3

Department of Psychology, University of Hawai'i at Manoa, Honolulu, Hawaii.

4

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

5

Section on Clinical Psychology, Department of Education, Psychology, Philosophy, University of Cagliari, Cagliari, Italy.

6

Center of Liaison Psychiatry and Psychosomatics, University Hospital, University of Cagliari, Cagliari, Italy.

7

Department of Psychiatric Research, Diakonhjemmet Hospital, Oslo, Norway.

8

Department of Psychiatry, Genneruxi Medical Center, Cagliari, Italy.

Abstract

AIM:

To explore the prevalence of Aberrant Salience (AS, an alleged experiential feature of psychosis-proneness) in Italian young people and corroborate the transcultural validity of the Aberrant Salience Inventory (ASI).

METHODS:

Young adults attending an Italian university (n = 649) underwent serial evaluations with the ASI together with psychometric proxies for help seeking General Health Questionnaire and attenuated positive and negative symptoms Schizotypal Personality Questionnaire (SPQ). The distribution of ASI scores was explored with latent class analysis (LCA).

RESULTS:

Reliability of the Italian version of the ASI (I-ASI) was acceptable for all subscales (ordinal alpha >.70). Concurrent validity was in the expected direction, with higher correlations with measures of attenuated positive symptoms vs negative symptoms of psychosis (Steigers' z test, $P < .005$ in all comparisons). LCA identified three classes, with 217 (33.4%) participants in the "high aberrant salience" class. Gender and age were not related to class membership. Compared to the baseline class, SPQ scores in the schizotypy range were more likely in the "high aberrant salience" class (OR = 39.1; 95% confidence interval: 5.30-288.1).

CONCLUSION:

AS is a relatively common experience among Italian young people. The study also confirmed the validity of field-testing ASI as a tool for the real-world characterization of people with vulnerability to psychosis, such as symptomatic help seekers with clinical high-risk states.

© 2017 John Wiley & Sons Australia, Ltd.

PMID: 28719056

[Similar articles](#)



23. Psychother Res. 2017 Jul 17:1-18. doi: 10.1080/10503307.2017.1349350. [Epub ahead of print]

How clients "change emotion with emotion": A programme of research on emotional processing.

[Pascual-Leone A](#)¹.

Author information:

1

a Department of Psychology , University of Windsor , Windsor , Canada.

Abstract

This paper reviews a body of research that has examined Pascual-Leone and Greenberg's sequential model of emotional processing or used its accompanying measure (the Classification of Affective Meaning States). Research from 24 studies using a plurality of methods examined process-outcome relationships from micro to macro levels of observation and builds support for emotional transformation as a possible causal mechanism of change in psychotherapy. A pooled sample of 310 clinical and 130 sub-clinical cases have been studied, reflecting the process of 7 different treatment approaches in addressing over 5 different presenting clinical problems (including depression, anxiety, relational trauma, and personality disorders). The initial findings on this model support the hypothesis that emotional transformation occurs in specific canonical sequences and these show large effects in the prediction of positive treatment outcomes. This model is the first in the field of psychotherapy to show how non-linear temporal patterns of moment-by-moment process relate to the unfolding of increasingly larger changes to create good psychotherapy treatment outcomes. Finally, clinical application of the model is also considered as a template for case formulations focused on emotion. Clinical or methodological significance of this article: This review article examines research on a specific model of emotional processing. (i) Experiencing certain key emotions during psychotherapy seems to predict good treatment outcomes, at both the session and treatment levels. (ii) There is also evidence to suggest that these productive emotional experiences unfold in an ordered pattern. Moreover, (iii) support for this way of understanding emotional processing comes from a number of very different treatment approaches and for several kinds of major disorders.

PMID: 28714778

[Similar articles](#)

24. J Psychosom Res. 2017 Aug;99:21-27. doi: 10.1016/j.jpsychores.2017.05.018. Epub 2017 May 25.

Negative affect is unrelated to fluctuations in hormone levels across the menstrual cycle: Evidence from a multisite observational study across two successive cycles.

[Hengartner MP](#)¹, [Kruger THC](#)², [Geraedts K](#)³, [Tronci E](#)⁴, [Mancini T](#)⁴, [Ille F](#)⁵, [Egli M](#)⁵, [Röblitz S](#)⁶, [Ehrig R](#)⁷, [Saleh L](#)⁸, [Spanaus K](#)⁸, [Schipper C](#)⁹, [Zhang Y](#)², [Leeners B](#)³.

Author information:

1

Department of Applied Psychology, Zurich University for Applied Sciences (ZHAW), Switzerland. Electronic address: michaelpascal.hengartner@zhaw.ch.

2

Department of Psychiatry, Social Psychiatry and Psychotherapy, Hannover Medical School, Germany.

3

Department of Reproductive Endocrinology, University Hospital Zürich, Switzerland.

4

Department of Computer Science, University of Roma "La Sapienza", Italy.

5

Center of Competence in Aerospace, Biomedical Science & Technology, Lucerne University of Applied Sciences and Arts, Switzerland.

6

Computational Systems Biology Group, Zuse Institute, Berlin, Germany; Department of Mathematics and Computer Science, Freie Universität Berlin, Germany.

7

Computational Systems Biology Group, Zuse Institute, Berlin, Germany.

8

Institute of Clinical Chemistry, University Hospital Zürich, Switzerland.

9

Department of Gynaecology and Obstetrics, Hannover Medical School, Germany.

Abstract

BACKGROUND:

Female sex hormones may play a crucial role in the occurrence of cycle-related mood disorders. However, the literature is inconsistent and methodologically stringent observational studies on the relationship between sex hormones and negative affect are lacking.

METHODS:

In this longitudinal multisite study from Hannover, Germany, and Zurich, Switzerland, we examined oestrogen, progesterone, luteinizing hormone (LH), follicle-stimulating hormone (FSH), and testosterone serum levels in association with negative affect as measured with the Positive and Negative Affect Schedule (PANAS). Negative affect and hormone assays were collected at four consecutive time points comprising menstrual, pre-ovulatory, mid-luteal and premenstrual phase across two cycles (n=87 and n=67 for the first and second cycles). The Beck Depression Inventory (BDI) was assessed once prior to the first cycle and included as a secondary measure.

RESULTS:

Mean negative affect scores did not significantly fluctuate across both cycles and there was in particular no symptom increase premenstrually. No sex hormone consistently related to repeated measures of negative affect across two consecutive cycles. The BDI sum-score assessed at baseline was not related to hormone levels across the first cycle.

CONCLUSIONS:

This is the first multisite longitudinal study on the association between negative affect and sex hormone levels encompassing two consecutive menstrual cycles. Negative affect did not fluctuate across the cycle and there was no direct and uniform association between sex hormones and self-reported negative affect. These findings suggest that moderators such as personality traits and epigenetics should be considered in future research.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 28712426

[Similar articles](#)



25. J Psychosom Res. 2017 Aug;99:112-119. doi: 10.1016/j.jpsychores.2017.06.005. Epub 2017 Jun 9.

[The role of incongruence between the perceived functioning by patients and clinicians in the detection of psychological](#)

distress among functional and motor digestive disorders.

[Rodriguez-Urrutia A](#)¹, [Eiroa-Orosa FJ](#)², [Accarino A](#)³, [Malagelada C](#)⁴, [Azpiroz F](#)³.

Author information:

1

Consultation-Liaison Psychiatry Unit, Department of Psychiatry, University Hospital Vall d'Hebron, CIBERSAM, Spain; Department of Psychiatry and Legal Medicine, Universitat Autònoma de Barcelona, Bellaterra (Cerdanyola del Vallès), Spain. Electronic address: amarodriguez@vhebron.net.

2

Section of Personality, Evaluation and Psychological Treatment, Department of Clinical Psychology and Psychobiology, School of Psychology, University of Barcelona, Spain. Electronic address: feiroa@ub.edu.

3

Digestive System Research Unit, University Hospital Vall d'Hebron, CIBEREHD, Barcelona, Spain; Departament of Medicine, Universitat Autònoma de Barcelona, Bellaterra (Cerdanyola del Vallès), Spain.

4

Digestive System Research Unit, University Hospital Vall d'Hebron, CIBEREHD, Barcelona, Spain.

Abstract

OBJECTIVES:

Previous research on gastrointestinal and other medical conditions has shown the presence of incongruence between self- and clinician-reported functioning and its relation with psychopathology. The main objective of this study was to test whether inconsistencies between clinician- and self-assessed functionality can be used to detect psychopathology among patients diagnosed of motor or functional gastrointestinal disorders.

METHODS:

One hundred and three patients from a gastroenterology inpatient unit were included in this study. All patients underwent clinical assessment, including intestinal manometry, Rome III criteria for functional gastrointestinal disorders, and psychological and psychiatric evaluation. Patients with suspected gastroparesis underwent a scintigraphic gastric emptying test. Definitive diagnoses were made at discharge.

RESULTS:

Patients with higher levels of incongruence differed in various sociodemographic (age, educational level, work activity and having children) and psychopathological (all SCL-90-R subscales except anxiety and hostility) characteristics. Using general lineal models, incongruence was found to be the variable with stronger relations with psychopathology even when controlling for diagnosis. Interactions were found between incongruence and diagnosis reflecting a pattern in which patients with functional disorders whose subjective evaluation of functioning is not congruent with that of the clinician, have higher levels of psychopathology than patients with motor disorders.

CONCLUSIONS:

Incongruence between clinician and self-reported functionality seems to be related to higher levels of psychopathology in patients with functional disorders. These findings underscore the need for routine psychosocial assessment among these patients. Gastroenterologists could use the concept of incongruence and its clinical implications, as a screening tool for psychopathology, facilitating consultation-liaison processes.

Copyright © 2017. Published by Elsevier Inc.

PMID: 28712415

[Similar articles](#)



26. Psychol Med. 2017 Jul 17;1-13. doi: 10.1017/S0033291717001921. [Epub ahead of print]

[Overlapping and disease specific trait, response, and reflection impulsivity in adolescents with first-episode schizophrenia spectrum disorders or attention-deficit/hyperactivity disorder.](#)

[Jepsen JRM](#)¹, [Rydkaer J](#)¹, [Fagerlund B](#)¹, [Pagsberg AK](#)², [Jespersen RAF](#)³, [Glenthøj BY](#)¹, [Oranje B](#)¹.

Author information:

1

Center for Clinical Intervention and Neuropsychiatric Schizophrenia Research (CINS) and Center for Neuropsychiatric Schizophrenia Research (CNSR), Mental Health Centre Glostrup, University of Copenhagen, Glostrup, Denmark.

2

Child and Adolescent Mental Health Center, Mental Health Services, Capital Region of Denmark, Copenhagen, Denmark.

3

Department of Child and Adolescent Psychiatry, Landssjúkrahúsíð (National Hospital), Torshavn, Faroe Islands.

Abstract

BACKGROUND:

Schizophrenia and attention-deficit/hyperactivity disorder (ADHD) are developmental disorders with shared clinical characteristics such as cognitive impairments and impulsivity. Impulsivity is a core feature of ADHD and an important factor in aggression, violence, and substance use in schizophrenia. Based on the hypothesis that schizophrenia and ADHD represent a continuum of neurodevelopmental impairments, the aim was to identify overlapping and disease specific forms of impulsivity.

METHODS:

Adolescents between 12 and 17 years of age were assessed with the Schedule for Affective Disorders and Schizophrenia for School-aged Children - Present and Lifetime Version. Subjects with early-onset, first-episode schizophrenia spectrum disorders (EOS) (N = 29) or ADHD (N = 29) and healthy controls (N = 45) were compared on two performance measures (Information Sampling Task, Stop Signal Task) and a subjective personality trait measure of impulsivity (Barratt Impulsiveness Scale, Version 11 (BIS-11)).

RESULTS:

Significantly increased reflection impulsivity was observed in ADHD but not in the EOS group. No significant response inhibition deficits (stop signal reaction time) were found in the two clinical groups. The ADHD and the EOS group showed significantly increased motor, attentional, and non-planning subtraits of impulsivity.

CONCLUSIONS:

Impaired pre-decisional information gathering appeared to be specific for ADHD while the information gathering was not significantly reduced in subjects with EOS. Neither the ADHD nor EOS group showed impaired response inhibition but shared increased personality subtraits of attentional, non-planning, and motor impulsivity although the latter was significantly more pronounced in ADHD. These increased subtraits of impulsivity may reflect diagnostic non-specific neurodevelopmental impairments in ADHD and EOS in adolescence.

PMID: 28712363

[Similar articles](#)

Partially distinct combinations of psychological, metabolic and inflammatory risk factors are prospectively associated with the onset of the subtypes of Major Depressive Disorder in midlife.

[Rudaz DA](#)¹, [Vandeleur CL](#)², [Gebreab SZ](#)², [Gholam-Rezaee M](#)², [Strippoli MF](#)², [Lasserre AM](#)², [Glaus J](#)³, [Castelao E](#)², [Pistis G](#)², [von Känel R](#)⁴, [Marques-Vidal P](#)⁵, [Waeber G](#)⁵, [Vollenweider P](#)⁵, [Preisig M](#)².

Author information:

1

Department of Psychiatry, Lausanne University Hospital, Lausanne, Switzerland.
Electronic address: dominique.rudaz@chuv.ch.

2

Department of Psychiatry, Lausanne University Hospital, Lausanne, Switzerland.

3

Department of Psychiatry, Lausanne University Hospital, Lausanne, Switzerland;
Genetic Epidemiology Research Branch, Intramural Research Program, National
Institute of Mental Health Bethesda, MD, USA.

4

Department of Psychosomatic Medicine, Clinic Barmelweid, Barmelweid,
Switzerland.

5

Department of Internal Medicine, Internal Medicine, Lausanne University Hospital,
Lausanne, Switzerland.

Abstract

BACKGROUND:

Given the well known heterogeneity of Major Depressive Disorder (MDD), dividing this complex disorder into subtypes is likely to be a more promising approach to identify its determinants than to study it as a whole.

METHODS:

In a prospective population-based cohort study (CoLaus|PsyCoLaus) with 5.5 years of follow-up, 1524 participants without MDD at baseline, aged 35-66 years (mean age 51.4 years, 43.4% females), participated in the physical and psychiatric baseline and the psychiatric follow-up evaluations.

RESULTS:

The incidence of both atypical and melancholic MDD during the follow-up period were predicted by female sex, a lifetime history of minor depressive disorders and higher neuroticism scores. Higher baseline body mass index was associated with the onset of atypical MDD, whereas the absence of hypertension and younger age were associated with the development of melancholic MDD. Unspecified MDD was predicted by younger age, low concentrations of tumor necrosis factor- α and elevated life-event impact scores.

LIMITATIONS:

The age range of our cohort restricts the identification of risk factors to MDD with onset in midlife and the recruitment in an urban area limits the generalizability of the findings.

CONCLUSIONS:

Our data suggest that MDD subtypes are predicted by partially distinct combinations of baseline characteristics suggesting that these subtypes not only differ in their clinical manifestations but also in factors that contribute to their development. Subjects with minor depressive episodes, especially in combination with particular personality features, deserve close clinical attention to prevent the subsequent onset of atypical and melancholic major depression.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 28710953

[Similar articles](#)



28. Clin Psychol Rev. 2017 Aug;56:82-93. doi: 10.1016/j.cpr.2017.07.001. Epub 2017 Jul 8.

For whom does interpersonal psychotherapy work? A systematic review.

[Bernecker SL](#)¹, [Coyne AE](#)², [Constantino MJ](#)³, [Ravitz P](#)⁴.

Author information:

1

Department of Psychological and Brain Sciences, University of Massachusetts, Tobin Hall, 135 Hicks Way, Amherst, MA 01003-9271, USA. Electronic address: sbernecker@fas.harvard.edu.

2

Department of Psychological and Brain Sciences, University of Massachusetts, Tobin Hall, 135 Hicks Way, Amherst, MA 01003-9271, USA. Electronic address: acoyne@umass.edu.

3

Department of Psychological and Brain Sciences, University of Massachusetts, Tobin Hall, 135 Hicks Way, Amherst, MA 01003-9271, USA. Electronic address: mconstantino@psych.umass.edu.

4

Department of Psychiatry, University of Toronto, Mount Sinai Hospital, 600 University Ave., Toronto, ON M5G 1X5, Canada. Electronic address: paula.ravitz@sinaihealthsystem.ca.

Abstract

The efficacy of interpersonal psychotherapy (IPT) to treat depression and other disorders is well established, yet it remains unknown which patients will benefit more from IPT than another treatment. This review summarizes 46years of clinical trial research on patient characteristics that moderate the relative efficacy of IPT vs. different treatments. Across 57 studies from 33 trials comparing IPT to pharmacotherapy, another psychotherapy, or control, there were few consistent indicators of when IPT would be more or less effective than another treatment. However, IPT may be superior to school counseling for adolescents with elevated interpersonal conflict, and to minimal controls for patients with severe depression. Cognitive-behavioral therapy may outpace IPT for patients with avoidant personality disorder symptoms. There was some preliminary evidence that IPT is more beneficial than alternatives for patients in some age groups, African-American patients, and patients in an index episode of depression. The included studies suffered from several limitations and high risk of Type I and II error. Obstacles that may explain the difficulty in identifying consistent moderators, including low statistical power and heterogeneity in samples and treatments, are discussed. Possible remedies include within-subjects designs, manipulation of single treatment ingredients, and strategies for increasing power such as improving measurement.

Copyright © 2017 Elsevier Ltd. All rights reserved.

PMID: 28710917

[Similar articles](#)



Shame on Me! Self-Conscious Emotions and Big Five Personality Traits and Their Relations to Anxiety Disorders Symptoms in Young, Non-Clinical Adolescents.

[Muris P](#)^{1,2,3}, [Meesters C](#)⁴, [van Asseldonk M](#)⁴.

Author information:

1

Maastricht University & Virenze-RIAGG, Maastricht, The Netherlands.
peter.muris@maastrichtuniversity.nl.

2

Stellenbosch University, Stellenbosch, South Africa.
peter.muris@maastrichtuniversity.nl.

3

Department of Clinical Psychological Science, Maastricht University, P.O. Box 616, 6200 MD, Maastricht, The Netherlands. peter.muris@maastrichtuniversity.nl.

4

Maastricht University & Virenze-RIAGG, Maastricht, The Netherlands.

Abstract

This study explored the relations between self-conscious emotions, personality traits, and anxiety disorders symptoms in non-clinical youths. One-hundred-and-eighteen adolescents aged 12-15 years completed the brief shame and guilt questionnaire for children (BSGQ-C) and items of the youth self-report (YSR) to measure shame and guilt, the big five personality questionnaire for children, and the youth anxiety measure for DSM-5. Results for shame indicated that this self-conscious emotion-either measured by the BSGQ-C or the YSR-was uniquely and positively associated with a broad range of anxiety disorders symptoms, and correlated positively with neuroticism and negatively with extraversion. Guilt did not show significant associations with anxiety disorders symptoms once controlling for the influence of shame, and links with personality traits varied dependent on the assessment instrument that was used (BSGQ-C or YSR). Finally, when controlling for neuroticism and extraversion, shame consistently remained a significant correlate of anxiety disorders symptoms. Altogether, these results add to the growing body of evidence indicating that high levels of shame are clearly associated with anxiety pathology.

PMID: 28710592

[Similar articles](#)

Evaluation of Patient Satisfaction in a State Reference Center of Bipolar Disorder.

[Garrido JM](#)¹, [Sánchez-Moreno J](#)², [Vázquez M](#)³, [Hidalgo D](#)², [Valentí M](#)², [Goikolea JM](#)², [Benabarre A](#)², [Ylla A](#)⁴, [Grande I](#)^{5,6}, [Vieta E](#)², [Trilla A](#)^{7,8}.

Author information:

- 1
Personality Disorder Unit, General Hospital of Catalonia, Barcelona, Spain.
- 2
Bipolar Disorders Unit, Hospital Clinic, Institute of Neurosciences, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Catalonia, Spain.
- 3
Clinical Institute of Neurosciences, Hospital Clinic, University of Barcelona, Barcelona, Catalonia, Spain.
- 4
Avantium Business Consulting, Barcelona, Catalonia, Spain.
- 5
Bipolar Disorders Unit, Hospital Clinic, Institute of Neurosciences, University of Barcelona, IDIBAPS, CIBERSAM, Barcelona, Catalonia, Spain.
igrande@clinic.ub.es.
- 6
Bipolar Disorders Unit, Clinical Institute of Neurosciences, Hospital Clinic, c/Villarroel 170, stairs 12, floor 0, 08036, Barcelona, Catalonia, Spain.
igrande@clinic.ub.es.
- 7
Department of Preventive Medicine and Epidemiology, Hospital Clinic, IDIBAPS, University of Barcelona, Barcelona, Spain.
- 8
Barcelona Centre for International Health Research (CRESIB), Hospital Clínic - Universitat de Barcelona, ISGlobal, Barcelona, Spain.

PMID: 28707257

[Similar articles](#)

Implementation of evidence-based treatments for borderline personality disorder: The impact of organizational changes on treatment outcome of mentalization-based treatment.

[Bales DL](#)¹, [Timman R](#)^{1,2}, [Luyten P](#)¹, [Busschbach J](#)^{1,2}, [Verheul R](#)¹, [Hutsebaut J](#)¹.

Author information:

1

Viersprong Institute for Studies on Personality Disorders (VISPD), Halsteren, the Netherlands.

2

Erasmus Medical Center Rotterdam, Section of Medical Psychology and Psychotherapy, Rotterdam, the Netherlands.

Abstract

The quality of implementation of evidence-based treatment programs for borderline personality disorder (BPD) in routine clinical care is a neglected issue. The first aim of this mixed-method naturalistic study was to explore the impact of organizational changes on treatment effectiveness of a day-hospital programme of mentalization-based treatment. Consecutively referred BPD patients were divided into a pre-reorganization cohort (PRE-REORG) and a cohort during reorganization (REORG). Psychiatric symptoms (Brief Symptom Inventory) and personality functioning (Severity Indices of Personality Problems-118) before treatment and at 18- and 36-month follow-up were compared using multilevel modelling. Effect sizes in the PRE-REORG cohort were approximately twice as large at 18 months (PRE-REORG: range 0.81-1.22; REORG: range 0.03-0.71) and three times as large at 36 months (PRE-REORG: range 0.81-1.80; REORG: range 0.27-0.81). The quantitative results of this study suggest that even when mentalization-based treatment is successfully implemented and the structure of the programme remains intact, major organizational changes may have a considerable impact on its effectiveness. Second, we aimed to explore the impact of the reorganization on adherence at organizational, team and therapist level. The qualitative results of this study indicate that the organizational changes were negatively related to adherence to the treatment model at organizational, team and therapist level, which in turn was associated with a decrease in treatment effectiveness. The implications of these findings for the implementation of effective treatments for BPD in routine clinical practice are discussed. Copyright © 2017 John Wiley & Sons, Ltd.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28703383

[Similar articles](#)



32. PeerJ. 2017 Jul 6;5:e3533. doi: 10.7717/peerj.3533. eCollection 2017.

Morphological connectivity correlates with trait impulsivity in healthy adults.

[Li J](#)¹, [Kong XZ](#)².

Author information:

1

College of Education, Dali University, Dali, China.

2

State Key Laboratory of Cognitive Neuroscience and Learning & IDG/McGovern Institute for Brain Research, Beijing Normal University, Beijing, China.

Abstract

BACKGROUND:

Impulsivity is one crucial personality trait associated with various maladaptive behavior and many mental disorders. In the study reported here, we investigated the relationship between impulsivity and morphological connectivity (MC) between human brain regions, a newly proposed measure for brain coordination through the development and learning.

METHOD:

Twenty-four participants' T1-weighted magnetic resonance imaging (MRI) images and their self-reported impulsivity scores, measured by the Barratt impulsiveness scale (BIS), were retrieved from the OpenfMRI project. First, we assessed the MC by quantifying the similarity of probability density function of local morphological features between the anterior cingulate cortex (ACC), one of the most crucial hubs in the neural network modulating cognitive control, and other association cortices in each participant. Then, we correlated the MC to impulsivity scores across participants.

RESULTS:

The BIS total score was found to correlate with the MCs between the ACC and two other brain regions in the right hemisphere: the inferior frontal gyrus (IFG), a well-established

structure for inhibition control; the inferior temporal gyrus (ITG), which has been previously shown to be associated with hyperactive/impulsivity symptoms. Furthermore, the ACC-IFG MC was mainly correlated with motor impulsivity, and the ACC-ITG MC was mainly correlated with attentional impulsivity.

DISCUSSION:

Together, these findings provide evidence that the ACC, IFG, and ITG in the right hemisphere are involved neural networks modulating impulsivity. Also, the current findings highlight the utility of MC analyses in facilitating our understanding of neural correlates of behavioral and personality traits.

PMCID: PMC5501964 **Free PMC Article**

PMID: 28695069

[Similar articles](#)



Conflict of interest statement

The authors declare there are no competing interests.

33.J Pain. 2017 Jul 7. pii: S1526-5900(17)30632-6. doi: 10.1016/j.jpain.2017.06.009. [Epub ahead of print]

Intensity dependence of auditory evoked potentials in primary dysmenorrhea.

[Zhang B](#)¹, [Xu Y](#)², [He W](#)³, [Wang J](#)¹, [Chai H](#)¹, [Shen C](#)¹, [Zhu Q](#)¹, [Wang W](#)⁴.

Author information:

1

Department of Clinical Psychology and Psychiatry/ School of Public Health, Zhejiang University College of Medicine, Hangzhou, China.

2

Department of Clinical Psychology and Psychiatry/ School of Public Health, Zhejiang University College of Medicine, Hangzhou, China;; Department of Psychosomatic Medicine, Mental Health Center, Zhejiang University College of Medicine, Hangzhou, China.

3

Department of Clinical Psychology and Psychiatry/ School of Public Health, Zhejiang University College of Medicine, Hangzhou, China;; Department of Cognitive Science, Macquarie Univeristy, and Australian Research Council Centre of Excellence in Cognition and Its Disorders, Macquarie University, Sydney, Australia.

Department of Clinical Psychology and Psychiatry/ School of Public Health, Zhejiang University College of Medicine, Hangzhou, China;; Department of Psychosomatic Medicine, Mental Health Center, Zhejiang University College of Medicine, Hangzhou, China;. Electronic address: drwangwei@zju.edu.cn.

Abstract

Some studies suggest that women with primary dysmenorrhea have distinct emotional or personality features. For example, they might exaggerate their responses to external stimuli, such as to intensity-increasing auditory stimuli. Fifteen women with primary dysmenorrhea and 15 healthy women were invited to undergo tests of the intensity dependence of auditory evoked potentials (IDAEP), the Functional and Emotional Measure of Dysmenorrhea, and the Plutchik-van Praag Depression Inventory. Study participants with dysmenorrhea displayed higher Functional and Emotional scale scores and stronger IDAEP. Regarding the IDAEP generation, the source inversion of N1/ P2 disclosed the activated bilateral Superior Temporal Gyri; Medial and Superior Prefrontal Gyri in all participants; and additionally, the Middle Frontal Gyri in dysmenorrhea patients. We report a pronounced IDAEP in primary dysmenorrhea, which indicates the decreased cerebral serotonergic innervations and points to increased activations in the prefrontal and frontal areas in the disorder.

PERSPECTIVE:

Using an intensity dependence of auditory evoked potential technique, the authors found decreased serotonergic innervation and altered cerebral activation in women with primary dysmenorrhea, which might offer some pharmacotherapeutic clues for the disorder.

Copyright © 2017. Published by Elsevier Inc.

PMID: 28694148

[Similar articles](#)



34. BMC Psychiatry. 2017 Jul 10;17(1):246. doi: 10.1186/s12888-017-1391-2.

[A prospective, quantitative study of mental health act assessments in England following the 2007 amendments to the 1983 act: did the changes fulfill their promise?](#)

[Singh SP](#)¹, [Paul M](#)^{2,3}, [Parsons H](#)⁴, [Burns T](#)⁵, [Tyrer P](#)⁶, [Fazel S](#)⁵, [Deb S](#)⁶, [Islam Z](#)⁷, [Rugkåsa J](#)⁸, [Gajwani R](#)⁹, [Thana L](#)⁶, [Crawford MJ](#)⁶.

Author information:

1

Mental Health and Wellbeing, Warwick Medical School, Coventry, UK.

2

Mental Health and Wellbeing, Warwick Medical School, Coventry, UK.
moli.paul@covwarkpt.nhs.uk.

3

Stratford CAMHS, Coventry and Warwickshire Partnership Trust, Stratford-upon-Avon, UK. moli.paul@covwarkpt.nhs.uk.

4

Division of Health Sciences, Warwick Medical School, Coventry, UK.

5

University of Oxford, Warneford Hospital, Oxford, UK.

6

Imperial College London, Centre for Psychiatry, Division of Brain Sciences,
Department of Medicine, London, UK.

7

LOROS (The Leicestershire and Rutland Hospice), Leicester, UK.

8

Health Services Research Unit, Akershus University Hospital, Akershus, Norway.

9

Institute of Health and Wellbeing, University of Glasgow, Glasgow, UK.

Abstract

BACKGROUND:

In 2008, the Mental Health Act (MHA) 2007 amendments to the MHA 1983 were implemented in England and Wales. The amendments were intended to remove perceived obstacles to the detention of high risk patients with personality disorders (PDs), sexual deviance and learning disabilities (LDs). The AMEND study aimed to test the hypothesis that the implementation of these changes would lead to an increase in numbers or proportions of patients with these conditions who would be assessed and detained under the MHA 2007.

METHOD:

A prospective, quantitative study of MHA assessments undertaken between July-October 2008-11 at three English sites. Data were collected from local forms used for MHA assessment documentation and patient electronic databases.

RESULTS:

The total number of assessments in each four month period of data collection varied: 1034 in 2008, 1042 in 2009, 1242 in 2010 and 1010 in 2011 (n = 4415). Of the assessments 65.6% resulted in detention in 2008, 71.3% in 2009, 64.7% in 2010 and 63.5% in 2011. There was no significant change in the odds ratio of detention when comparing the 2008 assessments against the combined 2009, 2010 and 2011 data (OR = 1.025, Fisher's exact X^2 p = 0.735). Only patients with LD and 'any other disorder or disability of the mind' were significantly more likely to be assessed under the MHA post implementation ($X^2 = 5.485$, P = 0.018; $X^2 = 24.962$, P > 0.001 respectively). There was no significant change post implementation in terms of the diagnostic category of detained patients.

CONCLUSIONS:

In the first three years post implementation, the 2007 Act did not facilitate the compulsory care of patients with PDs, sexual deviance and LDs.

PMCID: PMC5504787 **Free PMC Article**

PMID: 28693512

[Similar articles](#)



35. Personal Ment Health. 2017 Jul 5. doi: 10.1002/pmh.1382. [Epub ahead of print]

The Work and Social Adjustment Scale: Psychometric properties and validity among males and females, and outpatients with and without personality disorders.

[Pedersen G](#)^{1,2}, [Kvarstein EH](#)^{1,3}, [Wilberg T](#)^{3,4}.

Author information:

1

Oslo University Hospital, Department of Personality Psychiatry, Division of Mental Health and Addiction, Oslo, Norway.

2

NORMENT, KG Jebsen Center for Psychosis Research, Institute of Clinical Medicine, University of Oslo, Norway.

3

Institute of Clinical Medicine, University of Oslo, Norway.

4

Department of Research and Development, Division of Mental Health and Addiction, Oslo University Hospital, Norway.

Abstract

The Work and Social Adjustment Scale (WSAS) is an outcome measure assessing degree of functional impairment. Its psychometric properties, validity and sensitivity to change have been supported in several studies. However, no explicit psychometric or validity study of WSAS has been performed on data from a large sample of psychiatric outpatients, with and without personality disorders. The aim of this study was therefore to provide additional knowledge of the properties of WSAS in such a sample. The material comprised data from 1371 patients, from 15 different units participating in the Norwegian Network of Personality-Focused Treatment Programs. Psychometric properties of the scale, such as measurement invariance among males and females, longitudinal invariance, as well as associations with other clinical measures and sensitivity to change were analysed. The results confirm that WSAS constitutes a reliable, unidimensional and gender invariant measure, sensitive to change and to severity of mental distress. Although highly associated with levels of depression, WSAS measures a clinically important aspect of impairment. Copyright © 2017 John Wiley & Sons, Ltd.

Copyright © 2017 John Wiley & Sons, Ltd.

PMID: 28681505

[Similar articles](#)



36. Borderline Personal Disord Emot Dysregul. 2017 Jul 3;4:16. doi: 10.1186/s40479-017-0066-4. eCollection 2017.

[Subtypes of borderline personality disorder patients: a cluster-analytic approach.](#)

[Smits ML](#)¹, [Feenstra DJ](#)¹, [Bales DL](#)^{1,2}, [de Vos J](#)³, [Lucas Z](#)⁴, [Verheul R](#)^{1,5}, [Luyten P](#)^{6,7}.

Author information:

1

Viersprong Institute for Studies on Personality Disorders, Halsteren, The Netherlands.

2

Expertisecentrum MBT-NL, Bergen op Zoom, The Netherlands.

3

Netherlands Psychoanalytic Institute, Amsterdam, The Netherlands.

4

- 5 Lentis, Groningen, The Netherlands.
Department of Clinical Psychology, University of Amsterdam, Amsterdam, The Netherlands.
- 6 Faculty of Psychology and Educational Sciences, University of Leuven, Leuven, Belgium.
- 7 Research Department of Clinical, Educational and Health Psychology, University College London, London, UK.

Abstract

BACKGROUND:

The borderline personality disorder (BPD) population is notably heterogeneous, and this has potentially important implications for intervention. Identifying distinct subtypes of patients may represent a first step in identifying which treatments work best for which individuals.

METHODS:

A cluster-analysis on dimensional personality disorder (PD) features, as assessed with the SCID-II, was performed on a sample of carefully screened BPD patients ($N = 187$) referred for mentalization-based treatment. The optimal cluster solution was determined using multiple indices of fit. The validity of the clusters was explored by investigating their relationship with borderline pathology, symptom severity, interpersonal problems, quality of life, personality functioning, attachment, and trauma history, in addition to demographic and clinical features.

RESULTS:

A three-cluster solution was retained, which identified three clusters of BPD patients with distinct profiles. The largest cluster ($n = 145$) consisted of patients characterized by "core BPD" features, without marked elevations on other PD dimensions. A second "Extravert/externalizing" cluster of patients ($n = 27$) was characterized by high levels of histrionic, narcissistic, and antisocial features. A third, smaller "Schizotypal/paranoid" cluster ($n = 15$) consisted of patients with marked schizotypal and paranoid features. Patients in these clusters showed theoretically meaningful differences in terms of demographic and clinical features.

CONCLUSIONS:

Three meaningful subtypes of BPD patients were identified with distinct profiles. Differences were small, even when controlling for severity of PD pathology, suggesting a strong common factor underlying BPD. These results may represent a stepping stone toward

research with larger samples aimed at replicating the findings and investigating differential trajectories of change, treatment outcomes, and treatment approaches for these subtypes.

TRIAL REGISTRATION:

The study was retrospectively registered 16 April 2010 in the *Nederlands Trial Register*, no. NTR2292.

PMCID: PMC5494904 **Free PMC Article**

PMID: 28680639

[Similar articles](#)



37. *Exp Dermatol.* 2017 Jul 4. doi: 10.1111/exd.13401. [Epub ahead of print]

Neurological and psychiatric associations in bullous pemphigoid - more than skin deep?

[Försti AK](#)¹, [Huilaja L](#)¹, [Schmidt E](#)², [Tasanen K](#)¹.

Author information:

1

PEDEGO Research Unit, University of Oulu; Department of Dermatology and Medical Research Center Oulu, Oulu University Hospital, P.O. Box 20, 90029, Oulu, Finland.

2

Department of Dermatology, University of Lübeck, Lübeck, Germany.

Abstract

In elderly patients, bullous pemphigoid (BP) is associated with several comorbidities; the strongest association occurs between BP and neurological diseases. Different types of dementia, Parkinson's disease, cerebrovascular disorders and epilepsy all have a significant association with BP but patients with multiple sclerosis have the highest risk of BP. An existing neurological disorder appears to increase the risk for subsequent BP, but an increased risk for developing some neurological diseases has also been reported following BP diagnosis. BP seems to be associated with several psychiatric diseases such as schizophrenia, uni- and bipolar disorder, schizotypal and delusional disorders, and personality disorders, but the risk ratios are usually lower than with neurological diseases. In addition to the skin, the BP autoantigens BP180 and BP230 are expressed in the central nervous system. This finding together with the strong epidemiological association between neurological disorders and BP has led to an assumption that neurodegeneration or

neuroinflammation could lead to a cross-reactive immunoresponse between neural and cutaneous antigens and the failure of self-tolerance. A subpopulation of patients with Alzheimer's disease or Parkinson's disease have circulating IgG autoantibodies against BP180, but currently their significance for the development of BP is unclear, since these anti-neural BP180 antibodies neither bind to the cutaneous basement membrane nor cause BP like symptoms. Further studies analyzing large and well-characterized populations of neurological and psychiatric patients are required to understand better the role of autoimmunization against neural BP autoantigens in the pathogenesis of BP. This article is protected by copyright. All rights reserved.

This article is protected by copyright. All rights reserved.

PMID: 28677172

[Similar articles](#)



38. Psychol Psychother. 2017 Jul 3. doi: 10.1111/papt.12127. [Epub ahead of print]

[Experienced stigma and its impacts in psychosis: The role of social rank and external shame.](#)

[Wood L](#)¹, [Irons C](#)².

Author information:

- 1 North East London Foundation Trust, Goodmayes Hospital, Ilford, Essex, UK.
- 2 Clinical Psychology, University of Derby, UK.

Abstract

OBJECTIVES:

Experienced stigma is detrimental to those who experience psychosis and can cause emotional distress and hinder recovery. This study aimed to explore the relationship between experienced stigma with emotional distress and recovery in people with psychosis. It explored the role of external shame and social rank as mediators in these relationships.

DESIGN:

A cross-sectional design was implemented.

METHODS:

Fifty-two service users were administered a battery of questionnaires examining experienced stigma, external shame, social rank, personal recovery, positive symptoms, depression, and anxiety. Correlation and multiple regression analysis were conducted on the data. Where appropriate, mediation analysis was employed to explore social rank and external shame as mediatory variables.

RESULTS:

Experienced stigma was significantly related to shame (social rank and external shame), positive symptoms, emotional distress (depression and anxiety), and personal recovery. The impact of experienced stigma on depression was mediated by external shame. Social rank was a mediator between experienced stigma and personal recovery only.

CONCLUSION:

People with psychosis who have experienced stigma are likely to experience emotional distress and be inhibited in their recovery. This was found to be partly mediated by external shame and low social rank. Clinical approaches to stigma need to target these as potential maintenance factors.

PRACTITIONER POINTS:

Experienced stigma is significantly related to shame (social rank and external shame) emotional distress, and reduced personal recovery. External shame mediated the relationship between experienced stigma and depression in psychosis. Social rank mediated the relationship between experienced stigma and personal recovery. Clinical approaches to stigma should include the assessment of external shame and low social rank.

© 2017 The British Psychological Society.

PMID: 28670774

[Similar articles](#)



1. Int J Audiol. 2017 Nov 30:1-11. doi: 10.1080/14992027.2017.1409440. [Epub ahead of print]

Psychiatric (Axis I) and personality (Axis II) disorders and subjective psychiatric symptoms in chronic tinnitus.

[Sahlsten H](#)¹, [Taiminen T](#)², [Karukivi M](#)^{3,4}, [Sjösten N](#)⁵, [Nikkilä J](#)^{3,4}, [Virtanen J](#)¹, [Paavola J](#)⁶, [Joutsa J](#)^{7,8,9,10}, [Niinivirta-Joutsa K](#)⁸, [Takala M](#)¹¹, [Holm A](#)¹¹, [Rauhala E](#)¹¹, [Löyttyniemi E](#)¹², [Johansson R](#)⁵, [Jääskeläinen SK](#)⁷.

Author information:

- 1 a Faculty of Medicine , University of Turku , Turku , Finland.
- 2 b Department of Psychiatry , Turku University Hospital , Turku , Finland.
- 3 c Unit of Adolescent Psychiatry , Satakunta Hospital District , Pori , Finland.
- 4 d Department of Psychiatry , University of Turku and Turku University Hospital , Turku , Finland.
- 5 e Department of Ear, Nose and Throat , Turku University Hospital , Turku , Finland.
- 6 f Department of Medical Physics , Turku University Hospital , Turku , Finland.
- 7 g Department of Clinical Neurophysiology , Turku University Hospital and University of Turku , Turku , Finland.
- 8 h Athinoula A. Martinos Center for Biomedical Imaging , Massachusetts General Hospital and Harvard Medical School , Charlestown , MA , USA.
- 9 i Berenson-Allen Center for Noninvasive Brain Stimulation , Beth Israel Deaconess Medical Center and Harvard Medical School , Boston , MA , USA.
- 10 j Department of Neurology , University of Turku , Turku , Finland.
- 11 k Department of Clinical Neurophysiology , SataDiag, Satakunta Hospital District , Pori , Finland.
- 12 l Department of Biostatistics , University of Turku , Turku , Finland.

Abstract

OBJECTIVE:

Chronic tinnitus has been associated with several psychiatric disorders. Only few studies have investigated these disorders using validated diagnostic interviews. The aims were to diagnose psychiatric and personality disorders with structured interviews, to assess self-rated psychiatric symptoms and elucidate temporal relations between psychiatric disorders and tinnitus.

DESIGN:

Current and lifetime DSM-IV diagnoses of axis-I (psychiatric disorders) and axis-II (personality disorders) were assessed using structured clinical interviews (SCID-I and -II). Current subjective psychiatric symptoms were evaluated via self-rating instruments: the Symptom Check List-90 (SCL-90), the Beck Depression Inventory, and the Dissociative Experiences Scale (DES).

STUDY SAMPLE:

83 patients (mean age 51.7, 59% men) with chronic, disturbing tinnitus and a median Tinnitus Handicap Inventory score of 32.

RESULTS:

The rates of lifetime and current major depression were 26.5% and 2.4%. The lifetime rate of obsessive-compulsive personality disorder (type C) was 8.4%. None of the patients had cluster B personality disorder or psychotic symptoms. The SCL-90 subscales did not differ from the general population, and median DES score was low, 2.4.

CONCLUSIONS:

Tinnitus patients are prone to episodes of major depression and often also have obsessive-compulsive personality features. Psychiatric disorders seem to be comorbid or predisposing conditions rather than consequences of tinnitus. Clinical trial reference: [ClinicalTrials.gov \(ID NCT 01929837\)](https://clinicaltrials.gov/ct2/show/study/NCT01929837).

PMID: 29188734

2. Arch Clin Neuropsychol. 2017 Nov 23;1-13. doi: 10.1093/arclin/acx113. [Epub ahead of print]

Utility of the Personality Assessment Inventory in detecting feigned Attention-

Deficit/Hyperactivity Disorder (ADHD): The Feigned Adult ADHD index.

[Aita SL](#)¹, [Sofko CA](#)², [Hill BD](#)¹, [Musso MW](#)³, [Boettcher AC](#)⁴.

Author information:

1

Psychology Department, University of South Alabama, Mobile, AL, USA.

2

Department of Psychiatry and Human Behavior, Warren Alpert Medical School of Brown University, Rhode Island Hospital, Providence, RI, USA.

3

Department of Graduate Medical Education, Our Lady of the Lake Medical Center, Baton Rouge, LA, USA.

4

Department of Psychiatry and Behavioral Sciences, University of Kansas School of Medicine, Wichita, KS, USA.

Abstract

Objective:

The high potential for secondary gain among college students presenting for Attention-Deficit/Hyperactivity Disorder (ADHD) evaluations highlights the need for psychometrically sound embedded validity indicators. The purpose of this study was to develop new validity indicators specific to feigned ADHD for the Personality Assessment Inventory (PAI) and compare them to preexisting imbedded PAI validity measures.

Method:

PAI scales that were theoretically related to feigned ADHD were evaluated. A binomial (ADHD simulators, n = 138, and genuine ADHD, n = 142) logistic regression was conducted with selected PAI scales and subscales. Classification rates were compared between the new and existing validity scales. A similar approach was used for item-level data in a second study in a subgroup of the original sample.

Results:

The derived PAI scale-based logistic regression had a sensitivity of 54% and specificity of 92%. This algorithm accurately identified 97% of healthy controls as not feigning ADHD and correctly identified 98% of a no diagnosis group and 75% of a mood/anxiety disorders group. Classification accuracy of the new index was superior to the majority of existing PAI validity

scales across groups. An item-level PAI algorithm had a sensitivity of 85% and specificity of 97% for identifying feigned ADHD.

Conclusions:

New validity measures were compared to existing PAI validity indicators and performed better than many of them in this study. The algorithms developed in this study of ADHD simulators and genuine ADHD cases have adequate sensitivity and good specificity and appear to function differently than other PAI symptom validity scales.

PMID: 29186287

3. Eat Weight Disord. 2017 Nov 24. doi: 10.1007/s40519-017-0463-0. [Epub ahead of print]

Personality and eating and weight disorders: an open research challenge.

[Gaudio S](#)¹, [Dakanalis A](#)².

Author information:

1

Department of Neuroscience, Functional Pharmacology, Uppsala University, BMC, Husargatan 3, Box 593, 751 24, Uppsala, Sweden. santino.gaudio@gmail.com.

2

Department of Medicine and Surgery, University of Milano-Bicocca, Monza, Italy.

PMID: 29177759

[Similar articles](#)



4. PLoS One. 2017 Nov 27;12(11):e0188024. doi: 10.1371/journal.pone.0188024. eCollection 2017.

The fear of being laughed at as additional diagnostic criterion in social anxiety disorder and avoidant personality disorder?

[Havranek MM](#)¹, [Volkart F](#)², [Bolliger B](#)¹, [Roos S](#)¹, [Buschner M](#)¹, [Mansour R](#)³, [Chmielewski T](#)⁴, [Gaudlitz K](#)⁵, [Hättenschwiler J](#)⁵, [Seifritz E](#)^{1,6}, [Ruch W](#)².

Author information:

1

Department of Psychiatry, Psychotherapy and Psychosomatics, Psychiatric Hospital, University of Zurich, Zurich, Switzerland.

2

Department of Psychology, University of Zurich, Zurich, Switzerland.

3

Privatklinik Hohenegg, Meilen, Switzerland.

4

Sanatorium Kilchberg, Kilchberg, Switzerland.

5

Centre for the Treatment of Anxiety and Depression Zurich ZADZ, Zurich, Zurich, Switzerland.

6

Neuroscience Center Zurich, University and ETH Zurich, Zurich, Switzerland.

Abstract

Social anxiety disorder (SAD) is the most common anxiety disorder and has considerable negative impact on social functioning, quality of life, and career progression of those affected. Gelotophobia (the fear of being laughed at) shares many similarities and has therefore been proposed as a subtype of SAD. This hypothesis has, however, never been tested in a clinical sample. Thus, the relationship between gelotophobia, SAD and avoidant personality disorder (APD) was investigated by examining a sample of 133 participants (64 psychiatric patients and 69 healthy controls matched for age and sex) using the Structured Clinical Interview for the Diagnostic and Statistical Manual of Mental Disorders (4th edition) and an established rating instrument for gelotophobia (GELOPH<15>). As expected, gelotophobia scores and the number of gelotophobic individuals were significantly higher among patients with SAD (n = 22) and APD (n = 12) compared to healthy controls and other psychiatric patients. Furthermore, gelotophobia scores were highest in patients suffering from both SAD and APD. In fact, all patients suffering from both disorders were also suffering from gelotophobia. As explained in the discussion, the observed data did not suggest that gelotophobia is a subtype of SAD. The findings rather imply that the fear of being laughed at is a symptom characteristic for both SAD and APD. Based on that, gelotophobia may prove to be a valuable additional diagnostic criterion for SAD and APD and the present results also contribute to the ongoing debate on the relationship between SAD and APD.

Free Article

PMID: 29176893

[Similar articles](#)



5. J Adolesc Health. 2017 Nov 22. pii: S1054-139X(17)30476-7. doi: 10.1016/j.jadohealth.2017.09.011. [Epub ahead of print]

Insights Into Aspects Behind Internet-Related Disorders in Adolescents: The Interplay of Personality and Symptoms of Adjustment Disorders.

[Müller KW](#)¹, [Wölfling K](#)², [Beutel ME](#)², [Stark B](#)³, [Quiring O](#)³, [Aufenanger S](#)⁴, [Schemer C](#)³, [Weber M](#)³, [Reinecke L](#)³.

Author information:

1

Outpatient Clinic for Behavioral Addiction, Department of Psychosomatic Medicine and Psychotherapy, University Medical Center, Johannes Gutenberg University Mainz, Mainz, Germany. Electronic address: muellka@uni-mainz.de.

2

Outpatient Clinic for Behavioral Addiction, Department of Psychosomatic Medicine and Psychotherapy, University Medical Center, Johannes Gutenberg University Mainz, Mainz, Germany.

3

Department of Communication, Johannes Gutenberg University Mainz, Mainz, Germany.

4

Institute of Education, Johannes Gutenberg University Mainz, Mainz, Germany.

Abstract

PURPOSE:

Problematic Internet use (PIU) that has recently been referred to as Internet-related disorder is a growing health concern. Yet, it is unclear why some adolescents are developing problematic use, whereas others sustain control. Based on previous research, we hypothesize that personality traits (low conscientiousness and high neuroticism) act as predispositions for PIU. We further hypothesize that PIU can be understood as a maladaptive reaction toward critical life events and that these maladaptive reactions are exacerbated by dysfunctional personality traits.

METHODS:

The study investigates the prevalence of distinct subtypes of PIU among a sample of adolescents (n = 1,489; 10-17 years). Personality traits (Big Five Inventory-10 [BFI-10]), perceived stress (Perceived Stress Scale 4 [PSS-4]), and their relations to PIU (Scale for the

Assessment of Internet and Computer Game Addiction [AICA-S]) were examined. As novel research questions, associations between PIU and adjustment disorders (Adjustment Disorder-New Module [ADNM]-6) and the mediating role of personality were investigated.

RESULTS:

The prevalence of PIU was 2.5%; girls (3.0%) were more often affected than boys (1.9%). Social networking sites in girls and online games in boys were most often associated with PIU. Low conscientiousness and high neuroticism generally predicted PIU. Significantly more adolescents with PIU (70%) reported critical life events compared with those without PIU (42%). PIU was related to heightened stress and higher adjustment disorder symptoms. These associations were exacerbated by conscientiousness and neuroticism.

CONCLUSIONS:

Although the overall prevalence for PIU is in line with previous studies, it appeared unexpectedly that girls were affected more often than boys. Adjustment disorders and stress showed strong associations with PIU. This bears implications for adapting etiopathological assumptions and early intervention strategies.

Copyright © 2017 The Society for Adolescent Health and Medicine. Published by Elsevier Inc. All rights reserved.

PMID: 29174875

[Similar articles](#)



6. J Affect Disord. 2017 Nov 7;227:688-697. doi: 10.1016/j.jad.2017.10.044. [Epub ahead of print]

Prefrontal glutamatergic emotion regulation is disturbed in cluster B and C personality disorders - A combined 1H/31P-MR spectroscopic study.

[Smesny S](#)¹, [Große J](#)², [Gussew A](#)³, [Langbein K](#)², [Schönfeld N](#)², [Wagner G](#)², [Valente M](#)⁴, [Reichenbach JR](#)³.

Author information:

Department of Psychiatry, Jena University Hospital, Philosophenweg 3, D-07743 Jena, Germany. Electronic address: Stefan.Smesny@med.uni-jena.de.

2

Department of Psychiatry, Jena University Hospital, Philosophenweg 3, D-07743 Jena, Germany.

3

Medical Physics Group, Department of Diagnostic and Interventional Radiology, Jena University Hospital, Philosophenweg 3, D-07740 Jena, Germany.

4

Department of Psychosomatic Medicine and Psychotherapy, Klinikum am Weissenhof, D-74189 Weinsberg, Germany.

Abstract

BACKGROUND:

Personality disorders (PD) belong to the most common and most serious mental disorders as regards social dysfunction, inability to work, occurrence of comorbidity and suicidal risk. PDs also crucially influence the incidence, clinical course and treatment response of mental disorders with high suicidal risk, such as depression or substance abuse. One key issue of PD concerns the regulation of emotions.

METHODS:

Both ^1H -/ ^{31}P -Chemical Shift Imaging (CSI) was applied in a single session to assess neurochemical markers of glutamate function (NAA, Glu) and local energy metabolism (PCr, ATP) in two patient cohorts encompassing 22 cluster B (CB) and 21 cluster C (CC) PD patients, whereby 10 patients of each group were on low-dose antidepressants, and in 60 healthy controls (HC). Non-parametric statistical tests and correlation analyses were performed to assess disease effects on the metabolites and their relation to symptomatology as assessed by SCL-90R self-ratings.

RESULTS:

Overall comparison including Bonferroni correction revealed significant differences of Glu across all groups in the dorsolateral prefrontal cortex (DLPFC). The following uncorrected results of pairwise tests were obtained: (i) Glu was bilaterally increased in the DLPFC in CB patients, whereas it was - together with NAA - bilaterally decreased in the DLPFC in CC patients and accompanied by increased PCr in the left DLPFC. (ii) NAA and Glu, accompanied by increased PCr, were significantly decreased in the dorsomedial prefrontal cortex (DMPFC) in CC patients. (iii) NAA was decreased in the right anterior cingulate cortex (ACC) in CB patients, and in the left ACC in CC patients with PCr being increased bilaterally. (iv) No associations were observed between metabolites and psychopathology measures.

CONCLUSION:

The observations in the DLPFC may reflect a neurobiochemical correlate of disturbed cognitive control function in CB and CC PD. While the alterations in CB patients suggest increased basal activity, the observed patterns in CC patients likely reflect decreased or inhibited activity. The alterations of NAA and Glu levels in the ACC and DMPFC indirectly support the assumption of disturbed neuronal function in regions involved in social cognition and mentalizing abilities in both CB and CC PD. Further studies should include the investigation of metabolites of neuronal inhibition (GABA) and the examination of treatment effects.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 29174743

[Similar articles](#)



7. Brain Stimul. 2017 Nov 21. pii: S1935-861X(17)30967-1. doi: 10.1016/j.brs.2017.11.011. [Epub ahead of print]

[Transcranial Direct Current Stimulation \(tDCS\) paired with a decision-making task reduces risk-taking in a clinically impulsive sample.](#)

[Gilmore CS](#)¹, [Dickmann PJ](#)², [Nelson BG](#)³, [Lamberty GJ](#)², [Lim KO](#)⁴.

Author information:

1

Defense and Veterans Brain Injury Center, 1 Veterans Dr., Minneapolis, MN 55417, United States; Minneapolis VA Health Care System, 1 Veterans Dr., Minneapolis, MN 55417, United States. Electronic address: casey.gilmore2@va.gov.

2

Minneapolis VA Health Care System, 1 Veterans Dr., Minneapolis, MN 55417, United States; Dept. of Psychiatry, University of Minnesota, 2450 Riverside Ave., Minneapolis, MN 55454, United States.

3

Minneapolis VA Health Care System, 1 Veterans Dr., Minneapolis, MN 55417, United States; Dept. of Psychiatry, University of Minnesota, 2450 Riverside Ave., Minneapolis, MN 55454, United States; PrairieCare, 6363 France Ave. S., Edina, MN 55435, United States.

Defense and Veterans Brain Injury Center, 1 Veterans Dr., Minneapolis, MN 55417, United States; Minneapolis VA Health Care System, 1 Veterans Dr., Minneapolis, MN 55417, United States; Dept. of Psychiatry, University of Minnesota, 2450 Riverside Ave., Minneapolis, MN 55454, United States.

Abstract

BACKGROUND:

Impulsivity is a multidimensional personality trait observed across a variety of psychiatric disorders. Transcranial direct current stimulation (tDCS) applied over dorsolateral prefrontal cortex (DLPFC) has shown promise as an intervention to reduce impulsivity.

OBJECTIVE:

To investigate the effects of tDCS paired with a decision-making task on risk-taking in Veterans with a clinical history of impulsive behavior.

METHODS:

This was a randomized, single-blind, sham-controlled study. Participants performed the Balloon Analogue Risk Task (BART) while concurrently receiving either active or sham tDCS (right anodal/left cathodal over DLPFC) twice a day for five days. To evaluate generalization, the Risk Task was performed before and after the complete course of intervention. To evaluate durability, the BART and Risk Task were administered again at one and two month follow-up sessions.

RESULTS:

Thirty Veterans participated: 15 received active tDCS and 15 received sham tDCS. For the trained BART task, individual growth curve analysis (IGC) examining individual variation of the growth rates over time showed no significant variations in individual trajectory changes over time ($\beta = 0.02$, $p > 0.05$). For the untrained Risk Task, IGC showed that the active tDCS group had a significant 46% decrease in risky choice from pre-to post-intervention, which persisted through the one and two month follow-up sessions. The sham tDCS group showed no significant change in risky choice from pre-to post-intervention.

CONCLUSIONS:

tDCS over DLPFC paired with a decision-making task effectively reduced risk-taking behavior in a group of Veterans with clinically-relevant impulsivity. Results suggest that this approach may be an effective neuroplasticity-based intervention for patients affected by impulsivity.

PMID: 29174303

[Similar articles](#)



8. Rev Psiquiatr Salud Ment. 2017 Nov 21. pii: S1888-9891(17)30126-X. doi: 10.1016/j.rpsm.2017.10.002. [Epub ahead of print]

The impact of the 2008 economic crisis on the increasing number of young psychiatric inpatients.

[Article in English, Spanish]

[Medel-Herrero A](#)¹, [Gomez-Beneyto M](#)².

Author information:

1

Center for Health and the Environment, University of California, Davis, Ca, EE. UU.
Electronic address: amedelherrero@usdavis.edu.

2

Universidad de Valencia. CIBERSAM, Valencia, España.

Abstract

BACKGROUND:

Little is published about the impact of the 2008 economic crisis on mental health services in Spain.

METHOD:

An interrupted time series analysis was conducted to investigate a potential short-term association between the 2008 economic crisis and the number of psychiatric hospital admissions. The timing of the intervention (April 2008) was based on observed changes in Gross Domestic Product (GDP). Data on 1,152,880 psychiatric inpatients from the national Hospital Morbidity Survey, 69 months before and after the onset of the economic crisis (April 2008), were analyzed.

RESULTS:

Age-adjusted psychiatric (ICD9 290-319) hospital discharge rates significantly increased from April 2008, matching the onset of the crisis, especially for inpatients aged 15-24 years old and

to a less extent for inpatients aged 25-34 years old. Other age groups were not affected. There was a significant increase in diagnoses for disturbance of conduct and emotions, depression, neurotic and personality disorders and alcohol and drug disorders; however, diagnoses for mental retardation and organic psychosis for 15-34 years old inpatients were unaffected.

CONCLUSIONS:

Psychiatric hospital admissions abruptly increased in April 2008, coinciding with the onset of the economic crisis. We identified age groups and diagnoses affected. Increased hospitalizations were found only at the age-ranges most affected by the rise in unemployment. The diagnoses affected were those most sensitive to environmental changes.

Copyright © 2017 SEP y SEPB. Publicado por Elsevier España, S.L.U. All rights reserved.

Free Article

PMID: 29174040

[Similar articles](#)



9. Psychiatry Res. 2017 Nov 9;260:48-52. doi: 10.1016/j.psychres.2017.11.028. [Epub ahead of print]

[Social defeat as a mediator of the relationship between childhood trauma and paranoid ideation.](#)

[Seo J](#)¹, [Choi JY](#)².

Author information:

1

Department of Psychiatry, Sanggye Paik Hospital, Inje University, 1342, Dongil-ro, Nowon-gu, Seoul, Republic of Korea.

2

Department of Psychiatry, Sanggye Paik Hospital, Inje University, 1342, Dongil-ro, Nowon-gu, Seoul, Republic of Korea. Electronic address: haiminju@hanmail.net.

Abstract

Social defeat, the subjective experience of viewing oneself as a failure or social outsider, is associated with various psychiatric disorders. Recent studies suggest that social defeat may play an important role in the development of psychotic disorders. This study examined the

role of social defeat in the relationship between childhood trauma and paranoid ideation, a symptom of psychosis, in non-psychotic mental disorders. Psychiatric patients (N = 199) completed the Korean version of the Childhood Trauma Questionnaire, the Korean version of the Defeat Scale, and Restructured Clinical Scale 6 (Ideas of Persecution) of the Korean version of the Minnesota Multiphasic Personality Inventory-2. A partial correlation analysis revealed that childhood trauma was significantly related to social defeat and paranoid ideation after controlling for age and gender. Structural equation modeling confirmed that the relationship between childhood trauma and paranoid ideation was partially mediated by social defeat. Thus, social defeat is a possible psychological mechanism underlying the association between childhood trauma and paranoia.

PMID: 29172098

[Similar articles](#)



10. Atten Defic Hyperact Disord. 2017 Nov 22. doi: 10.1007/s12402-017-0245-6. [Epub ahead of print]

[Symptom covariance accounts for behavioral approach associations across impulse control disorders.](#)

[Brooker BA](#)¹, [Ostojic D](#)¹, [Miller CJ](#)².

Author information:

1

Department of Psychology, University of Windsor, 401 Sunset Avenue, Windsor, ON, N9B 3P4, Canada.

2

Department of Psychology, University of Windsor, 401 Sunset Avenue, Windsor, ON, N9B 3P4, Canada. cjmiller@uwindsor.ca.

Abstract

Behavioral approach system (BAS) dysfunction has been identified as a correlate of and a potential mechanism for attention-deficit/hyperactivity disorder (ADHD) and comorbid disorders. This study examined the role of symptom covariation in the relations among BAS dysfunction, ADHD symptoms, and comorbid impulsive personality disorder features. Undergraduates (N = 207) completed measures of BAS functioning, ADHD symptoms, and borderline and antisocial personality disorder symptoms, and associated features (i.e., relational aggression). Hierarchical regression suggested that age, impulsive ADHD symptoms, and relational aggression were associated with BAS functioning. Adding other

ADHD symptom dimensions (inattention, hyperactivity) and antisocial and borderline scores to the model did not increase variance accounted for beyond that accounted for by ADHD impulsivity scores. Results highlight a role of symptom covariance in the previously demonstrated relation between BAS, impulsive presentations of ADHD, and comorbid impulsive personality pathology. Implications for etiological models of ADHD and its co-occurrence with other disorders are discussed.

PMID: 29168110

[Similar articles](#)



11. Front Psychol. 2017 Nov 8;8:1946. doi: 10.3389/fpsyg.2017.01946. eCollection 2017.

[Nonsuicidal Self-injury: A Systematic Review.](#)

[Cipriano A](#)¹, [Cella S](#)¹, [Cotrufo P](#)¹.

Author information:

1

Observatory on Eating Disorders, Department of Psychology, University of Campania "Luigi Vanvitelli", Caserta, Italy.

Abstract

Objective: Nonsuicidal self-injury (NSSI) refers to the intentional self-inflicted destruction of body tissue without suicidal intention and for purposes not socially sanctioned. Our paper presents an up-to-date overview on nonsuicidal, self-injurious behaviors. **Method:** In accordance with PRISMA guidelines, a systematic literature search was conducted across two databases, PubMed and PsycARTICLES, regarding the main features of NSSI with a focus on epidemiological and etiologic data, diagnostic criteria, and functions. All English articles, published between 1998 and 2016, were considered, and screened against a priori inclusion/exclusion criteria. The search terms include: self-harm, self-injury, NSSI, epidemiology, comorbidity, gender, functions and DSM. We also examined the references of the retrieved articles. **Results:** NSSI is most common among adolescents and young adults, and the age of onset is reported to occur between 12 and 14 years. Comorbidity with borderline personality disorder (BPD) and eating disorders is often reported. DSM-5 includes NSSI as a condition requiring further study. This review gives an overview of the prevalence rates (7.5-46.5% adolescents, 38.9% university students, 4-23% adults) and main causes that appear to stem from childhood trauma, comorbidity with many other disorders and several functions of NSSI, and the potential independence of a NSSI disorder. **Conclusion:** Over the years, interest in NSSI grew to such an extent that an ongoing debate was instigated on whether NSSI should be considered as a diagnosis in its own right and

given its own category. This paper provides an up-to-date overview on self-injury, what is known about it and what remains to be done. Clearly, our understanding of the main issues of NSSI has increased in last two decades. However, future researches is needed to examine the developmental trajectories, cultural backgrounds and shed light on the risk factors and functions as well as clarify its role as an independent diagnostic entity.

PMCID: PMC5682335 **Free PMC Article**

PMID: 29167651

[Similar articles](#)



12. J Psychosom Res. 2017 Dec;103:108-112. doi: 10.1016/j.jpsychores.2017.10.013. Epub 2017 Oct 21.

Inverse association between hyperthymic affective temperament and coronary atherosclerosis: A coronary computed tomography angiography study.

[Nemcsik J¹](#), [Vecsey-Nagy M²](#), [Szilveszter B²](#), [Kolossváry M²](#), [Karády J²](#), [László A³](#), [Kőrösi B⁴](#), [Nemcsik-Bencze Z⁵](#), [Gonda X⁶](#), [Merkely B⁷](#), [Rihmer Z⁸](#), [Maurovich-Horvat P²](#).

Author information:

1

Department of Family Medicine, Semmelweis University, Budapest, Hungary; Health Service of Zugló (ZESZ), Budapest, Hungary. Electronic address: janos.nemcsik@gmail.com.

2

MTA-SE Cardiovascular Imaging Research Group, Semmelweis University, Budapest, Hungary.

3

TCM-Klinik Bad Kötzting, Germany.

4

Department of Family Medicine, Semmelweis University, Budapest, Hungary.

5

Magnetic Resonance Imaging Research Center, Semmelweis University, Budapest, Hungary.

6

Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary; MTA-SE Neurochemistry Research Group, Budapest, Hungary.

7

Heart and Vascular Center, Semmelweis University, Budapest, Hungary.

8

Department of Psychiatry and Psychotherapy, Semmelweis University, Budapest, Hungary.

Abstract

OBJECTIVE:

A bidirectional relationship exists between psychiatric disorders and cardiovascular diseases, however less is known with regards to personality traits. Accumulating data suggest that affective temperaments are both associated with psychiatric and somatic diseases. The aim of our study was to evaluate the associations between different affective temperaments and the presence of coronary atherosclerosis.

METHODS:

200 consecutive patients referred to coronary computed tomography angiography (CCTA) due to suspected coronary artery disease (CAD) were included in our study. Medical history and demographic parameters were recorded and all patients completed the Temperament Evaluation of Memphis, Pisa, Paris, and San Diego Autoquestionnaire (TEMPS-A) and the Beck Depression Inventory (BDI). The presence of coronary artery disease was evaluated based on the CCTA images.

RESULTS:

39 patients were free of any coronary atherosclerosis (CCTA-) and 161 had coronary atherosclerosis (CCTA+). Hyperthymic affective temperament score was higher in CCTA- subjects as compared to CCTA+ (13.1 ± 3.0 vs 11.5 ± 4.6 , $p=0.010$, respectively). Hyperthymic affective temperament score showed a significant independent, inverse relationship with coronary atherosclerosis (OR: 0.91 CI: 0.82-0.99, $p=0.04$).

CONCLUSION:

Our results suggest that hyperthymic affective temperament is independently associated with the absence of CAD. It requires further research to delineate the mechanism mediating the effect of hyperthymia on better coronary artery health and establishing potential biochemical or behavioral factors, both of which could be exploited for prevention and treatment purposes. But it is plausible, that the evaluation of affective temperaments have importance both in relation with psychiatric and cardiovascular disorders.

Copyright © 2017 Elsevier Inc. All rights reserved.

PMID: 29167036

[Similar articles](#)

13. Eur Arch Psychiatry Clin Neurosci. 2017 Nov 21. doi: 10.1007/s00406-017-0857-z. [Epub ahead of print]

Individual trajectories of cognitive performance in first episode psychosis: a 2-year follow-up study.

[Sánchez-Torres AM](#)^{1,2}, [Moreno-Izco L](#)^{1,2}, [Lorente-Omeñaca R](#)^{1,2}, [Cabrera B](#)^{3,4}, [Lobo A](#)⁵, [González-Pinto AM](#)^{4,6,7}, [Merchán-Naranjo J](#)^{4,8}, [Corripio I](#)^{4,9}, [Vieta E](#)^{4,10,11,12,13}, [de la Serna E](#)^{4,14}, [Butjosa A](#)^{4,15,16,17}, [Contreras F](#)^{4,18,19}, [Sarró S](#)^{4,20}, [Mezquida G](#)³, [Ribeiro M](#)^{1,2}, [Bernardo M](#)^{3,4,13}, [Cuesta MJ](#)^{21,22}, [PEPs group](#).

Collaborators: (33)

[Bioque M](#), [Amoretti S](#), [Rodríguez Toscano E](#), [Del Rey Mejías Á](#), [Alonso A](#), [Rabella M](#), [González-Ortega I](#), [Martínez-Cengotitabengoa M](#), [Arbej J](#), [Ruiz P](#), [Sanjuan J](#), [Aguilar EJ](#), [Mané A](#), [Cáceres I](#), [Torrent C](#), [Solé B](#), [Baeza I](#), [Castro-Fornieles J](#), [Albacete À](#), [Menchón JM](#), [García-Álvarez L](#), [Al-Halabí Díaz S](#), [Gutiérrez M](#), [Segarra R](#), [Morales-Muñoz I](#), [Rodríguez-Jimenez R](#), [Rubio-Abadal E](#), [Usall J](#), [Landín-Romero R](#), [Pomarol-Clotet E](#), [Ibáñez Á](#), [López-Ilundain JM](#), [Balanzá-Martínez V](#).

Author information:

1

Department of Psychiatry, Complejo Hospitalario de Navarra, c/Irunlarrea 3, 31008, Pamplona, Spain.

2

IdiSNA, Navarra Institute for Health Research, Pamplona, Spain.

3

Barcelona Clínic Schizophrenia Unit, Hospital Clínic de Barcelona, Barcelona, Spain.

4

Network Centre for Biomedical Research in Mental Health (CIBERSAM), Madrid, Spain.

5

Department of Medicine and Psychiatry, Aragon Institute for Health Research (IIS Aragon), University of Zaragoza, Saragossa, Spain.

6

BIOARABA Health Research Institute, OSI Araba University Hospital, Vitoria, Spain.

7

University of the Basque Country, Vitoria, Spain.

8

- 9 Child and Adolescent Psychiatry Department, School of Medicine, Hospital General Universitario Gregorio Marañón, IISGM, Universidad Complutense, Madrid, Spain.
- 10 Department of Psychiatry, Hospital de la Santa Creu i Sant Pau, Universitat Autònoma de Barcelona (UAB), Barcelona, Spain.
- 11 Department of Psychiatry and Psychology, Clinical Institute for the Neurosciences, Hospital Clinic of Barcelona, Catalonia, Spain.
- 12 August Pi i Sunyer Institute for Biomedical Research (IDIBAPS), Catalonia, Barcelona, Spain.
- 13 Department of Psychiatry and Clinical Psychology, University of Barcelona, Catalonia, Spain.
- 14 Department of Psychiatry and Clinical Psychobiology, University of Barcelona, IDIBAPS, Barcelona, Spain.
- 15 Department of Child and Adolescent Psychiatry and Psychology, Hospital Clinic of Barcelona, Barcelona, Spain.
- 16 Parc Sanitari Sant Joan de Déu, Teaching, Research & Innovation Unit, Sant Boi de Llobregat, Barcelona, Spain.
- 17 Sant Joan de Déu Research Foundation. Esplugues de Llobregat, Barcelona, Spain.
- 18 Department of Personality, Evaluation and Psychological Treatment, Faculty of Psychology, University of Barcelona, Barcelona, Spain.
- 19 Psychiatry Department, Bellvitge University Hospital-IDIBELL, L'Hospitalet de Llobregat, Spain.
- 20 Department of Clinical Sciences, School of Medicine, University of Barcelona, Barcelona, Spain.
- 21 FIDMAG Hermanas Hospitalarias Research Foundation, Barcelona, Spain.
- 22 Department of Psychiatry, Complejo Hospitalario de Navarra, c/Irunlarrea 3, 31008, Pamplona, Spain. mcuestaz@cfnavarra.es.
- 23 IdiSNA, Navarra Institute for Health Research, Pamplona, Spain. mcuestaz@cfnavarra.es.

Abstract

Individual changes over time in cognition in patients with psychotic disorders have been studied very little, especially in the case of first episode psychosis (FEP). We aimed to establish whether change in individual trajectories in cognition over 2 years of a sample of 159 FEP patients was reliable and clinically significant, using the reliable change index (RCI) and clinically significant change (CSC) methods. We also studied a sample of 151 matched healthy controls. Patients and controls were assessed with a set of neuropsychological tests, as well as premorbid, clinical and functionality measures. We analysed the course of cognitive measures over time, using analysis of variance, and the individual trajectories in the cognitive measures with the regression-based RCI (RCI_{SRB}) and the CSC. The RCI_{SRB} showed that between 5.4 and 31.2% of the patients showed deterioration patterns, and between 0.6 and 8.8% showed improvement patterns in these tests over time. Patients showing better cognitive profiles according to RCI_{SRB} (worsening in zero to two cognitive measures) showed better premorbid, clinical and functional profiles than patients showing deterioration patterns in more than three tests. When combining RCI_{SRB} and CSC values, we found that less than 10% of patients showed improvement or deterioration patterns in executive function and attention measures. These results support the view that cognitive impairments are stable over the first 2 years of illness, but also that the analysis of individual trajectories could help to identify a subgroup of patients with particular phenotypes, who may require specific interventions.

PMID: 29164332

[Similar articles](#)



14. Front Psychol. 2017 Nov 7;8:1950. doi: 10.3389/fpsyg.2017.01950. eCollection 2017.

Anger as a Basic Emotion and Its Role in Personality Building and Pathological Growth: The Neuroscientific, Developmental and Clinical Perspectives.

[Williams R¹](#).

Author information:

1

Dipartimento di Psicologia Dinamica e Clinica, Sapienza Università di Roma, Rome, Italy.

Abstract

Anger is probably one of the mostly debated basic emotions, owing to difficulties in detecting its appearance during development, its functional and affective meaning (is it a positive or a negative emotion?), especially in human beings. Behaviors accompanied by anger and rage serve many different purposes and the nuances of aggressive behaviors are often defined by the symbolic and cultural framework and social contexts. Nonetheless, recent advances in neuroscientific and developmental research, as well as clinical psychodynamic investigation, afford a new view on the role of anger in informing and guiding many aspects of human conducts. Developmental studies have confirmed the psychophysiological, cognitive and social acquisition that hesitate in the pre-determined sequence appearance of anger and rage in the first 2 years of life. The so-called affective neurosciences have shown the phylogenetic origin of the two circuits underlying the emergence of anger along with its evolutionary role for promoting survival. This view has been integrated by the psychodynamic theory of motivational systems that attribute a double role to anger: on the one hand, this affect works as an inwardly directed signal concerning a pressure to overcome an obstacle or an aversive situation; on the other hand, anger is also an outwardly directed communicative signal establishing differentiation and conflict within interpersonal relationships and affective bonds. Of course, human peculiar mental functioning requires the appraisal of such signals by higher cortical functions and, there is little doubt that the meaning that orientates individual behaviors is, eventually, construed on a social and cultural level. At the same time, everyday life experiences as well as clinical insights into psychopathic, narcissistic and borderline personality pathology clearly illustrate the necessity to correctly interpret and give answers to the basic questions raised around the topic of anger as a basic emotion.

PMCID: PMC5681963 **Free PMC Article**

PMID: 29163318

[Similar articles](#)



15. Front Psychol. 2017 Nov 2;8:1926. doi: 10.3389/fpsyg.2017.01926. eCollection 2017.

The Relationship between Defense Patterns and DSM-5 Maladaptive Personality Domains.

[Granieri A](#)¹, [La Marca L](#)², [Mannino G](#)³, [Giunta S](#)³, [Guglielmucci F](#)¹, [Schimmenti A](#)².

Author information:

1

Department of Psychology, University of Turin, Turin, Italy.

2

3 Faculty of Human and Social Sciences, Kore University of Enna, Enna, Italy.
Department of Law, Libera Università Maria Santissima Assunta (LUMSA),
Palermo, Italy.

Abstract

Aim: Research has extensively examined the relationship between defense mechanisms (DM) and personality traits. However, no study to date has explored if specific defenses (alone or in combination) are able to predict dysfunctional variants of personality domains, as conceived in the alternative DSM-5 model for personality disorders. This study aimed to investigate the relationship between DMs and DSM-5 maladaptive personality domains among adults. **Materials and Methods:** Three hundred and twenty-eight adults aged between 18 and 64 years old completed measures on DMs and maladaptive personality domains. Regression analyses were performed to determine which DMs predicted the maladaptive personality domains of negative affectivity, detachment, antagonism, disinhibition, and psychoticism. **Results:** According to psychoanalytic literature, results showed that immature defenses positively predicted maladaptive personality domain scores, whereas mature defenses were generally related with better personality functioning. Moreover, different defense patterns emerged as significant predictors of the maladaptive personality domains comprised in the alternative DSM-5 model for personality disorder. **Discussion:** Our findings support the view that defense patterns represent core components of personality and its disorders, and suggest that an increased use of immature defenses and a reduced use of mature defenses have a negative impact on the development of personality.

PMCID: PMC5673655 [Free PMC Article](#)

PMID: 29163301

[Similar articles](#)



16. Front Psychiatry. 2017 Nov 3;8:214. doi: 10.3389/fpsyt.2017.00214. eCollection 2017.

[A Comparison of Treatment-Seeking Behavioral Addiction Patients with and without Parkinson's Disease.](#)

[Sauvaget A](#)^{1,2}, [Jiménez-Murcia S](#)^{1,3,4}, [Fernández-Aranda F](#)^{1,3,4}, [Granero R](#)^{3,5}, [Grall-Bronnec M](#)^{2,6,7}, [Victorri-Vigneau C](#)^{6,7,8}, [Bulteau S](#)^{6,7}, [Derkinderen P](#)^{9,10}, [Vanelle JM](#)², [Hakansson A](#)¹¹, [Mestre-Bach G](#)^{1,3}, [Steward T](#)^{1,3}, [Menchón JM](#)^{1,4,12}.

Author information:

- 1 Department of Psychiatry, Institut d'Investigació Biomèdica de Bellvitge (IDIBELL),
Bellvitge University Hospital, Barcelona, Spain.
- 2 Addictology and Liaison Psychiatry Department, Nantes University Hospital, Nantes,
France.
- 3 CIBER Fisiopatología Obesidad y Nutrición (CIBEROBN), Instituto de Salud Carlos
III, Madrid, Spain.
- 4 Department of Clinical Sciences, School of Medicine, University of Barcelona,
Barcelona, Spain.
- 5 Departament de Psicobiologia i Metodologia de les Ciències de la Salut, Universitat
Autònoma de Barcelona, Barcelona, Spain.
- 6 INSERM, SPHERE U1246, University of Nantes, Nantes, France.
- 7 INSERM, SPHERE U1246, University of Tours, Nantes, France.
- 8 Clinical Pharmacology Department, Centre for Evaluation and Information on
Pharmacodependence, Nantes University Hospital, Nantes, France.
- 9 INSERM, U913, Nantes, France.
- 10 Department of Neurology, CHU Nantes, Nantes, France.
- 11 Faculty of Medicine, Department of Clinical Sciences Lund, Psychiatry, Lund
University, Lund, Sweden.
- 12 CIBER Salud Mental (CIBERSAM), Instituto de Salud Carlos III, Madrid, Spain.

Abstract

The administration of dopaminergic medication to treat the symptoms of Parkinson's disease (PD) is associated with addictive behaviors and impulse control disorders. Little is known, however, on how PD patients differ from other patients seeking treatments for behavioral addictions. The aim of this study was to compare the characteristics of behavioral addiction patients with and without PD. $N = 2,460$ treatment-seeking men diagnosed with a behavioral addiction were recruited from a university hospital. Sociodemographic, impulsivity [Barratt Impulsiveness Scale (BIS-11)], and personality [Temperament and Character Inventory-Revised (TCI-R)] measures were taken upon admission to outpatient treatment. Patients in the PD group were older and had a higher prevalence of mood disorders than patients without PD. In terms of personality characteristics and impulsivity traits, PD patients appeared to present a more functional profile than PD-free patients with a behavioral addiction. Our results suggest that PD patients with a behavioral addiction could be more

difficult to detect than their PD-free counterparts in behavioral addiction clinical setting due to their reduced levels of impulsivity and more standard personality traits. As a whole, this suggests that PD patients with a behavioral addiction may have different needs from PD-free behavioral addiction patients and that they could potentially benefit from targeted interventions.

PMCID: PMC5675875 **Free PMC Article**

PMID: 29163234

[Similar articles](#)



17. Schizophr Res Cogn. 2017 Nov 8;11:6-10. doi: 10.1016/j.scog.2017.10.002. eCollection 2018 Mar.

[The influence of schizotypal traits on attention under high perceptual load.](#)

[Stotesbury H](#)^{1,2}, [Gaigg SB](#)^{1,3}, [Kirhan S](#)^{1,4}, [Haenschel C](#)¹.

Author information:

1

Cognitive Neuroscience Research Unit, Department of Psychology, City, University of London, Northampton Square, London EC1V 0HB, United Kingdom.

2

Imaging & Biophysics Unit, Developmental Neurosciences, UCL Great Ormond Street Institute of Child Health, 30 Guildford St, London WC1N 1EH, United Kingdom.

3

Autism Research Group, Department of Psychology, City, University of London, Northampton Square, London EC1V 0HB, United Kingdom.

4

Oxford Health NHS Foundation Trust, Littlemore Mental Health Centre, Oxford Clinic, Sandford Rd, Oxford OX4 4XN, United Kingdom.

Abstract

Schizophrenia Spectrum Disorders (SSD) are known to be characterised by abnormalities in attentional processes, but there are inconsistencies in the literature that remain unresolved. This article considers whether perceptual resource limitations play a role in moderating attentional abnormalities in SSD. According to perceptual load theory, perceptual resource limitations can lead to attenuated or superior performance on dual-task paradigms depending on whether participants are required to process, or attempt to ignore, secondary stimuli. If

SSD is associated with perceptual resource limitations, and if it represents the extreme end of an otherwise normally distributed neuropsychological phenotype, schizotypal traits in the general population should lead to disproportionate performance costs on dual-task paradigms as a function of the perceptual task demands. To test this prediction, schizotypal traits were quantified via the Schizotypal Personality Questionnaire (SPQ) in 74 healthy volunteers, who also completed a dual-task signal detection paradigm that required participants to detect central and peripheral stimuli across conditions that varied in the overall number of stimuli presented. The results confirmed decreasing performance as the perceptual load of the task increased. More importantly, significant correlations between SPQ scores and task performance confirmed that increased schizotypal traits, particularly in the cognitive-perceptual domain, are associated with greater performance decrements under increasing perceptual load. These results confirm that attentional difficulties associated with SSD extend sub-clinically into the general population and suggest that cognitive-perceptual schizotypal traits may represent a risk factor for difficulties in the regulation of attention under increasing perceptual load.

PMCID: PMC5684432 **Free PMC Article**

PMID: 29159135

[Similar articles](#)



18. *Neuropsychologia*. 2017 Nov 17. pii: S0028-3932(17)30419-0. doi: 10.1016/j.neuropsychologia.2017.11.008. [Epub ahead of print]

Smaller Amygdala Volume and Increased Neuroticism Predict Anxiety Symptoms in Healthy Subjects: A Volumetric Approach Using Manual Tracing.

[Hu Y](#)¹, [Moore M](#)², [Bertels Z](#)³, [Phan KL](#)⁴, [Dolcos F](#)⁵, [Dolcos S](#)².

Author information:

1

Psychology Department, University of Illinois at Urbana-Champaign; Beckman Institute for Advance Science and Technology, University of Illinois at Urbana-Champaign. Electronic address: yifanhu2@illinois.edu.

2

Psychology Department, University of Illinois at Urbana-Champaign; Beckman Institute for Advance Science and Technology, University of Illinois at Urbana-Champaign.

3

Psychology Department, University of Illinois at Urbana-Champaign.

4

Departments of Psychiatry, Psychology, and Anatomy & Cell Biology, and the Graduate Program in Neuroscience, University of Illinois at Chicago.

5

Psychology Department, University of Illinois at Urbana-Champaign; Neuroscience Program, University of Illinois at Urbana-Champaign; Beckman Institute for Advance Science and Technology, University of Illinois at Urbana-Champaign.

Abstract

Volume reductions in the amygdala (AMY) have been found in patients with anxiety disorders, but findings are mixed in subclinical participants with high trait anxiety scores, in whom both reductions and increases in AMY volume have been identified. One potential reason for such discrepancies could be the employment of different methods to determine the AMY volume (i.e., manual tracing in psychiatric research vs. automated methods), in non-patient research. In addition to trait anxiety, smaller AMY volume has also been linked to neuroticism, a personality trait consistently linked to increased vulnerability to anxiety. However, it is not clear how AMY volume and neuroticism together may contribute to anxiety symptoms in healthy functioning. These issues were investigated in a sample of 46 healthy participants who underwent anatomical MRI scanning and completed questionnaires measuring trait anxiety and neuroticism. AMY volume was assessed using manual tracing, based on anatomical landmarks identified in each participant's anatomical image. First, smaller left AMY volume was linked to higher levels of neuroticism ($p = .013$) and trait anxiety ($p = .024$), which in turn were positively correlated with each other. Moreover, AMY volume had a significant indirect effect on trait anxiety through neuroticism ($ab = -.009$, 95% CI $[-.019, -.002]$). This effect was not bidirectional, as trait anxiety did not predict AMY volume through neuroticism. Collectively, these findings provide support for a brain-personality-symptom framework of understanding affective dysregulation, which may help inform the development of prevention and intervention paradigms targeting preservation of AMY volume and reduction of neuroticism, to protect against anxiety symptoms.

PMID: 29157997

[Similar articles](#)



19. Psychiatry Res. 2017 Nov 8;259:538-544. doi: 10.1016/j.psychres.2017.11.011. [Epub ahead of print]

A longitudinal analysis of the effects of neuroticism and extraversion on subjective well-being in patients with schizophrenia.

[van Dijk FA](#)¹, [Schirmbeck F](#)², [Haan L](#)²; for [Genetic Risk and Outcome of Psychosis \(GROUP\) Investigators](#)².

Author information:

1

Department Early Psychosis, Academic Medical Centre of the University of Amsterdam, Amsterdam, The Netherlands. Electronic address: f.a.vandijk@amc.uva.nl.

2

Department Early Psychosis, Academic Medical Centre of the University of Amsterdam, Amsterdam, The Netherlands.

Abstract

One in five patients with a psychotic disorder has persistent low subjective well-being (SWB), which is associated with a poorer prognosis. In schizophrenia patients, personality traits are associated with SWB. The present study aims to evaluate whether neuroticism and extraversion influence SWB in patients with a psychotic disorder and healthy controls over the course of time. In 186 patients and 126 healthy control subjects, SWB was measured with the Subjective Well-being under Neuroleptics-20 (SWN) scale at baseline, three years and six years. We used the Five-Factor Inventory to assess neuroticism and extraversion. Mixed model analyses were conducted to investigate moderating associations of positive, negative and depressive symptoms, cannabis use, illness insight, weak social support and antipsychotic medication in patients. Higher neuroticism and lower extraversion were associated with lower SWB over six years in both groups. Personality traits did not have a differential effect on the course of SWB over time. In patients, a stable low SWB was found in 15.1% of the subjects. This group scored highest on neuroticism and lowest on extraversion compared to subjects with an increase in SWB or a stable high SWB. Our findings underline that personality traits are correlated to subjective well-being regardless of psychotic or depressive symptoms.

PMID: 29156427

[Similar articles](#)



The Impact of Comorbid Diagnoses on the Course of Posttraumatic Stress Disorder Symptoms in Residents of Battered Women's Shelters.

[Fedele KM](#), [Johnson NL](#), [Caldwell JC](#), [Shteynberg Y](#), [Sanders SE](#), [Holmes SC](#), [Johnson DM](#).

Abstract

OBJECTIVE:

The current investigation sought to explore the impact of the comorbidities of substance use disorder (SUD), major depressive disorder (MDD), and borderline personality disorder (BPD) on the trajectory of intimate partner violence (IPV)-related posttraumatic stress disorder (PTSD) symptoms across a 6-month follow-up period in IPV survivors who seek shelter. Research has found significant comorbidity of SUD, MDD, and BPD with PTSD (see Green et al., 2006; Kessler, Sonnega, Bromet, Hughes, & Nelson, 1995; Pagura et al., 2010); however, little to no research has explored these relationships in this unique population over time.

METHOD:

A sample of 147 residents of battered women's shelters completed study measures at baseline, 1 week, and 3 and 6 months following shelter stay. Participants completed measures assessing for demographics, abuse, and Diagnostic and Statistical Manual of Mental Disorders (4th edition, text revision) diagnoses.

RESULTS:

Results of latent growth modeling with the time-invariant covariates of SUD, MDD, and BPD yielded a significant effect of SUD ($\beta = .002$, $p = .007$) on the slope of IPV-related PTSD symptoms controlling for IPV victimization. Significant effects were not identified for BPD ($\beta = .001$, $p > .05$) or MDD ($\beta = .002$, $p > .05$). Results suggest IPV survivors with SUD demonstrated less improvement in PTSD symptoms over 6 months after they left shelter as compared to women without SUD.

CONCLUSION:

Findings emphasize the deleterious effects of SUD, above and beyond MDD and BPD, on IPV-related PTSD and highlight the need for assessment and treatment of SUD and PTSD

simultaneously in residents of battered women's shelters. Clinical Impact Statement: Findings suggest the need to go beyond standard shelter services to more effectively address and treat co-occurring SUD-PTSD in IPV survivors. (PsycINFO Database Record

(c) 2017 APA, all rights reserved).

PMID: 29154591

[Similar articles](#)

21. Psychiatry Res. 2017 Nov 8;260:1-9. doi: 10.1016/j.psychres.2017.11.016. [Epub ahead of print]

Major and minor life events, personality and psychopathology in children with tourette syndrome.

[Horesh N](#)¹, [Shmuel-Baruch S](#)², [Farbstein D](#)³, [Ruhrman D](#)⁴, [Milshtein NBA](#)⁵, [Fennig S](#)⁶, [Apter A](#)⁷, [Steinberg T](#)⁸.

Author information:

1

Department of Psychology, Bar Ilan University, Ramat Gan, Israel. Electronic address: nettahoresh@gmail.com.

2

Department of Psychology, Bar Ilan University, Ramat Gan, Israel; The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: shir4780@yahoo.com.

3

The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: dan.farbstein@gmail.com.

4

The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: daphnaruhrman@gmail.com.

5

The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: noabena@clalit.org.il.

6

The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: silvanaf@clalit.org.il.

7

The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: eapter@clalit.org.il.

8

The Matta and Harry Freund Neuropsychiatric Tourette Clinic, Feinberg Child Study Center, Schneider Children's Medical Center of Israel, Petach Tikva, affiliated with the Sackler Faculty of Medicine, Tel Aviv University, Tel Aviv, Israel. Electronic address: tamarst@clalit.org.il.

Abstract

Environmental, psychological, and biological interactions underlie many psychopathologies. Tourette's Syndrome (TS) has an obvious biological substrate but environmental factors and personality play substantial roles in its expression. We aimed to study the interrelationships between stressful life events, personality traits, tics, and comorbid disorders in children with TS. To this end, 132 children with TS and 49 healthy controls were recruited for the study. Major life events in the 12-months prior to testing and minor life events in the month prior to testing were retrospectively assessed using the Life Experiences Survey (LES) and the Brief Adolescent Life Events Scale (BALES), respectively. Personality was assessed with the Junior Temperament and Character Inventory (JTICI). Tics, obsessive compulsive symptoms, attention deficit and hyperactivity symptoms, anxiety, depression and aggression were assessed by self-report questionnaires and semi-structured interviews. We found that major life events correlated with the severity of tics expression and complexity, and comorbid psychopathology. Minor life events correlated with more severe symptomatology. High levels of harm avoidance were related to more obsessions, anxiety, and depression whereas high levels of self-directedness were protective. To conclude, TS expression in childhood should be understood as the result of an interaction between biological, personality and environmental factors.

PMID: 29153958

[Similar articles](#)



22. Psychiatry Res. 2017 Nov 11;259:470-475. doi: 10.1016/j.psychres.2017.11.031. [Epub ahead of print]

Longitudinal associations between resilience and quality of life in eating disorders.

[Calvete E](#)¹, [Las Hayas C](#)², [Gómez Del Barrio A](#)³.

Author information:

1

Department of Personality, Psychological Assessment and Treatment, University of Deusto, Avenida de las Universidades, 24, 48007 Bilbao, Spain. Electronic address: esther.calvete@deusto.es.

2

Department of Personality, Psychological Assessment and Treatment, University of Deusto, Avenida de las Universidades, 24, 48007 Bilbao, Spain.

3

Center for Biomedical Research in Mental Health (CIBERSAM), Eating Disorders Unit, Department of Psychiatry, Hospital Universitario Marqués Valdecilla, Avda Valdecilla s/n, 39002 Cantabria, Spain.

Abstract

OBJECTIVE:

This study examined the longitudinal reciprocal associations between resilience factors, quality of life (QoL) domains, and symptoms of eating disorders (EDs). Hypotheses included predictive paths from resilience factors of "acceptance of self and life" and "personal competence" to increased QoL and predictive paths from previous levels of QoL to resilience.

METHOD:

A total of 184 patients with EDs (mean age = 29.55, SD = 9.17, 94.8% women) completed measures of resilience, QoL, and EDs symptoms over three waves spaced six month apart. Hypotheses were tested by path analysis.

RESULTS:

Resilience factors predicted improvements in psychological health and social relationship domains of QoL and a reduction of ED symptoms over time. In addition, psychological

health increased acceptance of self and life consistently over time, whereas physical health increased the competence component of resilience.

DISCUSSION:

The relationships between resilience factors and QoL are reciprocal, with several mediational paths. A spiral of recursive influences between resilience factors and QoL can take place in people with EDs. This possibility offers new perspectives to understanding the process of recovery in patients with ED.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 29149716

[Similar articles](#)



23. Front Neurol Neurosci. 2018;41:50-60. doi: 10.1159/000475695. Epub 2017 Nov 16.

Catastrophe Reaction and Emotionalism.

[Carota A, Bogousslavsky J.](#)

Abstract

The catastrophic reaction (CR; a disruptive and uncontrolled behavior triggered by anger, irritability, and hostility) and emotionalism (a condition of uncontrolled crying or laughing) are disorders of the emotional regulation and expression, the prevalence of which is underestimated in neurology. Their occurrence is an additional factor of poor outcome for neurologic patients. Although they have been recognized and completely described in their clinical manifestations more than a century ago, many issues remain unsolved regarding their pathogenesis and the respective role of the brain damage and psychological factors. Thus, if pathological crying and laughing can be linked to one or more lesions within the corticospinal tracts, the emotional lability and CR have uncertain connections within specific functional brain systems and seem to be influenced by personality factors or depression and anxiety generated by coping with a serious neurological disease. These epistemological difficulties are also the consequence of some methodological limits of the questionnaires and scales, which diagnose these disorders and for which the cut-off values between the normal and pathological condition could be questioned. Thus, their assessment requires new psychophysical. The CR and emotionalism manifest in association with several different neurological disease (degenerative, vascular, inflammatory, epilepsy) and psychiatric conditions as psychosis, mania, and mood disorders. Across these different diseases, the findings of common patterns of lesion location, cognitive dysfunction, emotional changes, and behavioral responses to new paradigms might clarify the pathogenesis and orient the treatment.

PMID: 29145183

The impact of mental health comorbidities on adherence to buprenorphine: A claims based analysis.

[Litz M¹](#), [Leslie D¹](#).

Author information:

1

Department of Public Health Sciences, College of Medicine, The Pennsylvania State University, 500 University Drive, Hershey, 17033-0850, Pennsylvania.

Abstract

BACKGROUND AND OBJECTIVES:

Previous research has been inconclusive about whether opioid-dependent patients with psychiatric comorbidities have shorter treatment retention and higher relapse rates. This study aims to evaluate the impact of mental health comorbidities on adherence to buprenorphine using a large, national health insurance claims data base.

METHODS:

We used MarketScan® data from 2012 to 2014 to perform this analysis. Inclusion criteria included all patients with an opioid use disorder-related ICD-9 code who had been prescribed buprenorphine (n = 2947). Medication adherence was defined using the Medication Possession Ratio ≥ 0.8 (MPR) and logistic regression was used to examine the association between medication adherence and mental health diagnoses, which included Alzheimer's/dementia, schizophrenia, other psychosis, major depressive disorder/bipolar disorder (MDDBP), anxiety disorder, personality disorder, and mental health disorder not elsewhere specified (NOS).

RESULTS:

Of the 2947 patients included in our analysis, the most common diagnoses were anxiety disorder: n = 648 (22.0%), MDDBP: n = 467 (15.9%), and mental health disorder NOS:

n = 959 (32.5%). Patients diagnosed with MDDBP were significantly less likely to adhere to opioid pharmacotherapy (OR = .805, 95%CI = .651, .994) than patients without MDDBP.

CONCLUSIONS AND SCIENTIFIC SIGNIFICANCE:

The presence of a psychiatric comorbidity can significantly affect adherence to buprenorphine. These trends illustrate the need for clinicians treating opioid use disorder with buprenorphine to screen for psychiatric disorders and monitor their medication adherence. There may also be opportunities to design interventions to help this vulnerable population adhere to buprenorphine and other forms of opioid pharmacotherapy. (Am J Addict 2017;26:859-863).

© 2017 American Academy of Addiction Psychiatry.

PMID: 29143483

[Similar articles](#)



25. Acta Psychiatr Scand. 2017 Nov 15. doi: 10.1111/acps.12834. [Epub ahead of print]

[Risk profiles of personality traits for suicidality among mood disorder patients and community controls.](#)

[Su MH](#)¹, [Chen HC](#)², [Lu ML](#)³, [Feng J](#)⁴, [Chen IM](#)^{5,6}, [Wu CS](#)⁴, [Chang SW](#)⁷, [Kuo PH](#)^{1,8}.

Author information:

1

Department of Public Health, Institute of Epidemiology and Preventive Medicine, College of Public Health, National Taiwan University, Taipei, Taiwan.

2

Department of Psychiatry, Center of Sleep Disorders, National Taiwan University Hospital, Taipei, Taiwan.

3

Department of Psychiatry, Wan-Fang Hospital, School of Medicine, College of Medicine, Taipei Medical University, Taipei, Taiwan.

4

Department of Psychiatry, Far Eastern Memorial Hospital, New Taipei City, Taiwan.

5

Department of Psychiatry, National Taiwan University Hospital, Taipei, Taiwan.

6

Institute of Health Policy and Management, College of Public Health, National Taiwan University, Taipei, Taiwan.

7

Department of Psychiatry, Shin Kong Wu Ho Su Memorial Hospital, Taipei, Taiwan.

8

Research Center for Genes, Environment and Human Health, National Taiwan University, Taipei, Taiwan.

Abstract

OBJECTIVE:

To examine the associations between personality traits and suicidal ideation (SI) and attempt (SA) in mood disorder patients and community controls.

METHOD:

We recruited 365 bipolar, 296 major depressive disorder patients, and 315 community controls to assess their lifetime suicidality. Participants filled out self-reported personality questionnaires to collect data of personality traits, including novelty seeking (NS), harm avoidance (HA), extraversion (E), and neuroticism (N). We used logistic regression models adjusted for diagnoses to analyze combinational effects of personality traits on the risk of suicide. Additionally, radar charts display personality profiles for suicidal behaviours by groups.

RESULTS:

All personality traits were associated with the risk of suicidality with various effect size, except for E that showed protective effect. High N or HA had prominent and independent risk effects on SI and SA. Combinations of high N and low E, or high HA and NS were the risk personality profiles for suicidality. Higher N scores further distinguished SA from SI in mood disorder patients.

CONCLUSION:

Introvert personality traits showed independent risk effects on suicidality regardless of diagnosis status. Among high-risk individuals with suicidal thoughts, higher neuroticism tendency is further associated with increased risk of suicide attempt.

© 2017 John Wiley & Sons A/S. Published by John Wiley & Sons Ltd.

PMID: 29141103

[Similar articles](#)



Enhanced mental imagery and intact perceptual organization in schizotypal personality disorder.

[Maróthi R](#)¹, [Kéri S](#)².

Author information:

1

National Institute of Psychiatry and Addictions - Nyíró Gyula Hospital (OPAI), Budapest, Hungary.

2

National Institute of Psychiatry and Addictions - Nyíró Gyula Hospital (OPAI), Budapest, Hungary; Department of Cognitive Science, Budapest University of Technology and Economics, Budapest, Hungary; Department of Physiology, University of Szeged, Szeged, Hungary. Electronic address: keri.szabolcs@kzc-opai.hu.

Abstract

According to a widely held view, psychotic disorders such as schizophrenia are characterized by a vague boundary between the perception of the external world and the inner imagery of persons, objects, and events. In this study, we addressed the perception-imagery debate in schizotypal personality disorder (SPD). Thirty individuals with SPD and 30 matched healthy subjects completed a lateral masking task. Participants were asked to detect a low-contrast Gabor patch flanked by two collinear Gabor masks. In the perceptual task, the masks were physically present, whereas in the imagery task, participants only imagined the masks. By applying a binocular rivalry paradigm, we also measured the imagery priming effect. Results revealed that, in the perceptual task, collinear masks similarly decreased contrast threshold in SPD and controls. In the imagery task, contrast threshold reduction (facilitation by the imagined masks) was more pronounced in SPD relative to the controls. In the binocular rivalry paradigm, individuals with SPD showed higher imagery priming effects as compared to healthy controls. Enhanced imagery was not related to schizotypal traits. These results indicate intact early visual perception and heightened imagery in SPD, which may be a trait marker of unusual experiences without psychotic disorganization.

PMID: 29131991

[Similar articles](#)



Nonfunctional Redundant Acts Characterize OCD, Even in OCD-Unrelated Tasks: A Demonstration in Questionnaire Completion.

[Amitai M](#)¹, [Arnon N](#), [Shaham N](#), [Gur S](#), [Apter A](#), [Weizman A](#), [Hermesh H](#).

Author information:

1

Geha Mental Health Center, Petah Tikva, Israel.

Abstract

BACKGROUND:

Ethological methods used to analyze human obsessive-compulsive disorder (OCD) rituals demonstrated excess of unnecessary repetitions as well as irrelevant, idiosyncratic acts (additions) compared to normal activity. A question that still remains is whether these well-known repetitions and additions are manifested in behaviors unrelated to the OCD rituals. Our objectives were to: (1) assess whether OCD-related repetitions and additions as found in previous studies also affect the patients' activity of filling out questionnaires and (2) evaluate the specificity of these behaviors to OCD as opposed to other anxiety disorders and healthy controls.

SAMPLING AND METHODS:

Several standardized disorder-specific self-report questionnaires were used in order to assess the patient's psychopathologies. The style of filling-out these questionnaires by OCD and non-OCD anxiety outpatients and normal controls was analyzed. Four categories were used: omissions, repetitions, corrections, and additions.

RESULTS:

The OCD group scored significantly higher on the number of additions as compared with both the anxiety group and the nonclinical group, and significantly higher on the number of corrections and repetitions as compared with the nonclinical group.

CONCLUSIONS:

The hallmarks of OCD, repetitions and additions, are manifested not only in the patient's rituals and thoughts, but in apparently "neutral" tasks that do not a priori involve the intrusive thoughts, urges, and images typical of obsessive-compulsive behavior. Additions seem to be more specific to OCD than repetitions. These two executive faults impede routine functionality of OCD patients in tasks related and unrelated to their rituals. Our study delineates simple, observable behavioral characteristics that distinguish between OCD and non-OCD anxiety patients as well as healthy individuals. These symptomatic behaviors may offer a clue to personality traits or deficits in executive functions that possibly play a part in the pathophysiology of OCD. Our results are an additional indication that nonfunctionality in obsessive-compulsive behavior deserves full attention for a better understanding of the psychopathological mechanisms of OCD.

© 2017 S. Karger AG, Basel.

PMID: 29131058

[Similar articles](#)



28. Psychol Assess. 2017 Nov 13. doi: 10.1037/pas0000536. [Epub ahead of print]

[A Test of the Empirical Profile and Coherence of the DSM-5 Psychopathy Specifier.](#)

[Miller JD](#), [Lamkin J](#), [Maples-Keller JL](#), [Sleep CE](#), [Lynam DR](#).

Abstract

The Diagnostic and Statistical Manual of Mental Disorders-5th edition (DSM-5; American Psychiatric Association, 2013) introduced a psychopathy specifier (DSM-5 PS) as part of the Section III diagnostic model of antisocial personality disorder. Designed to capture the construct of fearless dominance/boldness, the DSM-5 PS is assessed on the basis of the presence of low scores on traits of withdrawal and anxiousness, and high scores on attention seeking. These constructs have garnered attention in the past decade but are the subject of substantial debate as to their role in the conceptualization and assessment of psychopathy, given their limited relations to the maladaptive outcomes typically associated with this personality disorder. In the current study (N = 340 undergraduates; 170 informants), we examined the DSM-5 PS, both in composite form and its trait subscales, to investigate the degree to which the DSM-5 PS manifested empirical profiles associated with psychopathy and its maladaptive correlates. Consistent with prior fearless dominance/boldness research, the DSM-5 PS manifested limited relations with other components of psychopathy, symptoms of DSM-5 Section II and III antisocial personality disorder, and self- and informant-related impairment scores. When examined at the individual subscale level, the 3

DSM-5 PS subscales manifested only partially overlapping profiles and only 1 of the 3-Attention Seeking-demonstrated an association with maladaptivity (e.g., externalizing behaviors). These findings raise important concerns about the coherence and utility of the DSM-5 PS as a diagnostic specifier included in a psychiatric nosology. (PsycINFO Database Record.

PMID: 29130695

[Similar articles](#)

29. Asian J Psychiatr. 2017 Nov 7. pii: S1876-2018(17)30135-1. doi: 10.1016/j.ajp.2017.11.005. [Epub ahead of print]

Clinical characteristics of suicidal behavior in an intensive care unit at a university hospital in Japan: A 7-year observational study.

[Takeuchi T](#)¹, [Okumura Y](#)², [Uezato A](#)³, [Nishikawa T](#)⁴.

Author information:

1

Section of Psychiatry and Behavioral Sciences, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo 113-8519, Japan. Electronic address: okashi@bf6.so-net.ne.jp.

2

Research Department, Institute for Health Economics and Policy, Association for Health Economics Research and Social Insurance and Welfare, 1-5-11 Nishi-Shinbashi, Minato-ku, Tokyo 105-0003, Japan. Electronic address: yokumura@blue.zero.jp.

3

Section of Psychiatry and Behavioral Sciences, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo 113-8519, Japan. Electronic address: uezapsyc@tmd.ac.jp.

4

Section of Psychiatry and Behavioral Sciences, Graduate School of Medical and Dental Sciences, Tokyo Medical and Dental University, 1-5-45 Yushima, Bunkyo-ku, Tokyo 113-8519, Japan. Electronic address: tnis.psync@tmd.ac.jp.

Abstract

BACKGROUND:

Suicidal behavior accounts for at least 40,000 admissions per year to emergency departments in Japan; however, little is known about emergency admissions owing to suicidal behavior in metropolitan areas. Therefore, we examined the clinical characteristics of suicidal behavior using psychosocial assessments performed by experienced psychiatrists in an intensive care unit.

METHODS:

Participants were 971 patients admitted to a university hospital's intensive care unit for suicidal behavior between July 2006 and June 2013. Physicians and psychiatrists regularly assessed the participants using a standard data extraction form while the participants were in the intensive care unit. As suicidal behavior involving drug overdose is generally less fatal than other methods, we predicted that clinical characteristics would differ between patients with and without overdose. We classified participants into drug overdose or other method groups ($n_s=732$ and 239 , respectively) to compare suicide methods.

RESULTS:

In the overdose group, participants' median age was approximately 5 years lower, and the following proportions were larger: female participants (77%) and participants with borderline personality disorders (21% vs. 10%), no clear suicidal ideation (30% vs. 15%), impulsively attempted self-harm (86% vs. 62%), and interpersonal problems (26% vs. 16%).

CONCLUSION:

Ameliorating interpersonal problems and improving stress coping skills would benefit people who attempt suicide via overdose.

Copyright © 2017 Elsevier B.V. All rights reserved.

PMID: 29129552

[Similar articles](#)



30. Curr Opin Psychiatry. 2017 Nov 7. doi: 10.1097/YCO.0000000000000384. [Epub ahead of print]

Personality disorders: three classifications with a fly in the ointment.

[Pull CB¹](#), [Janca A.](#)

Author information:

1

aClinique des Troubles Emotionnels, Centre Hospitalier de Luxembourg bSchool of Medicine, Faculty of Health and Medical Sciences, Perth, University of Western Australia, Western Australia, Australia.

PMID: 29120917

[Similar articles](#)



31. Curr Opin Psychiatry. 2017 Nov 7. doi: 10.1097/YCO.0000000000000383. [Epub ahead of print]

Impulsivity in personality disorders: current views and future directions.

[McHugh C](#)¹, [Balaratnasingam S](#).

Author information:

1

aBrain and Mind Centre, University of Sydney, New South Wales bFaculty of Health and Medical Sciences, University of Western Australia, Western Australia cThe Cairns Clinic, Queensland, Australia.

Abstract

PURPOSE OF REVIEW:

Impulsivity is considered a trans-diagnostic feature of many mental disorders, yet our understanding of the concept and approaches to measurement have evolved significantly with advances in neuroimaging. This review will provide an overview of impulsivity as it is currently understood, its association with personality disorder and implications for treatment.

RECENT FINDINGS:

Impulsivity is now considered to involve failure of inhibitory control, either motor or cognitive, and deficits of the reward valuation system. Inhibitory control, and discounting of rewards are both independently associated with personality disorder. The tendency to choose immediate rewards over those with an associated delay is a feature of borderline personality disorder (BPD) regardless of conditions of stress. Deficits in response inhibition were also associated with BPD and were worsened under conditions of stress. These findings indicate that state impulsivity has an important role in the expression of impulsive behaviour.

Exploratory studies measuring changes in these networks following psychotherapy have confirmed such methods could be used to measuring treatment response.

SUMMARY:

Understanding the discrete mechanisms of impulsive decision-making and behavior, and their implications in personality disorder, offers new targets for diagnosis and intervention. Future research should aim to understand changes of impulsivity with development. Identifying the role of psychological and pharmacological intervention in modulating the development of impulsivity may prevent progression to personality disorder, and associated adverse outcomes.

PMID: 29120916

[Similar articles](#)



32. Curr Opin Psychiatry. 2017 Nov 7. doi: 10.1097/YCO.0000000000000380. [Epub ahead of print]

Schema therapy for emotional dysregulation in personality disorders: a review.

[Dadomo H¹](#), [Panzeri M](#), [Caponcello D](#), [Carmelita A](#), [Grecucci A](#).

Author information:

1

aUnity of Neuroscience, Department of Medicine and Surgery, University of Parma
bResearch Unit, Parma Schema Therapy Center, Parma cDepartment of
Developmental Psychology and Socialisation, Padua University, Padova dLeadership
Unit, Italian Society for the Schema Therapy, Sassari eDepartment of Psychology
and Cognitive Science, University of Trento, Rovereto, Italy.

Abstract

PURPOSE OF REVIEW:

To give an update on the most recent studies regarding the role of schema therapy in the treatment of emotion dysregulation related to personality disorders.

RECENT FINDINGS:

In personality disorders, a lack of emotion regulation can be found. Schema therapy treats emotion dysregulation with a series of techniques, such as imagery rescripting, limited reparenting, chairwork, and cognitive restructuring to remove dysregulatory mechanism.

SUMMARY:

Schema therapy is one of the most efficient therapies for personality disorders. However, there is a lack of recent studies on how it treats emotion dysregulation. Although the treatment of emotional dysregulation is not the core of schema therapy, it is certainly important inside this theoretical framework. The mode model helps clinicians address their work toward the reduction of dysfunctional modes, whereas fostering functional modes.

PMID: 29120915

[Similar articles](#)



33. Psychiatry Res. 2017 Nov 8;259:398-404. doi: 10.1016/j.psychres.2017.10.047. [Epub ahead of print]

Genetic analysis of impulsive personality traits: Examination of a priori candidates and genome-wide variation.

[Gray JC](#)¹, [MacKillop J](#)², [Weafer J](#)³, [Hernandez KM](#)⁴, [Gao J](#)⁵, [Palmer AA](#)⁵, [de Wit H](#)³.

Author information:

1

Center for Deployment Psychology, Uniformed Services University, Bethesda, MD 20814, USA; Department of Psychology, University of Georgia, Athens, GA 30602, USA. Electronic address: jgray7700@gmail.com.

2

Peter Boris Centre for Addictions Research, McMaster University, Hamilton, ON, Canada L8S4L8; Homewood Research Institute, Homewood Health Centre, Guelph, ON, Canada N1E 6K9.

3

Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL 60637, USA.

4

Center for Research Informatics, University of Chicago, Chicago, IL 60637, USA.

5

Department of Psychiatry and Behavioral Neuroscience, University of Chicago, Chicago, IL 60637, USA; Department of Psychiatry, University of California San

Diego, La Jolla, CA 92103, USA; Institute for Genomic Medicine, University of California San Diego, La Jolla, CA 92103, USA.

Abstract

Impulsive personality traits are heritable risk factors and putative endophenotypes for addiction and other psychiatric disorders involving disinhibition. This study examined the genetic basis of impulsive personality traits, defined as scores on the Barratt Impulsiveness Scale (BIS-11) and the UPPS-P Impulsive Behavior Scale (UPPS-P). In 983 healthy young adults of European ancestry, the study examined genetic variation in relation to a combined phenotype of seven subscales based on high phenotypic intercorrelations. The study first tested 14 a priori loci that have previously been associated impulsive personality traits or closely related constructs. Second, the study included an exploratory genome-wide scan (i.e., GWAS), acknowledging that only relatively large effects would be detectable in a sample size of ~ 1000. A priori SNP analyses revealed a significant association between the combined impulsivity phenotype and two SNPs within the 5-HT_{2A} receptor gene (HTR2A; rs6313 and rs6311). Follow-up analyses suggested that the effects were specific to the Motor and Non-planning subscales on the BIS-11, and also that the two loci were in linkage disequilibrium. The GWAS yielded no statistically significant findings. This study further implicates loci within HTR2A with certain forms of self-reported impulsivity and identifies candidates for future investigation from the genome-wide analyses.

PMID: 29120849

[Similar articles](#)



34. J Pers Disord. 2017 Nov 9:1-22. doi: 10.1521/pedi_2017_31_329. [Epub ahead of print]

[Assessment of Pathological Traits in DSM-5 Personality Disorders by the DAPP-BQ: How Do These Traits Relate to the Six Personality Disorder Types of the Alternative Model?](#)

[Berghuis H](#)¹, [Ingenhoven TJM](#)¹, [van der Heijden PT](#)², [Rossi GMP](#)³, [Schotte CKW](#)^{3,4}.

Author information:

1

Centre for Psychotherapy, Pro Persona, Lunteren, The Netherlands.

2

Centre for Adolescent Psychiatry, Reinier van Arkel, 's-Hertogenbosch, The Netherlands and Radboud University, Nijmegen, The Netherlands.

3

Vrije Universiteit Brussel (VUB), Brussels, Belgium.

4

Universitair Ziekenhuis Brussel, Brussels, Belgium.

Abstract

The six personality disorder (PD) types in DSM-5 section III are intended to resemble their DSM-IV/DSM-5 section II PD counterparts, but are now described by the level of personality functioning (criterion A) and an assigned trait profile (criterion B). However, concerns have been raised about the validity of these PD types. The present study examined the continuity between the DSM-IV/DSM-5 section II PDs and the corresponding trait profiles of the six DSM-5 section III PDs in a sample of 350 Dutch psychiatric patients. Facets of the Dimensional Assessment of Personality Pathology-Basic Questionnaire (DAPP-BQ) were presumed as representations (proxies) of the DSM-5 section III traits. Correlational patterns between the DAPP-BQ and the six PDs were consistent with previous research between DAPP-BQ and DSM-IV PDs. Moreover, DAPP-BQ proxies were able to predict the six selected PDs. However, the assigned trait profile for each PD didn't fully match the corresponding PD.

PMID: 29120278

[Similar articles](#)



35. J Pers Disord. 2017 Nov 9:1-27. doi: 10.1521/pedi_2017_31_327. [Epub ahead of print]

Personality Disorder Features and Paraphilic Interests Among Undergraduates: Differential Relations and Potential Antecedents.

[Watts AL](#)¹, [Nagel MG](#)¹, [Latzman RD](#)², [Lilienfeld SO](#)¹.

Author information:

1

Emory University, Atlanta, Georgia.

2

Georgia State University, Atlanta.

Abstract

We examined the relations between: (1) narcissism, psychopathy, DSM-5 personality disorder symptom counts; and (2) paraphilic interests among undergraduates (N = 608). Base rates of paraphilic interests were appreciable. The disinhibition and meanness features of psychopathy and the entitlement and exploitativeness features of narcissism were robustly associated with paraphilic interests, particularly sexual sadism, whereas the boldness features of narcissism and psychopathy were essentially unrelated to these interests. Narcissism and psychopathy features typically manifested the most pronounced relations with paraphilic interests, although antisocial personality disorder features were also strong predictors. By and large, these relations were comparable across gender. Lastly, there was no evidence that erotophilia mediated the relations between the narcissism and psychopathy features and paraphilic interests, most likely because erotophilia was generally unrelated to paraphilic interests. Relative to other dimensions of personality disorders, facets of meanness and disinhibition from psychopathy and entitlement/exploitativeness facets from narcissism were most associated with paraphilic interests.

PMID: 29120276

[Similar articles](#)



36. Personal Disord. 2017 Nov 9. doi: 10.1037/per0000261. [Epub ahead of print]

[Psychopathy and Heroism in First Responders: Traits Cut From the Same Cloth?](#)

[Patton CL](#), [Smith SE](#), [Lilienfeld SO](#).

Abstract

Some scholars have posited that certain traits associated with psychopathy—namely, fearlessness, boldness, and willingness to take risks—are associated with greater engagement in heroic and altruistic acts; nevertheless, this conjecture has received little empirical attention. We examined the relations among psychopathic traits, heroism, altruism, workplace deviance, and leadership in first-responder (n = 138) and civilian (n = 104) samples recruited by means of an online platform. Across samples, fearless dominance, boldness, sensation seeking, and several other psychopathy-related variables were positively and significantly associated with everyday heroism and altruism. First responders scored significantly higher than did civilians on measures of psychopathy, fearlessness, boldness, heroism, and altruism, and reported significantly greater workplace deviance and participation in leadership activities. Our results support previous suggestions of ties

between psychopathic traits, especially fearlessness and heroism, although they leave unresolved the question of why certain antisocial and prosocial behaviors appear to covary. (PsycINFO Database Record.

PMID: 29120196

[Similar articles](#)

37. Personal Disord. 2017 Nov 9. doi: 10.1037/per0000263. [Epub ahead of print]

Personality Disorder Traits: Perceptions of Likability, Impairment, and Ability to Change as Correlates and Moderators of Desired Level.

[Miller JD](#), [Sleep CE](#), [Lamkin J](#), [Vize C](#), [Campbell WK](#), [Lynam DR](#).

Abstract

Historical conceptualizations have framed personality disorders (PDs) as unchanging and ego-syntonic. However, recent evidence suggests that individuals with PD traits may have some insight into their personality and consider those traits to be somewhat ego-dystonic. To replicate and extend previous findings, participants (N = 328) self-reported their PD trait levels, likability of those traits, impairment, capability for change, and desired trait levels. The results demonstrated that individuals with PD traits tolerate but still dislike those traits, believe that they cause them problems, and are interested in reducing them. Level of PD trait did not relate to perception of capability for change. Likability and impairment moderated most of the relations between actual PD trait and desired level. That is, there was a stronger correlation between actual and desired levels among individuals who liked the trait more; there was also greater agreement between actual and desired levels among individuals who found the traits less impairing. For 2 of the traits-Negative Affectivity and Detachment-individuals who felt more capable of changing these traits demonstrated greater agreement between their actual and desired levels. These data suggest that individuals with PD traits do not generally see them as particularly likable and see them as impairing; such impressions may have important implications for where individuals ultimately prefer to reside on these PD trait domains. (PsycINFO Database Record.

PMID: 29120195

[Similar articles](#)

38. Personal Disord. 2017 Nov 9. doi: 10.1037/per0000265. [Epub ahead of print]

Effect of Maternal Borderline Personality Disorder on Adolescents' Experience of

Maltreatment and Adolescent Borderline Features.

[Kurdziel G](#), [Kors S](#), [Macfie J](#).

Abstract

Borderline personality disorder (BPD) is a severe and chronic mental illness. Self-reported borderline features correlate highly with a diagnosis (affective instability, negative relationships, unstable sense of self, self-harm). Etiological factors of BPD include childhood maltreatment. The current study compared the experience of maltreatment in adolescent offspring of mothers with BPD, who are themselves at risk of developing the disorder, with that of offspring of mothers with no current diagnosis. Participants were 56 adolescents aged 14 to 18 years. In all, 93% of the adolescents whose mothers had BPD experienced maltreatment compared with 60% of comparisons. Specifically, adolescent offspring of mothers with BPD experienced more physical abuse, emotional abuse, and neglect, but not more sexual abuse, than did comparisons. Dimensions of maltreatment (severity, multiple subtypes, chronicity) were associated with adolescents' own total borderline features. We discuss implications for the intergenerational transmission of BPD and for clinical interventions. (PsycINFO Database Record.

PMID: 29120194

[Similar articles](#)

39. *Epidemiol Psychiatr Sci.* 2017 Nov 9:1-9. doi: 10.1017/S2045796017000683. [Epub ahead of print]

Frequency of use of the International Classification of Diseases ICD-10 diagnostic categories for mental and behavioural disorders across world regions.

[Faiad Y](#)¹, [Khoury B](#)¹, [Daouk S](#)¹, [Maj M](#)², [Keeley J](#)³, [Gureje O](#)⁴, [Reed G](#)⁵.

Author information:

1

Department of Psychiatry, American University of Beirut Medical Center, Beirut, Lebanon.

2

World Psychiatric Association, Geneva, Switzerland.

3

4 Department of Psychology, Virginia Commonwealth University, Richmond, VA, USA.

5 Department of Psychiatry, University of Ibadan, Ibadan, Nigeria.

5 Department of Mental Health and Substance Abuse, World Health Organization, Geneva, Switzerland.

Abstract

AIMS:

The study aimed to examine variations in the use of International Classification of Diseases, Tenth Edition (ICD-10) diagnostic categories for mental and behavioural disorders across countries, regions and income levels using data from the online World Psychiatric Association (WPA)-World Health Organization (WHO) Global Survey that examined the attitudes of psychiatrists towards the classification of mental disorders.

METHODS:

A survey was sent to 46 psychiatric societies which are members of WPA. A total of 4887 psychiatrists participated in the survey, which asked about their use of classification, their preferred system and the categories that were used most frequently.

RESULTS:

The majority (70.1%) of participating psychiatrists (out of 4887 psychiatrists) reported using the ICD-10 the most and using at least one diagnostic category once a week. Nine out of 44 diagnostic categories were considerably variable in terms of frequency of use across countries. These were: emotionally unstable personality disorder, borderline type; dissociative (conversion) disorder; somatoform disorders; obsessive-compulsive disorder (OCD); mental and behavioural disorders due to the use of alcohol; adjustment disorder; mental and behavioural disorders due to the use of cannabinoids; dementia in Alzheimer's disease; and acute and transient psychotic disorder. The frequency of use for these nine categories was examined across WHO regions and income levels. The most striking differences across WHO regions were found for five out of these nine categories. For dissociative (conversion) disorder, use was highest for the WHO Eastern Mediterranean Region (EMRO) and non-existent for the WHO African Region. For mental and behavioural disorders due to the use of alcohol, use was lowest for EMRO. For mental and behavioural disorders due to the use of cannabinoids, use was lowest for the WHO European Region and the WHO Western Pacific Region. For OCD and somatoform disorders, use was lowest for EMRO and the WHO Southeast Asian Region. Differences in the frequency of use across income levels were statistically significant for all categories except for mental and behavioural disorders due to the use of alcohol. The most striking variations were found for acute and transient psychotic disorder, which was reported to be more commonly used among psychiatrists from countries with lower income levels.

CONCLUSIONS:

The differences in frequency of use reported in the current study show that cross-cultural variations in psychiatric practice exist. However, whether these differences are due to the variations in prevalence, treatment-seeking behaviour and other factors, such as psychiatrist and patient characteristics as a result of culture, cannot be determined based on the findings of the study. Further research is needed to examine whether these variations are culturally determined and how that would affect the cross-cultural applicability of ICD-10 diagnostic categories.

PMID: 29117869

[Similar articles](#)



40. Schizophr Res. 2017 Nov 4. pii: S0920-9964(17)30672-2. doi: 10.1016/j.schres.2017.10.043. [Epub ahead of print]

[Brief assessment of schizotypal traits: A multinational study.](#)

[Fonseca-Pedrero E](#)¹, [Ortuño-Sierra J](#)², [Lucas-Molina B](#)³, [Debbané M](#)⁴, [Chan RCK](#)⁵, [Cicero DC](#)⁶, [Zhang LC](#)⁷, [Brenner C](#)⁷, [Barkus E](#)⁸, [Linscott RJ](#)⁹, [Kwapil T](#)¹⁰, [Barrantes-Vidal N](#)¹¹, [Cohen A](#)¹², [Raine A](#)¹³, [Compton MT](#)¹⁴, [Tone EB](#)¹⁵, [Suhr J](#)¹⁶, [Bobes J](#)¹⁷, [Fumero A](#)¹⁸, [Giakoumaki S](#)¹⁹, [Tsaousis I](#)¹⁹, [Preti A](#)²⁰, [Chmielewski M](#)²¹, [Laloyaux J](#)²², [Mechri A](#)²³, [Lahmar MA](#)²³, [Wuthrich V](#)²⁴, [Larøi F](#)²², [Badcock JC](#)²⁵, [Jablensky A](#)²⁶, [Barron D](#)²⁷, [Swami V](#)²⁸, [Tran US](#)²⁹, [Voracek M](#)²⁹.

Author information:

1

Department of Educational Sciences, University of La Rioja, Logroño, Spain; Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Oviedo, Spain. Electronic address: eduardo.fonseca@unirioja.es.

2

Department of Educational Sciences, University of La Rioja, Logroño, Spain.

3

Department of Developmental and Educational Psychology, University of Valencia, Valencia, Spain.

4

Faculty of Psychology and Educational Sciences, University of Geneva, Geneva, Switzerland; Department of Clinical, Educational and Health Psychology, University College London, London, UK.

5

- Neuropsychology and Applied Cognitive Neuroscience Laboratory, CAS Key Laboratory of Mental Health, Institute of Psychology, Chinese Academy of Sciences, Beijing, China; Department of Psychology, University of Chinese Academy of Sciences, Beijing, China.
- 6 Department of Psychology, University of Hawaii at Manoa, Honolulu, HI, USA.
- 7 Department of Psychology, University of British Columbia, Vancouver, BC, Canada.
- 8 School of Psychology, University of Wollongong, Wollongong, Australia.
- 9 Department of Psychology, University of Otago, Dunedin, New Zealand.
- 10 Department of Psychology, University of North Carolina at Greensboro, Greensboro, NC, USA.
- 11 Department of Clinical and Health Psychology, Universitat Autònoma de Barcelona, Barcelona, Spain.
- 12 Department of Psychology, Louisiana State University, Louisiana, LA, USA.
- 13 Departments of Criminology, Psychiatry, and Psychology, University of Pennsylvania, Philadelphia, PA, USA.
- 14 Department of Psychiatry, Lenox Hill Hospital, New York, NY, USA.
- 15 Department of Psychology, Georgia State University, Atlanta, GA, USA.
- 16 Department of Psychology, Ohio University, Athens, OH, USA.
- 17 Department of Psychiatry, University of Oviedo, Oviedo, Spain; Centro de Investigación Biomédica en Red de Salud Mental (CIBERSAM), Oviedo, Spain.
- 18 Department of Psychology, University of La Laguna, Santa Cruz de Tenerife, Spain.
- 19 Department of Psychology, University of Crete, Rethymno, Greece.
- 20 Genneruxi Medical Center, Cagliari, Italy.
- 21 Department of Psychology, Southern Methodist University, Dallas, TX, USA.
- 22 Department of Biological and Medical Psychology, University of Bergen, Bergen, Norway; Psychology and Neuroscience of Cognition Research Unit, University of Liège, Liège, Belgium; NORMENT - Norwegian Center of Excellence for Mental Disorders Research, University of Oslo, Oslo, Norway.
- 23

- 24 Psychiatry Department, University Hospital of Monastir, Monastir, Tunisia.
- Centre for Emotional Health, Department of Psychology, Macquarie University,
25 Sydney, Australia.
- Centre for Clinical Research in Neuropsychiatry, Division of Psychiatry, Faculty of
26 Health and Medical Sciences, University of Western Australia, Perth, Australia.
- Centre for Clinical Research in Neuropsychiatry, School of Psychiatry and Clinical
27 Neurosciences, University of Western Australia, Perth, Australia.
- Centre for Psychological Medicine, Perdana University, Serdang, Malaysia.
28
- Centre for Psychological Medicine, Perdana University, Serdang, Malaysia;
Department of Psychology, Anglia Ruskin University, Cambridge, UK.
29
- Department of Basic Psychological Research and Research Methods, School of
Psychology, University of Vienna, Vienna, Austria.

Abstract

The Schizotypal Personality Questionnaire-Brief (SPQ-B) was developed with the aim of examining variations in healthy trait schizotypy, as well as latent vulnerability to psychotic-spectrum disorders. No previous study has studied the cross-cultural validity of the SPQ-B in a large cross-national sample. The main goal of the present study was to analyze the reliability and the internal structure of SPQ-B scores in a multinational sample of 28,426 participants recruited from 14 countries. The mean age was 22.63years ($SD=7.08$; range 16-68years), 37.7% ($n=10,711$) were men. The omega coefficients were high, ranging from 0.86 to 0.92 for the total sample. Confirmatory factor analysis revealed that SPQ-B items were grouped either in a theoretical structure of three first-order factors (Cognitive-Perceptual, Interpersonal, and Disorganized) or in a bifactor model (three first-order factors plus a general factor of schizotypal personality). In addition, the results supported configural but not strong measurement invariance of SPQ-B scores across samples. These findings provide new information about the factor structure of schizotypal personality, and support the validity and utility of the SPQ-B, a brief and easy tool for assessing self-reported schizotypal traits, in cross-national research. Theoretical and clinical implications for diagnostic systems, psychosis models, and cross-national mental health strategies are derived from these results.
PMID: 29113776

[Similar articles](#)



Types of Smokers Who Seek Smoking Cessation Treatment According to Psychopathology.

[Martínez Ú¹](#), [Fernández Del Río E^{1,2}](#), [López-Durán A¹](#), [Martínez-Vispo C¹](#), [Becoña E¹](#).

Author information:

1

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

2

b Department of Psychology and Sociology, Faculty of Social Sciences and Work, University of Zaragoza, Spain.

Abstract

Psychopathology and psychological distress have been shown to be related to poor smoking cessation outcomes and abstinence maintenance. Thus, it is important to identify individuals with high levels of psychopathology before undergoing smoking cessation treatment in order to increase their likelihood of success.

OBJECTIVE:

The primary aim of the present study was to analyze whether we could classify smokers by using self-reported measures of psychopathology. In addition, a secondary aim was to examine if there were significant differences among the groups of smokers regarding sociodemographic information, nicotine dependence, and cessation rates at the end of treatment and at 6- and 12-month follow-ups.

METHODS:

Participants were 281 smokers seeking smoking cessation treatment. Participants were classified into different smoking groups by using a two-step cluster analysis, based on baseline scores on the Restructured Clinical (RC) scales of the Minnesota Multiphasic Personality Inventory-2 Restructured Form (MMPI-2-RF), Beck Depression Inventory-II (BDI-II), and State-Trait Anxiety Inventory (STAI).

RESULTS:

Smokers were classified into three groups according to levels of psychopathology: Low (n = 158), Intermediate (n = 78), and High (n = 45). Smokers in the High Group were more likely to present higher levels of psychopathology and to continue smoking at the end of treatment when compared to the two other clusters. In addition, smokers classified in this group were more likely to be nicotine dependent and from a low social class.

CONCLUSION:

A subgroup of smokers can be easily identified through self-report measures of psychopathology. Furthermore, these individuals were more likely to continue smoking at the end of treatment. This suggests that this group with high levels of psychopathology might benefit from future interventions that are more intensive or cessation treatments targeted to their specific characteristics.

PMID: 29111906

[Similar articles](#)

42. J Abnorm Child Psychol. 2017 Nov 4. doi: 10.1007/s10802-017-0363-9. [Epub ahead of print]

The Behavioral Approach System (BAS) Model of Vulnerability to Bipolar Disorder: Evidence of a Continuum in BAS Sensitivity across Adolescence.

[Liu RT](#)¹, [Burke TA](#)², [Abramson LY](#)³, [Alloy LB](#)².

Author information:

1

Department of Psychiatry and Human Behavior, Alpert Medical School of Brown University, Bradley Hospital, 1011 Veterans Memorial Parkway, East Providence, RI, 02915, USA. rliupsych@gmail.com.

2

Department of Psychology, Temple University, 1701 N. 13th Street, Philadelphia, PA, 19122, USA.

3

Department of Psychology, University of Wisconsin-Madison, Madison, WI, USA.

Abstract

Behavioral Approach System (BAS) sensitivity has been implicated in the development of a variety of different psychiatric disorders. Prominent among these in the empirical literature are bipolar spectrum disorders (BSDs). Given that adolescence represents a critical

developmental stage of risk for the onset of BSDs, it is important to clarify the latent structure of BAS sensitivity in this period of development. A statistical approach especially well-suited for delineating the latent structure of BAS sensitivity is taxometric analysis, which is designed to evaluate whether the latent structure of a construct is taxonic (i.e., categorical) or dimensional (i.e., continuous) in nature. The current study applied three mathematically non-redundant taxometric procedures (i.e., MAMBAC, MAXEIG, and L-Mode) to a large community sample of adolescents (n = 12,494) who completed two separate measures of BAS sensitivity: the BIS/BAS Scales Carver and White (Journal of Personality and Social Psychology, 67, 319-333. 1994) and the Sensitivity to Reward and Sensitivity to Punishment Questionnaire (Torrubia et al. Personality and Individual Differences, 31, 837-862. 2001). Given the significant developmental changes in reward sensitivity that occur across adolescence, the current investigation aimed to provide a fine-grained evaluation of the data by performing taxometric analyses at an age-by-age level (14-19 years; n for each age ≥ 883). Results derived from taxometric procedures, across all ages tested, were highly consistent, providing strong evidence that BAS sensitivity is best conceptualized as dimensional in nature. Thus, the findings suggest that BAS-related vulnerability to BSDs exists along a continuum of severity, with no natural cut-point qualitatively differentiating high- and low-risk adolescents. Clinical and research implications for the assessment of BSD-related vulnerability are discussed.

PMID: 29101589

[Similar articles](#)



43. Brain Topogr. 2017 Nov 3. doi: 10.1007/s10548-017-0604-9. [Epub ahead of print]

Intrinsic Network Connectivity Patterns Underlying Specific Dimensions of Impulsiveness in Healthy Young Adults.

[Kubera KM](#)¹, [Hirjak D](#)², [Wolf ND](#)³, [Sambataro F](#)⁴, [Thomann PA](#)^{3,5}, [Wolf RC](#)³.

Author information:

1

Department of General Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Voßstraße 4, 69115, Heidelberg, Germany. katharina.kubera@med.uni-heidelberg.de.

2

Department of Psychiatry and Psychotherapy, Central Institute of Mental Health, Medical Faculty Mannheim, Heidelberg University, Mannheim, Germany.

3

- Department of General Psychiatry, Center for Psychosocial Medicine, University of Heidelberg, Voßstraße 4, 69115, Heidelberg, Germany.
- 4 Department of Experimental and Clinical Medical Sciences (DISM), University of Udine, Udine, Italy.
- 5 Center for Mental Health, Odenwald District Healthcare Center, Erbach, Germany.

Abstract

Impulsiveness is a central human personality trait and of high relevance for the development of several mental disorders. Impulsiveness is a multidimensional construct, yet little is known about dimension-specific neural correlates. Here, we address the question whether motor, attentional and non-planning components, as measured by the Barratt Impulsiveness Scale (BIS-11), are associated with distinct or overlapping neural network activity. In this study, we investigated brain activity at rest and its relationship to distinct dimensions of impulsiveness in 30 healthy young adults (m/f = 13/17; age mean/SD = 26.4/2.6 years) using resting-state functional magnetic resonance imaging at 3T. A spatial independent component analysis and a multivariate model selection strategy were used to identify systems loading on distinct impulsivity domains. We first identified eight networks for which we had a-priori hypotheses. These networks included basal ganglia, cortical motor, cingulate and lateral prefrontal systems. From the eight networks, three were associated with impulsiveness measures ($p < 0.05$, FDR corrected). There were significant relationships between right frontoparietal network function and all three BIS domains. Striatal and midcingulate network activity was associated with motor impulsiveness only. Within the networks regionally confined effects of age and gender were found. These data suggest distinct and overlapping patterns of neural activity underlying specific dimensions of impulsiveness. Motor impulsiveness appears to be specifically related to striatal and midcingulate network activity, in contrast to a domain-unspecific right frontoparietal system. Effects of age and gender have to be considered in young healthy samples.

PMID: 29101492

[Similar articles](#)

